FAMILY REUNIFICATION:
THE JOURNEY HOME

BY
ANNETTE JACKSON (B.S.W.)

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DECLARATION OF AUTHORSHIP

I Annette Jackson declare that this thesis comprises only my original work, except where due acknowledgment has been made in the text to all other materials used. This thesis does not exceed 45,000 words in length, exclusive of bibliographies, footnotes and appendices.

Annette Jackson

Date: 18/12/96
ABSTRACT

FAMILY REUNIFICATION:
THE JOURNEY HOME

Within the child protection system, children are separated from their parents in different ways and for different reasons. Family reunification following these separations, similarly occurs in a variety of ways and is experienced differently by those involved.

Through a qualitative design, this study gathered together a range of perspectives regarding the experiences, emotions and beliefs of those involved in family reunification. By interviewing parents, protective workers, caregivers, family support workers, family preservation workers, health workers and others, the researcher hoped to capture their wisdom and insight. Overall, 38 people were interviewed in relation to five examples of reunification.

Key concepts and categories were derived from the interviews in conjunction with descriptions of the cases. The researcher then developed a pathways tool which documented the journeys travelled through the process of reunification.

Although all the children in these examples of reunification returned to their parents' care and were still there up to two years later, there were different opinions as to whether or not the reunification was successful, and what barriers hindered and what strategies led to success. The different definitions of success appeared to be greatly influenced by the participants' assumptions and perspectives regarding the role of state intervention in the lives of families.

The findings in this research included a broader understanding of the emotional reactions of parents, caregivers and workers. The enormous sense of loss and other strong emotions felt by parents were often experienced prior to the children being removed, as well as during the separation itself. This therefore challenged the concept of filial deprivation being limited to physical separation of children from their parents and subsequently raised a number of practice issues. Many of the workers and caregivers also described feelings of powerlessness, lack of control and being confronted with limited options. Some of the workers, however, spoke of reunification as a more positive and fulfilling experience than other aspects of their work, even though it involved significant risk and difficult decisions.
The principles underlying reunification practice, as outlined in the literature, were evident in aspects of the cases to a varying extent. Opportunities for parents to be actively involved in their children’s placements ranged from no contact with the carer, to visiting almost every day and being actively involved in all decisions. There were some principles which were absent in all of the case examples, such as none of the children experienced continuity of care due to being in multiple placements.

There were descriptions of several service models involved at different times and stages along the families’ pathway through reunification, including different reunification programs. There did not appear to be any clarity regarding when a family would be referred to one type of service compared to another. There was also discussion regarding the influence of universal services, such as schools, on the family members’ experience of being included or isolated in each other’s lives.

Dilemmas and challenges which arose through reunification included those which were common to many fields in social work, such as clashes of values and beliefs and needing to make decisions between limited and inadequate options. Some of the complex issues particularly relating to reunification were the impact of the separation on children and parents, and the experience of being a ‘parentless child’ or a ‘childless parent’. This was an example of the meaning of an issue being subjective and as important as the factual information.

Some of the practice issues which arose through this study included: discussion regarding operationalising permanency planning principles rather than focussing on a parents’ rights or children’s rights dichotomy; developing a partnership perspective with parents, caregivers and workers; the importance of planning and preparation before reunification; whether to celebrate the day of home return or plan it to be as uneventful as possible; and the support and services required following the children’s return home.

There were also a number of recommendations made for future research which could further inform practice in working with children and their families through the process of reunification.
INTRODUCTION

Reunification refers to the broad concept of two or more people coming together following a period of separation. It includes such events as the reunification of couples, parents reuniting with their children, post war refugees returning to their country of origin, people released from prison, military personnel returning home from battle, and the reunification of a country itself, such as Germany. Such events evoke imagery of pain and hope, courage and fear, risks and opportunities.

Reunification involves more than just knocking down the wall - much has to be rebuilt (Bradley & Bradley 1991: 31).

Separation of parents and children occurs in many ways, such as through Family Court and Children's Court decisions, abduction, relinquishment for adoption, hospitalisation and immigration. This research will focus on the reunification of children with their parents after being separated through the child protection system.

DEFINITIONS

FAMILY REUNIFICATION

At its simplest, family reunification refers to the process of children returning to their parents' care after a period of separation. This definition does not specify such issues as whether the separation was voluntary or involuntary, whose decision it was to return the children, how long the separation needs to be before the term reunification has relevance, what process was involved in actually returning the children, whether the children subsequently remained in their parents' care or whether it was considered successful.

In comparison, Maluccio, Warsh and Pine's (1993) definition is prescriptive and precludes unplanned, unsupported family reunifications, whilst incorporating those situations where children do not physically return to their parents' care, but develop positive longstanding family relationships.
Family reunification is the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other service providers. It aims to help each child and family to achieve and maintain, at any given time, their optimal level of reconnection - from full reentry of the child into the family system to other forms of contact, such as visiting, that affirm the child's membership in the family (Maluccio et al. 1993 : 6).

For the purposes of this study, the term family reunification refers to the process of children returning to their parents' full-time care, whereas reconnection refers to the re-establishment of a positive parent-child relationship whether or not reunification also occurs.

PERMANENCY PLANNING PRINCIPLES

Research has shown that the wellbeing of . . . children (at risk) depends not only on meeting the basic physical and psychological needs which they share with all children, but on the provision of a 'sense of permanence', and also a sense of their own identity (Thoburn 1994 : 37).

Throughout the literature there are various definitions of permanency planning. Maluccio and Fein's (1983) definition is one of the most frequently cited.

Permanency planning is the systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships (Maluccio et al. 1983 :197).

It is generally believed that children's best chance for permanence and sense of identity is to live safely within their own family (Laird 1979 : 205; Maluccio, Fein, Hamilton, Klier & Ward 1980 : 519; Rooney 1981; Shireman 1983 : 3 86; Maluccio, Fein & Olmstead 1986 : 7; Pecora, Whittaker & Maluccio 1992 : 43-44). Therefore the most effective approaches to achieve permanency are to avoid removing children from their families unnecessarily, and if they have been separated, to return them to their families as soon and as safely as possible. It is only when neither option is possible that alternative means of providing permanence are considered.

There is therefore a strong connection between the principles of permanency planning and the action of family reunification.
VICTORIAN AND AUSTRALIAN CONTEXT

In 1993 there were over 12,000 children in out-of-home care in Australia, of whom 2,500 were in Victoria (Bath 1994 : 6). These figures represent voluntary and involuntary placements; ongoing parent-child separation; child abuse and neglect; and extensive intra-familial conflict. Comparatively few of these children are in permanent care and reunification occurs frequently, although its incidence is not routinely counted. Historically reunification has always been possible, and has become a matter of policy in Victoria since the early 1970s.

HISTORY OF CHILD WELFARE WITHIN VICTORIA AND AUSTRALIA

Economic and social reasons for out-of-home placement of children predominated within Australia until late in the nineteenth century (Thorpe 1994 : 8). It was not until the latter years of the nineteenth century that the focus of the state broadened from illegitimacy and poverty to neglect and cruelty (Thorpe 1994 : 10).

It seems as if we were in another world as well as in another century when we see how public opinion has changed. The whole attitude of society and of legislation towards the protection of the little ones who are born into the world is transformed. Laws were made against cruelty to animals long before they were made against cruelty to children. The right of the parents to ill-use and to exploit their children is no longer held sacred (Clark 1907 : 138).

It was also during this time that the policy regarding protection and segregation of aboriginals led directly to the removal of children from their families and communities, which continued in a variety of forms for nearly 100 years (Gilbert 1993 : 38).

In the 1960's the word 'abuse' became the new terminology within the child welfare field due to the emergence of research by Kempe and associates in the United States regarding the 'battered child syndrome' (Kempe, Silverman, Steele, Droegemueller & Silver 1962) and in Victoria by Birrell and associates (1966). The Victorian Social Welfare Act 1960 was a significant piece of legislation which provided an administrative framework for programs to provide preventative and rehabilitative services to families (Tierney 1963 : 32), shifting the emphasis from alternative child care to family support.

Throughout the 1970s and 1980s in Australia there was a 'wave of changes in legislation, terminology, policies and practices which swept through . . . child welfare agencies . . . '
(Thorpe 1994 : 10-11). These changes included the closure of large reception care centres for children and young people in conjunction with an increase in smaller units scattered throughout the community and an increase in the use of home-based care. The 1990s have continued to show considerable change as a result of a number of reviews (Fogarty & Sargeant 1989; Fogarty & Sargeant 1990; Fogarty 1993); a change of government; industrial action by protective workers; international influences through research and conferences; and heightened media attention primarily in response to child deaths. These changes included implementation of the Children and Young Persons Act 1989 (Vic.) and the introduction of mandatory reporting (Health and Community Services 1994 : Forward i).

There was a dramatic increase in the number of notifications to Protective Services (Health and Community Services 1994 : 1; Health and Community Services 1995a : 149; Clark 1995 : 22), but this did not lead to an equivalent increase in the number of children placed in out-of-home care although some increase was noted (Health and Community Services 1995a : 150; Auditor-General of Victoria 1996 :105).

These developments over time demonstrate an increasingly complex and sometimes incongruous system with which children, parents, caregivers and workers have to grapple. This is nowhere more evident than with family reunification.

PRINCIPLES AND LEGISLATION WITHIN VICTORIA

The Children and Young Persons Act 1989 (Vic.) outlines the criteria by which children can be removed from their parents' care and case planning principles including the goal of reunification.

(b) if the child is not living with his or her family, a primary goal is to reunite the child with his or her family if that is for the welfare and in the interests of the child;

(c) when considering the welfare and interests of the child, due consideration must be given to immediate and long-term effects of decisions on the welfare and interests of the child and on the maintenance of the family relationships of the child (Children and Young Persons Act 1989 (Vic.) s. 119 (1) (b) (c)).

The Protective Services practice standards manuals repeatedly emphasise reunification as a direction for practice and an area requiring careful and thorough assessment and decision making processes. These decisions are made chiefly within the forum of the Case Planning
Meeting (Campbell 1987; McCallum 1992; Spence 1992) where the core dilemma experienced is:

the reconciliation of the goals of family reunification, timeliness of decision-making; and
the promotion of secure and stable environments for children in out-of-home care. By
definition these goals pull in conflicting directions. The challenge for policy and practice
is to strike a balance between these competing considerations (Carney 1984: 302).

RESEARCH REGARDING CHILDREN IN OUT-OF-HOME CARE IN AUSTRALIA AND
VICTORIA

Relevant Australian research is sparse and not focussed on reunification. Edwards, Gregory and
Oakley (1983) drew implications from a national survey of children in non-government out-of-
home care conducted in 1979, and concluded that planning for a permanent family life,
including working towards home return, was an integral part of the planning process for
children in out-of-home care.

Szwarc (1985) provided a follow-up study to this survey in 1984 and concluded that more
children than in the previous studies had experienced multiple placements, a substantial number
of children were still in care on a long-term basis without effective permanency planning and
there was a significant lack of knowledge regarding the siblings and other family members by
the placement agency workers (Szwarc 1992: 122-123). On the other hand she noted that
placement services were more oriented towards 'encouraging and supporting an ongoing
relationship between children in care and their families. This contrasts sharply with a view of
substitute care as an alternative to the family' (Szwarc 1992: 50).

In Western Australia Thorpe (1994: 186) found that some children were harmed after being
reunited with their families, but that these reunifications appeared to have been carefully
planned so it was not easy to see how the harm could have been avoided. Such an observation
challenges the presumed link between planning and assured risk reduction.

Fernandez (1996) recently completed an analysis of the different careers children experienced
through the child protection and out-of-home care systems within New South Wales. She found
most parents did not consider they had a voice in the decision making process regarding
whether or not their children were returned to their care (Fernandez 1996: 225).
A recent audit of the Victorian child protection system considered that there was an overemphasis on family reunification which detracted from finding alternative permanent placements for children.

Audit acknowledges that successful re-unification with parents often occurs following changed circumstances and modification of risks and is an ideal outcome from intervention. However there is concern that at other times, re-unification is clearly inappropriate, particularly when a child has experienced multiple care-givers over an extended period in the hope that the birth parents will eventually cope with their parenting responsibilities (Auditor-General of Victoria 1996 : 239).

The Victorian Department of Human Services rejected the audit’s assertion of an overemphasis on family reunification (Auditor-General of Victoria 1996 : 241). This recent debate on the phenomenon of reunification emphasises the timeliness of this research.

**PURPOSE OF THIS RESEARCH**

The researcher's principal aim was to undertake research which would be useful in informing practice regarding family reunification. As the literature review will demonstrate, there has been a small but growing body of international research and literature regarding out-of-home care and family reunification. Research emanating from the United States has primarily been based on permanency planning principles and focussed on program evaluation and large quantitative studies. Research from the United Kingdom has examined the careers of children and families through the out-of-home care process and has included large quantitative and smaller qualitative studies.

Few studies have attempted to describe and examine reunification from the perspective of how it is experienced by those involved, including the children, parents, caregivers and workers. Fisher, Marsh, Phillips and Sainsbury (1986) undertook one of the few studies which explored these different perspectives throughout the out-of-home care experience including reunification.

The overall purpose of this research was therefore to bring together the relevant knowledge available regarding reunification both from the literature and from those directly involved in the process and to place this in an Australian context. In particular the research aimed to capture and share the wisdom of those most directly involved including parents, caregivers and workers.
The research began with a number of objectives including:

- to provide a literature review regarding family reunification and related areas, and highlight research findings and theoretical perspectives;
- to describe the current systems, processes, models of service delivery and specific strategies related to family reunification;
- to explore the personal and practice wisdom of those involved in the process of family reunification and record their opinions and experiences;
- to outline areas requiring further study; and
- to enhance practice.

OVERVIEW OF RESEARCH DESIGN

Given the general purpose and objectives of this research the design was primarily qualitative and interpretative in nature. In particular it focussed on interviewing a range of people involved in five examples of family reunification including parents, caregivers and workers. These interviews attempted to encapsulate and explore the opinions and experiences of the people engaged in a process in which agreed facts may be elusive. The reasons for this approach included the lack of qualitative studies; the considered importance of such information to inform practice; and the limitations of a quantitative approach to such a complex area of practice.

This approach reflected the researcher's view that knowledge is not objective nor value free, and that research which enables people to express their own subjective reality is valuable. Another aspect of this research therefore was to acknowledge and incorporate the researcher's own perspective derived from her experience in working in the area of child protection and then in a specific reunification program.

Data analysis included writing up the five examples of family reunification as case studies and applying the eco-systems perspective as a framework for analysis. This was followed by a content analysis of the interviews using the grounded theory approach (Strauss & Corbin 1990). Two major reporting devices were derived from the research: namely a pathways analysis whereby the different steps and processes along the way of a family's reunification were examined; and an analysis of the vast number of practice dilemmas and challenges which became apparent both to those interviewed and to the researcher.

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1 Appendices 1 to 5 include the interview transcripts, but these were only available to the examiners.
By providing an analysis which includes direct statements from those interviewed, it is hoped that the power of their experiences will be reflected. Whilst the researcher did not interview children, it is also hoped that the various perspectives on the children's wishes and ideas has made it possible to gain a window into their experience of this process of separation and then coming together with their family. As one parent stated in her advice to other parents:

Listen to what the kids want. Listen to what your kid is feeling. Don't concentrate on your own fears so much, concentrate on the fears of your child. Because the fears of your child probably outweigh and out double yours ten times over, because they're the ones with the least understanding of what's happening and what can go wrong (Parent).
LITERATURE REVIEW

OVERVIEW OF THE LITERATURE

The phenomenon of family reunification highlights many theoretical perspectives, complexities, dilemmas, contrasting opinions and fundamental beliefs inherent within the child welfare system. It is informed by literature regarding child protection and the role of the state in families' lives; the eco-systems perspective; permanency planning; child development; decision making processes; child abuse and neglect, including risk assessment and child death inquiries; family preservation and family support; children in placements; family functioning and parenting; parent and child relationships; grief and loss; and specific research and literature focussing on reunification.2

In this chapter the underlying ideologies related to child protection and children in out-of-home care are described, followed by an outline of some of the key theoretical frameworks. Research regarding children in out-of-home care and family reunification is then analysed, followed by discussion of practice principles and dilemmas. Findings regarding factors which influence the success or otherwise of reunification, and a description of some of the service models and particular strategies are then described. In order to provide a context for this research this review of the literature will aim to answer, at least in part, the following questions:

- What information has been gathered regarding reunification and related areas? Are these findings valid, conflicting or do they require further research?
- What, if any, are the gaps in current knowledge?
- What implications do any of the previous research findings or discussions within the literature have on current practice within the Victorian, Australian context?
- What theoretical frameworks will assist the analysis of interviews with people involved in the reunification process?
- What implications do any of the previous research findings or methodology have on the design and implementation of this research?

2 In Appendix 6 there is a portrayal of the diversity of literature, either directly or indirectly relevant to family reunification, from which the researcher has drawn selected aspects for discussion.
PUBLIC WELFARE AND STATE INTERVENTION INTO FAMILIES' LIVES

Family reunification is embedded in the context of public welfare, so it is useful to examine this context and some of the inherent dilemmas and debates.

Public welfare is defined as:
(a) policy and programs which lead to; (b) direct intervention by the State or its agents in the lives of people; (c) guided by purposes which are essentially regulatory and/or protective, but which may also be caring; (d) in response to identified social problems, normatively defined; (e) based on a legislative mandate; (f) funded in large part or wholly by the State; (g) which result in mostly unwilling and often involuntary consumers, mixed accountabilities which reflect competing and often irreconcilable interests and contradictions between care and control.

(h) In consequence the organisational context has a significant impact on practitioners' purposes and practice; (i) in that it creates a tension in ideology and practice between such social work values expressed as care, support and reconciliation and practice reality of control, conflict and power (Community Services Victoria 1987).

This apparent contradiction between care and control is at the centre of family reunification. According to van Krieken (1991 : 33) even when the state is not seen as the centre of power and power is not only about domination and repression, the ‘powerless’ are seen as ‘the objects of management, administration and intervention, their actions, beliefs, behaviour and thoughts policed, administered, regulated and colonised . . .‘. This is evident in child welfare policy when children have been removed from their parents' care and decisions are being made about their future.

The separation of children from their parents is a profound intrusion of the state into the lives of families. When such separation is effected, the question arises as to what circumstances might be defined by society as necessary or justifiable grounds for such intervention (Fernandez 1996 : 7).

A number of authors have analysed ‘the social control function of child welfare policies in policing the parenting behaviour of socio-economically disadvantaged families’ (Mason & Noble-Spruell 1993 : 26).
This policing has typically vacillated between two approaches: one aimed at social control through rescue and reform of children of deficient parents; the other aimed at rehabilitation, or reforming parents through holding their children hostage (Mason et al. 1993: 26).

Even when the power of the state is not perceived as negative, there are acknowledged inherent conflicts of values involved with reunification.

Much as we pay lip service to the family empowerment ideal, the reality is that state agencies and the courts ultimately create expectations that families must satisfy if they are to have their children returned. This inherent conflict between a family's lifestyle and the demands of the state is played out daily in reunification services (Fein & Staff 1991: 339).

Fox Harding (1991) developed a fourfold classification of ideological positions regarding the state's role in the lives of families. These positions are: *laissez faire* in which the role of the state in child welfare should be minimal and state intervention should only occur in extreme circumstances; *state paternalism and child protection* where it is considered that extensive state intervention is warranted when biological parents are inadequate in the care of their children; the *birth family and parental rights* perspective where state intervention is legitimate if it is supportive of biological parents and their ability to retain the care of their children; and the *children's rights and child liberation* perspective where children are considered separate entities and should have a clear voice regarding their wishes and opinions (Fox Harding 1991: 10).

These four perspectives carry different implications for the purpose and process of reunification. For example, in the *laissez faire* position, reunification would largely be unnecessary as only extreme situations would require separation and therefore these children should be placed with a 'new set of parent figures', as soon as possible (Fox Harding 1991: 13). The state paternalism perspective argues for permanent alternative placements for children unless reunification can occur quickly, but it has a lower threshold for determining when children should be removed in the first instance. The birth family and parental rights perspective's emphasis on the power of biological and psychological bonds between parent and child advocates for strenuous efforts to be made to enable reunification to occur wherever possible.
Where children do, almost as a last resort, have to come into state care, considerable intervention should be devoted to helping their families and maintaining links with them so that the children can return home again (Fox Harding 1991: 106).

Whilst Fox Harding and Fernandez equate the state paternalism perspective with permanency planning, this does not acknowledge the emphasis permanency planning places on the biological family as the most common, appropriate and effective means of achieving permanence for children. In the researcher's opinion, permanency planning principles straddle the state paternalism perspective's emphasis on the well-being of children and the need for state intervention, with the birth family and parental rights perspective's emphasis on the need to maintain and strengthen the parent-child relationship.

The children's rights perspective, whilst more marginal to current child welfare policy and legislation, emphasises the children's

own viewpoint, feelings, wishes, definitions, freedoms and choices, rather than on the attribution by adults of what is best for the child - and therefore, it might be inferred, the very existence of a child care 'system', with the function of making decisions about children, is called into question (Fox Harding 1991: 155).

This research, which does not include interviews with the children, would be seen as an anachronism for those who hold the children's rights perspective.

Thorpe (1994: 236-239) incorporated material from feminist and anti-racist critiques into Fox Harding's classification and Mason et al. (1993: 29) stated that social control needs to be expanded to include a feminist analysis of women's oppression in the home and wider society. For example, holding women culpable for inadequate parenting assumes they have the prime responsibility and a degree of autonomy over their lives, which many impoverished women in particular do not have (Mason et al. 1993: 29).

Any analysis of child welfare within Australia must also examine the policy of removing Aboriginal children from their families, communities and sense of identity. It has only been in recent years that the reunification of these 'stolen children' has become an important policy direction (Gilbert 1993: 44-45).
Today at least one-third of all the children removed have still not been returned to their families and community. Aborigines believe that institutions such as mental hospitals and prisons have forever claimed some, whilst others have succumbed to alcoholism and suicide... In fact it is believed that many may be unaware of their Aboriginality (Gilbert 1993: 44).

CHILD ABUSE AND NEGLECT

Child abuse and neglect are generally considered the main reasons why children are removed from their families and this is reflected in the legislation (Children and Young Persons Act 1989 (Vic.)), but is being increasingly challenged. There is much deliberation regarding how child maltreatment should be defined, as these definitions are influenced largely by different ideologies (Fox & Dingwall 1985: 468-469; Garbarino & Gilliam 1980: 5; Hutchison 1990: 60-61; Tzeng, Jackson & Karlson 1991: 7; Valentine, Acuff, Freeman & Andreas 1984: 498). For example those from a laissez faire perspective argue for a tight and restricted definition, whereas those from a state protection perspective argue for a more encompassing definition in order to ensure the protection of as many children as possible. Broad definitions may strengthen the workers' mandate as:

Child welfare workers cannot ethically engage in coercive interventions into family life without a clear sense that they represent social standards rather than individual practitioner, professional, institutional, or administrative agendas (Hutchison 1990: 63).

Garbarino et al. (1980: 7) defined maltreatment as 'acts of omission or commission by a parent or guardian that are judged by a mixture of community values and professional expertise to be inappropriate and damaging'. This broad definition is difficult to operationalise. Thorpe (1994) however stated that there should be a more restricted definition of maltreatment.

There are children who are victims of serious neglect, physical or sexual assaults. They require protection and approximately 10 per cent of children drawn into the mouth of the child protection net will filter down into this category. The use of emotive words such as 'abuse', 'maltreatment' and 'perpetrator' should be confined to those cases (Thorpe 1994: 202).
In Thorpe's evaluation of child protection within Western Australia he found that much of their work was not focussed on serious incidents of abuse or neglect, but rather on issues such as parents' substance abuse, conflicts between adolescents and caregivers, impoverished families, single female parents and ethnic minorities. Does this mean the definition of child maltreatment is not broad enough to encapsulate the experiences of children in out-of-home care; that these children should not have been involved in the child protection system nor placed in out-of-home care; or that child maltreatment is not the only legitimate and appropriate reason for children entering care? A subsequent question is what are the implications for reunification of children with their families when the reasons for their entering care are often so disparate and difficult to classify and define?

It is important, however, not to ignore those children who are at serious risk of abuse or neglect according to any definition even if they are not the majority within Protective Services, as the ramifications of getting it wrong can be fatal. Reder, Duncan and Gray (1993) summarised 35 child death inquiries, 15 of which involved family reunification. They made a number of points pertaining to decision making and the process of reunification including that

... some parents showed their sense of deprivation by requesting to have their children returned home from care after someone else declared a strong interest in looking after them. This desire did not appear to be for the children in their own right but more as a 'piece of property' that would otherwise be lost. The threatened loss may have reawakened the parents' own sense of deprivation and been a reminder of their wish for the children to provide them with love and affection (Reder et al. 1993 : 41).

They also noted that

Sometimes, children were returned home without appraisal of their parents' ability to look after them or case conferences decided to return children home and only afterwards to undertake an assessment of the parents (Reder et al. 1993 : 83).

Armitage and Reeves (1992 : 134) in their analysis of child death inquiries within Victoria commented that, 'The vulnerability of a previously abused child during the period of reunification with his/her parents was not sufficiently recognized in two cases, and sufficiently intensive support and surveillance systems were not established'. Korbin (1989) stated that the reunification period can be particularly dangerous for children and that a number of fatalities occurred within a few weeks after the children were returned home.
The range of beliefs and assumptions regarding the causes of child abuse and neglect have policy and practice implications for safeguarding children's safety during access visits and following their home return. The medical-psychological approach, as heralded by Kempe and associates (1962), focussed on the psychological characteristics of the abuser and the medical consequences for the children. The sociological approach, as portrayed by Parton (1985), focussed on child maltreatment occurring within the context of social attitudes, social structures and the inequitable distribution of resources. The interactionist approach combines both of these approaches, examining the characteristics of the child, adult and the environment and the interactions between all the systems (Hutchison 1990: 64-68). An example of the interactionist approach is the eco-systems perspective.

ECO-SYSTEMS PERSPECTIVE

To understand the social context of human services we need a set of cognitive lenses to see beyond the immediate causes of our behaviour to the complex historical and environmental influences that operate on us directly as well as indirectly through others. We need to share an understanding of how the social environment directs us and how we shape that environment (Garbarino 1983: 7).

The eco-systems perspective is a combination of ecological and general systems theories and alerts workers to examine each aspect of the individual, family and social network systems and their interactions between and within each system (Allen-Meares & Lane 1987: 519; Greif & Lynch 1983: 35; Bronfenbrenner 1979: 16; Garbarino 1983: 10; Pecora et al. 1992: 37).

As a person enters each new situation, he or she usually adapts to its demands and, by his or her presence, changes the situation at least structurally. A person is constantly creating, restructuring, and adapting to the environment even as the environment affects the person. One acts dynamically in new situations based on one's identity, which is the culmination of all past interactions, the present situational demands, and what one hopes to become in the future (Greif et al. 1983: 38).

The ecological perspective enhances workers' understanding of risks and precursors to separation and of strengths and resources needed to assist the family to minimise future harm (Belsky 1980; Whittaker 1983; Howze & Kotch 1984; Maluccio et al. 1986; Milner 1987; Pecora et al. 1992; Baumrind 1994; Krishnan & Morrison 1995). It is applicable to examining
reunification and other aspects of child welfare due to the variety of systems involved at every level, and has been frequently applied to issues relating to children in placement (Laird 1981; Howe 1983; Maluccio et al. 1986; Milner 1987; Community Services Victoria 1988; Scott 1992; Pecora et al. 1992; Baumrind 1994; Krishnan et al. 1994; Fernandez 1996).

Bronfenbrenner's model of the ecological environment included a number of levels, each contained within the next; namely the micro-system, meso-system, exo-system and macro-system levels.

A microsystem is a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics. A setting is a place where people can readily engage in face-to-face interaction - home, day care centre, playground, and so on . . . A mesosystem comprises the interrelations among two or more settings in which the developing person actively participate . . . A mesosystem is thus a system of microsystems. It is formed or extended whenever the developing person moves into a new setting . . . An exosystem refers to one or more settings that do not involve the developing person as an active participant, but in which events occur that affect or are affected by, what happens in the setting containing the developing person . . . The macrosystem refers to consistencies, in the form and content of lower-order systems . . . that exist, or could exist, at the level of the subculture or the culture as a whole, along with any belief system or ideology underlying such consistencies (Bronfenbrenner 1979: 22-26).

Belsky (1980) adapted Bronfenbrenner's model to include ontogenic development which represents what individuals bring with them to the family situation, particularly the parents.3 Garbarino's model specified that the individual within these systems was the child, and it is this model which was adopted by Protective Services within Victoria (Community Services Victoria 1988: 22).

An important element of ecological thinking is that not only problems and deficits are considered but also resources, skills and strengths are acknowledged in every part of each system.

3 Belsky's model excluded the meso-system level, and had a different definition of the micro-system and exo-system levels. See appendix 7 for diagrammatic application of Belsky's model.
Empowering parents also means regarding them as resources in their own behalf, as partners in the helping process ... Once they are given adequate opportunities, parents as well as children can mobilize their own potentialities and natural adaptive strivings (Maluccio et al. 1986: 86).

General systems theory provides additional ways of examining the relationships and interactions between and within each system. Characteristics of systems according to general systems theory include: that each system has boundaries which separate it from the rest of the environment and give it a distinct identity; that there are systems within other systems and that systems not only interact with each other, but also within this hierarchy of subsystems; and that every system has a past, present and future (Greif et al. 1983: 40-43). A number of authors have incorporated a systems analysis of children at risk into an understanding of what may assist children remain or return to their families (Dale & Davies 1985; Dale, Davies, Morrison & Waters 1986; Asen, George, Piper & Stevens 1989; Cimmarusti 1992; Gil 1996).

This research will use the eco-systems perspective as a framework to draw out issues from the analysis of the case studies.

**EARLY STUDIES REGARDING CHILDREN IN OUT-OF-HOME CARE AND THEIR FAMILIES**

Bowlby (1969 & 1973) coined the phrase *maternal deprivation* during his pioneering research into the impact of separation and attachment on children and wrote of the negative short-term and long-term consequences when children were separated from their mothers. He initially maintained that children did better in bad homes than in good institutions, but subsequently acknowledged the limitations to this hypothesis (Rutter 1981: 28). Rutter (1981) confirmed much of Bowlby's findings including that disturbances of the children after home return are probably due in part to the effects of separation on parent-child relationships. However, he also stated that research has demonstrated the importance of the quality of the children's experience at home, the children's relationship with other people and ecological factors outside the home (Rutter 1981: 217-218). Rutter also concluded that the primary attachment figure was not always the mother and that bonds can be multiple (Rutter 1981: 19).

Maas and Engler's (1959) study in the USA concluded that the longer children remained in care, particularly beyond 18 months, the greater their chances were of not being adopted or
returned to their families. They were also concerned that approximately 50 per cent of children had no clear plans for discharge and their parents never or rarely visited (Maas et al. 1959: 351).

Between 1966 and 1971, three teams of authors studied 624 children in out-of-home care and their families, each with a different focus. Fanshel and Shinn (1978: 9) examined this sample of children, by undertaking intelligence tests, behavioural ratings, teacher assessments and reports from their parents on three occasions over five years. This study repeated the findings of Maas et al. regarding the impact of length of stay in placements on the likelihood of children being returned home, and concluded that the frequency of parental visiting was the most significant variable in relation to children's discharge from out-of-home care (Fanshel et al. 1978: 483). They spoke of the importance of parent-child contact regardless of whether or not the children returned home.

The second team of researchers focussed on the impact of the separation on the parents (Jenkins & Norman 1972; 1975). They coined the phrase filial deprivation, as a reciprocal concept to maternal deprivation, which referred to the strong emotional reactions felt by parents when separated from their children (Jenkins et al. 1972: 8). These included constellations of co-existing feelings such as, ‘sad, worried, nervous, empty, angry, bitter, thankful, relieved, guilty and ashamed’ (Jenkins et al. 1975: 44). These emotional responses ‘have implications both for working with parents while children are in care and for facilitating the reentry process’ (Jenkins et al. 1975: 43).

The third study completed by Shapiro (1976) focussed on service-related and worker-related issues. She found that if the same protective worker continued to work with the family, this contributed to the discharge rate of children within the first two years of placement. She also noted that more frequent worker contact with the child and family, workers having high or low case loads (not average case loads) and greater experience of the worker based at the placement agency, were factors leading to earlier discharge from placement (Shapiro 1976: 89).

Maas et al.'s (1959) and Fanshel et al.'s (1978) findings are frequently cited as being causal in nature, that is, lengthy placements lead to reunification being less likely to occur (Goerge 1990: 435-436; Fein, Maluccio, Hamilton & Ward 1983: 542; Rzepnicki 1987: 63; Benedict & White 1991: 56). There are however, other possible interpretations. For example this finding could be considered one of circular reasoning, in that children who do not return home or are not adopted, by definition will stay longer in out-of-home care.
The finding that infrequent parental visiting is associated with less frequent reunification is similarly open to various interpretations. Hess (1987: 169) found that case workers had a direct influence on the frequency of parent-child contact. Similarly, Shapiro’s finding that the greater the worker contact the more likely children would be returned home could be interpreted either way, that is, more frequent worker contact leads to home return and/or when home return is not considered an option by either the parent or worker then contact is less frequent. One of the limitations of these studies is that whilst correlations can be discovered this is not the same as causal relationships. It is not that these studies do not provide useful insights, but researchers and practitioners need to remain open to all the possible relationships, not just perceive causality as uni-directional.

SPECIFIC LITERATURE REGARDING FAMILY REUNIFICATION

Specific literature regarding family reunification began to emerge in the early 1980s in North America, within the context of the permanency planning movement. Projects such as the Oregon, Alameda and British Columbia projects, which were established to reduce foster care drift, found that a great number of parents who had not been visiting their children, wanted their children returned home and were in a position to care for them (Jones 1978; Maluccio et al. 1980; Levitt 1981; Lahti & Dvorak 1981; Gambrill & Stein 1981; Lahti 1982; Robinson 1985; Maluccio et al. 1986; Hartman 1993).

Maluccio et al. (1993: 6-8) outlined key principles underlying effective reunification practice including: an emphasis on continuity of care for children; the need for effective planning; a partnership approach with all involved; and the dynamic nature of the reunification process. Other literature has focussed on discovering factors which lead to reunification and describing models of service and particular strategies.

WHAT LEADS TO SUCCESSFUL REUNIFICATION

Studies which focussed on what leads to successful reunification have different definitions of success including: children returning home; children remaining home over time; children being well-adjusted within the home; and children maintaining a close relationship with their parents.

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4 See appendix 8 for the complete list of key principles underlying reunification practice according to Maluccio et al. (1993: 6-8).
even if returned to alternative care. Farmer (1992: 8) stated that

... exploratory work had shown that the fact that children stayed at home could not always be equated with success, since some children remained in unsatisfactory circumstances for long periods and others enjoyed a beneficial but brief period with their family.

Despite the various definitions of successful reunification, the literature focussed on factors impacting on whether children went home and whether they stayed home. In some studies the variables were listed as barriers to reunification, in others they were listed as factors contributing to or indicating the likelihood of success. These factors can be grouped into four classifications: child-related issues; parent or family-related issues; placement-related issues and other service-related issues. Goerge (1990) and Rzepnicki (1987) used similar classification systems.5

Commonly cited factors which impacted on whether or not reunification was successful included:

- the number and type of presenting problems prior to placement (Turner 1984; Farmer 1992; Lawder et al. 1986; Fein et al. 1991; Hess, Folaron & Jefferson 1992; Gillespie, Byrne & Workman 1995; Bullock, Little & Millham 1993);
- the parents’ and children's motivation for reunification to occur (Thoburn 1979; Gillespie et al. 1995; Hess, Folaron & Jefferson 1992; Bullock et al. 1993); and
- the experience and continuity of workers (Shapiro 1976; Fanshel et al. 1978).

Despite an extensive list of variables relating to the success or otherwise of reunification, the various research findings are not able to clearly inform practice regarding when or whether to reunite. Although some causal links are suggested regarding these issues, these have not been substantiated beyond correlations. Again, there is a lack of distinction between cause and effect and therefore it is not possible to determine whether these variables represent contraindications for reunification to occur, or are warning signs that additional support and strategies are

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5See Appendix 9.1 to 9.8 for a detailed presentation of factors according to this classification.
required, and if so what these may be.

Based on their extensive quantitative and qualitative research Bullock et al. (1993) devised checklists to assist in planning reunification. However despite the use of multi-variate analysis and their findings of significant relationships between variables and outcomes of reunification, it is still not possible to draw conclusions regarding cause and effect relationships. Bullock and associates' research does provide a rich source for continued discussion and direction for further research and useful reference points for practitioners to consider when planning reunification. It can guide, but not direct how and when decisions regarding reunification should be made and how to achieve the best outcomes. In the researcher's opinion the use of checklists can be dangerous in attempting to reduce enormously complex issues into a list of what to do and not to do, as this can lead workers to place an over-reliance on such a list rather than on a comprehensive assessment. No checklist can cover all possibilities especially when considering the diversity of families, and so can inadvertently deflect attention from other key areas needing to be considered.6

Another limitation in relying on these studies for understanding causal relationships is that they lack consistency in reporting correlates of success, such as: whether the age of the child indicates the lesser or greater likelihood that reunification would occur (Farmer 1992; Gillespie et al. 1995; Fernandez 1996); whether children with behavioural problems were more or less likely to return home (Lawder et al. 1986; Goerge 1990; Benedict et al. 1991; Fernandez 1996); whether the presence of abuse or neglect meant that it took longer for children to return home (Farmer 1992; Lawder et al. 1986; Gillespie et al. 1995, Goerge 1990); whether the presence of serious parental mental health problems or significant intellectual disability meant that reunification was less likely to occur (Lawder et al. 1986; Jenkins 1967); and whether parents voluntarily placing their children in care were less or more likely to reunite with their children (Bullock et al. 1993; Turner 1984).

Perhaps one of the most significant contradictory findings was whether a previous unsuccessful attempt at reunification was a contraindication to make a further attempt (Farmer 1992; Bullock et al. 1993; Fein et al. 1983). Fein et al. (1983 : 543-545) found that children who had returned home once before, did better in any form of permanent placement, including a second attempt at home return. The authors suggested workers should not be overly wary of returning children home, as long as it was carefully planned, as such a home return could provide opportunities to

6 Other examples of checklists developed to inform decision making regarding reunification include Faller (1984) and Roizner-Hayes' (1996) checklist regarding reunification following incest.
test out whether or not the parents and children could live together and to assist them to confront their reality (Fein et al. 1983: 543-545 & 552). Bullock et al. however found that a more positive outcome for children involved in reunification was when 'The child has never previously been returned after being looked after by social services' (Bullock et al. 1993: 115).

Another point of difference was whether or not the type of service offered to the family was important. Sosin (1987) stated that the type of service was not important, but the significant factor was the amount of information used in planning reunification. Walton, Fraser, Lewis, Pecora & Walton (1993) and Petr et al. (1995) however stated that a specific reunification service was more likely to achieve reunification than a general family preservation service.

The contradictory and inconsistent findings across these studies reflect many of the dilemmas in researching this area of practice. Many of these studies demonstrate methodological limitations and questionable rigour, in part due to the complexities inherent within the phenomenon of reunification. These studies also covered several decades, and were conducted with different client groups, different definitions, non-comparable samples, diverse service philosophies and approaches, and different broader contexts such as legislation and general service systems (Maluccio, Fein & Davis 1994: 490).

MODELS OF SERVICE FOR FAMILY REUNIFICATION

There have been various models of service developed to assist the process of reunification, including specific reunification services, general family preservation services, and others which are more general placement and family support services.7 Although Victoria does not have the entire range of services it has a reasonable representation.

Some programs are specific to when children are in placement and focus on preparation for their return home. These are predominantly placement services that have a permanency planning perspective and prioritise the process of reunification wherever possible (Davies & Bland 1978; Fahlberg 1981; Seaberg 1981; Johnston & Gabor 1981; Ryan, McFadden & Warren 1981; Whittaker 1981; White 1981; Krona 1980; Martone, Kemp, & Pearson 1989; Schatz & Bane 1991; Burford & Casson 1989; Simms & Bolden 1991; Hess 1988; Hess, Mintun, Moellman, & Pitts 1992; Carlo 1993; Noble & Gibson 1994; Danebergs-Price 1993).

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7 See appendix 10.1-10.2 for a summary of the various models described in the literature.
There are other family reunification services which work with children and their families both prior to and following the children's return to the family (Fein & Staff 1991; Staff & Fein 1994; Rooney 1981; Jackson & Petrides 1995; Clare 1995; Gillespie et al. 1995; Petr et al. 1995; Woods & Battye 1995; Jackson 1996).

There are also family preservation services which undertake both placement prevention and family reunification. These are mostly short-term, home-based, intensive models of service (Fraser, Pecora & Haapala : 1991; Campbell & Tierney 1993; Jackson et al. 1995). Family support services in Victoria were also originally developed to enable children to remain in their parents' care, and although their role has broadened, this continues to be a part of their function, as is assisting families following reunification (Wyse 1982; Wolcott 1988).

Programs primarily targeted to the prevention of re-abuse of children often incorporate reunification as a component, such as those described by Lynch and Roberts (1982); Dale et al. (1986); Asen et al. (1989); and Gil (1996).

There was discussion in the literature regarding the need for reuniting families to have access to universal services, such as appropriate housing, income security, education and health services (Fein et al. 1983 : 554-555; Turner 1984 : 504).

Intensive family based services sit on a continuum which starts with primary prevention services, such as universal maternal and child health services, through secondary prevention services aimed at families who are at risk of child abuse and neglect, to tertiary prevention services for families in which abuse and neglect has occurred or is assessed to be at such a level of risk, that statutory intervention to remove the child is warranted (Scott 1994 : 20).

Maluccio, Krieger and Pine (1991 : 219-222) described common key components to most of the family reunification programs in the United States. These included:

- a family-centred orientation;
- partnership with parents and other family members;
- empowerment of social workers;
- comprehensive services and supports available;

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8 For the purpose of this research, family preservation programs and specific reunification programs have been described as family preservation - reunification programs.
• collaboration between different services and specific case management role;
• therapeutic use of the placement; and
• specialised training for social workers, foster parents and others involved in the reunification process.

STRATEGIES FOR FAMILY REUNIFICATION

Some programs have clearly outlined processes for working with families through reunification. For example Lahti et al. (1981: 60) outlined the process of reunification used in the Oregon project as involving three stages: the identification of the problems leading to placement; developing efforts to ameliorate those problems; and support following home return. Gambrill et al. (1981: 111-120) outlined the process applied in the Alameda Project, which can be summarised as: identification of problems and objectives; formulating a contract focussed on behavioural change; identifying family and environmental resources; designing, implementing and evaluating intervention plans; and assessing the effectiveness of the reunification.

Katz and Robinson (1991: 349 & 356) highlighted the need for accurate assessments, contracts, explicit visiting plans, careful record keeping, clear timelines, and an educative approach. Whittaker (1981: 73) suggested that services should provide a bridge between the children being in care and home through strategies such as conjoint family therapy, support groups, parent education and home visits. Sinanoglu (1981: 13-15) noted the use of contracting; decision-making; behavioural modification techniques; self-help groups; role modelling by parent aides, home-makers and foster parents; intensive casework; involving parents actively in the children’s placement; creative use of community and kinship networks and respite day care centres. Gillespie et al. (1995: 218) and Sosin (1987: 281) commented on the usefulness of in-home parent education, and many authors commented on the prevalence and usefulness of providing concrete services such as transportation and financial assistance (Shireman 1983: 394; Gillespie et al. 1995: 218; Lewis 1994: 348-350; Thoburn 1994: 84-85).

Krona (1980: 91-95) encouraged the concept of involving parents as full partners and having some access visits within the family home. Davies et al. (1978: 380-386), Maluccio (1981: 7-8) and Jackson (1996: 60-61) discussed the use of caregivers for teaching parents with a view to the children being returned home. Gillespie et al. (1995: 217) stated that there was a need for specialised foster parent training and support by the workers towards the foster parents during the process of reunification.
Schultz (1990) and Steward and Jackson (1992) described a specific strategy for reunification using a brief strategic family therapy technique based on creating metaphors which enable family members to experience their situation and each other in different ways. Flecknoe-Brown (1993) described a systemic family therapy approach using reflective teams within the context of Protective Services and other support services as a means of reuniting families. Other examples of strategies used to assist families through the process of reunification are recreating family histories using photo albums, life books and scrapbooks; helping families to plan their future together; redefining roles within the family through family meetings; developing a protection plan to ensure the children are not further abused or neglected; predicting possible problems with family members and developing potential solutions; creating rituals and celebrations within the family; and play therapy to assist children through the transition (Fahlberg 1981: 273-274; Zamosky, Sparks, Hatt & Sharman 1993: 167; Folaron 1993: 152-153; Jackson et al. 1995: 169-170; Russell & Hill 1995: 268).

Fahlberg (1981) and Folaron (1993) emphasised the importance of preparing children and described strategies to assist them through the process of returning to their parents including:

- pre-placement visits at home;
- foster parents giving children permission to go home;
- workers talking directly to children;
- active involvement by foster parents through home visits, especially where the children are demonstrating behavioural problems;
- positive contact between foster parents and parents;
- parents to be able to rehearse strategies shown to them by the foster parents;
- assist the children to understand the separation and placement experience;
- develop age-appropriate activities to enhance the children’s understanding;
- understand and protect the children’s defenses, such as denial or avoidance; and

**IMPLICATIONS FOR THIS RESEARCH**

The literature has raised many questions and dilemmas, some of which were incorporated in this research design for further exploration. One such issue is the ambiguity and diversity of factors leading to parent-child separation, rather than being predominantly due to abuse or
neglect and the definitional problems regarding what constitutes abuse. A related question is whether the experience of separation and reunification is related to those factors leading to separation? For example do parents requesting placement of their children experience similar emotional responses to those of parents whose children are removed against their wishes?

Other dilemmas were whether or not previous unsuccessful attempts at reunification reduce the chances for a further successful reunification; how workers balance the priority of ensuring children are safe during the volatile process of reunification; and what aspects of service models and particular strategies are most effective with which situations, such as varying lengths of placement, reasons for placement, nature of parent-child contact during placement, and nature of worker-family relationships.

Warsh, Maluccio and Pine described other dilemmas including what factors to consider in assessing the risks of reunification compared to the risks of remaining in placement; what is the minimum level of care required for reunification; how to ascertain what is the optimal level of reconnection achievable; the provision of appropriate long-term supports or perpetuating dependence; how to determine whether, when and how families should be reunified; and how to assist families to achieve positive and longstanding change (Warsh et al. 1994 : 7).

By undertaking an in-depth analysis of five examples of family reunification within the Victorian context it is envisaged that this study will provide the opportunity for those involved to speak of their insights and learning from their experiences regarding these and other issues. These perspectives, emotional responses and experiences will then be explored against the background of the literature already available. It is also hoped that they will add to the knowledge within the field to assist in the understanding of those concepts and practice issues relating to family reunification.
RESEARCH DESIGN AND METHODOLOGY

OVERVIEW OF THE RESEARCH

The focus of this research was to explore the phenomenon of family reunification by eliciting perspectives from parents, caregivers, social workers, protective workers and others involved in the reunification process. It was intended that retelling the stories, experiences, dilemmas, beliefs, and ideas of some of those involved in family reunification would thereby facilitate theory development and knowledge building in the child and family welfare field.

Qualitative research designs build on a number of interconnecting processes. These include inductive analysis, where there is intense interest in the details in order to discover important concepts and interrelationships; a holistic perspective, which considers the complexity of the whole phenomenon; qualitative, detailed, in-depth data, including direct quotations; personal contact, experiences and insight of the researcher being considered as valid components of the research; attention to process as well as content; unique case studies; context sensitivity by placing the findings in a social, historical and temporal context; empathic neutrality, where it is acknowledged that complete objectivity is not possible but still requires a non judgemental approach towards whatever data emerges; and design flexibility, where the design of the study may alter as new ideas come to light (Patton 1990 : 40-41).

The researcher's interest in the meanings and context of participants' experiences led to a method informed by interpretative, phenomenological and hermeneutic approaches. According to Neuman (1991 : 53) 'Interpretative theory gives the reader a feel for another's social reality and an in-depth view of a social setting. The theory does this by revealing the meanings, values, interpretative schemes, and rules of living used by people in their daily life'.

This interpretative approach is expanded by taking a phenomenological stance, that is, looking at how we put together the phenomena we experience in such a way as to make sense of the world and, in so doing, develop a worldview. There is no separate (or objective) reality for people. There is only what they know their experience is and means. The subjective experience incorporates the objective thing and a person's reality (Patton 1990 : 69).
Hermeneutics is a theoretical approach which asks, 'What are the conditions under which a human act took place or a product was produced that makes it possible to interpret its meaning' (Patton 1990 : 84). Scott (1989) expands on the hermeneutic mode of practice by outlining two theoretical frameworks: namely the concept of cognitive schema and the social construction of reality.

The concept of cognitive schema . . . refers to the abstract or generic knowledge structures stored in memory that specify the defining features, relevant attributes, and interrelations among attributes. Schemata develop with increasing experience and help structure and interpret new information . . . These experientially derived schemata form the basis for practice wisdom or the practitioner's tacit knowledge (Scott 1989 : 42).

Social construction of reality refers to the meaning of events as shaped by the individual and their sociocultural context (Scott 1989 : 43). For example concepts such as child abuse, child protection and family reunification are social constructs whose meanings can vary depending on the individual and social context (Payne 1991 : 8; Spence 1992 : 4; Reder et al. 1993 : 6). One such context for this research is the researcher’s own work experience in the child protection and reunification fields, leading to her assumptions, beliefs, values, memories and experiences which underpin the research dialogue and the researcher’s cognitive schemata. The analysis therefore needs to include the realisation that the interviews represent more than a factual response to questions and were part of a discourse or conversation which was in itself part of a broader context.

Having identified the area of study and general approach to be taken, the next steps were to design the method of collecting data such as the stories and differing perspectives, and then to analyse and interpret this information in order to understand the meaning of the concepts which arose (Orcutt 1990 : 98).

From the major qualitative data collection methods – in-depth interviews, direct observations and document analysis – (Patton 1990 : 10) interviewing was selected. This enabled participants to discuss and explore their own experiences, beliefs and attitudes regarding their experience of reunification and in relation to the topic of reunification in general. Mishler developed four propositions regarding the essential components of interviews.
(1) interviews are speech events; (2) the discourse of interviews is constructed jointly by interviewers and respondents; (3) analysis and interpretation are based on a theory of discourse and meaning; (4) the meanings of questions and answers are contextually grounded (Mishler 1986 : ix).

Triangulation of data sources was another strategy used to strengthen the research design by combining different voices on the same phenomenon (Patton 1990 : 187; Gilgun 1994 : 376). Different people involved in each example of reunification were interviewed in order to examine the range of viewpoints, whilst acknowledging that each example of reunification represented a unique experience for each individual.

Grounded theory analysis was considered appropriate as it was consistent with the broad aims of the study regarding knowledge building. In order to describe the experiences and explore some of the dilemmas and challenges and what these might mean for practice, other methods of analysis were also used such as the use of case studies and an event structure analysis which used the metaphor of different pathways travelled throughout the journey of reunification.

This research therefore had a number of key and interlocking components which were as follows:

- using the researcher's own experience and knowledge within the reunification field;
- reviewing the literature regarding the topic of reunification, related areas and previous studies;
- establishing a reference group for the first year of the study to guide its formation;
- purposeful sampling of five families involved in reunification and then of others who participated in that process, thereby providing a triangulation of the sources of data;
- semi-structured, guided, conversational style interviews, which were taped and written out verbatim and edited by the participants themselves; and
- an analysis of these interviews involving the grounded theory approach to content analysis and use of case studies and a pathways analysis.

**RESEARCHER'S EXPERIENCE AND KNOWLEDGE**

The researcher's experience in both the child protection and reunification fields led her to question the many dilemmas and conundrums apparently endemic to the field yet bypassed in the literature.
Given the researcher's role in child protection and in one of the few specific reunification programs in Australia, it was considered appropriate for the research design to tap into that knowledge rather than attempt to circumvent it. Some authors state that it is inherently impossible to be completely objective in any form of research and therefore that is an unrealistic and misleading goal (Patton 1990: 55; Mishler 1986: 110; Daly 1992: 7). Thorpe (1994: 29) states that '... the claims of science to be value-free, especially in social welfare programmes which are potentially coercive, are fundamentally dishonest within the context of child protection'. Tesch (1990: 68) states that in order to conduct phenomenological research, it is important for the researcher to explore her own experiences as well as those of the participants. This is also consistent with Scott's discussion regarding the use of cognitive schema and understanding the various social constructions of reality (1989: 42-43).

According to Strauss et al. (1990: 41-42) the researcher's own experience and knowledge can be a very useful source of data, not only to inform the research process, but as actual content for discussion. This was described as theoretical sensitivity. An example of this was the researcher's knowledge of the child and family welfare and legal system within Victoria which was used, in addition to the literature, to provide some of the descriptive context for this study. She also drew upon her experience in framing the questions and general approach to the interviews.

The qualitative research design therefore enabled the researcher to incorporate her knowledge, contacts with others in the field, and experience, whilst being able to place them in context and not have them surreptitiously override the stories of others involved in the study.

**LITERATURE REVIEW**

Reviewing the literature is a standard requirement in research, but the grounded theoretical approach acknowledges that such a process can have equal weight to other forms of data collection including interviews (Strauss et al. 1990: 42). However Strauss et al. warn against completing the literature review before the analysis as this can lead to the formulation of theories and assumptions before allowing the analysis of the other data to speak for itself, thereby stifling creativity. They state that it is important to use the literature before, during and after the actual study and to be alert to how it impacts on the analytical process (Strauss et al. 1990: 56).
Reviewing the relevant literature regarding family reunification, children in out-of-home care, the Victorian child and family welfare and legal systems, and other related areas, was an important aspect of the research design as one of the aims was to summarise and critically analyse the written knowledge already available. This literature review also assisted in developing the research design. By reviewing other studies, their research designs, analyses and outcomes, the limited availability of qualitative data and analysis became apparent.

Some studies mentioned in the literature review combined a quantitative and qualitative approach including Thoburn (1979), Millham et al. (1986), Fisher et al. (1986), Hess (1987), Hess (1988), Bullock et al. (1993) and Fernandez (1996). Aspects of these studies have used a similar design to this research, particularly in their use of triangulation of data sources, case studies and grounded theory analysis. They have however, been more focussed on outcomes, and the discussions and analyses have not focussed on the experiences and challenges faced by those involved in the process.

One study (Fisher et al. 1986) was particularly relevant to this research design as it examined differing perspectives regarding children experiencing out-of-home placements. With a similar purpose to this research, they stated that

The primary goal . . . was to gain understanding rather than information. We wanted to obtain a clear picture of the feelings, aspirations, hopes and fears of everyone involved in care processes: parents, children, social workers and other helpers (Fisher et al. 1986 : 19).

**REFERENCE GROUP**

A reference group consisting of a Protective Services manager, a representative from the Accommodation and Support branch,\(^9\) and a representative from a non-government placement agency, met on four occasions. Its purpose was to advise the researcher regarding issues relating to Department of Human Services’ policies; to assist in the formulation of the written proposal; establish the parameters of the research; discuss the potential ethical issues and responses; sample

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\(^9\) Both were employed by the state Department of Human Services. See appendix 11 for glossary of terms.
selection and facilitate access to participants. It was agreed that the reference group would cease to operate after the initial 12 months and the Department of Human Services would receive a copy of the final research document once it became available.

SAMPLE SELECTION

The researcher's initial intention was to purposefully sample up to 15 different situations of reunification to ensure a variety of cases.

A regional office of the Department of Human Services agreed to undertake the major 'gatekeeping' role regarding which families could be invited to participate. If the children were no longer statutory clients, then the family support workers, if involved, were asked their opinion regarding the appropriateness of asking the parents to participate.

The criteria for deciding which families would be asked to participate were the following:

- child in placement for six months or more;
- reunification occurred at least six months prior to the study;
- child aged 12 years or under at the time of reunification (or majority of children aged under 12 if in a sibling group); and
- workers undertaking the gatekeeper role believed that participation in the study would not be detrimental to the child or family's welfare and that the participants could provide informed consent.

The criterion that the children had to be in placement for at least six months was due to the researcher's belief, supported by the literature, that the experience of reunification after a lengthy separation raised different issues for all concerned than when the separation had been of a shorter duration (Bullock et al. 1993 : 69). The reason for requiring that the children's return home occurred at least six months prior to the study was to enable the participants to gain some distance from the actual time of home return and to be able to include information regarding what happened after home return, since the researcher conceptualised reunification not as an event but as a process over time. Barth and Berry (1987 : 86) commented that there was a need for more research
regarding families' situations following the children's home return, not just focussing on events leading up to it.

The study focussed on children 12 years or under, as the issue of adolescents in out-of-home care and their options when leaving care were considered to raise many issues beyond the scope of this study and the experience of the researcher. This was also consistent with some other studies (Lahti 1982; Fanshel et al. 1978). Whilst the sample was not intended to be restricted to only those families whose children were still in their parents' care, these were the only families who participated in the study. This was probably due to the interpretation by workers that these were the families who fell within the definition of those involved in reunification, and also because of the very difficult and painful issues often involved when children have been removed after home return and the workers' desire not to place too many expectations on these parents.

The study aimed to interview as many as possible of the significant people involved in the reunification process, such as the parents, protective workers, case planning chairpersons, caregivers, social workers, family support workers and others. It did not include children due to the additional ethical issues involved in interviewing children, especially within the statutory system. As none of the parents suggested that the researcher contact people in their extended family or broader social networks, this was not attempted (see sections on ethics and limitations of the study).

The workers involved gave the parents a letter from the researcher informing them about the study and asking whether or not they would be interested in participating. If they agreed, then the researcher made direct contact with the parents and provided them with information outlining the overall study and reminding them of their right to withdraw from the research at any time.\(^\text{10}\)

Over the first 12 months of the study it became apparent that it was going to be difficult to obtain a sample of 15 cases for several reasons: a number of other research projects had recently occurred in the region; the additional workload for protective workers due to the demands of the new computerised client information system; different definitions of what constituted family reunification; the need to exclude any families with whom the researcher had been directly involved; and changes in personnel within the region at both protective worker and management levels. Over time, however, the topic and design of the research became known in different

\(^{10}\) See appendices 12.1 to 12.4 for examples of letters to parents and workers, information sheet and consent forms.
organisations and child protection offices within other regions and the researcher was contacted by workers with suggestions of families who would be interested in participating in the research. When this occurred in regions other than the initial one involved, the researcher contacted, either directly or through the relevant protective worker, the manager of Protective Services within these regions for permission before approaching the family.

Three families who initially agreed to be involved, subsequently withdrew before the interview process began. Three other families were suggested but did not meet certain criteria so were not approached by the researcher. Eventually five families participated in the study, two from the initial region selected and three from other regions.

Two families involved in the research had at some point been involved in the agency where the researcher worked and were aware of the researcher's role within this agency, but had not directly worked with her. With these families the researcher requested that the workers who discussed the research with the parents placed an even greater emphasis on the voluntary nature of the research and explain that the research was not directly connected to the researcher's place of employment. The researcher reiterated this when she met with the participants.

Once the parents had consented, others involved as determined by the gatekeepers and parents were asked to participate. They were provided with the same information as the parents and had the same opportunity to refuse involvement in the study. Two workers chose not to be involved in the research.

The numbers of people interviewed ranged from one case study where five people were interviewed, to one where 14 people were interviewed. In relation to the five families involved in the study overall, 38 people were interviewed, seven of whom requested a second interview. Of the 38 interviewed, six people were interviewed as couples including two foster parents. In total there were 42 interviews, although one worker who was interviewed twice asked for her transcripts to be combined so 41 transcripts were available for analysis. ¹¹

¹¹ As the wealth of material in the transcripts and data analysis indicates, the original goal of 15 cases analysed in this way would have proved unworkable, given the constraints of an MSW thesis undertaken by one person part-time.
INTERVIEW PROCESS

Depending on the participant's preference, most of the interviews were held in his or her office or home, and five were held in the researcher's office. One parent requested the interview take place in a car as the children were being baby-sat in her house and there was no nearby venue which would have ensured privacy. One interview occurred with the mother whilst the father lay in his bedroom occasionally yelling out answers.

All interviews were taped and the researcher also took notes. There appeared to be varying degrees of comfort and awareness of the recording throughout the interviews, though most appeared to almost forget the tape recorder unless the tape had to be changed. Some participants, including one parent, referred to a file or notes during the interview, whereas most spoke without notes. Mishler noted the importance of taping interviews to adequately encapsulate the conversation (1986 : 36). Whilst this research did not undertake the in-depth analysis of speech patterns as Mishler suggests, since the purpose was not fine-grained discourse analysis, the taped recordings of the interviews have been used to provide as accurate a reflection as possible of the participants' direct statements, whilst removing identifying information.

Transcriptions were sent to the participant for comment, alteration or additions. This gave participants the opportunity to be their own editor by providing them more time to think and possibly discuss with others their ideas and to ensure that their statements had been adequately represented.12

Almost all those interviewed stated that it was different reading the interviews and the majority expressed concern of, 'Do I really sound like that?'. Most participants expressed general satisfaction with the content of the interviews, although often with an alteration of a few words or phrases. Seven people requested a second interview to further expand their ideas, either due to the first interview being restricted in time and therefore not all the questions being asked or because they had thought of more things to say since the initial interview.

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12 One interview was sent to the participant in written transcript and tape recording due to her visual impairment.
The structure of the interviews was based on a conversational, informal style whilst loosely following a format of questions or areas for discussion. Patton (1990: 283) describes this as the interview guide approach where general questions are prepared but where the style of interview is conversational and the order and amount of questions regarding specific areas can adapt throughout the interview itself.

ANALYSIS

The purpose of analysis was to build theory and stimulate discussion regarding the many dilemmas, challenges and practice issues inherent in the reunification process.

The challenge is to make sense of massive amounts of data, reduce the volume of information, identify significant patterns, and construct a framework for communicating the essence of what the data reveal (Patton 1990: 371-372).

Towards this goal the analysis took two forms: a within case, holistic overview; and an across case, thematic analysis. In examining the specific cases from a holistic overview, the case study approach was used. In comparing and analysing the various themes and content across the cases, a grounded theoretical approach was used. A pathways framework was developed by the researcher and applied to both the case study and content analysis.

WITHIN CASES - ANALYSIS

Case studies provide thick description of the process and experience of reunification.

A case study is an empirical inquiry that:

- investigates a contemporary phenomenon within its real-life context; when
- the boundaries between phenomenon and context are not clearly evident; and in which
- multiple sources of evidence are used (Yin 1989: 23).
Although case studies are not for the purpose of statistical generalisations, they are useful for in-depth study to understand the processes and context of each situation (Yin 1989: 38; Gilgun 1994: 371; Patton 1990: 53).

The case studies were considered valuable for their multiple perspectives and layers (Gilgun 1994: 371). However, as contradictions and gaps in knowledge which arose were not challenged and there was no access to files, only that information which appeared consistent amongst most participants regarding each example was included in the *description* of the case study. Contradictions and gaps in knowledge were incorporated in the *analysis*.

In order to gain further insight into the experiences held within each case study, the analysis used the eco-systems framework as a means of exploring the information in more detail. This portrayed what information was missing as well as placing into context the information obtained.

**ACROSS CASES - ANALYSIS**

This research used a grounded theory approach, which has procedures designed to:

1. Build rather than only test theory.
2. Give the research process the rigor necessary to make the theory ‘good’ science.
3. Help the analyst to break through the biases and assumptions brought to, and that can develop during, the research process.
4. Provide the grounding, build the density, and develop the sensitivity and integration needed to generate a rich, tightly woven, explanatory theory that closely approximates the reality it represents (Strauss et al. 1990: 57).

The main procedure in grounded theory analysis is using codes to develop concepts and categories which can then be compared and tested with each other to further expand the thinking regarding the phenomenon in question.\(^{13}\)

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\(^{13}\) Concepts: Conceptual labels placed on discrete happenings, events, and other instances of phenomena.
Category: A classification of concepts . . . the concepts are grouped together under a higher order, more abstract concept called a category.
Coding: The process of analyzing data (Strauss et al. 1990: 61).
The analysis began by the researcher designating sentence structures and creating paragraphs when typing out the interviews. She then numbered all the paragraphs within each interview transcript. The transcript was coded by the researcher as key issues or concepts became apparent. Key quotes considered by the researcher to be particularly expressive or representative of some of these concepts, were highlighted. Once the concept became apparent within an interview the researcher then examined other interviews for statements referring to this concept. This required some to-ing and fro-ing between the interviews. These concepts were then written out separately with a detailed description of what the particular person being interviewed had to say about them. They were then brought together regarding what everyone being interviewed about that specific example of reunification had to say about each concept. Finally there were 41 different concepts which were derived from the interviews although some of these were complex enough to be considered categories.¹⁴

PATHWAYS ANALYSIS

The pathways analysis was an approach developed by the researcher specifically for this study. It was based on a form of event structure analysis, which examines and represents series of events as logical structures.

People cause certain events to happen by making choices in the actions they take. In the same way they prevent other events from occurring. But each situation offers only a limited number of choices, and certain events cannot occur before their prerequisites have taken place. Thus for any situation abstract logical structures of events can be generated and compared with actual event sequences (Tesch 1990 : 27).

Tesch (1990 : 64) states that the purpose of an event structure analysis is to discover the structure or rules of these processes. Thorpe (1994) and Fernandez (1996) used such an analysis by examining the careers which children took through the statutory system, knowing that there were only so many options or choices along the way. This current research however used the pathways analysis to provide another means of describing and comparing the phenomenon of reunification as

¹⁴ See appendix 12 for a list of the key concepts.
experienced by the different players. The pathway or journey through reunification has a number of signposts and crossroads which can be used as points of reference or comparison. For example 'what led to the initial separation of parent and child' as one section of the pathway has only a limited number of legal options, yet may have been perceived and experienced by those involved in an almost endless number of alternative explanations ranging from what type of risk was present, to a misunderstanding or 'evil intent' of the protective worker. This use of a metaphor, such as pathways, and the emphasis on experience is consistent with a phenomenological approach (Tesch 1990: 70).

VALIDITY AND RELIABILITY

Validity and reliability are usually considered important issues in relation to the usefulness, credibility and accountability of the research process. Bostwyk and Kyte (1981: 104) defined validity as having two parts: 'The instrument actually measures the concept in question, and the concept is measured accurately'. They defined reliability as 'the extent that independent administrations of (an instrument) or a comparable instrument yield similar results' (Bostwyk et al. 1981: 113).

Patton (1990: 14) stated that, 'In qualitative inquiry the researcher is the instrument' and that therefore, 'The validity and reliability of qualitative data depend to a great extent on the methodological skill, sensitivity, and integrity of the researcher' (Patton 1990: 11). This places responsibility on the researcher to ensure that she is well-prepared, competent, and has access to supervision and support.

According to Neuman (1991: 54) the interpretative approach does not have this emphasis on validity or reliability, but rather considers that '... a theory is true if it makes sense to those being studied, and if it allows others to understand deeply or enter the reality of those being studied'.

The proposed research endeavoured to produce coherent, reality-based data which accurately reflected the opinions and experiences of those involved in family reunification and which produced an analysis with utility for professional purposes. The interviews and feedback procedures described above were designed to this end.
Another issue in relation to validity is external validity or generalisability. It was not intended that participants' stories and opinions would be generalised to others, but rather that they be understood by others. The purposeful sampling, though restricted to some extent by the difficulty in obtaining the sample, gave a diversity of experience.

If professional knowledge builds from case lore and analytic case comparison (Scott 1989: 42) this research, through the use of in-depth case analysis both within and across cases, should enrich a process which tends to occur in the field more haphazardly.

**ETHICAL ISSUES**

In addition to ethical issues that researchers need to consider when conducting any form of social research, such as avoiding harm to participants, honesty and informed consent (Schinke 1981; Kimmel 1988; Reynolds 1982; Bailey 1978; Neuman 1991) there are issues when conducting research within an overt social control environment, such as the child welfare statutory system, particularly when the aim is to incorporate interviews with parents.

Following is a list of some of the potential and actual ethical issues within the research design:

(i) Given the researcher's role within the child and family welfare system, in particular in the provision of services for family reunification, would this have a detrimental effect on the researcher's ability to conduct research? This was an example of the more general issue of bias.

(ii) Should families who are involved in the agency where the researcher is employed be deliberately excluded or involved? What should happen if the families were past clients, current clients, or potential clients of the programs managed by the researcher?

(iii) Would family members, caregivers and workers feel able to refuse participation in this study, given the significant overt and underlying power issues within the system?

(iv) Does each participant have equal access to the information recorded in the final research document? Is it a problem if they do not?
(v) How can confidentiality be ensured if the transcripts are included in the final research document, due to the small size of the sample? Is it necessary to include the transcripts?

(vi) What should the researcher do, if during the course of an interview with a family member, she assessed that a child was at an unacceptable level of risk?

(vii) Given the nature of reunification and the preceding separation, it was possible that this research could evoke some very painful memories for both the parents and workers involved. Was this therefore an appropriate study and what could the researcher do to minimise such distress or other strong emotions?

(viii) Should children be actively involved in the research?

Some of these ethical questions were resolved when a more interpretative approach to the research was adopted. For example, as objectivity was not considered possible, the researcher did not need to apologise for bringing her subjective viewpoints and experience to the research. In fact, the reverse was true. She needed to understand how her subjectivity affected the research process and use her experience to enhance, rather than detract from the study.

This does not, however, negate the concern of potential design or researcher bias, examples of which include participants feeling obliged to give socially acceptable answers, or who believe that the interview is an examination of their family life or skills (Gochros 1981: 286-288). Other examples of bias include the exclusion of certain questions, or the over-emphasis on others (Fisher et al. 1986: 22-23).

One of the most overt ethical dilemmas was regarding whether or not to include examples where the families had been involved at some point with the agency where the researcher was employed. It was clear that no families with whom the researcher had direct involvement or who were still involved with the agency would be involved. However as the researcher was employed in a major reunification program in Victoria it was considered problematic to exclude all families who had been clients of this agency from the research. The goals were therefore to ensure that the parents and workers involved understood the distinction between the researcher's role in the agency and her
role in the research; that they fully understood and believed their involvement was voluntary and confidential; and that they were able to give informed consent.

It had not been anticipated that workers might also find the researcher’s role confusing. One worker became confused and thought that the family being discussed had been referred to the researcher's program, which was not the case. The researcher was able to clarify that this was not the case and was not the reason the family had become involved in the research. Such ethical dilemmas could be responded to as they arose.

Whilst it was inevitable that some participants would feel a pressure to say the ‘correct response’, there were some strategies to lessen this pressure. A ‘combination of open-ended, respondent-led narration, and non-leading, specific questions, overcomes most of the problems of research design bias’ (Fisher et al. 1986: 22).  

The issue of what constitutes informed and freely given consent is a complex one in any research. Obtaining informed consent, especially of family members, was negotiated through Protective Services or the non-government agency if Protective Services was no longer involved, and concrete and accurate information as to what was expected of the participants was provided. This enabled the parents to hear about the research via somebody they knew and to make an initial decision without being confronted by a stranger. The researcher again went over this information when she first met with the family.

There were three major issues relating to confidentiality. The first was the decision as to whether or not the actual transcripts would be included in the final research document. Specific identifying information was removed from the transcripts including dates, names, and any statements considered by the researcher to be overtly identifying. However despite this it was considered impossible to disguise the interviews to be non-identifying to anyone who was aware of who had participated in the study, for example other participants regarding the same example of reunification. In order to ensure confidentiality the researcher has requested that the transcripts be only available for the purpose of examination and that they be returned at the end of the examination period.

15 However due to the conversational style of the interviews some leading questions were inadvertently included, or were following on from earlier comments made prior to the tape recording.
The second issue regarding confidentiality was that if direct quotations were used and cross-referenced with the case studies, then it would be possible for anyone involved in the research to determine who said what, which would therefore be a breach of the researcher's commitment to confidentiality. She therefore decided that whilst there would be a description of the cases and a use of direct quotations, these would not be linked.

The third issue of confidentiality was the researcher's actions if she believed a child to be at an unacceptable risk of harm. Kinard (1985: 307-308) stated that 'If the welfare and safety of the participant is of primary concern, then protecting a child from abuse must lead to a decision to report suspected abuse'. He suggested that parents should be informed if a report to Protective Services was being made, which was consistent with the researcher's practice. Fortunately no such situation arose.

It was also important to be aware of the many stressors and contextual difficulties facing protective staff and other workers in the child welfare field, and to therefore minimise any extra work which could ensue from the research. Equally, it was important to endeavour to make the research as useful for the child welfare field as possible so as to inform practice and assist service delivery. Two participants stated that their willingness to be involved in the research was due to their hope that their comments would make a difference to policy and practice of reunification within Victoria.

The strategies involved to minimise the potential for the research to be distressing and destructive to the participants, especially the parents, included using workers as gatekeepers to avoid asking those families where the research may have been a destructive process for them; ensuring that all participants fully understood the voluntary nature of the research and the issue of informed consent; and to deal with any signs of distress if they became apparent. In general there were no overt signs of distress from the participants, except in relation to one case where two workers became visibly distressed when talking about their concern for the mother.

The issue of whether to interview children is a complex one. Where researchers have interviewed children, the children have usually been older or have been involved in lengthy studies utilising significant resources (Fisher et al. 1986; Bullock et al. 1993; Fanshel et al. 1978). Although not
involving the children was a limitation, the researcher decided not to do so for the following reasons:

- out of the ten children returned to their parents' care, three were under four years of age and two others were developmentally delayed;
- there was a concern of whether or not children could realistically give informed and free consent; and
- given the nature of the study and the sensitive issues of separation and reunification, the researcher believed that she would have needed to spend a significant amount of time with the children before asking them questions and this was beyond the scope of the study.

One unpredicted ethical issue which arose during the study was when a worker being interviewed, who was the case manager, was clearly unaware of some of the historical risk factors which were possibly still present. Whilst the researcher could not draw her attention to these risk factors, she was relieved when it became apparent while interviewing the worker's manager, that the manager was aware of these issues for the family.

**LIMITATIONS OF THE STUDY**

The small sample of five families may be perceived as a limitation, but each of these involved a cluster of participants and, in all, 38 people participated in the study. It is considered by the researcher that the usefulness of interviewing a group of people regarding the same cases of family reunification was greater than asking a larger number of people regarding unrelated cases.

The Department of Human Services was implementing a new client information system which meant that Protective Services management were unclear what quantifiable data was available regarding reunification. The researcher had originally hoped to include this data as part of the context, but it was not available. It is still not possible to ascertain the number of children reunited with their families from the Department of Human Services' client information system.

The decision to not involve children in the research, whilst made due to ethical concerns, meant that the study's ability to adequately represent their views was clearly minimised. One of the concepts developed from the interviews was the 'voices of the children'. This was when those being
interviewed expressed their view regarding what the children were feeling, thinking, experiencing, but this was not the same as being able to involve the children more directly. Whilst to do so in an ethical and realistic manner was beyond the scope and resources of this research it is hoped that future research within Australia will be able to do this, as some studies have done overseas (Fisher et al. 1986; Fanshel et al. 1978).

The lack of interviewing extended family members, friends, neighbours, teachers, workplace contacts, and so on has also meant that these important sources of information were not tapped into, despite the mention of some of these networks by parents and workers as being instrumental in the reunification process and despite the importance placed on such networks by an eco-systems approach. Although it was beyond the scope of this research due to ethical issues and constraints of time this would be a very rich source of information and insight into the experience of reunification and has not been attempted by other research projects.
FINDINGS:

PATHWAYS THROUGH REUNIFICATION

This research has studied five examples of families who reunited with their children after lengthy separations. A description of each case is in appendices 14 to 18, in conjunction with a combined genogram and social network diagram, and a portrayal of an eco-systemic analysis of some of the key issues involved with each case.

This chapter compares and discusses the findings derived from these case studies by bringing together the events or steps which occurred along the pathways through reunification. Figure 1 represents the different steps along the pathway. Some of these steps are further compartmentalised to provide more detail. Each step is followed by summaries and examples of comments made by participants in relation to their experiences and opinions. As this research was a retrospective study, participants' comments were both informed and hindered by hindsight.\(^\text{16}\)

Many quotations have been used to 'capture' the respondents' analyses and interpretations, but these are still only a small sample. Although quotations were not obtained in equal numbers from every interview, the overall analysis has tried to evenly represent the different cases and the many voices. Where comments are primarily descriptive, direct quotations have not been used, such as in the family history section.\(^\text{17}\)

\(^{16}\) In the following analysis when quotations could be attributable to individuals, the sentence has been slightly altered without changing the meaning to make it non-identifying, or the quote has been assigned to a general category, such as 'worker', instead of describing the worker's role.

\(^{17}\) Where comments reflected practice dilemmas or challenges, these are discussed in the following chapter.
## FIGURE 1

### PATHWAYS THROUGH REUNIFICATION

<table>
<thead>
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<th>Pathway - Steps</th>
<th>Examples</th>
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| **Family History and Structure** | Parents' childhood experiences  
Previous involvement with Protective Services  
Earlier experiences for the children  
Genogram and social networks |
| **Events Prior to Separation** | Types and level of crisis  
Child abuse &/or neglect  
Level, acknowledgment, type of risk  
Parents unable to cope with children's behaviour  
Domestic violence  
Substance abuse  
Disability of parent &/or child |
| **Separation** | Assessment of risk and parenting  
Protective Services involvement, incl. Children's Court  
Parents placing child voluntarily, no court order  
Family Court  
Decisions made within extended family  
Formal or informal decision making processes  
Parents', children's and workers' response to separation |
| **Placement Related Factors** | Length and type of placement  
Number of placements and caregivers  
Number, purpose, venue and workers' role in access visits between child, parents, siblings and significant others  
Level of parental involvement in placement |
| **Other Factors During Placement** | Protective Services role  
Level, acknowledgment, type of risk  
Case Planning processes and other decision making forums  
Any process of change occurring within the family or environment  
Services available to child, parents and family  
Social networks |
| **Decision to Reunite** | Who made the decision  
What was the timing of the decision  
Was it made formally or informally  
What were the criteria  
What was the level of parental involvement in decisions  
Were there any dissenting views |
| **Actual Home Return** | Services available to children, parents and family  
What are the children's, parents' and caregivers' response to home return  
What occurs on the actual day of home return |
| **Events After Home Return** | Assessment of risk and parenting  
Protective Services role  
Contact between family and caregiver  
Services available to child, parents and family  
Responses to future crises  
Are the changes maintained, strengthened or weakened  
Social networks |
| **Outcomes** | Level, acknowledgment, type of risk  
Child's development, health and emotional well-being  
Level of family functioning  
Child reunited with family and remained home  
Child in out-of-home permanent care, with limited family contact  
Child in out-of-home permanent care with strengthened family relationships  
Child in and out of out-of-home care  
Child in out-of-home care, but unclear re future plans |
FAMILY HISTORY AND STRUCTURE

Of the nine parents involved in this research, three had experienced out-of-home care due to alleged abuse or neglect when they were children; another had reportedly experienced severe physical and emotional abuse but had not been involved in the child welfare system.

In three of the five families the parents were married and another couple were in an ongoing de facto relationship. Two of these couples included both biological parents, and the mother in the de facto relationship had six children from five relationships. This complex form of family structure is significantly represented in the child welfare population (Campbell et al. 1993: 20). Two families had other children who were placed elsewhere on an involuntary basis, one through the child protection system and one through the Family Court. Another family had an older child who had been reunited with his mother and siblings, but subsequently moved on a voluntary basis, for what appeared to be largely pragmatic reasons, to live with a relative. In the researcher’s experience it is not uncommon for families working towards reunification to have to simultaneously deal with pragmatic arrangements and ongoing grief and conflict issues regarding other children out of their care. Two families had other children who had never experienced this type of separation.

EVENTS PRIOR TO SEPARATION - ‘ended up being like a downward spiral’

The reasons for removal of the children were primarily due to physical neglect (three cases) and parents stating they were unable to manage the children's difficult behaviour (two cases). Four cases involved children with significant behavioural problems, even when this was not one of the identified issues leading to separation. Other potential and actual risk factors which led to the separation of parent and child included: risk of physical abuse (one case); poor supervision, including one example where children were left unattended for days (three cases); poor hygiene (two cases); and lack of prevention of avoidable accidents (one case). Workers assumed that two parents had learning difficulties and possible intellectual disability, but one of these was challenged through a cognitive assessment and the other was not formally assessed.

Despite mention by a number of workers regarding domestic violence in three cases, there was minimal exploration as to what the impact of this violence may have been on the family. Workers appeared to have varying attitudes and beliefs regarding domestic violence ranging from not knowing it existed within the family, perceiving it as a major risk factor and barrier to
reunification, or acknowledging its existence, but not believing it should impact on whether or not the children were reunited with their parents.

Although these cases are not intended to be representative of the child welfare or child protection population, these reasons for statutory involvement and placement of children in out-of-home care are not unusual (Thorpe 1994; Fernandez 1996).

PARENTS' VOICES

When parents told of their experiences before being separated from their children they spoke of desperation, lack of control and hopelessness. They also spoke about the difficulties in finding solutions and obtaining effective assistance from services.

It wasn't like a sudden thing. He had always been difficult. Like when he was two he was throwing knives around and he tried to stab me. He lit his first fire when he was three (Parent).

I want him to have a chance in life and I can't give it to him at the moment, because obviously I'm not what he needs. Okay I'm his mother but at this particular stage in his life it wasn't what he needed (Parent).

My attitude did have a lot to do with the way [he] went. [He] was a difficult child, but I didn't have the ideas and the sense to want to try and help him or to even know that I could help him. So I mean with his behaviour like it was and my attitude the way it was, it was a no-win situation really. And back then, I don't think anyone could have come into my house because I was so full of guilt and like 'I'm a failure anyway'. But I don't think that I would have allowed anyone to come into my house and say to me they were going to try to help me. And then when I was crying out for help there wasn't anything available (Parent).

When the children's behaviour was not a factor leading to separation, there was still a sense of entrapment and despair from the parents.
I was going to work in order for us to live properly but then I found that the more I worked the more I used drugs and yeah it just sort of ended up being like a downward spiral, like a web I just couldn't get out of, you know (Parent).

The parents believed they had no choices, or a choice between two or more awful realities. These feelings of desperation, despair and entrapment were evident regardless of what led to the children being placed. They shared feelings of alienation, futility and actual or pending failure, similar to those referred to as filial deprivation (Jenkins et al. 1972 : 143), except that these were before separation. Do the emotions involved in filial deprivation, therefore, only relate to parents separated from their children, or are they part of a continuum of emotional responses to life and family situations where parents experience few or no positive choices, including those which lead to their children being removed from their care? As with the concept of maternal deprivation (Rutter 1981 : 66), filial deprivation encompasses both precursors and consequences of separation.

WORKERS' VOICES

In four cases, some workers differed regarding what they believed led to the separation. On two occasions the case manager appeared to have the least knowledge of the events leading to separation. Most of the workers and caregivers knew the risk factors which led to court action, but they varied in their ability to state what influenced the family getting to this situation.

I never really understood what made her slip, but I could put the sequence in, in terms of money, boredom, drugs, high living (Worker).

Workers spoke of their own fears and anxieties prior to the children being removed and of feeling confronted with only negative options.

ACTUAL PROCESS OF SEPARATION BETWEEN PARENT AND CHILD - 'it's like someone pulling something out of your gut.'

In three cases parents requested placement, although all the children were placed on statutory orders. One parent said she exaggerated the situation in order to ensure that the protective
worker acted, and believed that statutory involvement was the only means of obtaining the placement. Another couple requested a short-term placement, and then requested a longer placement when their family situation changed. Another family requested a long-term placement, believing that the children would not be returned until they were 16 years of age.

In relation to the two situations where parents did not request the placement, one separation occurred in the absence of the parent who could not be located. The other separation was in the form of a decision being made whilst the child was in hospital and the parents were informed of this, without actually involving a change of placement for the child until a later time. Despite the fact that the parents in these two cases did not agree with the decision to place their children, they did not contest the matters in court, although one was involved in lengthy pre-court negotiations. The other case not being contested seemed to reflect the mother's general sense of powerlessness in the situation and her being overwhelmed by her drug involvement and general life situation. It was not until later that she began to argue for the chance to reunite with her children.

One family's experience of separation was different from the others, as the child had never been in the parents' sole care beforehand. The separation therefore represented the parents not being allowed to take the child home after birth, compared to the child being removed from the home.

PARENTS' VOICES

One couple viewed their request for placement as a constructive, yet distressing experience. Others viewed it as a negative and inescapable consequence of their overwhelming life situation. This distinction demonstrates that parents who request placements of their children are not a homogenous group and may share the emotional reactions of parents whose children were removed against their wishes. Filial deprivation is not, therefore, only experienced by those who have no choice in the decision to place their children, especially as parents who request placement may believe they were left with no choice. As stated earlier these powerful emotions often originated prior to separation, and were then exacerbated during the process and continuation of the separation.

The following quotations are examples of the polarity of emotions experienced by parents at the time of separation including relief and fear; disappointment and low expectations; being in control and being out of control.
I mean it's one thing to be not coping with your kids and one thing to know that you need some help, but it's another thing to have your kid taken away out of your care ... You know, like this was a mother realising she had to give up her kid and this was a little kid that didn't know what was happening except that he was a bad kid (Parent).

... if we had of kept on going with the children at home, I don't know, I might have hurt them in some way or they might have hurt us in some way, whereas I loved them too much to hurt them at all and so I thought that this was the best option that I had (Parent).

I had to tell him what was happening. 'We're going to court in the morning, you're leaving home, bad luck' ... I sort of beat around the bush a little bit because I didn't know how to tell him ... I sat with him and explained it to him and told him that it was both our faults ... It was to try and help him learn about himself and deal with his anger ... but he'd still be able to see me and that I would never give up on him. And yet still he cried. I mean I'm in this room and he's in that room and I cried all night and he cried all night (Parent).

Parents, whose children were removed against their wishes expressed powerful emotions of anger, fear, relief, shock, shame, suspicion, bewilderment and a passive acceptance of the inevitability of the decision.

I think I was so relieved that they were safe, but at the same time I was really down on myself ... for doing what I did, for letting it go that far ... from there I just went really downhill. I remember physically banging my head against the wall, because of shame, because of guilt, which was a lot of things ... I didn't know what to do or where to go or who to see or anything. I was lost. And I was still heavily drugged which made it worse, and because the more hurt the more drugs you use. So I was just sort of lost and no-one was there to put me in the right direction (Parent).

I just got angry, very angry. I was real pissed off. I said 'You're not taking my [child]. You've taken one of my kids, you're not taking another one' (Parent).

I think we were set up and I think they were going to take them anyway. It didn't matter what the place looked like. That's the way it felt (Parent).
when your kids get taken off you it's like someone pulling something out of your gut. It's a horrible feeling (Parent).

Factors which appeared to influence the range and depth of emotions included the level of control the parents perceived they had over the process and timing of separation; the negative perceptions of care held by others in their social networks; the children's reactions to the separation; and the informal supports available.

These emotions and statements of belief are not a complete list of all those potentially experienced by parents who are separated from their children. Although these parents differed from each other along a continuum of requesting placement, acquiescing to decisions made by workers, and not accepting the decision but complying with the plan to work towards reunification, in the researcher's experience, there are other parents involved in the child protection system who neither accept the decision nor comply with workers' plans or interventions.

WORKERS' VOICES

Workers involved at the time of separation spoke of the parents' emotional reactions, but little was said regarding the children's reactions. The following statements echo the parents' voices, and show the emotional reactions of workers who witnessed or were actively involved in the removal of the children.

I found it a bit upsetting and I really felt for [the mother] because she was really upset but she was also very frightened because [the father] wasn't there at the time and I can remember her saying, 'He's going to kill me'. She was really frightened about what he was going to say. She just ran out of that room, she had to get to the phone to speak to him. I mean she really needed him to be there. It was just unfortunate that he wasn't there. She was devastated. It was a terrible experience (Family support worker).

[The mother] told me it was the biggest grief she has ever . . . experienced. And she actually went there and sat on the floor and 'banged my head against the floor, bang, bang, like that', she was saying. And she said, 'I liken it to when I gave up drugs, it is like the withdrawal of giving up drugs, when the children went away'. It was the worse thing that had ever happened to her (Worker).
Workers varied in their reactions to the children being removed: relief at the reduction of risk; anger towards the parents for not ensuring the children's safety; powerlessness to avoid a separation which they believed was potentially damaging; and sadness for all concerned.

EVENTS, RELATIONSHIPS AND ROLES DURING PLACEMENT - 'I've given a 110% in opening my home and being very nice, even when it sometimes almost killed me.'

The full range of placement options were represented in this small sample: foster care, kinship care, family group homes, rostered residential units, specialist reunification residential programs, mother-babies hospitals, and general hospitals. The shortest placement was three weeks, but was followed by a 15 month placement at a later date. The longest placement was four and a half years.

All nine children in five families experienced multiple placements. The child who experienced the fewest placement changes, went from a rostered residential unit to a family group home, from which he returned home. The most disrupted placements involved one child who had nine placements in 18 months; and his brother who had eight. Even the children who were in one placement for four and a half years, had been in three previous placements and experienced a change of carer during the lengthy placement. An infant also experienced a number of planned placement changes, but her parents remained the most consistent figures throughout all these changes, due to their high level of contact.

These cases were not selected for their multiple placements, but reflect the reality that this is a serious issue for the child protection system in Victoria (Auditor-General of Victoria 1996 : 214).18

For most families there appeared to be positive relationships between the children and their caregivers. In the family where the children had numerous placements and never settled, the children constantly demanded to return home. In another family the children seemed very attached to the caregiver, but according to the caregiver this was not reciprocated.

The relationships between parents and caregivers differed dramatically not only between cases, but within cases depending on the placement and on the parents' and caregivers' circumstances.

18 This issue of multiple placements is further discussed in the following chapter on practice dilemmas and challenges and is currently the focus of research by the Department of Human Services.
PARENTS' VOICES

Parents' perceptions of the caregivers were not always consistent with the caregivers' perception of the parents nor with the caregivers' views of the decision to reunite. For example one parent viewed the caregiver as a positive advocate on her behalf, whereas the caregiver stated she was strongly opposed to the child ever returning home. Another parent viewed the caregiver with suspicion and anger, whereas the caregiver spoke warmly of the parent and was supportive of the children's return home.

Three parents described the caregivers as friends. One parent appeared to equate friendship with helpfulness. Another spoke of the caregiver as a friend, but placed clear limitations around this friendship compared to other friendships. Parents and caregivers also spoke of the restrictions placed by workers on the nature of their relationship.

... she was a lovely woman, the foster mum. Occasionally I ran into her at the shops and had a chat, but we're not allowed to have anything to do with her. Or that's what we were told after the kids were brought back to us from CSV and that. But without them knowing she slipped me her phone number. Just to let her know how the kids and that are ... also if I needed a friend to talk to I could ring her (Parent).

It was like their aunty and uncle's, if you know what I mean, and I could go there whenever I felt like I wanted to. I could go and take them out for a couple of hours if they weren't doing anything. It was sort of like a boarding school ... I did everything I possibly, we possibly could, so it was still our family (Parent).

... the cottage mum and I became quite good friends, as close as you can be when she had my kid, type thing. Because you've always got that slight jealousy there for somebody else caring for your child (Parent).

These terms of 'friend', 'aunt and uncle' and 'boarding school' appear to partly normalise the out-of-home experience for parents and children.

Parents distinguished between the caregiver and placement social worker. The caregiver was the one who looked after their children and the placement social worker was the one who made some decisions and to whom one made complaints.
We talked about [my child] and how I was angry. Oh don't get me wrong, I liked the [caregiver] but I would have preferred [my child] at home (Parent).

... the worker I had ... If I even moved ... she'd be hovering over me ... I hate people looking over my shoulder. It aggravates me. It really pisses me off. As if to say, she was waiting for me to fuck, to screw up big. Well I wasn't going to give her that damn satisfaction. I was not going to give her the satisfaction of screwing up. So I made sure I never bloody screwed up (Parent).

One parent believed the caregiver to be deliberately undermining of her to the children. She spoke of this belief to the placement social worker, which she felt led to an improvement, although she was frightened the caregiver would retaliate towards the children.

Where the caregivers were also family preservation - reunification workers, in other words, their role was to provide care for the children, teach parenting skills and then follow up after the children returned home with regular home visits, the parents appeared to focus more on the reunification role of the worker, than view them as caregivers.

CAREGIVERS' VOICES 19

In general the caregivers strongly believed that child care was their primary role. Despite these views two caregivers had a great deal of contact with the parents. One of these caregivers undertook most of the parent education role which was instrumental in the children returning home, but continued to state it should have been the social worker's role. It was also very clear that regardless of how the parents viewed the caregivers, none of the caregivers interviewed considered the parents as friends.

I worked hard, and it is very difficult having parents of the children coming into what we call our home. And I never have very many good things to say about parents of these children ... but I've always believed I've given 110% in opening my home and being very nice to them, even when it sometimes almost killed me, and letting them feel that they are quite welcome to come in and have a cup of coffee ... and I have always made

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19 The caregivers' comments were differentiated from other workers' comments, but as some family preservation - reunification workers also undertook a caregiving role, those comments relating to their caregiving role were listed under the caregiver sections.
it very clear to them, that their time here was with their children and not with me... I'm not their friend, I'm not their social partner, I'm here looking after their children and their visit is with their children (Caregiver).

... the social workers pick em up [for access], because I don't like really getting involved with the parents. I don't like them coming to the house and things like that (Caregiver).

They wanted naturally [the child] to be theirs and we were a pain to them, but as I always maintain, I didn't go out on a street corner and ask for this child to come into my care, I was asked to have her, and parents have got to think about that from that angle. They don't and that's because they're angry and that's fair enough, I'm asking too much in saying that, but that's how I feel about it (Caregiver).

Two caregivers spoke of their role as taking over the parental role, while acknowledging this was for a time-limited period. Another caregiver spoke of her role as a professional who was assisting the children with their behaviour.

We just took over the parent's role. I was the mother and he was the father (Caregiver).

But these kids come into the house with their nature, you know, with their family background and with their family, so you're like a baby-sitter and you know that they're going to go back, whether or not it's now or down the track (Caregiver).

Some caregivers sounded guarded and apologetic when speaking of developing an attachment with the children, making themselves vulnerable to inevitable emotional trauma every time a child left their care, yet one caregiver spoke of each child as if it was her own.

... you're not supposed to, but you do get attached... once they go, you've got to be able to say, 'Well these kids aren't here for long. They're going to go' (Caregiver).

You know, we're just baby-sitters. We know that they have to go home so it's easier to say, 'Don't get attached', but you do. But you still got to, because it would be heartbreaking, it would be like losing one of your own. It's nice when they do go home because that gives us a break (Caregiver).
everything that I do is working towards what is best for this child, because any child when it comes into my care is my child whilst it's here. I know I'm going to have to let it go. It's like all children you have, you have to let them go, because you don't own any child... (Caregiver).

One caregiver spoke of her concern for the children but stated she had not become attached to them.

I just think they really needed the home life and really needed [their mother's] love. I mean, I couldn't have given them the love. And she genuinely had love for the kids (Caregiver).

The family preservation - reunification caregivers perceived their role as working directly with the parents as well as looking after the children.

Initially I worked as an ordinary child care worker, taking care of the children in residence. I did not work directly with families... Later the program changed. Parents were now coming in for assessment. We were now working towards a goal, which was to reunite these children in our care with their families, that is, if it was best for the child (Family preservation - reunification caregiver).

WORKERS' VOICES

In addition to the impact of the initial separation, the drawn out experience of parent being separated from child took its toll on the parents, that is, filial deprivation. Examples of emotional and behavioural reactions of parents witnessed by workers during separation were shame, guilt, loss, depression, sleeplessness, anxiety, pain, feelings of being victimised, self-doubt and grief.

I had a sense that [the father] felt that 'these children are mine, they shouldn't be in care. I've let my mum and dad down'. He felt that, 'my wife is defective'. But he did not come out and openly express the loss at that stage (Family preservation - reunification worker).

I know the last day that mum was coming to visit the boys, when they had decided [that the children were not coming home], she hid in the front yard. She later walked through
the door, burst into tears grabbed me, nearly choked me, held me around the neck and cried and cried and cried, and said, 'I can't tell the boys, I can't tell the boys. What sort of mother am I? . . . ' and she did not want the boys to look at her. 'I don't want them to see me. I don't want them to look at me.' And her son was very concerned and kept saying 'Mummy why are your eyes crying, why are your eyes watering?' (Family preservation-reunification worker).

The workers also perceived that during this period of separation some parents gained recovery time in order to replenish their strengths and provide them with more energy and motivation for change.

Examples of workers' comments on the impact of the ongoing separation on the children, also portray the workers' emotional reactions to observing these reactions.

I had a very uneasy feeling about this kid and it looked as if he wasn't going to go home, because I thought he was just holding it together . . . I thought he would be vulnerable to the effects of further separation and disruption of this kind. I just thought he was on a bit of a knife edge (Worker).

Because [the child] was so angry, 'You can't find my mum, she doesn't care'. And she would just do the whole dramatic thing, with her hands on her hips and standing there saying, 'My mother she's just lying, she always lies, she's not coming back'. Oh the poor little kid (Protective worker).

He was a very angry little boy and reasonably so. He had every reason to be. I mean he was the one who was taken away and felt robbed (Placement social worker).

Workers spoke of the children's anger, grief, abandonment and distrust of being placed away from their parents, but also spoke of their improving behaviour, learning new skills and benefiting from consistent routines.

Well I believe his time at [the placement] would have been of benefit to him, in terms of having a stable environment, a routine, being appropriately disciplined, also the changes in his behaviour, he would have maintained the changes (Protective worker).
Some placement social workers considered it the caregivers' role to work directly with the parents, whereas others did not. They also spoke about the caregivers' general attitudes towards parents, which differed in relation to each caregiver and parent, but also changed when the parents' behaviour or attitudes changed.

... and what I've found is that [caregivers] can sometimes get a bit negative about parents, but it's either because the parents aren't putting the children first and aren't doing things. Once the parents start to want to do things for their children, then the caregivers have a completely different attitude and they're very, very pleased (Placement social worker).

PARENTAL INVOLVEMENT DURING PLACEMENT - 'Okay you're his mother, but you're not important.'

Parental involvement in the children's placement is more than parent-child contact as it refers to their participation in decisions, their direct interaction with the caregivers; and a partnership between parents, caregivers and workers. Active parental involvement during the placement created a significant meso-system for the children, as it enabled greater consistency and an opportunity for witnessing their parents having a constructive role in their lives.

The parents had varying degrees of involvement in decision-making. One parent was actively involved in all meetings and was a strong advocate for what she considered her children's best interests. Another parent gradually took on a larger role in her children's lives, which reflected her growth in confidence and her changing attitude towards reunification. In another family the parents were not informed when their child was sexually assaulted during placement and were not involved in events such as their child's first day at preschool.

PARENTS' VOICES

Three sets of parents were concerned about not receiving information regarding their children in placement. The parents who were not informed that their child had been sexually abused in care until after home return, did not believe they could do anything about this lack of information. Another parent was not informed when her child ran away.
I think the only way where it fell down was when he did something extremely bad I wasn't notified, so I couldn't talk about the things he was doing that were terribly overboard... you've got to be aware of what they're doing and I don't know whether the people that looked after him consider, or CSV consider that that's irrelevant. That we shouldn't know it because maybe we'll take it out on our kid or deal with it in a way that they don't want us to deal with it, but I mean it's harder when you don't know. And if you do know and you're not sure how to respond to it, you can always get help to respond to it (Parent).

Parents varied as to whether they believed they could influence decisions during the placement. Whilst two sets of parents believed they had no influence whatsoever, two believed they had an increasing say in what occurred, and one fought for the right to be actively involved in all major decisions, but did not believe she was completely successful. According to the parents there were minimal or no opportunities in some of the placements for their knowledge of the children to be included as part of the context for decision making.

And [the caregiver] couldn't sort of change her ways from having total control to having to share control with me, and knowing that I had an input. You know like because all the meetings I would be there. I would put my input in on what I thought and she also had the right to do that as well (Parent).

But the cottage mum sort of treated me like 'okay you're his mother, but you're not important' (Parent).

In one case study the caregiver actively involved the parent in a range of daily activities in the children’s lives, from which the mother gained confidence.

I used to ring them up, they used to ring me up every couple of days or whatever. If there was something on at the school I was involved in the school as well. I was doing canteen at the later stage, after a few years I was doing canteen at school whilst they were still in care and I used to go along and meet their teachers all the time and sort of have contact like that. They weren't just put in there and I forgot about them (Parent).
CAREGIVERS' VOICES

Two caregivers spoke of the parents' increasing role with their children and used examples such as attending parent-teacher interviews, canteen duty and taking children to doctors, sports and social events. One caregiver spoke of the parent 'taking over' the caregiver's role, which is in contrast to the parent perceiving it as a 'resumption' of her role.

... even this was still not talking about reunification, but she then wanted to start getting interested in school and I said, 'Well look, you can go to parent-teacher interviews, you could take over my role there' (Caregiver).

WORKERS' VOICES

Some workers spoke of the agency policy of parental involvement as underpinning practice, which was then operationalised by the caregivers.

As an agency we encourage the natural parents to be as involved as possible in the sort of parenting role, rather than just visitors ... she even ended up doing canteen at the primary school and she thought that was good, going to the parent-teacher interviews, doing the motherly kind of things (Placement social worker).

PARENT-CHILD CONTACT DURING PLACEMENT - 'it was getting difficult to pry the children away from her.'

As stated in the literature, the level, style and purpose of access visits are critical components of the process of reunification and of the overall experience of the placement. Access visits between parents and children varied from six times a week for the whole day, including some overnight visits; to very spasmodic, sometimes as little as once a month for one hour. Some visits occurred in the families' homes or at the placement, and some occurred during activities such as medical appointments. All but one family progressed from supervised to totally unsupervised access visits. One case involved a mixture of supervised and unsupervised visits up to the time of home return.
Throughout the interviews a range of purposes of access visits was mentioned. These included:

- to test out the reality for parent and child regarding their ability to live together;
- preparation for home return for both parent and child;
- to assess and test parents’ motivation for reunification;
- to teach parents strategies in responding appropriately to their children;
- to assess, maintain and improve relationship between parent and child;
- to monitor and assess presence of risk factors;
- to work on reduction of risk and potential harm to the child whilst in the parents' care;
- to assess the child's reaction to the parent;
- to provide support and reassurance to the child during placement;
- as a reward for children who behaved appropriately during placement;
- to enable consistency of routines between parent and caregiver;
- to keep the image of parent and child alive and realistic for each other during separation;
- to assist the worker's decision making regarding viability of reunification and what strategies and resources are necessary to assist the process; and
- to fulfil court orders and legal obligations.

PARENTS’ VOICES

Four sets of parents spoke of their contact with the children as part of the process of working towards the children's home return, whereas in one case, there was little said by the parent or anyone else regarding the role of parent-child contact in the reunification process.

I think it was mainly because we all worked together. We all did the same things. When he was at home on access and when he was in care, everybody ran by the same program, we all had the same expectations. We all dealt with each problem pretty much the same (Parent).

Some of the difficulties involved in access visits from the parents' point of view included: feeling watched and judged; transportation; other children at the placement wanting their attention; lack of time; other crises occurring in their life, including demands from children at home; illness; dealing with their children's and their own distress at the end of the visit; the lack of choice of venue, time and focus of visit; reinforcement of the feeling of failure; sense of futility in the process; a belief and fear that the children were better off without them; and the
other emotional reactions previously discussed in relation to filial deprivation which were sometimes exacerbated by visiting their children or alternatively impeded the parents' ability to attend the visits in the first place.

CAREGIVERS' VOICES

The following statements outline some of the strategies used by caregivers during parents' visits to their children as a means of teaching them skills.

She was coming here and I would, you know, get the girls to read to her. If the girls got very outspoken or tell her what to do, I would actually interrupt, because I believe that the parent has to learn, that is where the skills are lacking . . . And I would say to [the mother], 'Don't let them talk to you, you have got to be in control, not them'. So that had quite a big effect. And if there was something she was unsure of, she knew she could always ring me and ask me (Caregiver).

I focused on cooking skills and organisational skills like and the night and day routines, and nappy and bath routines, the basics . . . We tried to do a lot of things that she could do, eg. she liked reading . . . We did a lot of getting down on the floor but she appeared to be more comfortable with reading. The [children] would sit and listen to book after book after book, and plus it was a nice time for them to just be close (Family preservation - reunification caregiver).

Some caregivers talked about the difficulties involved in access visits from the parents', children's and their own perspectives. Examples of these difficulties included transportation, parents' illness, the impact on the children, and the level of disruption it caused to the caregivers, even when access did not occur at the placement.

Mum was quite ill . . . and the other thing which I found absolutely amazing and much to her credit, which she didn't get much praise for, was that she would come on her own from home three times a week for access . . . and she would leave here when the [children] were in bed, and often later because she would stay and have a chat. She left some nights at 8.30pm . . . She would walk to the train station and catch two trains so she wouldn't be home until very late (Family preservation - reunification caregiver).
Access takes a tremendous amount of time. Because, although people say that the child is going away from your house, that doesn't matter because you've got to be here for the person to come and pick them up, you've got to be there for the person to bring them back (Caregiver).

WORKERS' VOICES

Some workers reiterated the caregivers' comments regarding the level of disruption to the caregiver when access occurred.

I'm sure it was quite disruptive for them, because it meant that they had to be there to assist and to do all those sorts of things, so it would have been a big commitment, so we were lucky that they were a family that could cope with that (Placement social worker).

Depending on the purpose of the access visit, there was a variety of strategies used by workers and caregivers, such as overtly welcoming the parents, trying to be unobtrusive, responding to potentially dangerous situations, providing positive feedback and ensuring they were frequent enough and in an appropriate venue to enable the parent-child relationship to develop, especially for younger children.

I thought [the caregiver] really made them feel comfortable in her home, gave them the run of the kitchen. Initially they would have had some reservations about being in a strange person's house and things, but definitely as things moved on they were quite comfortable there. She always made sure there were biscuits and coffee and talk with them, and spend time talking with them for two and a half hours, or whatever, and was very supportive of [the mother] and sort of gave her positive feedback when she was doing things the right way (Placement social worker).

...the access was occurring in different places. Foster care was observing it in an office setting or in the foster home, and ... from what I remember the parents saying they felt like the foster care worker was hovering over them all the time waiting to see them make a mistake. [The family support program] brought the child to the parents' home and did the access there and so the parents would have felt more in control, it was their own environment, the worker fitted in with their situation and their environment (Family preservation - reunification worker).
A lot of parents will come to access, but it's a futile access visit, because they're not focussing on making the access visit the best it can be for the child. They're more focussed on abusing us or not interacting with the children (Protective worker).

Workers reported different patterns and triggers for children's distress regarding visits, such as when there was not enough access or when it appeared that the end of every access visit was a repetition of the experience of separation for the child.

She didn't see them a lot. That made me a bit angry too. The kids were so desperate and needed her and yet you always hoped that the situation would come right so that she could have the kids back again because they couldn't do better than be [with her] when she was stable (Protective worker).

[The children] were both very distressed at the end of that access and [their mother] was tending to give the children a very long hug at the end of access and it was getting difficult to pry the children away from her (Placement social worker).

Both [children] were exceptionally distressed every time they separated. They took it in turns of abusing me verbally, and kicking the back of my chair or whatever, in the car . . . They were just crying, yelling, abusing me, telling me how much they hated me. They didn't want to go back to the [placement]. I used to feel sick. It was only a two minute ride, but I'd feel sick just taking them back (Family preservation - reunification worker).

. . . one of the concerns I had was that [the child] was being driven around by a lot of different people to go to this access and that access. Not that I could think of how it could have been done differently necessarily, but . . . she had a routine forced on her . . . and so it wasn't the way you would normally be raising a [child] (Placement social worker).

DECISION TO REUNITE - 'they might want to go home because they don't like where they are.'

The decision to reunite the family was ratified by Protective Services in all five cases, but the impetus and recommendation regarding these decisions was often by other services and the parents.
The reasons given for the decision to reunite were varied, including the following:

- caregiver deciding that the children should go home due to other changes within the placement;
- parents demonstrating with another child or through access that they had the capacity to parent and to learn new skills;
- resolution or reduction of risk factors;
- parents' willingness to participate in a program and cooperate with workers;
- parents demonstrating that they were drug free;
- parents' demonstrated commitment to the child returning home;
- children's behaviour improving in placement; and
- children's behaviour deteriorating in placement.

The contradiction in the last two criteria is also reflected in other research where there were competing findings regarding whether children with difficult behaviour were more or less likely to reunite with their parents (Jenkins et al. 1972: 252; Rzepnicki 1987: 62; Lawder et al. 1986: 249; Goerge 1990: 449; Benedict et al. 1991: 54).

PARENTS' VOICES

Most parents believed the decision for the children to return to their care was made by protective workers, although one parent stated that it was made by the senior child protection managers. Two parents spoke of specific protective workers who made the decision, and talked of other protective workers who tried to stop the decision. Where Protective Services were not actively involved, the parents believed it was primarily the placement social worker's or caregiver's decision.

I didn't like that first (CSV) worker. If she had of had her way my [child] still wouldn't be in my care (Parent).

I mean the protective workers don't actually have the final say either. It was the higher ones. The higher ones didn't know [my child]. They should take time to know the child (Parent).
CAREGIVERS' VOICES

Parents' perseverance and motivation were cited by two caregivers as significant factors facilitating the decision to reunite. One caregiver actively opposed the decision, one initiated the decision and the others either passively accepted it or actively supported it.

Well [the mother] is doing all the right things. She is involved in the school . . . she stops them and says, 'Don't interrupt', I mean, she had control. Whereas she wasn't this poor old browbeaten lady which the kids totally harassed. So I said to my social worker, 'Well my idea of the home release situation was this. We would have to start looking at it, because did we really want to keep the girls in care till eighteen, when they had a suitable home to go to and [the mother] was showing that she really wanted the girls?' (Caregiver).

WORKERS' VOICES

Most workers viewed the decision to reunite the family as positive. One worker who stated that she originally agreed with the decision to reunite, said she had not believed it would work but it was important to try. Those who believed it was a positive and appropriate decision spoke of it in terms of the impact on the parent and child if reunification had not occurred, and in relation to the positive changes made by the parents.

They just seemed to come alive, both of them in that parent and child relationship. I think that from [the mother's] point of view it would have been absolutely tragedy if that reunification hadn't occurred too. Just the heartbreak with the loss of the first child to lose another child just would have been totally devastating for her (Worker).

Oh well, I thought they really should have the opportunity to try and bring the family together . . . Well I suppose the feeling that kids should be with their parents, basically (Family support worker).

It's nearly all the time that we're looking at giving these children back, but I think that the energy that we had from [the child] actually made a difference. If he hadn't had that, the foster placement might be much more settled and there might have been much less feeling, given the problems the parents had shown, to actually push towards the reunification process (Case planning chairperson).
Workers who viewed the decision to reunite the family as a negative and inappropriate decision were concerned regarding ongoing risk to the children, and the overriding influence of the legal and welfare system's directives rather than the individual needs of the children.

In three out of four cases where male partners were actively involved in the family life, it was still the behaviour and changes made by the mother which were considered relevant to the decision for reunification. In one case a deliberate decision was made by the workers to not base the decision on the father's behaviour. In the fourth case, the father's reluctant agreement to not return to work was considered critical in the decision to return the children home.

**PROCESS OF HOME RETURN - 'Dear God, please help me . . . please make that guardian angel pull me out of this mess.'**

The process of home return for a child includes those events which occur before and after reunification, not only parent-child contact and parental involvement in decisions, but also setting the scene to maximise the support available to the parents and children, talking openly to all family members about their expectations, and providing physical and emotional space for the children. After the children have returned home the process is focussed on the children's place in the family and on the ongoing emotional and practical issues.

**PARENTS' VOICES**

Parents generally focussed on the practical requirements expected of them throughout the process of reunification. For example parents spoke of not going to work, learning how to change nappies and meeting with workers.

> Things had changed, also I lost my job from where I was working and was off work and they told me to stay off work until the kids were back, CSV . . . I didn't mind if it meant getting the kids back (Parent).

Some of the emotions experienced by parents during the process of reunification were similar to, but less severe than filial deprivation, such as fear, anxiety and self-doubt. However, they also spoke of hope, relief, excitement and reassurance.
So we got settled in and had everything organised, beds made and everything set up ready for them to come in. We had to go out and pick up their clothes and that. It was great fun just to get them back (Parent).

The closer it got to getting the kids back, the harder I found it to sleep at night because I was so, I suppose, excited. Yeah it was hard (Parent).

I remember writing down a letter and praying to God how helpless I felt, you know, and how that I couldn't pull myself out of it and more or less a week later I found myself able to do it. I don't know what come over me, but all of a sudden I felt some sort of strength from somewhere... [the letter was] to God I suppose. 'Dear God, please help me. If I've got a guardian angel please make that guardian angel pull me out of this mess (Parent).

CAREGIVERS' VOICES

Two caregivers were acutely aware of the children's mixed emotions regarding their desire to return to their parents and yet their sense of loss at leaving the caregiver. The caregivers' role included reassuring the children and affirming the decision for the children to return home.

Oh [the children] jumped around and yelled and you know they were happy and that was when [one of the children] said, 'I don't want to leave you', but she wanted her mother when it all boiled down, her mum was first (Caregiver).

The caregivers also had a role in reassuring and challenging the parents to do whatever was required for reunification to be effective and long-lasting.

I said [to the mother], 'If they are going home, they have got to go home for good'. I said, 'At the age they are getting at, we don't want to be messing round with them now (Caregiver).

WORKERS' VOICES

Some workers spoke of informing the children that they were returning home and monitoring their reactions.
When we told the [children] that they were moving in, they were so excited I remember being really affected. I was like God to them. The person who had given them what they really ultimately wanted . . . And when they moved in I just knew that they were reunited (Family preservation - reunification worker).

There was discussion regarding the parents' emotional and practical reactions both in preparation for reunification and in cementing the children's place in the family following home return.

The first week she'd gone shopping, found the photographer, arranged the time and went and had the photos taken. Within that month of outreach the photos had already come back, they were mounted in a frame and they were on that wall. That was their family. It was such an important thing, she'd dressed the kids up in their best clothes, done their hair. They felt that that was a really big achievement for them (Family preservation - reunification worker).

Some workers also spoke about the impact of reunification on the caregivers, particularly where the caregiver did not agree with the reunification or with reunification in general.

The foster mum dealt with [the children leaving] the way she normally deals with most children leaving. She sees it as an unfortunate reality that they have to leave her care. She doesn't make a big song or dance about it or try to undermine or work against the children returning home, but the minute the children are out the door she asks you when the next lot are coming (Placement social worker).

THE ACTUAL DAY OF HOME RETURN - 'It was like I could take a breath again.'

Some parents and all the workers found it difficult to recall the actual day of home return, whereas other parents, remembered it in detail. There were two cases which represented very different alternatives, with underlying assumptions about what was best practice. In one example the family celebrated the day of reunification with a party, symbolising that this was a significant event, not only for the child but for the family and broader social network. In another case the caregiver and parent purposefully tried to make the day of reunification as uneventful and normal as possible, so as to limit the children's distress at leaving the caregiver and to be as non-traumatic as possible. The literature has barely mentioned this issue, except
Bullock et al. who stated that reunification is more likely to be successful where the ‘participants have a clear perception of when return has occurred’ (Bullock et al. 1993 : 215).

PARENTS' VOICES

The parents’ comments about the day of home return, whether detailed or vague, were in direct contrast to their comments made regarding separation and the placement.

And he got out of the car and it was like, everybody sort of said, 'Welcome home . . . ' and was just, 'All these people here for me', and he was brilliant, all day he was just terrific. At the end of the day he was exhausted and we had a couple of tears and ups and downs, but I think even for [my partner] and for me it was one of the best days. Just to see his face and see how happy he was . . . 'Oh I can hold my baby sister every day now, and I can do this and I can do that.' And he talked about normal things that normal kids get to do with their families every day. It was a big deal. 'I can make you a cup of tea, I can do this, I can do that.' He was just so excited, just normal little things like getting up in the morning, it was like, 'Oh wow, I'm at home when I get out of bed. I don't have to go anywhere, I'm with mum.' And it was one of the best days. You know compared to the drama and the feelings of when we put him in, to the excitement and everything of coming home (Parent).

I was rapt of course. I was so happy I could cry. Yeah it was just wonderful. It was like I could take a breath again. I've got my kids. Yeah it's hard to explain (Parent).

The day [my child] came home I rang everybody. The telephone bill was sky high, because I had to make [lots of] phone calls (Parent).

CAREGIVERS' VOICES

For the caregivers, the day children return to their parents' care is also the day they leave their care. There was therefore a mixture of emotions for most caregivers, including the caregiver who described herself as not being particularly attached to the children. The caregiver who was opposed to the reunification found it a sad and worrying day.
I wanted everything to go as normal, and I took them to school, then I took the rest of their things round to [their mother] and I bought a bunch of dried flowers or something and left them with [their mother] and said that was for the [children] to remember. And they were bawling their eyes out when they got out of the car, so it was quite a big thing for them. I had rung the school and said to expect a quite a few tears that day. So that was the changeover. There was no, they didn't come and get their suitcases, it was all done basically without them even knowing. It was sort of just things were moved slowly and I said, 'Well it was the last time. I'm not picking you up tonight' (Caregiver).

WORKERS' VOICES

Those workers who were involved with the family at the actual time of the children's return home made little comment about the day. This may reflect their distance from the level of intimacy the day represented for the families and caregivers. The worker who did make comment reiterated the belief of the caregiver on the need to make the day as uneventful as possible.

STRATEGIES TO ASSIST HOME RETURN PROCESS - 'She showed me how to do it.'

In addition to the strategies mentioned in the parent-child contact and parental involvement sections, there were other strategies used leading up to the children's return home in order for reunification to occur and to prepare the children and parents for what would follow. There were also strategies to assist after the children's return home.

PARENTS' VOICES

And because [the family preservation - reunification worker] taught me a lot about managing my anger and everything, I never got angry any more (Parent).

But the [worker] taught [my partner] and I a lot of things, you know, like how bad it was to fight in front of the kids, how to handle our own tempers. I used to be a hitter. I used to hit, rather than talk (Parent).
She taught me how to cook properly. I mean . . . I did my first roast, which I had never done . . . I had never attempted it before, but she showed me how to do it which was really good (Parent).

[The family preservation - reunification worker] taught me stress management. What to do if [my child] got to me. Rather than go and punch his lights out. You know like walk away, simple things but I had never really thought about before (Parent).

Two parents spoke of the usefulness of counselling in assisting them deal with some of their strong emotions and memories.

Because I've got a lot of problems I think that have stemmed right back to my childhood and I've been able to spill a lot of things out, which I think just to talk about and spill it out is a big help. Yeah and different strategies also which they have taught me with the kids has been a big help (Parent).

**CAREGIVERS' VOICES**

Strategies mentioned by caregivers were primarily around access visits, supporting the children and involving parents directly in decisions and in their children's lives.\(^\text{20}\)

**WORKERS' VOICES**

Strategies mentioned by workers included practical assistance, crisis intervention, direct teaching and counselling. They also talked about strategies with children, such as talking to them, life books, play therapy and behaviour management.

Examples of practical assistance included financial assistance, provision of respite care, direct assistance with housework and assistance with transport. Crisis intervention included access to 24 hour support, after-hour visits, and quick response at times of crisis.

\(^{20}\) See sections on parental involvement and parent-child contact.
Examples of teaching strategies were use of wall charts to remind parents of key tasks; providing constructive feedback; and modelling. Some of the topics were discipline strategies; stress and anger management strategies for parents and children; physical care skills, such as preparing baby formula and changing nappies; organisational skills; play; and developing consistent routines.

To... write down what times the [child] needed feeding and changing and bathing, and [the mother] responded to that sort of star chart business, and being very child-like herself, and when she changed the [child] she'd mark it down, and that sort of stuff (Family support worker).

The counselling role included individual counselling, parent and child counselling, marital counselling and family counselling. It often involved challenging patterns of communication and conflict resolution.

The bulk of my involvement... was a lot of active listening, putting things into context, such as her family situation, motivating her to work on some of the issues and take responsibility for her role in those. I think it was very painful and difficult for her to accept responsibility for some of the harm she'd caused her children and herself and then to move beyond that... So lots and lots and lots of listening and starting to identify solutions. We use educational games, use of metaphors, drawings, teachable moments, utilising and maximising, reframing and planting seeds and ideas (Family preservation - reunification worker).

... the mother in particular needs to be re-parented and I think the worker role is very much that role. Holding her hand as she holds the [child's] hand through many years of work (Family support counsellor).

Principles underlying the strategies included demonstrating respect for the parents and children; assisting parents gain a sense of control and achievement over their own process of learning and change; encouraging and maintaining the parents' interest and sense of hope; and involving all family members.

And it was a question of keeping [the parents] interested and keeping them engaged all that time they were waiting, and I think they got a bit tired towards the end and were beginning to think that it wasn't going to happen... especially for the mother, that is
very much the pattern of her life. Because everything that is desperate and that she
desperately wants is always kept away from her and she can't get it (Family support
counsellor).

Initially they all needed to keep each other within one another's sight at all times to try
and deal with some of that insecurity, pending doom almost. So developing more
consistency in the home, building confidence in [the mother's] role as the boss of the
family, asserting herself as the parent (Family preservation - reunification worker).

Some strategies originated from the parents and were subsequently encouraged and built on by
workers.

[The mother] wanted to give the children lots of hugs and she wanted to tell them that
she loved them, and give them lots of positive reinforcement. She wanted to heal their
wounds. She wanted to spend some individual time with [the children], just for short,
brief periods, where they could just have some quality time together and one to one
interaction, reading or talking or playing (Family preservation - reunification worker).

EVENTS AFTER HOME RETURN - 'My God, how in the world am I going to do this . . .
but I sort of sort it out.'

In three case studies the children were separated for a second time after the first attempt at
reunification, although one of these was only a brief first placement for three weeks. At the
time of the research all the children were at home with their parents, except for one adolescent
in a sibling group who went to live with a relative, but maintained much of the positive
relationship he had developed with his mother and siblings.

Following reunification all the families had some agency involved including Protective
Services, family preservation - reunification services, family support services, or the placement
agency providing follow-up support. However at the time of the interviews only one family had
any ongoing involvement with a child welfare agency. Protective Services had withdrawn from
all but one case at the time of the interviews, and subsequently withdrew from that family two
months later.\textsuperscript{21}

\textsuperscript{21} There is further discussion regarding service system's involvement in the next chapter.
PARENTS' VOICES

Parents spoke of day to day events which occurred after the children returned home as well as those which they considered critical in maintaining the children at home or as a crossroad where it could have gone either way. Their comments included some of the ongoing difficulties, such as children's difficult behaviour, parents' repeating past problems and lack of support by others. They also spoke of their achievements, such as advocating successfully with the school, moving house and continuing to see improvement in the children's behaviour and development.

It's only about six months ago I suppose when I did my temper ... and that was like the biggest let down. It was like, 'Oh my God, I've done my nut', because I just don't do it any more ... it was like the worse feeling for me, because I felt like I was starting to fail again (Parent).

I wouldn't say right at this point that I'm always coping. There are some times when I'm, there are some days when I think, 'My God, how in the world am I going to do this ... but I sort of sort it out, and I get there, you know, but I've tried my hardest (Parent).

CAREGIVERS' VOICES

Two caregivers did not have any contact with the children after they returned home. One stated that she was sure the child would be so different from the one she knew that she didn't want to see her. Other caregivers spoke of wishing they could see the children but didn't believe that was possible. Both caregivers believed the decision regarding whether or not they could see the children was up to the parents.

One caregiver had regular telephone contact initiated by the children, and appeared accepting but not overtly welcoming of this contact. She also had occasional telephone contact with the mother, but actively discouraged face-to-face contact.

In the child residential - reunification program the caregivers became the in-home support workers following home return. This role transition was an important element of this program in providing support to both the parents and children.
WORKERS' VOICES

Workers had varying degrees of knowledge of what occurred following home return, depending on whether or not they had continuing involvement. They commented on the ongoing achievements and risks within the families. Achievements included: parents' growth in confidence; parents continuing to learn new skills; and children feeling settled and more secure in the family home. The risks included: witnessing further incidents of domestic violence; parents continuing to abuse substances; poor household management; poor supervision of the children; ongoing difficult behaviour of the children; accidents involving potential, but not actual serious injuries; and lack of support for primary carers by the other parent and informal networks. Despite the presence of these risks there was a general belief that they were not as serious as those which had led to the separation.

OUTCOMES OF PROCESS OF REUNIFICATION - 'There is no question that they are a reunited family and the children are no longer visitors with their parents'

There were three issues in relation to understanding the differing perspectives regarding outcomes of reunification: firstly, whether or not the participants believed the process was successful; secondly, the different definitions of what constituted success; and thirdly, the different opinions as to what led to successful outcomes. Although all cases involved children who returned to their parents' care and remained there over a period of time, there were differences regarding whether or not the outcome was considered successful, however, most believed it was. These differences appeared primarily related to differing definitions of success and whether or not they believed reunification should have been attempted in the first instance.

PARENTS' VOICES

Every parent interviewed considered the reunification process to be successful, in terms of the children returning to their care; the increased freedom to interact with their children; and their own personal sense of achievement.

I’d achieved something over that time, the reunification had been going fantastic. We had our ups and downs, but we were learning to deal with each other and each situation and family (Parent).
Being able to show affection when I want to . . . to basically do things with them to watch them grow, help them learn, yeah just all that, it's wonderful (Parent).

Freedom. I could bring her up any way I bloody well choose. No-one could interfere. And I think I've done a pretty good job (Parent).

Factors which influenced or supported the successful outcome from the parents' perspective included their own strengths and the support by workers. Two parents also spoke about the placement and separation from the children as part of the impetus of change.

Well being strong and determined that I'm not going to slip any more. And quitting [prostitution], quit that completely. I think that is a big plus in my life. Because I found that as much as I hated to look at it, that was what led me to use drugs as well, it sort of went hand in hand. I never sort of accepted that that was true, but it is true. I can see that now (Parent).

I had a lot of support, a lot of people helping me. I didn't have to do it on my own, I had a loving husband, who helped me through the stressful times when all I could do is cry . . . I tried hard. I did everything to the best of my ability . . . (Parent).

I think most of the thing that helped was that my attitude started to change. You know, I can't at any stage tell you where that came about or what made me start thinking, 'Oh my God, something has to happen'. It was probably an overnight thing. Maybe I went to bed one night and woke up the next day and thought, 'Oh my God everything is falling apart around me. I've got to fix this' (Parent).

CAREGIVERS' VOICES

The caregivers who viewed reunification as a positive outcome spoke of the strength and motivation of the parents in making significant changes in their lives.

I'm giving her full credit for having done it. I've seen so many parents in those ruts and they never get out of it. And [this mother] has, for what I've seen, got out of it and has got her kids back. And I guess I put her on a pedestal because she's one out of maybe 30 parents that I've worked with that has wanted to do that (Caregiver).
One caregiver stated that she did not consider the outcome to be successful as she did not believe reunification should have been attempted, particularly in relation to the long-term impact on the children.

If they see that as success, then there is success and there's success. It's success in the short-term but I'm not saying it's success in the long-term. They may have gotten her home, they may have gotten that family functioning, but that family will never meet her needs in the long-term. They haven't got the capacity to grow with her growing (Caregiver).

WORKERS' VOICES

Except for one placement social worker, workers believed reunification should have been attempted, although not all believed the outcome was positive.

Well I'd say it was very successful. It was against the odds really. Obviously there were people who believed in this family . . . that is the thing with families, you have to go through the ups and downs. You can't just write them off when there is one downer. And I think that is what is good with the program, you can go through those highs and lows, which you expect with the families and see it through . . . You don't expect it to be all smooth sailing (Family preservation - reunification worker).

There is no question that they are a reunited family and the children are no longer visitors with their parents. The parents are seeing themselves as very much responsible for their children (Case planning chairperson).

Oh I just think that they are doing the best they can. And that is how the children are going to be brought up anyway in that environment, just as long as there is some love and care in the family that is their affair. Sometimes I've probably got frustrated and angry but I've tried not to show it (Family support worker).

Whilst the majority of workers perceived the reunification as successful, most remained concerned regarding the family's future, but not sufficient to warrant removal of the children or to describe the process as unsuccessful.
I think it is highly successful in that they got their daughter back home and have managed
to look after her . . . but then I guess because I will always have my worries, I couldn't
say that it is like a family that you can walk away from and say, 'Yeap, confident, no
problem, I'm happy with it' (Family preservation - reunification worker).

The placement social worker who perceived the process as unsuccessful, had similar views to
the caregiver, but was able to speak about aspects which could have been viewed as successful.

Putting aside that I don't think it should have happened, well I guess it was successful to
the point that [the parents] obviously must have been able to do the basics of care and
stuff that they were not able to do initially for [the child] to return home (Placement
social worker).

Workers used a range of criteria for determining whether or not reunification was successful.
They included where the child was living; the child's development and health; the emotional
relationship between parent and child; and the parents doing the best they could.

The important thing is that the baby stays with the parents. That is my criteria (Worker).

And I actually think it was highly successful. You can just look at the [child's]
development which improved . . . in the parents' care, and I think that in itself tells you
heaps. You just had to see the child with the mother too and the emotional relationship,
that attachment and bonding was very strong (Family preservation - reunification
worker).

I guess it is really, really good that [the child] is there and it is really good that [the
mother] has obviously learned a lot of what the program set out to do and certainly still
seems to be able to maintain all of those skills, in addition to having a vision impairment
and doing it quite successfully. And having seen [the child] she is certainly growing up to
be just your average, precocious, outgoing child (Worker).

Well certainly one criteria for success is not needing to come back again . . . Another
criteria for success is parents at least showing some interest and commitment to looking
at growth in their parenting style. I guess in general, success is tied in with the specific
case situation and the assessment about what the protective issues are and whether
they've been addressed to a satisfactory level (Placement social worker).
Beliefs regarding contributing factors for the successful outcomes also varied between workers and cases. There was general agreement that the parents' motivation for reunification and willingness to work with services were two significant influences. Whilst it was clear that these two different motivations were not always equivalent, as some parents may not perceive the need for assistance in order for their children to return home, the parents in this research actively cooperated with services. There was also frequent comment from workers regarding it being the 'right time' for the parent given their motivation and readiness for change.\footnote{22 The issues of timing and motivation are discussed further in the next chapter.}

They wanted this child back. It meant everything to them. They felt so wronged by the child having been removed... They would have walked on coal, particularly the mother (Family preservation - reunification worker).

Other contributing factors relating to the parents included: capacity to build on parenting skills already present; their perseverance despite systems and familial barriers; changes in their behaviour such as ceasing or reducing substance abuse; reducing domestic violence and marital conflict; increasing insight into their family situation and their responsibility for change; and increasing confidence that reunification would occur.

[The father] did not want to lose his [children]. Therefore he had to do something a bit different. He couldn't go on just blaming, because that wasn't going to get the children back. So he began to change his behaviour and if [his wife] felt less blamed then she's got more energy and more incentive to pick up the thread (Case planning chairperson).

Some child-related factors which appeared to contribute to the successful outcome were: the reduction in difficult behaviours; their motivation to return home; their attachment to their parents; and the positive reinforcement for the parent in witnessing the positive changes in the children's development and behaviour.

And I think that the excitement of seeing the change in her gave the mother heart, gave the parents heart. Because they saw this growth in the child in front of them and it really did a lot for them. It did a lot for them (Family preservation - reunification worker).

According to the workers, service system factors contributing to the successful outcome of the reunification process included: availability of appropriate services; intensity of services which matched the families' needs; supervision which ensured the children's safety; opportunities for
parent-child contact; telling the parents that the children may not return to their care if the situation did not change; and a focus on the day to day reality for the parents and the children.

I think the decision of probably that, 'Maybe your children will never come back to you', was probably enough to actually bring about a bit of change . . . I think the other thing was that they didn't actually fight the decisions, they then began to work towards outcomes (Case planning chairperson).

Many workers spoke of ongoing doubts and fears regarding the children returning to the family home, despite their view that it was successful. They also spoke of the positive experience for workers in being involved in the reunification process.

I think it was just really good to see what happens, the positive things that can happen, because so often you can only hear about the negative things for the families that fall through the system, that aren't a part of any program like this where the child just keeps being removed, fostered and removed, fostered and all of that sort of stuff, so it was actually good to see something work, I guess, very well (Worker).

I think it's a very positive experience for a protection worker to go through a successful reunification and I think it's taught me that you have to give a family every chance, for me that's very important and that's still focussing on the child (Protective worker).

SUMMARY

Powerful, evocative statements by parents, caregivers and workers have charted the journey or pathway through reunification, including the achievements, risks, hopes and fears. All of those involved in the pathways through reunification were involved in a myriad of systems and services and confronted numerous dilemmas, challenges or crossroads throughout this journey. Some of these service system issues, practice dilemmas and challenges are further elaborated on in the next chapter.
FINDINGS:
SERVICE SYSTEMS, PRACTICE DILEMMAS AND CHALLENGES

SERVICE SYSTEMS

In Victoria, the child welfare system involves a diverse collection of services run by government and non-government agencies. The state government has the mandated responsibility for providing the child protection service, and it also provides out-of-home care and some support services, including a family preservation - reunification program. Victoria also has a large non-government sector which receives the majority of its funding from the state government and provides a range of out-of-home care services, family preservation - reunification programs and family support programs.

Each example of reunification in this research involved a different combination of services, although some programs were involved in more than one example. In one case the major agency involved in assisting the family to reunite was the placement agency. In two cases a short-term family preservation - reunification service was involved, and in one of these cases the family preservation - reunification service overlapped with a long-term family support service. In two cases a child residential - reunification program and family residential program were involved.

In every case, a multi-service agency had some involvement, although only three of them used more than one service within the agency. Having a number of services within the one agency did not always lead to increased communication and collaboration, although on one occasion it enabled three services to overlap, and in two cases the same workers were able to work across programs rather than changing workers.

In every case universal services such as schools, maternal and child health centres, medical services and child care centres were involved.
THE ROLE OF PROTECTIVE SERVICES

Despite the statutory role of Protective Services, not all families were involved on an involuntary basis. One parent had a negative perception of all protective workers and believed they saw her as a useless parent. The other parents' views depended on which protective worker they were discussing. Parents differed on what they believed to be the protective workers' role.

... when it's all CSV involved they don't spend enough time knowing what's going on with the child. They think about whether the parent can deal with it ... but I really don't think they think enough about what the child thinks ... [my child] knew what he wanted, he knew what he felt. He felt left out (Parent).

I mean CSV was the last resort because there was nothing else (Parent).

I suppose in [CSV’s] way that they were thinking that they didn't want to put me in the right direction or pull me here or tell me to go there because they wanted me to show that strength in myself I suppose, but at the time I thought, 'They're bastards, there are not telling me what to do, I don't know where to go, they're not telling me nothing' ... And yeah I thought they just brushed me off as a useless parent and that was it (Parent).

I was sort of thrown from one person to the other as well. Every time I went there, there was a different worker for me and which just threw me as well, because they didn't really know me as a person ... They didn't suggest anything to me either and they didn't tell me much about my kids as well (Parent).

Two participants, involved with the one case, believed that protective workers placed too much emphasis on the legal system and not enough on the children's needs.

Protective workers and case planning chairpersons spoke of their role as monitoring risk; making decisions regarding long-term plans; that they should only be involved when necessary; and that the least intrusive option should be used.

My role basically was to visit the family as often as I could, and that was probably every fortnight. Basically to monitor the situation, to ask [the mother] how things were going, to liaise with the school, ask how [the child's] going there (Protective worker).
We were looking then at what needed to happen and we were really planning for our withdrawal over a period... Placing the responsibility more and more firmly back on them as parents... our role becomes then a monitoring role to try and ensure services are there for them (Case planning chairperson).

Protective workers and case planning chairpersons spoke about their emotional reactions in this work. They did not expect parents to appreciate their involvement but spoke of their desire to be effective in supporting families to achieve their goals.

You got this feeling from her that she loved those children so deeply and she was a victim of such magnitude and so for each of us we would sit around for hours talking about how we could dig her out of this hole... What were we missing that might help her (Case planning chairperson)?

In this work because you're dealing with the extreme of cases and you're removing kids a lot of the time and you are the bad person, for me this family have re-emphasised the importance of the family in kids' lives (Protective worker).

ROLE OF THE CHILDREN'S COURT AND LEGAL SYSTEM

Only one participant (a caregiver), out of 38, spoke of the impact of the legal system in detail, although three parents mentioned it briefly. The caregiver spoke about the negative influence the Children's Court had on the lives of children by focusing on the natural family.

I’m not saying that [the workers] were saying it would work, but it had to be tried. They had to go to court with an idea that, not just that she can’t go home, because they knew that children going back to natural families is the way the court functions these days (Caregiver).

In general, for parents, the court appeared to symbolise powerlessness and failure, although one parent perceived the magistrate as supporting the reunification plan.

I didn't like it and that, because I was scared of the judges and stuff... Taking them away for good. I mean like saying that you're not going to have them back or something. Giving them away to a foster family or something (Parent).
Because the magistrate said that he wanted to see our family back together again. He goes, 'We are going to get this family back together'. And we did (Parent).

The fact that these five cases were all consent matters through the legal system is probably one of the main reasons why there was little mention of the court or legal system.

ROLE OF FAMILY PRESERVATION - REUNIFICATION PROGRAMS

Four different models of family preservation - reunification programs were involved with four families, and three families were involved with more than one.\(^2^3\) Parents generally spoke positively about the workers regardless of the program model, although one parent spoke scathingly about a worker whom she considered made the reunification process more difficult.

... it was over six weeks, but it was quite intensive. [The worker] used to spend a few hours every couple of days. Sitting down and talking about it and how you dealt with things and all the things [my child] was doing. And [the worker] would also speak to [my child]. And [my child] respected [the worker]. I won't say he liked [the worker] (Parent).

Out of everything I've ever dealt with, every sort of aspect of [my child's] care and everything, I think [that program] was the best. Because they're not only concerned with the parent, they're not only concerned with the child, they treat you as a family (Parent).

Family preservation - reunification workers spoke of assessing the viability of the reunification plan and putting it into action. Workers spoke about families needing intensive involvement in order to achieve change, given their emotionally and socially impoverished life situations.

... it's about taking parents who have got major problems, and we're not expecting everything to be honky dory and smooth sailing, ... they are right at the end of the line ... That's your target population, you have to expect difficulties. It's how you work through them. Obviously if they are insurmountable you have to make those decisions, which we have made in the past and I have no problem in making them, but I think you've got to give the parents a good go if that is what you're setting the program up to do (Family preservation - reunification worker).

\(^2^3\) See appendix 10.1 for a description of some of the family preservation - reunification models within Australia.
One worker spoke of the value in having more than one type of family preservation - reunification model available as different families have different needs. There was also discussion regarding the components of the models and the limitation of being short-term.

I think it is really important that there are the different options for families when you are planning to return the child to the family's care and trying it out . . . because each child's situation is very different . . . not each situation will fit one sort of model (Placement social worker).

. . . it was very intensified. For a three month period the focus was on this family and there wasn't periods of time where people were floating in and out . . . I think that really helped this family consolidate and become aware of the issues of concern and be supported through making those changes as well (Protective worker).

ROLE OF FAMILY SUPPORT PROGRAMS

Four families had involvement with family support services, which were less intensive, but usually longer term than the family preservation - reunification programs, although one was a short-term service.

Families involved with both family preservation - reunification programs and family support programs focussed more on their relationship with workers, than the type of service. One parent confused the names of the various programs, of which there were seven over an 18 month period, some of which had repeated involvement. Another parent spoke positively of the overlapping of the family preservation - reunification and family support programs and the collaboration between the two programs.

The family support workers spoke of the many practical, educative aspects of their role, including teaching child care and household routines, behaviour management and discipline, and children's development. They spoke of working with families over a lengthy period, in one case for more than two years.

I guess my role is to work alongside the parents who are having difficulties . . . I like to think that I can encourage them to do it themselves . . . I mean I am always constantly
saying to mums in particular . . . 'You don't have to do it alone any more, unless you choose to' (Family support worker).

And at times I've felt like her mum, and at times I've felt like a sister to her, at times I've felt like a grandma to the kids (Family support worker).

The workers involved in counselling as part of the family support service spoke of dealing with the underlying issues which impacted on the parents' capacity to change and their self-perception, rather than on issues directly impacting on the children.

ROLE OF SCHOOLS AND PRESCHOOLS

There were a range of services involved with these families which were not specifically child or family welfare agencies including medical services, disability services, public housing, Social Security, child care, local government, credit co-operatives, employment training and self-help groups. Discussion of the role of schools and preschools is an example of the impact of a universal service on the day to day life of a family, particularly a highly vulnerable family going through a reunification process.

Schools and preschools were mentioned, by all parents who had children of relevant age, as having a significant impact on themselves and their children. One parent spoke of trying to elicit support from the principal before the child was placed and being told she was stupid and under no circumstances to place her child in out-of-home care.

He turned around and he literally called me an idiot . . . 'You can't palm him off to others and put him into care because he's your responsibility . . . You're the mother, you should raise him' (Parent).

Another parent and two workers involved with her family spoke of an incident when after reunification, a teacher threatened the child that he would be placed in a children's home if he misbehaved. These incidents exemplify the potential of the school to support or hinder families' attempts to prevent placements or reunify, especially where there is misinformation and a lack of understanding of the child welfare system.
In the other two cases, the parents' increased involvement in the children's school and preschool were used as indicators of their motivation, and were major strategies in expanding their role in their children's lives. The parent who was not involved in her child's preschool felt bereft of her role as a mother.

Participation in the children's schools and preschools appeared to represent a fundamental aspect of being a parent.

So she was all of a sudden being given her right back as the mother to go and pick them up from school. She had introduced herself at the school, the teachers knew her, she would go up and ask about homework, so yes, she got friends with a couple of mothers of the girls at school (Caregiver).

[The mother] said to me, 'You don't know what it's like when you miss your eldest [child's] first day of kinder. It's sad. She said that she had never been to the kinder and never seen it ... She said that nobody had invited her, or told her it was happening. 'I didn't know where to go or where it was.' She only knew [the] teacher's name because [her child] had told her. You could just see the real loss of her right as a parent to not even go to the first day of kinder, which is such a significant event in a child's life (Family preservation - reunification caregiver).

One mother spoke of her disappointment when the children had to change school when removed from her care, and again when they returned home. This change of school occurred in three out of the four cases where the children attended school.

PRACTICE DILEMMAS AND CHALLENGES

The many practice dilemmas and challenges revealed throughout this study reinforce the complexity of family reunification. Of these many issues, those considered most critical in light of the literature and the researcher's experience are examined.

The Macquarie dictionary defines dilemma as 'a situation requiring a choice between equally undesirable alternatives'. In the context of this research, practice dilemmas are those issues which confront practitioners with difficult or seemingly impossible choices or where the choices and potential consequences are either not clear or insufficient to achieve the goals.
Challenges are defined in the Macquarie dictionary as ‘something which makes demands upon one’s abilities, endurance, etc’. All of those interviewed within this study made references to the depth and breadth of challenges they experienced, whether as family members or workers, some of which are detailed in this chapter.

SEPARATION AND HOW THIS IMPACTS ON SUBSEQUENT REUNIFICATION

The impact of filial deprivation on parents and maternal or parental deprivation on children can be very significant even when children have experienced harm in their parents’ care. Subsequent reunification will be affected by the consequences of earlier experiences of separation.

*During separation there are lost opportunities for children and parents. Can these ever be recaptured?*

Opportunities missed during separation include shared memories, experiences, and watching and participating in each others growth as child and parent. When parents miss their child's first step, first word or first day at preschool, there is no replay or second chance.

I would be angry on the level of lost opportunities for her and for the kids... There are times she has missed and she is never and he is never going to be able to make that up in terms of developmental stages (Protective worker).

When children miss being a part of their family’s daily life and become disconnected from their family’s memories and networks, these become gaps and reinforce the separateness of their lives.

Some of the approaches used to compensate or mitigate against these missed opportunities included maximising parental involvement with the children during placement, using photos, life stories and other mementos to enable sharing of experiences following reunification, and encouraging open communication between family members regarding past memories. In the researcher’s experience it is also important to acknowledge that some of the missed opportunities are experienced by children and parents as part of a natural grief reaction to a significant loss and cannot be restored, although need to be understood.
How does any parent learn to be a parent when the child is not in their care?

They just didn't know. They hadn't had this child in their care and the other one they lost fairly early in the piece and their own upbringings were so poor, so they didn't really know about parenting and stuff . . . (Family preservation - reunification worker).

Parents' abilities to enjoy and learn alongside their children during the period of separation are largely restricted to what they observe and how they participate during access visits, which are in turn, often limited by the venue and time allowed. There are expectations on parents to learn new skills and change destructive and inappropriate behaviours in relation to their children, yet this is done out of context when the children are not in their care. Parents who already found it difficult to understand their children's development may miss significant developmental milestones which can exacerbate their lack of understanding.

CAREGIVING DILEMMAS AND CHALLENGES

The expectations placed on caregivers are often extremely demanding and considered unattainable by some, yet the entire system of out-of-home care and therefore reunification relies on these expectations and the caregivers' ability to achieve them.

The caregivers' role is critical to the well-being of the children and to the process and outcome of reunification. Caregivers, both volunteers and paid staff are expected to: care for other people's children, many of whom have special needs; respond to the children's hopes, fears, distress and anger regarding their parents and about the separation, particularly after access visits; develop a warm and reciprocal relationship with the children, and yet be able to say goodbye when the children return home; and have little say regarding whether the children should return to their parents' care.

I wouldn't have chosen to take a baby out and back like that every day . . . There was a lot of stuff I didn't really agree with. It didn't alter the fact I did it because it was expected that I would (Caregiver).

When caregivers witness the children's distress, anger, disappointment and despair, it is difficult to expect them to be supportive of the parents. They cannot fail to be influenced by their own observations, regardless of what workers tell them about the parents.
If you're looking after the children and you see them let down, promised things and it doesn't eventuate, a visit or a birthday present, or whatever and they don't deliver or they don't turn up, then the caregivers start to feel a bit angry about the parents (Placement social worker).

Some caregivers are also expected to: have parents visit their home, sometimes frequently; facilitate the children's contact with the parents by providing a welcoming environment, advise and give parents feedback; and involve parents in some of the day to day tasks with the children, such as attending the school. They may be treated by parents as friends or competitors.

In foster care, the volunteer status of the caregivers contrasts with the involuntary involvement of many of the children and parents. Whilst being voluntary gives foster parents an element of choice, it also means they receive no salary for their caregiving role, nor for any direct contact with parents.

It's one of those tricky things with volunteers. I mean we need them a lot more than they need us. We never have enough of them (Placement social worker).

And I don't think any magistrate realises what they are asking when they ask a person to do what they ask them to do. I always say when a magistrate will disclose his telephone number and give of his time in the same way, and he gets paid for it, in the same way as he expects us to do and we don't get paid for it... (Caregiver).

A related dilemma is when the caregivers' expectations of the parents are either too high to be realised and so lead to disappointment, or so low that there is a belief that change is not possible and therefore should not be attempted. The challenge includes how to assist caregivers to develop realistic expectations of parents, and how to minimise the impact of any unrealistic expectations on both the parents and children.

*How can the 'care' role of the caregiver not confuse the children nor undermine the parents?*

Parents may feel threatened, replaced and redundant when their children speak positively of the caregivers or their experiences in care both during and after the placement. Children may not feel they have permission to speak of this time and so it becomes a black hole for both parent and child.
When parents and caregivers have different rules, routines and expectations, this can create problems in settling children into the placement, which then continues during access visits and following the children's return home.

I think like with lots of mums, when children come home it is really hard to be very hard to be very firm, and especially when you are being told, 'Oh, the foster mother used to let me do this or that . . .' (Family support counsellor).

When children tell their parents about problems they are having with the caregivers, how do parents and workers discern what is factual and what is an emotional reaction to the separation experience? How should parents respond and how should workers assist them? How do caregivers react when the complaints against them are unfounded and rooted in the desperation of the child or parent to reunite? How do parents and children react when no-one appears to believe them as it is assumed that the complaints are false?

The people that were looking after her, they shouldn't have talked down to me in front of my kids for a start. They shouldn't have done that. And they shouldn't have downed [my child], telling her that she was useless and no good, sort of thing. And they shouldn't have told them that I didn't care enough about them and yeah those things just shouldn't be said to kids, especially when they are taken away from their parents (Parent).

THE CHILDREN'S EXPERIENCE OF CARE

_What are the options when children's experiences in out-of-home care may be negative or abusive, yet considered a safer option than being with their parents?_

In two cases aspects of the children's placement experience were considered destructive and inconsistent, and in one placement a child was sexually abused by another child. Workers are confronted in these situations with choices between moving the children to another placement, trying to raise the standard of care in the current placement or returning the children to their parents' care. In some situations none of these options may be positive choices.
Children's multiple placements can be experienced as repeated separations and increase the impact on both children and parents of the children being away from the parents' care.

All the case studies involved multiple placements, with two very young children experiencing seven placements in less than 12 months. The reasons behind the placement changes included: the children's difficult behaviours; planned moves to more home-like placements; moving closer to parents; and as part of the reunification process. Some children experienced a change of placement when the return home failed and their previous placement was no longer available. Other children experienced a change of placement when they were moved into the child residential - reunification program as part of a planned stage towards home return.

These children, who have already experienced chaotic, inconsistent, neglectful and/or abusive care from their parents, were then subjected to inconsistent out-of-home care. Regardless of the reasons, these placement changes can be perceived by children as further rejection, their responsibility and evidence of their powerlessness. One parent mentioned her children's disrupted placements as an example of her powerlessness.

When children change while in placement, what are the consequences?

Although some children are placed in out-of-home care in order to modify their behaviour it is more than just the children's behaviour which is likely to change. One parent who spoke positively of the changes to her child while in care, also spoke of him becoming system-wise, more emotional, and expecting her to be ignorant of key areas in his life. Other parents and workers spoke of differences in material possessions and the general environment between the placement and the family home.

I guess that's the hardest thing with children being in care, when they go home, a lot of stuff stops, but then on the other hand, I can't see why they should go without it because they are in care . . . I've seen what they have come from, and I think well, probably, eventually they will go back to it, so why not have a good [few] years while they can. Why not give them choices and a taste of something else (Caregiver).

She would take the [children] on holidays. She used to take them everywhere, they weren't denied a thing . . . it took us 12 months to get through [the children's] heads that she was getting paid to do these things and therefore she didn't have to lay out the money like we did (Parent).
They get so much materially and then they really can't afford it when they go home. They become more aware of things they can't have, whereas they might not have been aware of that before . . . It's a different culture (Placement social worker).

PARENT - CHILD CONTACT DURING PLACEMENT

One of the main avenues for assessment of children's and parents' readiness for reunification and reduction of potential for harm is through access visits, yet these may be unsuited and inadequate for this purpose.

Workers are restricted in opportunities to assess current parenting, relationships, and lifestyle changes whilst the children are not living with the parents and access visits become the predominant source of information. It is a major challenge to undertake an assessment of future risk when the current situation is fundamentally different to both the past and the envisaged future. Where and when access visits occur, whether there is a worker present, the role of the worker and structure of the contact itself will influence the effectiveness of access visits as a tool in the assessment process.

What does a parent's performance during an access visit actually say about their ability to parent on a 24 hour basis? Even though one of the programs involved access six times a week for lengthy periods of time, it was still a different situation to when the child was in the parents' sole and full-time care.

... it's one thing for parents too, to be able to manage it in that sort of setting, it's another thing when they have the full-time care of the child ... So in some ways it's much easier for the mother in that situation because you don't have all those other responsibilities ... (Placement social worker).

People may have a very good access relationship with each other and when they have to move into the discipline role and the limit setting role that creates a whole lot of new problems, especially if they haven't really dealt with problems in their own lives and how that happened to them (Case planning chairperson).

Workers are also faced with the dilemma of needing to observe potentially unsafe situations without being obtrusive, intrusive and hampering of natural interactions. This will be dependent
on the relationship between the parent and worker, the skill of the worker, the perceptions of the parent, the venue and other constraints on access, and the identified potential risk.

*Access visits may be insufficient or overwhelming for the needs and developmental level of the children.*

Workers spoke of their own distress when working with children who were desperately in need of seeing their parents, but the parents were not visiting regularly. The workers often felt ineffectual in these situations as they could encourage or threaten the parents regarding attendance at access visits, but were not in a position to change the parents' situations to ensure frequent and consistent visiting.

There were situations where the parents had competing demands such as other children who were very ill; their own illness; lack of transport; their own sense of despair and abandonment; their belief that the children were better off without them; ongoing domestic violence which increased their sense of powerlessness and victimisation; and a general level of chaos which meant they were unable to follow through on plans.

Some children may be reluctant for contact with their parents and become distressed when it is mentioned. This is particularly difficult with young children as it becomes a matter of interpretation as to what is worrying the children. Workers develop different explanations such as: children are frightened of their parents and therefore access visits are destructive; they prefer to live with the caregivers; or they wish to avoid another separation at the end of each visit.

ASSESSMENT AND REDUCTION OF RISK

*What are the implications when parents and workers do not agree on what constitutes risk to the children?*

Some children return to their parents' care even when parents have not acknowledged previous risk issues, but where workers have assessed that future risk has been minimised due to other factors. For example there may be a new partner or a reduction of an unacknowledged negative behaviour, such as substance abuse. Gillespie et al. (1995: 224) wrote of the greater importance of risk reduction over issue resolution as a criterion for reunification.
Workers may wish to avoid a power battle with parents and choose to focus on what needs to occur for the children to return home. However there is also a belief that not adequately discussing and acknowledging the risk factors is tantamount to covering them up, leading to them being likely to resurface at another time. There is also the potential for workers to confuse parents’ compliance and cooperativeness with a reduction of risk.

Sometimes kids can go home and parents have never actually even acknowledged the protective issues, and in some of those situations I think kids can still go home successfully. They don't necessarily have to say the things we want them to say, but it's I guess more ideal to at least acknowledge some validity to the protective issues and to demonstrate movement towards addressing them (Placement social worker).

*Risk assessments can be hampered by lack of knowledge of historical factors and poor communication between services.*

It was apparent in at least three of the case studies that different workers had different pieces of information, some of which were critical for a comprehensive risk assessment. In one of these cases, no worker held all the available knowledge related to the potential and actual risk of harm for the children, and this included the case manager. Whilst some workers spoke of this gap in knowledge, others did not appear to realise there was missing information. The following statements were in relation to the one case.

I used to sit here and worry about [the mother] going home to a physically abusive situation. I used to think, 'She's going to be dead', because she'd come in with quite severe bruising around her neck, choking marks (Family preservation - reunification worker).

There has been no indication that he has ever threatened her with physical violence or did any domestic violence at all (Protective worker).

This issue of workers holding different information related to potential and actual risk factors, highlights the need for greater collaboration and sharing of information between services.
What constitutes acceptable and unacceptable risk; what is the minimum standard of care; how is it measured; and what are the implications for minimum rather than optimal standards of care?

Workers and caregivers spoke about the importance of assessing and responding to risk and measuring standards of care, but appeared to find difficulty in defining these standards. There was some discussion by two participants that children in the child welfare system had greater needs, and therefore required higher not lower standards of care. They stated, however, that this was not the way the legal system worked.

[The mother] has obviously met the standards or [the child] wouldn't have gone home, but I think the standards are set too low and I've felt this with other families as well (Placement social worker).

Workers often made decisions regarding which aspects of parenting or which needs of the children were paramount.

I mean the child will learn to grow up in a filthy environment and she herself will be a filthy little person or whatever it is, just environmental, but . . . The most beautiful part was the fact that she could sing to her, put music on, tell her stories, that was the beautiful part of their life. (Family preservation - reunification worker).

Another dilemma is when all aspects of parenting are so barely above a minimal standard, that the cumulative impact for the child is unacceptable. Workers struggle with the need to find a balance between making achievable demands of parents and ensuring that children receive adequate parenting.

When accidents happen during access visits or after home return, then defining the line between parents having a realistic chance to learn from their mistakes and placing the child at unacceptable risk is another major dilemma related to standards of care and levels of risk. It can be difficult to determine what is an unavoidable, unpredictable accident and what is due to neglect or lack of understanding.

'Goodness here, see they've got full-time care and already we've had two accidents, what's going to happen next? This is getting quite concerning' . . . when I spoke to them about that, she got quite hysterical, because she had feared, I've worked so hard and now
you're going to take her away from me, just because I've had an accident' (Family preservation - reunification worker).

And when I actually said to them about the accidents when the child was in the mother's full-time care, the parents' full-time care . . . the department said, 'Make sure that [child] is safe', to me. And I said, 'Well no actually it's the parents who will be making sure, that they've moved into this stage and the situation now is that she is in their care, they have had these accidents, they are concerning, but that's the whole point. We need to now see if they can go beyond this' (Family preservation - reunification worker).

Determining the threshold of risk for children is a matter of fine and incremental judgements and workers deal with the ongoing anxiety as a consequence of their decisions, whereas the children experience any consequences more directly and personally.

And I thought, 'Well you've got to take that risk to give them a chance'. I suppose some of it has been a bit, and I don't mean this to sound not serious, but a little adventurous, like it is scary but you've got to take that risk. Yeah I mean if we really thought that it was really serious stuff then it is like, No' (Family preservation - reunification worker).

DILEMMAS AND CHALLENGES REGARDING BELIEFS AND VALUES

There are some situations where parents have beliefs regarding traditional gender roles within their family, but these don't fit what is required, according to workers, to ensure the children's ongoing safety and well-being.

There were two examples where fathers viewed their role as going to work and earning an income and their partner's role as undertaking the parenting and household tasks. However in both cases, workers assessed that the mothers were not able to provide adequate care of the children on their own and therefore required practical support from their partners. Workers stated their views clearly to the parents and in one situation directed the father to not resume work. This father presented as gradually becoming more lethargic and avoiding contact with everyone, spending most of the day in bed. It therefore meant that whether he worked or not, he was unavailable both physically and emotionally to provide his partner with assistance. Meanwhile the mother was expressing fear and self-doubt about her capacity to parent if her partner did return to work.
Some fathers did not want to be actively involved with the workers as they stated they did not have problems, despite the workers’ belief to the contrary.

The only dilemma with him always was that he wouldn't participate fully in the care of the child as expected of him, and little things like personal hygiene, oh it wasn't so little at the time because it was, he was quite inappropriate. He would turn up for access with this baby who had a gastric reflux problem and so on, with really dirty hands (Protective worker).

... he was absent or still in bed or he wouldn't talk much. You really had to ask him to do things, or he left it all to the mother ... we thought over the time that was his way of coping. That he didn't want to get that close to [the child] in case she was taken away from them (Family support worker).

There was the broader dilemma of workers imposing their values, regarding what was expected of the parents.

There were comments made by some workers regarding their level of discomfort in distinguishing between assessing minimal standards of care and enforcing value judgements based on different cultural beliefs. As the workers’ role was often to assess risk and teach parenting skills, the imposition of their values was inevitable. Some workers recognised their work was not value free, whereas others spoke of not making value judgements. A dilemma in most aspects of social work is this issue of the impact of workers’ values, whether or not they are acknowledged.

... it frightened me to think that people would need some help in the basics with their own child. I'm no expert ... I guess it's more my values and how I see rearing a child and rearing a family, were just so different from this particular couple. Gosh I didn't think people could be so way off. I thought I had a pretty middle of the road, staid thoughts of what parenting is all about, and yeah there are, I guess, people out there that are very different (Worker).
BARRIERS TO CHANGE AND REUNIFICATION

Barriers can stop or delay reunification, yet be difficult to assess and break through.

According to the parents, factors which delayed reunification included: workers' negative attitudes towards them; the parents' conflictual relationships with their partners; self-blame and blaming of others; the difficult behaviour of the children; their lack of confidence and sense of failure; a fear that the children might be worse off at home; a fear that reunification would not last; their own lack of acknowledgment of the problems; and barriers put in place by the system. It is evident that amongst these beliefs and fears were aspects of the emotional reactions associated with filial deprivation.

I still had a lot of ups and downs in my life and just at times when they said, 'He's just about ready to go home.' I'd say, 'No way.' Because I couldn't have dealt with him and it wouldn't have worked, and I would have undone what the good was that was happening (Parent).

I mean how can you work with somebody that doesn't think there is a problem and that nothing needs fixing anyway (Parent).

There are the people that make kids coming home very, very difficult. By their attitudes and the way they treat people (Parent).

Other barriers according to caregivers were: a belief that there would be a repetition of past problems; previous failed attempts at reunification; parents' fear of failure and unwillingness to try again; parents' inability to change; poor parenting skills; parents' conflictual relationships with each other; and parents choosing other priorities.

... at that stage I guess I believed there was no thought of them going home, so we weren't looking at reunification, because that had been tried and that had broken down and I think that was what [the mother] was basically saying too, that she felt at that stage that she had tried and failed (Caregiver).

But the [parents] were no different and they never will be, because they haven't got the capacity to grow and that [child] deserved a chance in the ideal world. She deserved a chance to go ahead and have what [children] have (Caregiver).
Examples of barriers for reunification mentioned by workers included: the parents' lack of trust in workers; parents' childhood history and lack of positive role models; lack of planning by case managers towards home return; fear of repeated failure, particularly following a previous attempt at home return; parents having other priorities on their time and resources; cumulative impact of crises; parents' lack of assuming responsibility for the change process; parents' lack of self-confidence; the length of separation; and the possibility that both parents and children would sabotage plans towards home return.

So any acknowledgment that there was a problem between them, I think she didn't trust us to tell us that because she may have thought, 'Well I'm not going to get my child back, and that's my main aim in life' (Family preservation - reunification worker).

I think she tried to have the [children] home and it hadn't worked so she wasn't committed to working towards getting them back a second time . . . and she would say could she have them picked up early because she had to go to bingo and things like that (Placement social worker).

'What do I need to do to get the kids back?' But I think in actual fact she wanted someone else to fix it and make it right, because she desperately wanted them back, but she wasn't actually sure she could do the hard work to meet the goals required before they actually could come home (Family preservation - reunification worker).

I think children who are away from home for a very long time the chances of reunification are less great. That's partly because the confidence is low that it will work and, on both sides, the chances of it being sabotaged are fairly great (Case planning chairperson).

There are also a range of barriers and difficulties which jeopardise the children's placement at home following reunification.

Difficulties involved in keeping children with the parents following home return included: parents repeating past behaviours, such as substance abuse; ongoing issues of grief and guilt; children's ongoing difficult behaviour, particularly regarding the children's testing whether the parents will reject them; and parents not owning responsibility for difficulties and therefore for the potential for change.
Yes I was angry about that. It was all going beautifully. We were helping mum and we were doing all the right things and then this awful thing called human nature came in and buggered it up (Protective worker).

I think for a long time she wasn't able to shift because she was just overwhelmed with negative feelings about herself. Guilt and grief basically immobilised her (Family preservation - reunification worker).

And the testing out was to really blatantly see whether mum was going to reject her or not. You could tell by a lot of her behaviour and her persistence that in actual fact she was very insecure in that situation. You could also tell by the level of attachment to their mum that they wanted to be with her. They adored their mum, but they didn't trust her (Family preservation - reunification worker).

There are difficulties in provoking and sustaining positive change in families that have had a series of perceived failures and that have already received many years of interventions from different types of services.

Workers struggled with how to enable parents to accept responsibility for their behaviour, when they have a lifelong pattern of not accepting or even recognising it as an issue. They noted that families can make changes without insight, but it is uncertain how long these changes would be sustained, and whether they could generalise to other areas if there is no understanding by the parents regarding the changes.

... if we managed to get them into a good routine and they had done that for a few weeks or something changed it was actually hard to get them to adapt their parenting to that change (Worker).

One of the questions posed by workers was when a large number of services and interventions were attempted in order to prevent the children being removed, but these were insufficient or unsuccessful, what implications did this have for which services and interventions should be tried to assist home return?

They commented upon the difficulties in teaching new skills or expecting positive changes when parents are overwhelmed with the crises and chaos in their daily lives.
Oh look it was very difficult to gauge how much had been absorbed and in actual fact I was very limited in what I could do with [the mother] aside from in practical terms, which was running alongside the bull as in Palamona (Family preservation - reunification worker).

*When the children, parents and family structures have changed whilst the children have been in out-of-home care, what can be done to assist the children to fit back into the family?*

How is this child going to fit into the new family system? People have adapted without them. The whole system has to change now to sort of cope with someone else (Family preservation - reunification worker).

We tend to make a mistake that we remove a child, modify him so much, how can he go back home? When he was home he won't be going back to the same lifestyle (Placement social worker).

**THE DECISION TO REUNITE**

*One of the dilemmas mentioned in the research and also in the literature (Fein et al. 1983; Bullock et al. 1993) was regarding the potential damage to the child and to the parent-child relationship of an unsuccessful attempt at reunification.*

'I want him home, I want him home, I want him home.' But every time it looked like we were getting close to that, I'd say, 'Oh God, I can't handle it'. It was like so many good things were happening for the kid . . . I suppose I was scared for myself too, thinking that I couldn't cope. That if it didn't work he would have to go back and that would be worse on him than what it would if he stayed home . . . I suppose I figured that in the end, if he stayed there he couldn't be any more hurt where if he came home and it didn't work out he could be hurt again by having to go back (Parent).

If she can hold the line then that was the best place for those kids. It's a matter of how much you can keep putting these kids in and out, and damaging them by having them go home, because [one child] was very damaged by being dumped by her mother (Protective worker).
If home return is used as a test or trial, what implications does this have for the parents, children and workers?

The concept of home return being on a trial basis can provide both a sense of security and anxiety. One parent used the concept of the trial in order to reassure herself that if reunification was unsuccessful then her child would be able to go back to the same caregiver and this would lessen the damage. Some workers appeared to have a similar attitude, that is, if it was a trial home return, then it wasn't as significant a decision with potentially serious consequences. Other parents believed that once the children were home it was forever, and any mention of a trial would have been seen as undermining this belief.

There was mixed opinion regarding whether the criteria for reunification were based on the parents' rights or children's rights, or whether they were based on a belief that it was in the best interests for the children or the least detrimental alternative.

I think a lot of the cases it is more looking at the parents' rights to get the children back and that they are given the chance to parent and all that is given the priority rather than what is best for the child (Placement social worker).

Take a long hard look at what you're doing and look at the child's interests. And I don't care whether natural families are the ideal situation, that isn't necessarily the ideal situation for all children. Every child should be looked at on their wants and needs, not on their parents' wants and needs, but on the child's wants and needs (Caregiver).

I don't think anything has really been achieved, but we're not really going to achieve anything by keeping them in care any longer (Placement social worker).

Workers who are actively involved with the family may not agree with the decision to reunite, yet may be the ones to implement it.

Workers and caregivers, may disagree with a senior official's or magistrate's decision to reunite, yet may have to assist the family through the process. This can increase a perception of powerlessness on the part of worker or caregiver and lead to a belief that the parents hold the power.
... some of the families that I'm dealing with currently ... I know it's going to fail and just sort of know what effect it's going to have on the children to be put through a process because, parents, they know how to get it to a point where it needs to be tried (Placement social worker).

I have no rights in this situation at all. I can tell people what I think or what I'm seeing but I know the day will come when somebody will say to me, 'This [child] goes', regardless of whether I think she's going to be dead the next day or what. I can give my opinions, but ... I don't influence the course of what happens (Caregiver).

Some workers believed that the decision to reunite was made due to the lack of other more appropriate alternatives in the current system, and that as long as the focus remained on working with the families, there was insufficient attention paid to developing other options.

I guess I feel that there are still some kids who may be better living away from home. I know that is not an ideal situation. I certainly don't feel we should go back to the archaic orphanages and things like that, but there has got to be something for kids who are not getting the emotional care at home, where they may get it somewhere else. It's a hard situation and I don't know what the answer to it is (Family support worker).

DILEMMAS AND CHALLENGES IN WORKING WITH CHILDREN

How do workers ensure that they are listening and responding effectively to the voices of children?

People would say, 'Well we think [he] feels this way' ... but nobody knew ... How about somebody talk to him about what he's feeling ... I mean sometimes kids go on and talk absolute crap, but you've still got to give them the time of day to actually listen to what they're saying and trying to understand what they're saying. A lot of what they're saying reflects on how they feel (Parent).

Regardless of whether or not the children say they want to reunite with their parents, sometimes reunification will occur and sometimes it will not. Within this research, many workers and caregivers made attempts to understand what the children wanted to happen, but some acknowledged that, especially with younger children, this was a matter of interpretation.
His behaviour to me indicates a child whose presenting behaviour that actually screams for action to happen, and that action really is to get back with his parents (Case planning chairperson).

[One child] in particular would often say, 'You brought me to my mum and dad. You're not taking me back to the residential unit are you . . . The social worker had pointed out, 'Look at the way they stroke you' . . . It was like, 'If we are good to you, you won't take us away [from our parents]. That's how it felt anyway. That is sad (Family preservation - reunification worker).

[She] wanted her mum but she wanted me too. [She] said, 'I don't want to leave you, but I love mum'. So she was torn between her mum and me (Caregiver).

Factors which appeared to influence the children's desire to return to their parents' care included: their attachment to their parents; their wish to be with their siblings; a sense of achievement in learning to control their behaviour; and their concern for their parents. Factors which appeared to influence their desire to remain in out-of-home care included: their attachment to the caregivers and other children in placement; their greater access to activities, holidays and material possessions; their anger and sense of rejection towards their parents; and their fear of further rejection or harm.

Workers tried to listen to what the children were wanting and to understand their perspective, but this was not and could not always be the criterion upon which the decision for home return was made.

*How to prepare children for home return, telling them what and when, but not setting expectations that it will happen and then expecting them to be able to wait?*

This issue of how to prepare children and what to tell them was discussed in two of the cases, where the children were eager to return to their parents' care, but was particularly difficult when working with young children, and with children who have already experienced adults not fulfilling their promises.
DEPENDENCY AND INVESTMENT

What are the implications of family members developing a dependency on workers, and what are the responsibilities of the workers?

The issue of dependency was raised by workers from a variety of roles and can be described as the parents' reliance on workers.

One question was whether the parents' reliance on workers precluded reliance on themselves. While there were inherent dangers noted when a parent was dependent on a worker, particularly if it worked against self-reliance and assuming their role as an effective decision maker, dependency also appeared to reflect trust and confidence in the worker. This trust provided a supportive context for the significant changes and challenges expected of family members during the reunification process.

How do workers find a balance in providing timely, intensive and nurturing responses to families, whilst encouraging self-reliance and autonomy? One worker described it as a process from dependence to independence which if hurried could undermine the support process. Another cautioned against crisis-triggered responses.

...with a family like this they need to have a response in non-crisis times, because what you're doing if you only respond to them in crisis time is reinforcing that that's the way you get help. And I don't think that is very good for families (Case planning chairperson).

One worker talked about when parents were not dependent or reliant on the workers, and were very self-reliant and focussed on their goal of reunification.

We obviously want to feel that people like us and you want that connection with people and sometimes you don't get it but sometimes they do a lot better. They're more connected to themselves in what they want to do, which is get their child back in their care (Family preservation - reunification worker).
How invested should workers be in the outcome of the children remaining with the parents, and what are the implications of too much or too little investment?

It was evident in two cases that some workers believed that the children returning and remaining with their parents was the only means of achieving a successful outcome for these children. What are the implications when workers are desperate for home return to work? One worker noted that it would have been impossible for her to decide not to give the parent another chance at reunification, no matter how many times it was tried.

I possibly became more emotionally involved or invested in this to work . . . I find it difficult sometimes to remove myself especially when you are working with this level of intensity. That is why it is crucial to have good supervision and team support (Family preservation - reunification worker).

But certainly to keep your own energy up and motivation you do have to have a certain attachment and respect and hope yourself that it can succeed, otherwise I think you're projecting your own negativity and sense of being overwhelmed on to the family. You're just creating a bit of a real mess (Family preservation - reunification worker).

In the other cases workers regarded home return as one of the major options to be explored, as thoroughly and safely as possible. The level and strength of investment from workers appeared to relate to the worker's individual style, the agency's philosophy, the assessment of the impact of separation on the children and parents and the impact of the parent's personality.

As the children reunited with their families in all of the cases, the variation in investment of workers in reunification did not appear to have a dramatic influence on the outcome, but it raised a number of issues. Some implications of workers being strongly invested in reunification included: whether or not workers would be able to effectively assess when reunification was no longer a viable or appropriate goal for the children; the impact on workers such as burnout and blurring of boundaries; and from the researcher's point of view, parents having to wear the expectations and hopes of the workers as well as their own and the children's. However it was also clear that this strong investment enabled workers to persevere through very difficult situations, and to provide encouragement to family members that positive change was possible, albeit difficult. One worker commented that without such an investment workers would not have persevered with the case plan, despite this being the best possible outcome for the child if it could be safely realised.
How large is the financial cost of the number and intensity of services involved to enable reunification to occur and does this divert resources from primary and secondary prevention services?

Workers commented on the financial cost involved, particularly in relation to three cases.

... everything was being put in place for this family that could physically be done ... if you added up the cost of all this in terms of dollars and cents, it would be quite horrendous, one thinks. However, you've achieved a family, and you can't put a value on that (Worker).

MOTIVATION AND TIMING

In all five case studies, parents' motivation for reunification was mentioned by workers and caregivers as a significant factor in both the decision and process of reunification. However in three cases, the parents had not always presented as motivated for the children to return home.

How to motivate parents to reunite with their children if they are not already motivated? Should this even be tried?

So it just seems to me that no matter what we do, they have to want their children home. We can't make them want them home. No matter how much we try and how much we help them. We'll pick them up and bring them over and take them to the school and take them here and pay for them to take the children places. If they don't want the children we can't make them (Placement social worker).

In one case the mother changed from believing her children were in placement until they were adults, to wanting them returned to her care. Whilst it was unclear exactly what led to this change in motivation some factors mentioned included: seeing her friends with their children and realising what she was missing; becoming more actively involved in the daily lives of the children; and gaining a sense of enjoyment and achievement in this role. It was difficult to ascertain whether the heightened motivation followed or precipitated these last two factors.

Another mother always spoke of the child eventually returning home, but was very nervous that to reunite precipitously would undermine all the efforts and positive changes which had already
occurred. The worker’s major role in encouraging this mother was to challenge her regarding the impact of her child remaining in care and encouraging her to voice her opinions in the discussions regarding the case plan so that adequate supports could be put into place.

Two workers spoke of their responsibility to facilitate and increase the parents’ motivation for change, whereas others perceived the parents’ motivation or lack of motivation as a given fact, which workers could not change.

*Parents may be highly motivated for the children to reunite, but is this enough to enable reunification to occur?*

Some workers believed that reunification was in response to prioritising the parents’ motivation over the children’s needs. For other workers it was more an issue of how to harness the parents’ motivation into constructive activity towards the children’s home return.

... both parents were committed to parenting this baby. It was their baby and they loved her, so if there was a possibility that they could be given a chance. The difficulty here is that very often we make these recommendations and ... it is a utopian thought, but there is no way that you can put it into practice. That is the sad bit (Worker).

*How do workers decide whether home return preparations should be brief or gradual?*

This issue of dovetailing motivation and timing of reunification is a complex one, as they can be competing forces. Although workers were in agreement that the parents’ motivation was critical, most spoke of needing to plan the reunification to occur at the best time possible for the family’s situation, of which motivation was only one factor.

I just know that with some mums, if you put too many obstacles in their way and make it too hard, they feel that they are never actually going to be able to do it, so they bomb out and I just had a feeling that in her case that could have happened. I felt that she was really motivated and that if you could actually harness that energy you could maybe get somewhere (Family support counsellor).

I find it really difficult with reunification to work out which ones, you know, you are better to go to the conventional way and have it as a slow process to make sure the protective issues are addressed before the child goes home and which ones will really
respond to the family preservation program intervention where you send the children home early, and . . . I guess there are some where it isn't that clear (Family support counsellor).

There were also examples when motivation and timing were integrally linked to each other and both needed to be considered in the planning.

. . . their commitment alone . . . is not always what is needed. But the fact that, 'Okay yes it may have taken them a long, long time to cotton on, but they did' . . . and maybe we did have to put in a lot more effort and take a little bit longer, but they actually did (Family preservation - reunification worker).

Some parents need significant time to deal with their difficulties prior to reunification, including having times of crisis and times of respite from change, but the children may need to be home as quickly as possible.

Parents may need time to deal with longstanding difficulties such as substance abuse, domestic violence and marital conflict. The process of change for these difficulties not only requires time, but may involve elements of relapse as part of the process of learning and change. Meanwhile the children are in out-of-home care and may be feeling rejected and abandoned by their parents and losing hope that they will ever return to their parents' care.

EVENTS AFTER HOME RETURN

Most of the dilemmas and challenges discussed regarding events after home return were to do with the ongoing roles of services.

Should children re-establishing family relationships have ongoing respite care following home return?

Two parents spoke of their need for respite from the constant demands of their children and of the children's need for respite or a holiday from the home situation. However in neither case was regular respite able to be organised by the time of the research. The previous caregivers were either no longer available or the parents were not willing to consider them. One child was on a lengthy waiting list for respite foster care, whereas workers in relation to the other family
were trying to elicit support from extended family members to take on this role. A broader question regarding the use of respite was whether or not the children would perceive this as further and repeated separation from their parents, thereby heightening their anxiety and sense of insecurity in the home.

*What happens after an intensive service finishes working with a family and the family has to adjust to a very different type and level of service or no service at all?*

This was an issue for the four cases where an intensive service had been involved. In one of these cases where the intensive service was part of a multi-service agency, that agency's family support service took over the support role. Whilst this reassured the family, the parent still expressed fear regarding the time when services would withdraw.

> I was scared. I told them that I knew everything was going to fall through. I said that I knew that as soon as he went back to work or I didn't have everybody coming around checking, that I was going to fall through, and I was right (Parent).

Some parents, children and other services had high expectations that an intensive service would 'fix the family'.

> How could we assist this family rather than set up something and raise false hopes? 'This is wonderful and we'll come in and the whiz bang workers and this is a terrific service and we'll help fix them.' That is not what we tried to convey and also it was not what we were going to do. 'The key is with you. You are the expert. We respect that. How can we assist you?' (Family preservation - reunification worker).

Even when parents and workers agree on the need for ongoing support, services may be unavailable.

> If they feel that they cannot survive without us . . . then obviously we will try to look at some other community agency that can give them really long-term maintenance and support. And that is one of the difficulties. So much of the services that we provide for the families are brief intervention services, and there are good reasons for that, but there are some families that really need ongoing maintenance and back-up, particularly during crisis times in the life of the family (Case planning chairperson).
When parents say they have had enough of services in their life, particularly given the number and intensity of services involved, workers have to decide whether to withdraw altogether as requested, remain involved or refer elsewhere. In one case, this meant weighing up the risk assessment, the availability of informal supports and the danger of undermining parental self-confidence.

I mean they talked about really looking forward to being on their own and, 'You social workers getting out of our lives', but they could say that in a kind of humorous way . . . Look we've had such intensive involvement from professionals, we just want to be on our own' (Protective worker).

I didn't feel that they needed to have anyone else overseeing them. I think families do need time to be left to their own devices. They, like everybody else, will make their mistakes. They had more than done their fair share here in this program. You have to be able to let people go and live their own lives (Family preservation - reunification worker).

THE LONG-TERM FUTURE FOR THE FAMILY

Regardless of whether the workers and caregivers were in agreement with the decision for the children to return to their parents' care, most had some anxiety regarding the future risk to the children and the possibility of the children being removed again.

Given the history of risk factors and perceived vulnerability of the children and parents, it was not surprising workers remained concerned despite the achievements made by the families. Two workers and one caregiver believed that given these anxieties, reunification should not have been attempted as it was only a short-term reality for the children and would be more damaging in the long-term. Other workers and caregivers believed that reunification should still have been attempted, as although there was the fear that it may not last, there was also the hope and expectation that it would, and therefore this would be the better outcome for the children.

I wasn't sure whether it was in [the child's] best interests to get back with her parents, given what we knew about the family . . . and all those ongoing sort of issues. That even if it worked for six months or a year, my feeling was that eventually it was going to break down . . . I didn't feel that in the long-term these parents had the capacity and I thought,
'Well is it fair to [the child] to be linked with them to start all that?' (Placement social worker).

Although the parents were generally hopeful regarding their family's situation, four out of the five sets of parents expressed some doubts or fears about what lay ahead in the future.

And if something went extremely haywire in six months I know there are places now when I can get help . . . I can't say how I would exactly deal with it, but I know that we would get through it . . . unless he murdered somebody If he did something like that, I don't know. I mean I'd probably say, 'You can have him and keep him', because I don't think I could deal with that . . . for me a family is about helping your kids to go out into the world and be decent adults. Not be brain surgeons or lawyers . . . it's to give them the best chance possible to be the best adult that they can possibly be (Parent).

This dilemma highlights the difficulties in achieving permanency for many children within the child welfare system and the importance of reunification as one of the main avenues, yet the lack of guarantees.

SUMMARY

Within Victoria there is a diverse range of services along the continuum of primary to tertiary prevention. These services are grappling with complex and demanding challenges and dilemmas in order to provide positive outcomes for children and their families. These practice dilemmas and challenges represent some of the inherent anxieties and lack of acceptable options experienced by many workers and caregivers in the child welfare field and in reunification in particular.

These dilemmas and challenges also provide a focus and direction for further research and discussion.
CONCLUSION

Family reunification is a powerful process involving a range of people, systems and emotions. As reunification, by definition, follows separation it may be viewed as a very positive or very dangerous experience, and has been shown on some occasions, to be both. This research has endeavoured to give voice to the ideas, feelings, impressions and beliefs of those involved in five examples of family reunification, including parents, caregivers and workers. In order to grapple with the extensive data derived from these 41 interviews, two analytic devices were used: namely a pathways analysis and grounded theory approach.

The purpose of this chapter is to draw together an analysis of the literature and the interviews and to examine critical themes and provide suggestions for further research and practice.

PATHWAYS ANALYSIS

The pathways analysis provided useful mechanisms for description and analysis, but also had some limitations. Through the use of this tool, the researcher was able to ensure she covered the range of events and processes which were integral to reunification in general and was thereby able to use it for case comparison.

Particular findings which arose from this tool included the following:

- Parents experienced a polarity of powerful emotions, both positive and negative, at the time of separation, although those who placed their children voluntarily were able to speak in more detail of some of the helpful aspects of this separation, than those whose children had been removed from their care against their wishes. Many of these emotions were similar to those reported by Jenkins et al. (1972 & 1974), although some originated before the separation.
- The court and legal system was given little mention, as parents and workers generally focused more on the internal decision making processes within the department.
- All of these case examples involved multiple placements, some of which were lengthy and the reasons for disruption were often unclear.
- The day of the children’s return home was either heralded as a major cause for celebration or the focus was to make it unremarkable and non-traumatic for the children.
A range of service models and strategies were used. Some families had as many as ten services involved, although not concurrently and not always collaboratively.

Different family preservation - reunification programs became involved at different points along the pathway, that is prior to, at the time, or following reunification.

The opinions regarding whether or not the reunifications were successful depended on the definitions of success, the criteria for making that assessment, and the original belief about whether or not reunification should have been attempted.

One of the potential problems with the pathways analysis is that it may be interpreted as a one-directional journey where there is a specific, sequential order in place for each step. This is clearly not the case, as is evidenced by the issue of the decision to reunite. In some cases this decision was made prior to the placement, whereas in another it was made one week before the children returned home. It was also shown that some families were involved in a number of attempts to reunite before they eventually did so.

It may be that the metaphor of a pathway presents an image which is too linear to accurately reflect the reunification process, and that the concept of a journey symbolises a more meandering image of backtracking, circularity, selection of routes and modes of travel. A journey appears to symbolise how the reunification process is experienced, whereas a pathway represents how the process may be planned.

THE GROUNDED THEORY ANALYSIS

There were over 40 concepts derived from the interviews which either directly or indirectly related to family reunification. Many of these formed the category described as the pathway, whereas others provided further insight into aspects of the experiences and opinions of those involved, including categories such as practice dilemmas and challenges, the different voices and beliefs, definitions and contributing factors towards successful reunification, and service system issues.

PRACTICE DILEMMAS AND CHALLENGES

The practice dilemmas and challenges raised through this research reflected the difficult decisions, limited choices and the complex nature of the phenomenon of reunification.
Some of the dilemmas and challenges mentioned within this research included:

- impact and losses involved in separation;
- conflicting expectations placed on caregivers;
- limited appropriate options available for many children and families;
- impact of changes on the children and parents while separated;
- inherent difficulties in assessment of risk;
- constraints and difficulties involved with parent-child contact;
- lack of definition of appropriate standards of care;
- clash of values and beliefs;
- the impact if reunification is unsuccessful;
- constraints in listening to children;
- dependency on workers by family members compared to engaged working relationships;
- over-investment of workers or commitment and perseverance;
- the high financial costs often involved;
- the difficulties of coordinating motivation and timing;
- determining the level and types of supports needed after reunification; and
- the inherent difficulties in planning for the long-term needs and realities of the children and their families.

An overall question is how to resolve these dilemmas and meet these challenges in order to enhance the effectiveness of reunification for children and their families. Some of those interviewed commented on their approach in dealing with these issues as they arose, whilst acknowledging that there were some over which they had little control. The processes used included supervision, team support, ongoing study, clear communication with other professionals, acknowledging the limitations of the current system and resources, and some trial and error.

In the researcher's opinion it is important to explore these dilemmas and challenges in more detail by encouraging discussion in the field and undertaking further research which provides more information regarding the consequences of various options and the outcomes of different strategies.
THE DIFFERENT VOICES AND BELIEFS

This study found that different roles within each example of reunification yielded different perspectives of the ‘same’ phenomenon. This is consistent with the earlier discussion regarding social constructions of reality, and how one event can be experienced in many ways, all of which are valid and important to understand. Compared with a similar study (Fisher et al. 1986: 102) however, there was a relatively high level of congruence between workers, caregivers and parents regarding the parents’ experience and emotional reactions.

Workers and caregivers had some disagreement about the goals and processes involved in reunification. Some found the experience to be negative and with a short-term focus, whereas the majority spoke of the process as positive and hopeful, but with no guarantees. There was no consistent opinion within the respective roles, except the family preservation - reunification workers who, regardless of whether they were optimistic or guarded about the future, were consistent in their view that the reunification should have been attempted.

The biggest contrasts of opinions and emotional responses within a specific role were the caregivers, which is perhaps not surprising given their varied perceptions of their role. The three foster parents who were interviewed saw their role as solely in relation to the children, although two of them agreed with the decision to reunite and one did not. The three family preservation - reunification caregivers considered that their role was to work with both the children and parents, with the children’s safety as the bottom-line. One child care worker perceived her role as focussed on the children, but was reluctantly, yet effectively enacting the placement agency’s expectation of working with the parents.

As the researcher did not interview children, unlike Fisher et al. (1986), she cannot directly present their views and experiences. Many workers, most caregivers and all the parents did however speak of the statements, emotional reactions and behaviours of the children and their interpretations of the ‘voice of the child’. Apart from the parents and, to a large extent, the caregivers, there were no categories of workers who consistently mentioned or omitted the children’s voice.

In addition to the children’s direct statements, parents, caregivers and workers relied on their interpretations of children’s behaviour and their development to indicate their voice. In one case the children’s behaviour was described as indicating their anger and dismay at the separation and their desperation to return home. One worker stated that the children’s constant
refusal to accept any other placement helped push the direction towards reunification. Another child's improved development in the parents' care was interpreted by some workers and the parent as an indication of successful reunification, and by others as indicating she had become resilient.

Although Fisher and colleagues (1986) were one of the few to include the direct voice of children in their research, Bullock et al. (1993) also included content from their interviews with children in their devising of checklists for reunification. Other authors commented on the need to find out more about what children and young people have to say and their emotional reactions regarding out-of-home care and reunification (Barth et al. 1987: 81; Maluccio et al. 1994: 495).

DEFINITIONS AND CONTRIBUTING FACTORS LEADING TO SUCCESSFUL REUNIFICATION

Within this research, similar to other studies, definitions of successful reunification varied considerably. According to the participants, definitions ranged from the children being home at the time of the research, to the children being home permanently and having their emotional, physical and social needs adequately met on an ongoing basis. Some definitions included evidence of positive and sustainable change from the parents and the children being demonstrably happy and settled in their parents' care. Other definitions were more qualified regarding what was the best possible outcome for these particular children given their family situation and the choices available.

This definitional issue is fundamental to many of the dilemmas underpinning practice and policy. Whether the criteria for success were worded in absolute or qualified terms reflects basic assumptions and different ideologies and impacted on what participants believed contributed to success. In the researcher's opinion, there is a need to distinguish between what tasks are planned to be undertaken, what goals are hoped to be achieved and what defines successful reunification. In other words, reunification may be successful even though not every goal was achieved, whereas another example may be unsuccessful even though the parents completed every set task. There is more research and discussion required in order to develop benchmarks, whereby factors such as level of risk and level of permanency are combined to determine whether or not a specific example of reunification is successful.
The following is a list of some of the factors respondents considered led to or contributed to successful reunification:

- parents’ strengths, including motivation and perseverance;
- parents’ willingness to work with services;
- assistance from workers including availability of after-hours support, intensity and workers’ respectful and practical approach;
- support from family members;
- it being the ‘right time’ for parents and children, that is, they were ready to prioritise the process;
- parents’ capacity to learn new skills and change inappropriate behaviour;
- significant, realistic and constructive opportunities for parent-child contact during placement; and
- workers developing a service plan around the family.

Similar to other studies which have attempted to answer the question of what leads to successful reunification, it is difficult to determine whether these factors contributed to or reflected the level of success. For example, whereas most participants agreed that parents’ motivation was a necessary precursor to successful reunification, it was not always clear if motivation led to the success, was one of the indicators that other factors were effective or a combination of both.

When comparing these case studies to the findings listed in Appendices 9.1 to 9.8, there were similarities and differences. However these lists were difficult to apply to these case studies as analytical tools as the factors listed varied from strategies, barriers, pre-conditions, descriptions of family membership and possible cause and effect relationships. Maluccio et al. (1994 : 490) also warned against aggregating these studies to derive conclusions due to the methodological constraints and significant differences.

SERVICE SYSTEMS

Within Victoria the legislation sets the parameters in terms of the criteria for the separation of children from their families, an emphasis on the children’s family, a focus on the least intrusive options and principles of participation and cultural sensitivity.
As became apparent within this research, a range of services become involved with children and their families during the separation, placement and reunification processes. Although the level of involvement from Protective Services varied between the families, the issue of state control over the daily lives of these families was apparent in every case. Where Protective Services had contracted case management to the placement agency, this agency took on most of the statutory functions including determining the level of parent-child contact and recommending reunification of the children with their parents.24

The variety of services available to assist families through this process of reunification was considered a strength in the system, although there appears to have been little discussion about the criteria for when a family uses one service compared to another. It was interesting to note that the family whose children had been separated the longest and had already experienced one unsuccessful attempt at reunification, had the least number of services, with the lowest level of intensity and the shortest length of follow-up support following reunification.

The issues of service coordination, collaboration, effective communication and clarity of roles were raised and, in the researcher’s opinion, are particularly important when considering the level of risk of some of these children and the repeated findings from child death inquiries regarding the importance of a coordinated service system to ensure children’s safety.

CRITICAL THEMES

There were a number of critical themes developed from this research and from the review of the literature. These included the different ideologies or underlying assumptions regarding parents’ and children’s rights; the theme of powerlessness and control; the issue of partnership between parents, caregivers and workers, and the need for adequate preparation and follow-up.

IDEOLOGY: UNDERLYING ASSUMPTIONS REGARDING PARENTS’ RIGHTS OR CHILDREN’S RIGHTS

Reunification is an area of heavy ideologically driven debate, in particular regarding parents’ versus children’s rights. This division of rights is indicative of the different ideologies as classified by Fox Harding (1991). In applying Fox Harding’s classification, the Department of

24 See appendix 11 for definition of contracted case management.
Human Services could appear to hold the 'birth family and parental rights' perspective whereas the Auditor-General's report appears to be written from the 'state paternalism and child protection' perspective. The researcher however, contends that this is an overly simplistic and unhelpful division.

The Auditor-General's review of the child protection and care system stated that the over-emphasis on family reunification was derived from the belief that children are owned by their parents (Auditor-General of Victoria 1996 : 240). In response, the Secretary of the Department of Human Services strongly refuted that

... policy or practice reflect a concept of parental 'ownership' of children [and took the view] that an emphasis upon the importance to children of attachment to and position within family of origin is grounded in research-based knowledge of the critical significance of these to the health and welfare of the child (Auditor-General of Victoria 1996 : 250).

Two people interviewed in this research appeared to agree with the Auditor-General's perspective, whereas the majority did not consider reunification to be over-emphasised. However, had the sample included children who did not return or remain home, or who were re-injured, this may have provided a greater cross-section of beliefs and attitudes towards reunification.

As stated in the literature review, the difficulty with Fox Harding's classification is that it fails to accurately and adequately represent the permanency planning perspective which has elements of both the 'birth family and parental rights' and the 'state paternalism and child protection' ideologies. While policy makers and practitioners continue to see these perspectives as 'either/or', the researcher believes the debate will add little to either practice or policy. If the ramifications of permanency planning principles and all they entail are comprehensively examined beyond the rhetoric of 'best interests', 'least detrimental alternative', 'parents' rights', and 'children's rights', the researcher believes the debate will more effectively grapple with some of the inherent conflicts and dilemmas in the child welfare field and in reunification in particular.

The Department of Human Services is currently adopting the principle of child-centred, family-focussed practice and is endeavouring to have this principle drive practice and other policy
initiatives. This principle is consistent with permanency planning principles and is another attempt to straddle the 'birth family' stance and 'child protection' stance. It will hopefully encourage more constructive debate and search for useful practice models and interventions (Health & Community Services 1995b: 28).

POWER AND POWERLESSNESS

Another issue throughout this research was the perception of powerlessness by workers, caregivers, parents and children. All the parents, caregivers, and most of the workers spoke about being powerless to either influence or change some aspect of their situation or the system overall. The issue of powerlessness is not just the reality of who has the power, but how it is experienced and is an example of the meaning of an issue being as important as the issue itself.

Despite this issue of powerlessness being common to most of those interviewed, it was evident that the experience of parents, compared to others interviewed was more pervasive. For example, many of the workers who spoke of aspects of powerlessness or impotence, usually spoke of other aspects of their work where they felt effective and able to influence positive change. This was in contrast to the parents who only began to speak of their ability to effect change nearing the end of the separation or after reunification. It is important to note that as the children were not interviewed their views of powerlessness or hopefulness were difficult to assess, except that many of those interviewed spoke of the children’s sense of severe loss, confusion and hopelessness whilst they were separated from their parents.

It was too small a sample to examine such issues as whether gender, age or other factors led to an increased sense of powerlessness, but some gender issues did become apparent. Examples included whether the role of men involved direct care of the children or whether this was solely perceived as the women’s function regardless of their difficulties, and the presence of domestic violence heightening women’s belief in their lack of control and feeling of victimisation.

State intervention appeared to exacerbate an already existing self-doubt or conviction of a lack of power on the part of the parent. An important question is how to work with parents and children who believe they have minimal or no power to influence or control their life situation,

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25 Examples of practice and policy initiatives include: Looking After Children pilot, Enhanced Client Outcomes pilot, research into multiple placements, and family group conferencing.
and yet the intervention goal is to ‘empower’ and mobilise the family members to make major changes in their lives.

This perspective of powerlessness is also reflected in the literature regarding filial deprivation. Findings from this research regarding filial deprivation included:

- that similar emotional responses were mentioned by some parents prior to separation;
- that these feelings can occur whether the placement is voluntary or involuntary;
- that these feelings can be ameliorated or exacerbated through the parent-child contact;
- that these feelings can have a dampening or igniting effect of parental motivation; and
- that these feelings can form actual or perceived barriers to reunification, especially if misunderstood by others.

One implication from these findings would be that simply returning the children home would not ameliorate these feelings, unless such reunification was accompanied with the family members gaining a sense of control over their lives.

Fisher et al. also found that although the parents viewed workers as powerful, the workers saw themselves as powerless.

At the point of entry to care families had seen their social workers as powerful controllers of agency resources. The experience of practitioners was quite different as they saw themselves as relatively powerless, even though individually responsible, within their agency . . . When care was under way this powerless but responsible feeling was felt even more acutely by residential staff. The practitioners therefore saw themselves as subject to the systems around them rather than as part of a team serving clients. By the time care ended, the sense of individual isolation of most practitioners had continued to develop (Fisher et al. 1986 : 104).

The issue of worker isolation was not reflected in this research, but the sense of responsibility yet passivity in relation to the broader system was a common theme. Workers and caregivers expressed this sense of powerlessness in relation to some of the dilemmas and challenges mentioned and also in relation to issues such as: not being able to avoid a placement breakdown; not being able to find the most appropriate placement; not being able to ensure the safety of a woman from domestic violence; not being able to ensure a mother stopped her drug usage; not being able to reassure a child that her future was now secure; not knowing why a parent did
not grasp some of the fundamental tasks of parenting; and having to implement decisions made by others with which they did not agree.

Two important questions are: firstly, what leads to this prevalent experience of powerlessness amongst workers and caregivers; and secondly, what are the implications when those surrounding a highly vulnerable family believe they are powerless. In order to answer these questions it is important to distinguish which issues are particularly predominant in the workers' and caregivers' perception of their lack of control. For example, a belief of powerlessness regarding the decision making process is significantly different to a belief of ineffectiveness in assisting family members to make the necessary changes in order to successfully reunite. These beliefs will also be affected by how consistent the workers' and caregivers' general assumptions and beliefs are with the dominant philosophy of the current legal and welfare system. For example if they do not agree with the approach of family preservation and permanency planning, then it is likely that they will perceive themselves as having little control over the decision making processes.

In the researcher's opinion, it is potentially undermining and sabotaging of the work with families if workers and caregivers believe they have no or limited control or influence and nor will it be empowering of children or parents. Given the high demands of the reunification process it is important for workers and caregivers to have sufficient energy, creativity and perseverance to be effective in their respective roles. This issue highlights the importance of team support, supervision, training and separating what is controllable from what is not.

PARTNERSHIP BETWEEN PARENTS, CAREGIVERS AND WORKERS

Fisher et al. (1986 : 139) and many others spoke of the value of defining the worker-client relationship as one of partnership to facilitate the process of reunification and reconnection of parent-child relationships (Krona 1980 : 91; Maluccio & Whittaker 1987 : 16; Martone et al. 1989 : 12; Blumenthal & Weinberg 1984 : 4). There was also comment on partnership as a fundamental principle underlying effective reunification (Maluccio et al. 1993 : 7).

Partnership is more akin to a philosophy of practice which could inform all the actions undertaken by social workers, so that clients could reasonably ask for an account to be given, and expect their views to carry weight in connection with the child care processes they are experiencing (Fisher et al. 1986 : 139-140).
Although partnership was not overtly mentioned during the interviews its presence and absence were described on a number of occasions. When parents were not informed of major events in their children’s lives during placement and their knowledge of the children was not sought to inform decision making, these were patent indications of a lack of partnership. Examples of partnership in action included a caregiver asking parents for assistance with transportation, parent and worker discussing how best to respond to a particular incident of misbehaviour, and parents participating in most aspects of the children’s routine while in placement.

Partnership with parents was generally supported in principle but varied in practice. These barriers included: caregivers’ reluctance to have direct contact with parents; workers’ acceptance of the caregivers’ reluctance; workers waiting for parents to initiate contact; assumptions that parents have little to offer their children; parents’ beliefs that they are failures and so have nothing to offer; and the children becoming settled in placement with minimal parental contact or involvement.

When examining this issue of partnership and the following issue of preparation for reunification from an eco-systems perspective, it became apparent that one of the differences between these cases was whether or not the children’s most critical micro-systems, that is their family and their placement, ever interacted, and if so, what was the nature of that interaction. Whether or not these micro-systems formed a meso-system through actively connecting and communicating with each other, appeared to be one of the major issues reported by the parents. As one parent stated, she just wanted to be able to meet the people and see for herself where her children lived.

There were several strategies employed to increase parental involvement and partnership in the children’s lives. Caregivers initiated contact and made suggestions for involvement. Caregivers became models for parents in how to effectively respond and care for their children. Workers examined possible barriers to such involvement and informed the parents of the value of their participation where possible. Workers and caregivers negotiated with, rather than directed parents. Workers started activities where the parents had some competence and enjoyment, and wrote reports which aimed at reminding the parents of what they have achieved as well as for use by workers.
PREPARATION BEFORE AND FOLLOW-UP AFTER REUNIFICATION

Preparing children, parents and other important members of their social networks for the children’s return home was an underlying theme throughout some case studies, and noticeable by its absence in others. It also appeared that preparing the caregivers for the children’s departure from their care was another important task. This issue of preparation for reunification, whether or not evidenced in practice, was rarely spoken of directly. In drawing out some of the practice implications from this research, the researcher has attempted to develop a planning format to assist practitioners to ensure that adequate preparation and effective decision making has occurred prior to reunification.\textsuperscript{26}

Most of the case studies also reflected the importance yet difficulties in providing adequate support and assistance following reunification.

\textit{Parent - Child Contact}

A key aspect of preparation for reunification was the use made of parent-child contact while in placement, yet such access is less a task of reunification practice than a long and complex process serving many purposes, of which reunification is just one. Access cannot simply be arranged as it has many determinants.

In this research there was enhanced parent-child contact as preparation for reunification in three cases. In particular this contact was used to work on issues of risk and other barriers to home return; enabling children and parents to become re-acquainted to each other; and enabling children to become more acquainted with changes in the family structure and lifestyle. Other components of the preparation included talking to the parents and children about their wishes and fears, and assisting them to develop realistic expectations of each other and of reunification.

The importance of frequent and high quality parent-child contact in the reunification process has been repeatedly demonstrated in the literature and was reinforced through this research. Hess (1987) found that case workers have a direct and indirect influence on access visits, such as planning the visiting schedule, and providing support and advice for the visits. Within the present study, the level and style of access arrangements were primarily organised by case workers, although in one case the caregiver took the lead role. The case workers stated that

\textsuperscript{26} See appendix 19 for an example of a planning format for reunification.
access visits were dependent on the parents’ behaviour, whereas the parents stated they were dependent on the workers’ decisions.

Within this research, the parent-child contact varied considerably, both between and within each case. Some of the stated reasons for infrequent contact were similar to those discussed by White (1981) and Whittaker (1981). In particular there were issues to do with the parents’ overwhelming life situation, competing demands and sense of failure and inadequacy. Parents usually had to apply for permission to have more contact with their children, and had to prove themselves before such contact could be unsupervised. The caregivers’ role in assisting this preparation for parents and children was evident in every example. At a minimum, the caregiver spoke to the children about home return, and were sometimes the first to do so. At the maximum, the caregivers were the prime motivators and facilitators for preparing both parents and children.

In some cases there appeared to be an ‘either/or’ attitude to supervision of access, where parents were either closely scrutinised or left to their own devices. Some workers appeared to view unsupervised access as a reward rather than as a tool. This meant that in at least two cases, workers were not involved during the parent-child contact leading up to the children’s return home.

In the researcher’s experience, while there is a need to establish the parents’ and children’s confidence in being together without the presence of workers or caregivers, there remains the need to use some of these contacts to actively prepare all family members for the reality of living together. Whilst practitioners continue to view their role solely as supervision or monitoring instead of incorporating the roles of facilitator, teacher, role model, and support, the value of access visits in preparing for reunification is under-utilised and undermined. It is useful to analyse the barriers for access occurring or for being a positive experience for the children and parents, whenever difficulties arise.

In two cases there appeared to be little preparation for reunification until just prior to the children’s home return. From the researcher’s point of view this represented, at best, a wasted opportunity and, at worst, heightened risk to the children and to the process of reunification itself, particularly given the length of separation.
TIMING

The timing of reunification was raised repeatedly throughout this research as a major dilemma. Do workers aim to reunite children with the parents when it is the right time for the parents or the children? It was evident that these did not always coincide. Those cases where there was active work undertaken in preparation for reunification appeared more likely to work on bringing the parents’ needs alongside the children’s needs in terms of the best time possible for the children to leave placement and return home. For example in one situation the timing for home return was brought forward as the workers assessed that both the parents and children were ready for the next step. In contrast, in another situation where there was minimal preparation before the decision was made to reunite, workers found they were struggling with a myriad of issues with the parents and children following reunification, which all required speedy resolution.

Timing is an elusive concept, as it appears to be beyond any individual’s complete control and to have elements of chance and waiting attached to it. It is also integrally related to parental motivation for change although the nature of this relationship is not always clear. Given the importance placed by much of the literature on reducing the length of time children are in placement, yet the reality that many of the changes required of parents before reunification can occur may take considerable time, timing is an inherently complex aspect of the phenomenon of reunification and would benefit from further discussion and research.

CAREGIVER PREPARATION

In the cases involving foster parents, the placement social workers prepared the foster parents at the very beginning of the placement for the likelihood of home return, whether or not they agreed with it. This appeared to assist the foster parents to work towards the decision, but also appeared to reinforce their view of a lack of influence over the process. One of the child care workers had begun the placement on the assumption it would be a permanent placement, but as it was she who took the initiative to push towards reunification, she considered this a positive process.

FOLLOW-UP AFTER REUNIFICATION

The literature regarding child death inquiries is consistent in emphasising the potential for harm following reunification, yet these dangers may be hidden by the euphoria which can occur with reunification. Although none of the cases in this research involved serious physical abuse, there were ongoing risk factors for at least three families, of which only one had access to workers on
a long-term basis. However in two cases where all the services had withdrawn, there appeared to be increased support from extended family members.

Although there was discussion regarding the extended family and friendship networks in all of the cases to varying degrees, there was only one situation where the workers were proactive in their attempts to engage those networks in the long-term support of the family. This appears to be an area of practice which requires further focus, training and policy development.

DIRECTIONS FOR RESEARCH

As already stated there is a dearth of research in Australia regarding the phenomenon of reunification, and very little regarding out-of home care. Although there is a growing body of research on these topics in the United States and United Kingdom, these are still predominantly large quantitative studies and program evaluations. Heightened by the recent debate between the Auditor-General and the Department of Human Services regarding whether or not there is an overemphasis on reunification within Victoria, there is a need for both quantitative and qualitative research to further examine this issue.

Calls for further research regarding reunification have also come from other authors engaged in the research process overseas. Some of their recommendations for further research include:

- controlled, random studies of reunification programs’ effectiveness (Gillespie et al. 1995 : 226);
- child, family and program information to determine causes of placement drift (Goerge 1990 : 449; Rzepnicki 1987 : 65);
- develop and incorporate measures regarding child well-being and quality of family functioning to determine the impact of placements, abuse and neglect and domestic violence on children (Goerge 1990 : 449; Maluccio et al. 1994 : 496);
- what happens to children and their families after reunification (Turner 1984 : 505; Barth et al. 1987 : 86);
- what constitutes successful reunification (Fein et al. 1991 : 342);
- more outcome studies which include measures such as re-abuse, measurable developmental outcomes and children’s and parents’ satisfaction (Maluccio et al. 1994 : 495, 497; Fein et al. 1991 : 342);
• family development, including which elements of family relationships are essential for the healthy functioning of children (Maluccio et al. 1994 : 496);
• whether children and their families involved with placement prevention services differ from those who are involved with reunification services (Maluccio et al. 1994 : 497);
• whether different types of services lead to different outcomes (Maluccio et al. 1994 : 497);
and
• evaluations of reunification services which include: which children and families participate in these programs; what services are provided; what outcomes ensue; and what changes take place in children and families (Maluccio et al. 1994 : 498; Turner 1994 : 186-187; Fein et al. 1994 : 202).

In addition to this extensive list, research questions and tasks which have arisen through this research include:
• how to apply the eco-systems framework, which is described as the basis for many family preservation and reunification programs, as part of the process of analysis. For example, what is the impact of minimal meso-systems or the impact of competing issues regarding the individual development of family members;
• ways to operationalise permanency planning principles in conjunction with effective risk assessments;
• further developing the pathway or journey analytical tool or design another that can be incorporated into evaluation of programs and other forms of research;
• how do practitioners make decisions when confronted with practice dilemmas or major challenges;
• extending the understanding of the concepts of filial and maternal deprivation and how these impact on reunification;
• evaluation of the range of service models within Australia, regarding both reunification and placement prevention;
• examining related literature to this phenomenon of family reunification as to what can be learnt and applied in this field, such as literature regarding grief and loss, child development, child abuse and neglect, substance abuse, domestic violence, children with behavioural problems and their parents who can no longer cope, and parent education;
• gender related issues, such as domestic violence, the role of men and women in the home, and the role of work outside the home;
• the Department of Human Services to be able to quantify and describe the numbers of children and families who are reuniting every year;
• further examination of the impacts of social networks on the experiences and outcomes of reunification; and
• enabling the children’s perspective to be explored more vigorously and comprehensively.

These two lists of research questions combined form a formidable task for researchers, and in this researcher’s opinion need to be tackled by researchers, policy makers and practitioners. From a practitioner-researcher’s perspective, the priorities are those research questions which can inform practice with specific families and enable effective service models to be developed and implemented. For example, by expanding practitioners’ understanding of filial and maternal deprivation, further clarity could be attained regarding what leads some parents to relinquish their children into out-of-home care and how to enable parents and children to develop a sense of control and hope during placement, which could subsequently facilitate reunification occurring more swiftly and effectively. It would appear that social work as a field is still grappling with how to develop outcome studies which answer the questions that practitioners are asking, such as what interventions and service models lead to which outcomes, and which outcomes are in the children’s best long-term interests. These are questions which require further debate and analysis.

CONCLUSION

The phenomenon of family reunification is variously called restoration, rehabilitation, reconnection, home return, home release, trial home return, re-aggregation, re-entry and going home. Each of these terms or phrases denotes a different emphasis on what reunification is about and how it is experienced.

This study has attempted to capture the experiences of those integrally involved in the process of reunification, whether they be parents, children, caregivers or workers. Although the children were not interviewed directly, those who know them best attempted to communicate their voice as well as their own. Perhaps this is the essence of effective reunification practice. That is, that parents, caregivers and workers endeavour to consider what the children need and how they may perceive their embattled world, as well as being able to distinguish that from their own voice. As reunification is a process or a journey, it is hoped that this study will inform and challenge the debate which is already occurring, about the directions, cross roads, signposts, hurdles and how children know when they have reached home.
APPENDICES

APPENDICES 1-5

Appendices 1 - 5 are the 41 interview transcripts relating to the five case studies.

Due to the need to ensure confidentiality, these transcripts were made available only for the purposes of examination and are therefore not included in this final version of the thesis.
APPENDIX 6

PORTRAYAL OF THE LITERATURE AVAILABLE REGARDING FAMILY REUNIFICATION

**General Theories & Frameworks**
- Eco-systems perspective
- Child development
- Crisis theories
- Parent-child relationships including attachment and separation
- Family functioning and parenting
- Family theories
- Loss & grief
- Role transition theory

**State Intervention**
- Social control
- Decision making
- Role of the state, e.g.
  - Laissez faire,
  - Child protection
  - Birth family
  - Children's rights

**Child Abuse & Neglect**
- Types & description
- Causation
- Prevention
- Interventions
- Risk assessment
- Impact of abuse & neglect
- Child death inquiries
- Individual, family & social context

**Children in Care**
- Types of care & caregivers
- Description of children & parents
- Permanency planning
- Drift
- Careers through care
- Parent-child contact
- Parental involvement
- Discharge from care

**Systems & Context**
- Legislation
- History of child welfare
- Aboriginals in care
- Service delivery system including Protective Services, Court, placement agencies, family preservation, family support services and universal services
- Socio-economic factors
- Role of women, men and children in society

**Reunification**
- Variables impacting on reunification
- Principles underlying reunification
- Models of service for reunification
- Specific strategies
- Evaluation of programs
- Other types of reunification, e.g. post war reunification, refugees, couple reunification, etc.
APPENDIX 7
ADAPTATION FROM BELSKY (1980) BY RESEARCHER

Macro-system
- Attitudes regarding violence, women, power, childhood, corporal punishment.
- Recession
- Crime
- Education system
- Welfare system
- Child protection system
- Cultural beliefs
- Religious beliefs
- Social Security
- Media

Exo-system
- Unemployment
- Low level of job satisfaction
- Stress
- Neighbourhood
- Isolation
- Lack of support
- Lack of advice
- Extended family
- School
- Agencies involved
- Types of placement

Micro-system
- Domestic violence
- Marital conflict
- Stress
- Using children in adult roles & other roles
- Type of family structure and system
- Dis-equilibrium (changes)
- Household disorganisation
- Family development

Ontogenic Development

Parents
- Childhood history of abuse, violence or rejection
- Drug or alcohol abuse
- Lack of positive modelling
- Lack of rehearsing
- Intellectual disability or mental illness
- Ignorance of developmental norms
- Lack of empathy
- Learned ways of coping with stress
- Personality

Children
- Developmental history
- Illnesses or disabilities
- Temperament and placement history
- Behaviour, defiance
- Gender
- Prematurity
- Feeding/sleeping difficulties
APPENDIX 8
KEY PRINCIPLES UNDERLYING FAMILY REUNIFICATION
(Maluccio et al. 1993 : 6-8)

1. Family reunification is an integral part of the philosophy of preserving families and of permanency planning, with their emphasis on ensuring continuity of care for children. Family reunification should be systematically considered and planned for as early as possible in a child’s out-of-home placement.

2. Family reunification is a dynamic process based on the child's and family's changing qualities, needs, and potential. It should be viewed as a continuum, with levels or outcomes ranging from full reentry into the family system, to partial reentry, to less extensive contact, such as visiting, phoning, writing, and other affirmations of the child's membership in the family . . .

3. As a form of preserving families, reunification encompasses (a) a conviction that the biological family is the preferred child-rearing unit whenever possible; (b) a belief that most families can care for their children, if properly assisted; and (c) an attitude that welcomes the involvement, as appropriate, of any and all members of the child's family, including extended family members or others who, while not legally related, are considered by the child and themselves to be 'family.'

4. Family reunification practice is guided by an ecologically oriented, competence-centered perspective that emphasizes such aspects as improving the interaction between people and their environments, promoting family empowerment, engaging in advocacy and social action so as to achieve societal conditions and structures that enhance family functioning, reaching for - and building on - the strengths and potential of parents and other family members, involving parents as partners in the helping process, and providing needed services and supports.

5. Children in care, their biological families, foster families, other caregivers, social workers, and other service providers should establish an ongoing partnership, promoted by effective teamwork, in which the different roles of all parties are clearly spelled out and understood.

6. Human diversity - cultural, racial, ethnic, and other forms - should be respected. Lifestyles and child-rearing methods that might be considered different or unusual should be accepted so long as they promote a child’s health and safety . . .

7. A commitment to early and consistent contact between child and family is an essential ingredient in preparing for and maintaining reunification of children with their families. Child-family contact can serve as a laboratory in which both work on the problems that may have contributed to the need for placement, and learn new, constructive ways to be together.

8. Family reunification services should be offered for as long as they are needed to maintain the reconnection of children with their families. For many families, intensive family reunification services may need to be followed by less intensive services. For a few families, some level of service may be necessary until the children are ready for independent living.
APPENDIX 9.1
CHILD-RELATED ISSUES IMPACTING ON THE TIMING OF REUNIFICATION
AND WHETHER IT HAPPENED AT ALL

<table>
<thead>
<tr>
<th>Variables</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>The older the child, the longer it took to plan reunification.</td>
<td>Farmer 1992; BUT Gillespie et al. 1995; Fernandez 1996 differed.</td>
</tr>
<tr>
<td>Children with behavioural difficulties were less likely to return home.</td>
<td>Lawder et al. 1986; and Fernandez 1996; BUT George 1990; Benedict et al. 1991 differed.</td>
</tr>
<tr>
<td>When children perceived initial problems as resolved or assisted by their admission into care reunification occurred more quickly.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>Children with realistic expectations of reunification were more quickly reunited.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>Children who enjoyed regular contact with parents during placement were more quickly reunited.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>Children who experienced continuities during care, e.g. relationships, education, cultural identity and social networks were more quickly reunited.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>Children who retained a role within the family at each stage of reunification process were more quickly reunited.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>Children who retained territory in the return home were more quickly reunited.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>A child who has no siblings, or when the siblings are in different placements were more likely to be reunified, but not necessarily quickly.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>After being in care for more than 2 years, boys were more likely to be returned home than girls.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>Boys returned home more quickly than girls.</td>
<td>Fernandez 1996.</td>
</tr>
<tr>
<td>Children’s determination to live with their family helped lead to the decision for reunification.</td>
<td>Thoburn 1979.</td>
</tr>
<tr>
<td>Variables</td>
<td>Studies</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Children with behavioural problems were less likely to remain home.</td>
<td>Jenkins et al. 1972; Fein et al. 1983; Rzepnicki 1987.</td>
</tr>
<tr>
<td>The older the children the less likely they were to remain home.</td>
<td>Lahti et al. 1981; Fein et al. 1983; Rzepnicki 1987.</td>
</tr>
<tr>
<td>Children continuing to have a role within the family were more likely to remain home.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>Children who had continuities in their life, e.g., family relationships, education, cultural identity and social networks were more likely to remain home.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>Children who retained territory in the return home were more likely to remain home.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>Children who were not criminal offenders were more likely to remain home.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>Once home, children who established a role outside of the family, which didn't undermine their role within it, were more likely to remain home.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>When home return occurred due to pressure by child, then it was less likely to be successful.</td>
<td>Farmer 1992.</td>
</tr>
<tr>
<td>Variables</td>
<td>Studies</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>The less frequent parent contact during care, the less likely the children were to return home and those who did return home took longer to do.</td>
<td>Fanshel et al. 1978; Maas et al. 1959; Fein et al. 1983; Lawder et al. 1986; Millham et al. 1986; Benedict et al. 1991; Milner 1987; Fernandez 1996; Gillespie et al. 1995.</td>
</tr>
<tr>
<td>The greater the quality of parent-child contact during placement the more likely the child was to return home.</td>
<td>Kufeldt et al. 1989; Milner 1987.</td>
</tr>
<tr>
<td>Where there were concerns of neglect it took longer to home return, compared to concerns of physical abuse.</td>
<td>Framer 1992; Lawder et al. 1986; Gillespie et al. 1995; Benedict et al. 1991; BUT Goerge 1990 differed.</td>
</tr>
<tr>
<td>Where there was no history of abuse or serious neglect it was more likely children went home, but not necessarily quickly.</td>
<td>Bullock et al. 1993; Lawder et al. 1986.</td>
</tr>
<tr>
<td>The more problems the less likely reunification would occur.</td>
<td>Gillespie et al. 1995.</td>
</tr>
<tr>
<td>It took longer to reunite if children were removed due to sexual abuse.</td>
<td>Benedict et al. 1991.</td>
</tr>
<tr>
<td>When children were placed due to overwhelming family problems such as marital conflict, or parents’ substance abuse then they were likely to remain in care longer.</td>
<td>Jenkins 1967; Fein et al. 1991; Benedict et al. 1991.</td>
</tr>
<tr>
<td>When parents had serious mental health problems or intellectual disability then they were unlikely candidates for reunification.</td>
<td>Lawder et al. 1986; BUT Jenkins 1967; Benedict et al. 1991 differed.</td>
</tr>
<tr>
<td>When parents were teenagers when they first gave birth, reunification was less likely to occur.</td>
<td>Lawder et al. 1986; Gillespie et al. 1995.</td>
</tr>
<tr>
<td>Parents who experienced out-of-home care as a child were less likely to reunite with their children.</td>
<td>Gillespie et al. 1995.</td>
</tr>
<tr>
<td>When parents perceived initial problems as resolved or assisted by child being in care, reunification occurred more quickly.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>When parents had initially placed the children voluntarily then reunification occurred more quickly.</td>
<td>Bullock et al. 1993; Fernandez 1996; BUT Gillespie et al. 1995 differed.</td>
</tr>
<tr>
<td>When critical family problems were resolved then reunification was more likely to occur.</td>
<td>Gillespie et al. 1995.</td>
</tr>
<tr>
<td>Family relationships assessed as relatively high were more quickly reunited.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>When family members perceived themselves as a family they were likely to reunite more quickly.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>Where there were no unforeseen changes in parents’ health, family relationships or household membership during placement, then home return was more likely, but not necessarily quickly.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>When looking at home return after 2 years of separation it was more likely to occur when the mother was the main provider of the children’s emotional support.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>If placement occurred due to physical illness of parent, or other family crisis then reunification was likely to occur quickly.</td>
<td>Jenkins 1967; Lawder et al. 1986.</td>
</tr>
<tr>
<td>Children of parents who live in state housing rather than private housing were more likely to remain in care longer.</td>
<td>Fernandez 1996.</td>
</tr>
<tr>
<td>Parents’ determination regarding reunification meant decision to reunite was more likely.</td>
<td>Thoburn 1979; Gillespie et al. 1995.</td>
</tr>
</tbody>
</table>
APPENDIX 9.4
PARENT/FAMILY RELATED ISSUES IMPACTING ON WHETHER CHILDREN REMAINED HOME AFTER REUNIFICATION

<table>
<thead>
<tr>
<th>Variables</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>The more problems there were the less likely children would remain home.</td>
<td>Turner 1984; Hess, Folaron &amp; Jefferson 1992</td>
</tr>
<tr>
<td>When parents lacked family and other social supports, the less likely children would remain home.</td>
<td>Maluccio et al. 1986; Simms &amp; Bolden 1991; Milner 1987.</td>
</tr>
<tr>
<td>The lower the family income the less likely children would remain home.</td>
<td>Fein et al. 1983; Rzepnicki 1987.</td>
</tr>
<tr>
<td>When initial placement was at parent’s request, children were less likely to remain home.</td>
<td>Turner 1984.</td>
</tr>
<tr>
<td>When changes occurred to family structure whilst children were in care, the less likely children were to remain home.</td>
<td>Farmer 1992; Turner 1984; Fisher et al. 1986.</td>
</tr>
<tr>
<td>When parents’ behaviours or problems before the placement were not resolved then children were less likely to remain home.</td>
<td>Hess, Folaron &amp; Jefferson 1992.</td>
</tr>
<tr>
<td>When parents placed children at risk to meet their own needs then children were less likely to remain home.</td>
<td>Hess, Folaron &amp; Jefferson 1992.</td>
</tr>
<tr>
<td>When parents had a negative attitude towards home return then children were less likely to remain home.</td>
<td>Hess, Folaron &amp; Jefferson 1992; Bullock et al. 1993.</td>
</tr>
<tr>
<td>When the family was unable to adapt to the children’s return then children were less likely to remain home.</td>
<td>Hess, Folaron &amp; Jefferson 1992; Bullock et al. 1993.</td>
</tr>
<tr>
<td>When home return occurred due to pressure from parents then it was less likely to be successful.</td>
<td>Farmer 1992.</td>
</tr>
<tr>
<td>When parents attended review meetings during care, children were more likely to remain home.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>When parents were willing to talk about problems regarding what happens after home return and could see value in the tensions associated with home return, then children were more likely to remain home.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>When no serious new problems emerged during placement then children were more likely to remain home.</td>
<td>Thoburn 1994.</td>
</tr>
<tr>
<td>When family relationships were assessed as being relatively of high quality then the children were more likely to remain home.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>When parents enabled a social worker to continue to have contact with child and family after home return, then children were more likely to remain home.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>After home return, when family perceived social worker as willing to help, then children were more likely to remain home.</td>
<td>Bullock et al. 1993.</td>
</tr>
</tbody>
</table>
### APPENDIX 9.5

**PLACEMENT ISSUES IMPACTING ON THE TIMING OF REUNIFICATION AND WHETHER IT HAPPENED AT ALL**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>The more inexperienced the worker in placement agency the less likely reunification would occur.</td>
<td>Shapiro 1976.</td>
</tr>
<tr>
<td>The more placements children experienced the less likely reunification would occur.</td>
<td>Fein et al. 1983; Goerge 1990; Lahti et al. 1981; Rzepnicki 1987; Fernandez 1996.</td>
</tr>
<tr>
<td>The longer the children were placed away from home, the less likely reunification would occur.</td>
<td>Maas et al., 1959; Fanshel et al. 1978; Levitt 1981; Fein et al. 1983; Lawder et al. 1986; Millham et al. 1986; Rzepnicki 1987; Goerge 1990; Benedict et al. 1991; Farmer 1992.</td>
</tr>
<tr>
<td>Children in foster care were returned home more quickly than those in residential care.</td>
<td>Fernandez 1996.</td>
</tr>
<tr>
<td>When placement was far from children's home then reunification took longer to occur.</td>
<td>Petr et al. 1995.</td>
</tr>
<tr>
<td>The &quot;right&quot; placement in care was an important factor in whether reunification occurred.</td>
<td>Thoburn 1979.</td>
</tr>
<tr>
<td>Where the social worker and foster parents communicated at least fortnightly, then reunification was more likely.</td>
<td>Gillespie et al. 1995.</td>
</tr>
</tbody>
</table>
### APPENDIX 9.6

**PLACEMENT ISSUES IMPACTING ON WHETHER CHILDREN REMAINED HOME AFTER REUNIFICATION**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shorter stays in placement were associated with children not remaining home after home return.</td>
<td>Fein et al. 1994; BUT Farmer 1992 differed.</td>
</tr>
<tr>
<td>When the placement workers and caregivers, prior to reunification, made special efforts to ease the transition home this assisted children to remain home.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>The more placements children experienced the less likely reunification would be successful.</td>
<td>Farmer 1992.</td>
</tr>
<tr>
<td>When home return occurred due to difficulties in placement then it was less likely to be successful.</td>
<td>Farmer 1992.</td>
</tr>
</tbody>
</table>
APPENDIX 9.7
OTHER SERVICE ISSUES IMPACTING ON TIMING OF REUNIFICATION AND WHETHER IT HAPPENED AT ALL

<table>
<thead>
<tr>
<th>Variables</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>When there was a change of protective workers there was a delay in reunification.</td>
<td>Shapiro 1976.</td>
</tr>
<tr>
<td>When less frequent worker contact with children and family then reunification was delayed.</td>
<td>Shapiro 1976; Fanshel et al. 1978.</td>
</tr>
<tr>
<td>Worker’s negative, stereotyped views of parents and not involving parents during placement led to delays in reunification.</td>
<td>Petr et al. 1995; Bullock et al. 1993.</td>
</tr>
<tr>
<td>When reunification plans were affected by new information regarding emerging risks then this could lead to delays.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>Workers with high or low (not average) caseloads were less likely to reunite children with families.</td>
<td>Shapiro 1976.</td>
</tr>
<tr>
<td>Not the type of service delivery, but the amount and frequency of information collected in planning reunification impacted on whether reunification occurred.</td>
<td>Sosin 1987.</td>
</tr>
<tr>
<td>When a reunification program (planned for 4 months or less) went over that time with families, then reunification was less likely to occur.</td>
<td>Gillespie et al. 1995.</td>
</tr>
<tr>
<td>Provision of a specific reunification service, as compared to a general IFBS service assisted reunification to occur more successfully.</td>
<td>Walton, Fraser, Lewis, Pecora &amp; Walton 1993; Petr et al. 1995; Lewis 1994; BUT Sosin 1987 differed.</td>
</tr>
<tr>
<td>Workers with a clear sense of purpose and readiness to use their authority assisted the process of reunification to occur.</td>
<td>Farmer et al. 1991.</td>
</tr>
<tr>
<td>When social workers found little difficulty in regularly visiting the family or gaining accurate information then reunification was more likely to occur, though not necessarily quickly.</td>
<td>Bullock et al. 1993; Benedict et al. 1991.</td>
</tr>
<tr>
<td>Skills of social workers in mobilising resources and relating to parents facilitated home return.</td>
<td>Thoburn 1979.</td>
</tr>
</tbody>
</table>
### APPENDIX 9.8

**OTHER SERVICE ISSUES IMPACTING ON WHETHER CHILDREN REMAINED HOME AFTER REUNIFICATION**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children who returned home contrary to workers’ recommendations were less likely to remain home.</td>
<td>Rzepnicki 1987; Millham et al. 1986.</td>
</tr>
<tr>
<td>The availability of adequate services after home return assisted children remain home, both universal and specialist.</td>
<td>Rzepnicki 1987; Simms et al. 1991; Turner 1984.</td>
</tr>
<tr>
<td>When the family was inadequately prepared for home return then children were less likely to remain home.</td>
<td>Hess, Folaron &amp; Jefferson 1992.</td>
</tr>
<tr>
<td>When case management services were inappropriate or inadequate then children were less likely to remain home.</td>
<td>Hess, Folaron &amp; Jefferson 1992.</td>
</tr>
<tr>
<td>When agency guidelines were insufficient or a direct barrier to working with families then children were less likely to remain home.</td>
<td>Hess, Folaron &amp; Jefferson 1992.</td>
</tr>
<tr>
<td>When workers had large caseloads or there was frequent worker turnover then children were less likely to remain home.</td>
<td>Hess, Folaron &amp; Jefferson 1992.</td>
</tr>
<tr>
<td>When there was an inadequate visiting plan before home return then children were less likely to remain home.</td>
<td>Hess, Folaron &amp; Jefferson 1992.</td>
</tr>
<tr>
<td>When case plans were unclear, insufficient or had inappropriate expectations then children were less likely to remain home.</td>
<td>Hess, Folaron &amp; Jefferson 1992.</td>
</tr>
<tr>
<td>When there were gaps in service provision then children were less likely to remain home.</td>
<td>Hess, Folaron &amp; Jefferson 1992.</td>
</tr>
<tr>
<td>When there were inadequate referrals made to other services then children were less likely to remain home.</td>
<td>Hess, Folaron &amp; Jefferson 1992.</td>
</tr>
<tr>
<td>When services were not coordinated sufficiently then children were less likely to remain home.</td>
<td>Hess, Folaron &amp; Jefferson 1992.</td>
</tr>
<tr>
<td>When there was insufficient information for adequate decision making then children were less likely to remain home.</td>
<td>Hess, Folaron &amp; Jefferson 1992.</td>
</tr>
<tr>
<td>When there was insufficient case worker training or experience then children were less likely to remain home.</td>
<td>Hess, Folaron &amp; Jefferson 1992.</td>
</tr>
<tr>
<td>When evidence of highly competent social work (e.g. options considered, plan created, social workers highly committed to implementing plan) then children were more likely to remain home.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>When social worker was confident enough of situation to consider discharging order or was satisfied with voluntary arrangements, then children were more likely to remain home.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>When social work plans were tailored to meet the time-scales of family members then children were more likely to remain home.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>When social worker didn’t experience difficulty gaining access to child or family then children were more likely to remain home.</td>
<td>Bullock et al. 1993.</td>
</tr>
<tr>
<td>Children who had never previously been returned home were more likely to remain home.</td>
<td>Bullock et al. 1993; BUT Fein et al. 1993 differed.</td>
</tr>
<tr>
<td>Intensity of services was not enough, it was the nature of the service which assisted children to remain home.</td>
<td>Rzepnicki 1987.</td>
</tr>
<tr>
<td>NAME AND LOCATION</td>
<td>DESCRIPTION OF MODEL</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>FAMILIES FIRST</td>
<td>Based on USA Homebuilders model, one worker; placement prevention and reunification; 6-8 weeks in-home support crisis intervention model; 24 hour access to support.</td>
</tr>
<tr>
<td>FAMILY ADMISSION PROGRAM</td>
<td>2 workers; family lives in residence for 3 months, then workers do in-home support for 3 months; placement prevention and reunification; 24 hour access to support.</td>
</tr>
<tr>
<td>RECONNECTIONS</td>
<td>2 workers; 3 months preparation before home return through access visits and counselling; then 3 months in-home support. Only reunification; 24 hour supervision and access to support.</td>
</tr>
<tr>
<td>PLACEMENT SUPPORT WORKER PROGRAM</td>
<td>1 worker; length of involvement negotiated; placement prevention and reunification. Average of 3 months.</td>
</tr>
<tr>
<td>CHOICES</td>
<td>Focus on mothers under 25; 2 workers; placement prevention and reunification; use housing, group work, in-home support and counselling. 24 hour access to support; up to 6 months involvement.</td>
</tr>
<tr>
<td>TOGETHER AGAIN PROGRAM</td>
<td>New pilot program. 2 workers; attached to foster care program. Only reunification for first separation.</td>
</tr>
<tr>
<td>PARTNERS IN PARENTING</td>
<td>Based on Reconnections model. Only reunification. 2 workers; 3 months preparation before house return through access visits and counselling; then 3 months in-home support, 24 hour supervision and access to support.</td>
</tr>
<tr>
<td>THE FAMILY CONNEXIONS PROGRAM</td>
<td>2 worker model; placement prevention or reunification. Preparation before home return and then in-home support.</td>
</tr>
</tbody>
</table>
# APPENDIX 10.2

## SERVICE MODELS FOR FAMILY REUNIFICATION

(Examples of models but not a complete list)

<table>
<thead>
<tr>
<th>NAME AND LOCATION</th>
<th>DESCRIPTION OF MODEL</th>
<th>REFERENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seattle, USA &amp; adapted in other states</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CASEY FAMILY SERVICES</strong></td>
<td>Intensive, 2 worker model, 6 months preparation whilst child in care &amp; then up to 18 months following reunification. Placement must be less than 18 months.</td>
<td>Fein &amp; Staff 1991, Fein &amp; Staff 1993; Staff &amp; Fein 1994.</td>
</tr>
<tr>
<td>New England, USA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>California, USA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FAMILY STRENGTH</strong></td>
<td>Intensive, in-home support, placement prevention &amp; reunification, 3 to 6 months.</td>
<td>Zamosky, Sparks, Hatt &amp; Sharman, 1993.</td>
</tr>
<tr>
<td>New Hampshire, USA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ALAMEDA PROJECT</strong></td>
<td>Intensive, behavioural model focussed on developing permanent plan, including reunification. 3 months preparation and at least 3 months follow-up.</td>
<td>Gambrill &amp; Stein 1981; Stein, Gambrill &amp; Wiltze 1978.</td>
</tr>
<tr>
<td>California, USA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OREGON PROJECT</strong></td>
<td>Project developed permanent plans including reunification, casework process involving problem identification, strategies to ameliorate problems &amp; support following home return.</td>
<td>Lahti 1982; Razepnicki 1987; Lahti &amp; Dvorak 1981.</td>
</tr>
<tr>
<td>Oregon, USA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHILDREN'S AID AND ADOPTION SOCIETY</strong></td>
<td>Modified version of the Alameda Project. Short-term intervention, one worker, emphasises plans and timely goals, Provides a decision making model re permanency planning including reunification.</td>
<td>Sisto 1980.</td>
</tr>
<tr>
<td>New Jersey, USA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BRITISH COLUMBIA DEMONSTRATION PROJECT</strong></td>
<td>Based on Oregon project.</td>
<td>Levitt 1981; Robinson 1985.</td>
</tr>
<tr>
<td>Canada</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TASK CENTERED REUNIFICATION MODEL</strong></td>
<td>Time limited counselling for parents, whilst children in care. Use of access visits over 4 months, separation must be less than 2 years.</td>
<td>Rooney 1981.</td>
</tr>
<tr>
<td>USA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UTAH FAMILY REUNIFICATION PROJECT</strong></td>
<td>Intensive, in-home support. Reunification after 2 weeks then 2 1/2 months follow-up. One worker model adapted from Homebuilders especially for reunification. Less intensive than placement prevention and includes foster care support role.</td>
<td>Walton, Fraser, Lewis, Pecora &amp; Walton 1993; Lewis 1994.</td>
</tr>
<tr>
<td>Utah, USA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX 10.2 (Continued)

### SERVICE MODELS FOR FAMILY REUNIFICATION

(Examples of models but not a complete list)

<table>
<thead>
<tr>
<th>NAME AND LOCATION</th>
<th>DESCRIPTION OF MODEL</th>
<th>REFERENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVANSTON CHILDREN'S CENTER Chicago USA</td>
<td>Focused on preparing parents and children during placement through engagement, participation, empowerment and discharge.</td>
<td>Martone, Kemp &amp; Pearson 1989.</td>
</tr>
<tr>
<td>REUNIFICATION PROJECT Nth Virginia, USA</td>
<td>Enhanced IFPS model, 2 worker model, medium intensity, 12 to 16 weeks, foster parent training, parent-foster parent linkage, focus on preparation through access visits, specific reunification program.</td>
<td>Gillespie, Byrne &amp; Workman 1995.</td>
</tr>
<tr>
<td>Kansas, USA</td>
<td>Case management program with clear goals and contracts, strength and family focussed.</td>
<td>Petr &amp; Entrikin 1995.</td>
</tr>
<tr>
<td>PARK HOSPITAL FOR CHILDREN Oxford, UK</td>
<td>Hospital based family units where there has been serious abuse or neglect, working towards reunification, 3 to 6 weeks, includes psychiatric assessment, marital therapy, group work and play therapy.</td>
<td>Lynch &amp; Roberts 1982.</td>
</tr>
<tr>
<td>FAMILY DAY UNIT, MARLBOROUGH FAMILY SERVICE London, UK</td>
<td>A day program where parents and children attend 4 days a week or 3 months. Systemic approach.</td>
<td>Asen, George, Piper &amp; Stevens 1989.</td>
</tr>
<tr>
<td>JUNIOR HELPING HAND HOME FOR CHILDREN Austin, Texas, USA</td>
<td>Residential treatment centre for children, aged 6 to 12 and includes a reunification focus. Use of child care.</td>
<td>Noble &amp; Gibson 1994.</td>
</tr>
<tr>
<td>FAMILY FIRST Illinios, USA (Not same as Australian program)</td>
<td>Adapted from Maryland model, 3 months, 2 worker model, multi-systems approach, placement prevention and reunification.</td>
<td>Schuerman, Rzepnicki &amp; Littell 1994.</td>
</tr>
<tr>
<td>CHILD PROTECTION TEAM OF THE NSPCC Rochdale, UK</td>
<td>Small therapeutic teams, model of child abusing families, family therapy structured sessions, assessment and preparation for reunification or other permanent plans.</td>
<td>Dale, Davies, Morrison &amp; Waters 1986.</td>
</tr>
</tbody>
</table>
## APPENDIX 11
### GLOSSARY OF TERMS AND ACRONYMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSV, H&amp;CS, Community Services, Department of Human Services</td>
<td>The various names and acronyms used over the years, which refer to the state government department responsible for the Victorian child protection system.</td>
</tr>
<tr>
<td>PA</td>
<td>Protection Application - legal form used by protective workers to take the matter before the Children’s Court.</td>
</tr>
<tr>
<td>Notification</td>
<td>Referral regarding protective issues to Protective Services.</td>
</tr>
<tr>
<td>Case Planning Meetings</td>
<td>Meetings specified in the Children and Young Persons Act 1989, where plans are made regarding children on statutory orders.</td>
</tr>
<tr>
<td>Case Planning Chairperson</td>
<td>A senior manager within Protective Services who chairs Case Planning Meetings and makes the final decisions.</td>
</tr>
<tr>
<td>Case management</td>
<td>Includes a range of functions in managing a case, such as coordination between services, key worker with family, and referrals to other services.</td>
</tr>
<tr>
<td>Case contracting</td>
<td>Protective Services contracts case management regarding some cases to non-government agencies, particularly where the agencies already have extensive involvement. Protective Services maintains the Case Planning function in these contracted cases.</td>
</tr>
<tr>
<td>Types of court orders under the Children and Young Persons Act 1989 as mentioned during this research</td>
<td>Permanent Care order; Guardianship to Secretary order; Custody to Secretary order; Supervision order; Interim Protection order; Interim Accommodation order</td>
</tr>
<tr>
<td>CPS, Community Policing Squad</td>
<td>Section of the Victorian police department, that previously was mandated in conjunction with Protective Services to receive notifications regarding protective issues, but no longer has this role. Current role includes working with Protective Services when there are possible criminal charges or concerns regarding worker safety.</td>
</tr>
<tr>
<td>NA and AA</td>
<td>Narcotics Anonymous and Alcoholics Anonymous.</td>
</tr>
<tr>
<td>Out-of-home care</td>
<td>Victoria has a range of out-of-home care options including foster care, residential care and kinship care.</td>
</tr>
</tbody>
</table>
Health and Community Services

Dear

Thank you for your willingness to discuss the research I am conducting regarding family reunification. As we discussed, I am writing in order to clarify what this piece of research is actually about and which examples of reunification I am hoping to include in the sample.

I have enclosed the brief description which I give to families who are willing to participate in the research, which explains some aspects of the research. In addition to this I am looking for examples of reunification where the following applies:

(i) the child is younger than 12 years.

(ii) the child was in placement for at least 6 months (It doesn’t matter what type of placement, eg. Foster care, relatives, residential care, etc).

(iii) the reunification occurred approximately 6 months ago.

(iv) the protective worker is willing to be involved in the research and assesses that this is an appropriate time for the family to be asked to be involved.

It does not matter what led to the reunification or whether or not H&CS are still involved.

I hope this information is helpful in your consideration of this research.

Sincerely,

Annette Jackson
APPENDIX 12.2

LETTER TO PARENTS

Dear Parent,

My name is Annette Jackson and I am writing to ask if you would be willing to help in a research study about what it is like for families and others involved, when children return home after being in care away from home.

If you are able to help, your experience and ideas would be used to help other families and the social workers who work with them, to do a better job of settling children back into their families.

I have attached some information about my study, and would like to discuss it with you further. Just tell the worker who has given you this note if you are interested, and I will contact you to make a time to meet or you can ring me.

Yours sincerely

Annette Jackson
APPENDIX 12.3

INFORMATION SHEET REGARDING THE STUDY

THE STUDY


RESEARCHER

Annette Jackson, a social worker who is currently studying a Masters Degree in Social Work at Melbourne University.

WHY?

To help us understand what happens when children return home to their families so that we can improve our services for these families.

WHO?

Hopefully five parents who will share their experiences and ideas and who will give their permission for others who were involved, to be interviewed including the protective workers and the people who used to care for their children.

HOW?

One interview to ask about your experiences and ideas (1-2 hours) and an interview a month later to make sure my notes are correct (1 hour).

SAFEGUARDS?

No names or other identifying information will be used in the final report.

Each interview is kept confidential, unless it is agreed otherwise. (No-one will know which words were yours).

You can withdraw from the study at any time

You can check my notes at any time and you will be given a copy of your own interview.
APPENDIX 12.4

CONSENT FORM

THE UNIVERSITY OF MELBOURNE
SCHOOL OF SOCIAL WORK
CONSENT FORM

Person's Name

Name of Research: Family Reunification: The Victorian Child and Family Welfare Context

Name of Researcher: Annette Jackson

1. I agree to participate in this research, as outlined in the form attached.

2. I understand and agree that:
   (a) the possible effects of this research have been explained to me;
   (b) I have been informed that I am free to withdraw from the research at any time and to withdraw any information which I have just supplied;
   (c) these interviews are for the purpose of research and/or teaching and are not for treatment;
   (d) I have been informed that the information I provide is confidential.

Signed __________________________  Date __________________________
APPENDIX 13

LIST OF KEY CONCEPTS
DERIVED FROM THE INTERVIEWS

Events prior to separation;
Separation;
Placement;
Access visits;
Parental involvement;
Risk factors;
Strengths, resources;
Decision to reunite;
Home return process;
Barriers to home return;
Strategies for home return;
Events after home return;
Future;
Life events;
Court, legal system;
Protective Services;
Helpful social networks;
Unhelpful social networks;
School, preschool;
System issues;
Gaps in service systems;
Perceptions about parents;
Perceptions about children;
Voices of the parents;
Voices of the children;
Family dynamics;
Sibling relationships;
Extended family;

Family History;
Emotional responses;
Tiger or lamb;
Beliefs, values and principles;
Motivation;
Timing;
Changes;
Metaphors;
Level of success;
Reunification in general;
Practice dilemmas and challenges
APPENDIX 14.1

GENOGRAM AND SOCIAL NETWORK DIAGRAM OF THE BROWN FAMILY
APPENDIX 14.2

THE BROWN FAMILY - CASE STUDY

Sally and John Brown were a married couple with two children, Peter, aged three years and Jamie, aged nine months, when Protective Services became involved regarding serious physical neglect of both children and violence by John towards Sally. Both Peter and Jamie presented with behavioural and emotional problems and developmental delays, which were considered to be due to lack of stimulation and inappropriate discipline. A H&CS support worker became involved to assist the family, but after three months Protective Services continued to be concerned and so took the matter to the Children's Court.

The children were placed in a residential unit for three weeks on an Interim Accommodation order and then returned home on a three month Interim Protection order, with a family support service becoming involved at this time. Near the end of this order, Sally requested the children be placed again as she was not coping. John agreed as he worked full-time, did not consider it his responsibility, and was concerned that Sally was not caring appropriately for the children. Sally and John soon acknowledged they could not resume the care of the children and agreed to participate in a child residential - reunification program where the children were in a residential unit and the parents visited frequently in order to learn parenting skills.

Soon after beginning this program, John said he was leaving Sally and wanted to be assessed separately as a possible caregiver. They remained in the same house and Sally continued to express her desire to resume their relationship, but also continued to speak of John's ongoing violence towards her. She was pregnant with their third child, after having had three miscarriages, and she was frequently ill. John was working long hours during this time. Sally and John each visited the children three times a week. Two months into the child residential - reunification program, Sally and John stated they were unable to resume the care of the boys. The boys were subsequently placed on Guardianship orders and placed in foster care.

Over the next year, Peter and Jamie had six further placement changes including foster care and family group homes. The reasons for these changes were primarily due to the caregivers' stated inability to cope with the boys' behaviour, including two placements where they were separated from each other. Peter was sexually abused by an older child within the last placement.

Sally and John decided not to separate, and after the birth of their daughter Susan, sought support from an early parenting centre and a parenting support service. They continued contact with the boys and began to request they be returned to their care. The decision was made at a Protective Services Case Planning Meeting for the boys to be returned home. This decision was based on Sally and John's demonstrated capacity to care appropriately for their daughter, their relationship becoming more stable and less violent, John's agreement not to go to work so that
he could provide Sally with more support in the home, their willingness to cooperate with other services and the availability of an intensive family residential service, managed by the same multi-service agency which managed the child residential - reunification program, to assist them through the reunification process. It was also partially based on Protective Services assessment that the boys desperately wanted to return to their parents' care.

Sally and John were having frequent contact with the boys at this stage and this was increased in the month prior to home return. Peter and Jamie returned to Sally and John's care through living together in the family residential program for three months. During this program the family received intensive support including daily parenting education and regular counselling for the parents and play therapy for the boys. The family residential team then visited the family for another month in the family's own home.

The family support service which had previously worked with the family, became reinvolved for the next 12 months. Soon after the family returned to their home in the community John was described as lethargic and unmotivated and he asked to return to work. The protective worker eventually agreed to this, although Sally was worried she would not cope without his support.

During this time three relatives from different sides of the family died, and Sally and John were dealing with these grief issues. They appeared to have few friends or other relationships except for Sally attending a social group and intermittent contact with John's family who showed disapproval of Sally for numerous reasons, including her lack of church attendance.

Nine months after the boys returned to Sally and John's care the Guardianship orders were reduced to Supervision orders which then expired six months later. Protective Services ceased their involvement soon after the family support service withdrew. The protective worker and family support worker remained concerned regarding Sally and John's dependent yet conflictual relationship and poor supervision of the children, but these were not considered sufficiently serious by Protective Services to warrant their ongoing involvement. The children continued to be in Sally and John's care and there was no further Protective Services involvement.
<table>
<thead>
<tr>
<th>ONTOGENIC ISSUES</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• behavioural difficulties;</td>
<td>• mother's learning difficulties;</td>
</tr>
<tr>
<td>• developmental delays;</td>
<td>• parents' grief re miscarriages, separation from each other &amp; children and death of relatives;</td>
</tr>
<tr>
<td>• grief &amp; anger responses;</td>
<td>• mother's illness during pregnancy;</td>
</tr>
<tr>
<td>• physical signs of distress</td>
<td>• mother's motivation to reunite;</td>
</tr>
<tr>
<td></td>
<td>• father lethargic, wanting to work;</td>
</tr>
<tr>
<td></td>
<td>• father's violent behaviour &amp; attitudes;</td>
</tr>
<tr>
<td></td>
<td>• mother being assaulted</td>
</tr>
<tr>
<td></td>
<td>• mother's dependence on others</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MICRO-SYSTEMS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• environmental neglect;</td>
<td>• domestic violence;</td>
</tr>
<tr>
<td>• children witnessing conflict &amp; violence between parents;</td>
<td>• environmental neglect;</td>
</tr>
<tr>
<td>• separation from parents, &amp; each other;</td>
<td>• parents' separation, but co-habiting, then resuming relationship;</td>
</tr>
<tr>
<td>• many placements &amp; carers;</td>
<td>• father's work;</td>
</tr>
<tr>
<td>• family residential program;</td>
<td>• family residential program;</td>
</tr>
<tr>
<td>• new home with parents;</td>
<td>• new home with children;</td>
</tr>
<tr>
<td>• day care, preschool &amp; school;</td>
<td>• birth of daughter;</td>
</tr>
<tr>
<td>• birth of sibling whilst in care;</td>
<td>• John's family;</td>
</tr>
<tr>
<td>• extended family members (minimal);</td>
<td>• mother's social group;</td>
</tr>
<tr>
<td>• workers actively involved</td>
<td>• death of relatives &amp; intermittent contact with extended family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MESO-SYSTEMS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• limited contact between parents &amp; most carers;</td>
<td>• Case Planning Meetings;</td>
</tr>
<tr>
<td>• limited contact between parents &amp; preschool during placement;</td>
<td>• when workers &amp; relatives met;</td>
</tr>
<tr>
<td>• increased involvement between mother and school after return;</td>
<td></td>
</tr>
<tr>
<td>• minimal involvement by father with other micro-systems;</td>
<td></td>
</tr>
<tr>
<td>• positive relationships between parents and workers</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>EXO-SYSTEMS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• father's work;</td>
<td>• Husband's workplace;</td>
</tr>
<tr>
<td>• mother's social group;</td>
<td>• Protective Services management decisions;</td>
</tr>
<tr>
<td>• extended family during most of placement;</td>
<td>• Children's Court (especially for father who did not attend);</td>
</tr>
<tr>
<td>• Children's Court;</td>
<td>• policy re time-limited services;</td>
</tr>
<tr>
<td>• Protective Services;</td>
<td>• services disjointed &amp; disagreeing;</td>
</tr>
<tr>
<td>• policy re time-limited services;</td>
<td>• access to services within multi-service agency</td>
</tr>
<tr>
<td>• services disjointed &amp; disagreeing;</td>
<td></td>
</tr>
<tr>
<td>• access to services within multi-service agency</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MACRO-SYSTEMS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• beliefs regarding children &amp; violence;</td>
<td>• role of men &amp; women in the home &amp; society;</td>
</tr>
<tr>
<td>• beliefs regarding the voice and rights of children</td>
<td>• violence;</td>
</tr>
<tr>
<td></td>
<td>• role &amp; value of paid employment;</td>
</tr>
<tr>
<td></td>
<td>• emphasis on 'own your own home';</td>
</tr>
<tr>
<td></td>
<td>• beliefs re people with learning difficulties;</td>
</tr>
<tr>
<td></td>
<td>• role of religion and church;</td>
</tr>
<tr>
<td></td>
<td>• costs of multiple placements and many services</td>
</tr>
</tbody>
</table>
APPENDIX 15.2

THE CORVIC FAMILY - CASE STUDY

Protective Services became involved with the Corvic family when Ingrid left her three children, Bill (aged 14), Christine (aged five) and Mike (aged three) on their own for four days with inadequate food and medication whilst she was working as a prostitute. She had a longstanding history of intravenous drug abuse and Mike presented as having significant disabilities leading to developmental delays. As Protective Services could not locate Ingrid and the children did not know when she would return, Bill was placed in an adolescent community placement and Christine and Mike went into foster care. The protective worker and police interviewed Ingrid in gaol two days later, where she was being held for charges regarding prostitution. She was subsequently charged with criminal neglect of her children and released on bail.

After a three week Interim Accommodation order the children were placed on a three month Interim Protection order and then a 12 month Custody to Secretary order, which Ingrid did not contest. A H&CS support worker worked with the family during access visits and Ingrid had to demonstrate she was drug free and could plan appropriate baby-sitting arrangements. After four months Bill returned home, followed a month later by Christine and Mike. The H&CS support worker continued working with the family for three more months.

Eight months after Bill returned home he went to live with paternal relatives at his request and with Ingrid’s agreement. One month later Protective Services were informed that Ingrid was using drugs again and had left Christine and Mike with a couple who had not been police checked and who did not know when she would return. Protective Services placed Christine and Mike with another foster family, as the previous foster parents were not available.

After the first few months, when Ingrid had infrequent and irregular contact with the children, the case management was transferred to the foster care agency. Ingrid attempted suicide by a drug overdose and while she was in hospital her mother died from a lingering illness. Ingrid was not informed of her mother’s death until after the funeral. She came to a point of desperation and prayed to God for help, soon after which she admitted herself into a drug detoxification program. The children were in placement for over 12 months during this second separation.

Ingrid began to request more contact with Christine and Mike and visited more consistently. She asked a protective worker what she could do to have the children returned and was informed that the case had been transferred to foster care, so she would need to speak to the foster care worker. The foster care social worker stated that there were no immediate plans for home return, although it was a possibility for the future.

Ingrid visited a worker at a multi-service agency for assistance who agreed to provide
counselling for a few weeks and advocated on her behalf to get a clearer case plan regarding home return. After discussions with Protective Services and foster care a Case Planning Meeting was convened where it was decided to reunite Christine and Mike with Ingrid with intensive and long-term support. The case plan did not specify that Ingrid had to cease working as a prostitute, but did state that she change her work location to a safer area and cease all drug usage. It was already arranged that Bill was returning home the week after the Case Planning Meetings and so it was decided that Christine and Mike would return home a week after Bill. Case management was transferred back to Protective Services at this time, although their role was not active due to the involvement of other services.

At the time of home return a family preservation program was involved for six weeks, followed by the agency's longer term family support service. These services overlapped for three weeks to ensure continuity and to assist in managing the children's difficult behaviour. During the family preservation service's involvement, the previous counselling role was suspended and resumed when the family preservation service ceased. The workers worked on issues such as Ingrid's lack of self-confidence, her guilt and feelings of failure and recognising her strengths.

Ingrid found the children's behaviour extremely challenging at times as did the workers, and Bill was supportive in assisting her, whilst at other times also proving to be difficult to manage. Ingrid ceased working as a prostitute when she no longer had access to a car. Her drug usage was episodic. Bill eventually moved in with a maternal relative who lived closer to his workplace, but generally continued positive contact with his mother and siblings. He was also very active in local sporting clubs.

Seven months after the children returned to Ingrid's care the court orders expired and there was no further Protective Services involvement. The multi-service agency continued to work with Ingrid and her family, providing counselling and practical support. An early intervention program was involved regarding Mike's developmental delays. They also referred Ingrid to a general practitioner to monitor her depression and provide appropriate medication.
## APPENDIX 15.3
ECO-SYSTEMS ANALYSIS REGARDING THE CORVIC FAMILY

<table>
<thead>
<tr>
<th>ONTOGENIC ISSUES</th>
<th>CHILDREN</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mike’s disability;</td>
<td>• mother’s history of abuse as child;</td>
<td></td>
</tr>
<tr>
<td>• Children’s behaviour;</td>
<td>• mother’s history of being assaulted by partners;</td>
<td></td>
</tr>
<tr>
<td>• Children’s anger, distrust, grief regarding separation;</td>
<td>• mother’s history of drug abuse;</td>
<td></td>
</tr>
<tr>
<td>• Bill’s adolescence</td>
<td>• mother’s health; eg. Hep. C;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• mother’s mental health;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• mother’s guilt re Mike’s disability &amp; leaving the children unattended;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• mother’s belief &amp; call to God.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MICRO-SYSTEMS</th>
<th>CHILDREN</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Impact of mother’s substance abuse;</td>
<td>• working as a prostitute on the street; where there were a number of murders;</td>
<td></td>
</tr>
<tr>
<td>• strong sense of family;</td>
<td>• drug networks;</td>
<td></td>
</tr>
<tr>
<td>• mother leaving children unattended or with inappropriate carers;</td>
<td>• mother’s dependence on workers</td>
<td></td>
</tr>
<tr>
<td>• different placements and carers</td>
<td>• no current partner</td>
<td></td>
</tr>
<tr>
<td>• new home with parent;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• no father figure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• changes in preschool &amp; school;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• extended family members;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• workers actively involved</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MESO-SYSTEMS</th>
<th>CHILDREN</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• limited contact between parent &amp; carers;</td>
<td>• Case Planning Meetings;</td>
<td></td>
</tr>
<tr>
<td>• hand-over venue for access was in foster care car park;</td>
<td>• when workers &amp; relatives met;</td>
<td></td>
</tr>
<tr>
<td>• growing contact between parent &amp; preschool &amp; school during placement;</td>
<td>• overlapping roles between workers;</td>
<td></td>
</tr>
<tr>
<td>• positive relationships between parents and workers</td>
<td>• no communication between family preservation and foster care;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• mother’s work and impact on her child care arrangements</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXO-SYSTEMS</th>
<th>CHILDREN</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Children’s Court;</td>
<td>• Children’s Court;</td>
<td></td>
</tr>
<tr>
<td>• Protective Services;</td>
<td>• Protective Services, especially when case contracted to foster care;</td>
<td></td>
</tr>
<tr>
<td>• Mother’s work as prostitute;</td>
<td>• director’s permission for multi-service agency to expand role to enable overlapping;</td>
<td></td>
</tr>
<tr>
<td>• access to services within multi-service agency;</td>
<td>• counsellor advocating with foster care re case plan for home return;</td>
<td></td>
</tr>
<tr>
<td>• Protective Services, especially when case contracted to foster care;</td>
<td>• access to services within multi-service agency</td>
<td></td>
</tr>
<tr>
<td>• policy re case contracting.</td>
<td></td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>MACRO-SYSTEMS</th>
<th>CHILDREN</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• role of oldest male child in single female head family;</td>
<td>• views re prostitution &amp; sexuality;</td>
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<tr>
<td>• beliefs regarding the voice and rights of children</td>
<td>• views re substance abuse &amp; parenting;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• what is good parenting?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• views on crime &amp; punishment;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• short-term intensive or long-term less intensive services or both;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• costs of many services</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 16.1

GENOGRAM AND SOCIAL NETWORK DIAGRAM OF THE DRAKE FAMILY

H & CS support worker

Protective Services

Respite foster care

Family group home

Residential units

Neighbours

Darts and bikes network

Family preservation program

Alanon

Child psychiatry service

Jake

Malcolm

Alex 11 yrs

Eric 9 yrs

Greg

Walter

Donna 32 yrs

Gary

Leslie 4 yrs

Kerry 8 mths

Scott 7 yrs

Janet 6 yrs

? Adam 5 yrs

Rosie 3 yrs

Police

Schools

Preschools

Children's Court

Family Court

Computer course

Hospital

Friends of Donna's

Donna's relatives
Donna Drake had six children from five different relationships. Two of these children were in the custody of their father's family. Donna requested that her oldest son, Alex, be placed in out-of-home care when he was eight years old as she could no longer cope with his extremely difficult behaviour. This behaviour included violence towards others, fire lighting, theft, running away, open defiance, destruction of property and climbing on roofs.

There has been no clear assessment as to what led Alex to demonstrate such difficult behaviours. As he grew up he witnessed his mother being hurt by a number of men who were violent, some of whom had alcohol problems. His mother used to hit him severely at times and there is some evidence that she had a substance abuse problem at one stage. She had no consistent routine with her children and felt overwhelmed with her life situation. She had attempted to seek assistance from services, but found them either disrespectful and unhelpful or unwilling to assist her. On three occasions Alex went to live with one of his mother's ex-partners and his new wife, but on each occasion was brought back after a few months with the couple stating they could not manage his behaviour. Donna said that her friends were supportive, but this was not enough for her to manage his behaviour and her own feelings of being totally overwhelmed.

At the time of her request to place Alex, she was in a violent relationship with a man who had an alcohol problem and her youngest daughter was in hospital due to ongoing medical problems. She was no longer responding to the children and was frightened she might hurt Alex. She had spoken to Alex's school principal about her idea of placing Alex in care, and was told that this would be the worst possible thing to do.

Donna contacted Protective Services and the protective worker agreed to place Alex after Donna mentioned she was frightened of hurting him. Alex was placed on a Guardianship order and spent eight months in a residential unit, before moving to a family group home where he remained for a further 16 months. His difficult behaviour continued in care, although it gradually reduced in frequency and severity, especially in the family group home. He had regular access with his mother and maternal grandmother, which increased when the workers considered his behaviour to be more manageable.

Donna separated from her partner and after a few months formed a relationship with Gary. Her daughter was discharged from hospital and Donna became pregnant with her sixth child. Donna attended Alanon to gain support regarding her experiences with men who had alcohol problems. She and Alex attended separate counselling through a child psychiatry service, which she found useful, but stopped attending after her counsellor informed her he was no longer allowed to discuss her personal issues and had to focus on her relationship with Alex.
In a Case Planning Meeting, the decision was made for Alex to return home contrary to the recommendation by the protective worker, caregiver and maternal grandparents, but in agreement with Donna and the social worker supervising the family group home. Alex was not present, but had told workers he wanted to return to his mother's care. It was agreed and at Donna's request that an intensive home-based family preservation service would be involved to support the home return process. Donna requested that a vacancy be maintained in the family group home for a few weeks, unbeknown to Alex, in case reunification was not successful.

On the day Alex returned home, Donna picked him up from the placement, where he had a teary farewell from the caregivers. They agreed to maintain telephone contact with him. Donna then drove him to a welcome home surprise party with his siblings, Gary, his maternal grandmother, and friends of the family.

The family preservation worker was involved for six weeks and provided assistance with communication, stress management, crisis intervention and discipline. According to Donna, this worker's assistance was extremely beneficial in her reunification with Alex. Another significant change was the introduction of a routine for the children. She learnt this from the caregiver at the family group home and from the family preservation worker.

After the family preservation worker ceased his involvement, Protective Services referred the family to a H&CS support worker to provide Alex and the next eldest brother with after school activities. According to Donna this was ineffective due to the worker's abrasive personality and unreliability so this contact ceased. There has subsequently been no other family support service involved, but two of the younger children received regular respite foster care, and the mother has stated that the boys' current school is a very positive support. The family has moved to a four bedroom public rental house and Donna has been in a stable and supportive relationship with her partner, Gary, for over two years.
## APPENDIX 16.3
### ECO-SYSTEMS ANALYSIS REGARDING THE DRAKE FAMILY

<table>
<thead>
<tr>
<th>ONTOGENIC ISSUES</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• behavioural difficulties, which improved after a lengthy time;</td>
<td>• mother's experience of past domestic violence &amp; substance abuse;</td>
</tr>
<tr>
<td>• speech difficulties, improved over time;</td>
<td>• strong beliefs &amp; opinions</td>
</tr>
<tr>
<td>• grief &amp; anger responses;</td>
<td>• articulate;</td>
</tr>
<tr>
<td>• he became more emotional.</td>
<td>• willing to change;</td>
</tr>
<tr>
<td></td>
<td>• accepted responsibility for some of the difficulties.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MICRO-SYSTEMS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• child witnessing conflict &amp; violence between parents;</td>
<td>• past domestic violence;</td>
</tr>
<tr>
<td>• separation from parents, &amp; siblings;</td>
<td>• has 6 children &amp; 2 step-children</td>
</tr>
<tr>
<td>• one of 6 children from 5 fathers</td>
<td>• new home with children;</td>
</tr>
<tr>
<td>• two placements &amp; carers;</td>
<td>• hospital when two children were ill;</td>
</tr>
<tr>
<td>• new home with parent;</td>
<td>• current relationship</td>
</tr>
<tr>
<td>• preschool &amp; school;</td>
<td></td>
</tr>
<tr>
<td>• birth of siblings whilst in care;</td>
<td></td>
</tr>
<tr>
<td>• extended family members;</td>
<td></td>
</tr>
<tr>
<td>• workers actively involved;</td>
<td></td>
</tr>
<tr>
<td>• role of oldest son in family;</td>
<td></td>
</tr>
<tr>
<td>• unclear who his father is;</td>
<td></td>
</tr>
<tr>
<td>• many other father figures;</td>
<td></td>
</tr>
<tr>
<td>• current father figure</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MESO-SYSTEMS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• contact between parents &amp; carers, but mother still missing information;</td>
<td>• Case Planning Meetings;</td>
</tr>
<tr>
<td>• contact between mother &amp; school;</td>
<td>• involved maternal grandfather in advocacy with school</td>
</tr>
<tr>
<td>• positive relationships between mother and some workers and she was critical of other workers.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXO-SYSTEMS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Case Planning Meetings;</td>
<td>• Children's Court;</td>
</tr>
<tr>
<td>• Children's Court;</td>
<td>• legislation;</td>
</tr>
<tr>
<td>• Protective Services;</td>
<td>• Protective Services;</td>
</tr>
<tr>
<td>• policies of Protective Services as last resort.</td>
<td>• bike culture and darts culture;</td>
</tr>
<tr>
<td></td>
<td>• policy of child psychiatry service</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MACRO-SYSTEMS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• beliefs regarding children &amp; violence;</td>
<td>• masculinity;</td>
</tr>
<tr>
<td>• beliefs regarding the voice and rights of children;</td>
<td>• violence;</td>
</tr>
<tr>
<td>• masculinity</td>
<td>• view of motherhood and fatherhood</td>
</tr>
</tbody>
</table>
APPENDIX 17.1

GENOGRAM AND SOCIAL NETWORK DIAGRAM OF THE FRANCIS FAMILY
THE FRANCIS FAMILY - CASE STUDY

When Mindy was aged five and Carol was aged three, their mother Gabrielle requested that the girls be placed in a long-term placement as she did not feel able to care for them. She described them as extremely difficult children who required special care, especially Mindy whom she stated was hyperactive and intellectually disabled. Gabrielle had longstanding medical problems and had previously placed the girls in numerous emergency foster placements. Her partner Patrick, had a serious alcohol problem and she was receiving minimal support from her ex-partner, the girls' father, Ron.

The girls were placed in foster care for a couple of weeks, but when the foster parents stated they were unable to manage the girls' behaviour they were moved to a residential unit. They remained there for six months until a family group home became available closer to home. They had been placed on Guardianship orders but the placement agency had case management contracted to them, so there was no active Protective Services involvement. Gabrielle and Patrick had contact with the children every second weekend, alternating with Ron.

After the children had been in placement for twelve months, the placement agency recommended they return home, with which Gabrielle agreed. However Patrick was still drinking heavily and Gabrielle had ongoing medical problems. Their relationship was conflictual and they separated for three months soon after the girls returned home. Even with the assistance of a family support worker Gabrielle stated she was unable to manage the girls' behaviour. The girls were often found by neighbours wandering the streets early in the morning and according to Gabrielle they were demanding, aggressive and unresponsive.

After twelve months of being at home, when Mindy was seven and Carol five, the girls were placed in another family group home at Gabrielle's request. This was initially only for six weeks and the girls went home again. Two weeks later the girls returned to the family group home with the understanding of all concerned that it would be on a permanent basis.

Mindy and Carol remained in this placement for four and a half years. Their behaviour continued to be very difficult but improved with strict limits and routines. Contact between Gabrielle, Patrick and the girls started at once a fortnight for a couple of hours unsupervised, but gradually increased as Gabrielle became more confident. Ron also continued to have access with the girls, although there were protective concerns regarding his new partner.

By the fourth year of placement, Gabrielle was more actively involved in the girls' activities, with the encouragement of the caregiver. She began to talk about the girls coming home and that she was prepared to leave Patrick given his drinking problem, if that would assist the reunification process. Patrick agreed to reduce his drinking and attend counselling.
It was agreed by all involved that the case plan would change from permanent care to home return and this was ratified by Protective Services. Ron initially expressed concerns regarding Gabrielle's ability to care for the girls but eventually agreed to support the home return plan by providing financial maintenance and respite.

After a gradual process of Gabrielle taking more responsibility for the girls and increasing contact, the girls returned home. The girls expressed mixed feelings about leaving the caregiver and were distressed on their last day in the placement. The caregiver took them to school and Gabrielle picked them up at the end of the day. They had gradually moved most of their belongings into Gabrielle and Patrick's home over the previous weeks. The focus on the day of home return was to make it as ordinary and non-traumatic as possible.

Patrick no longer drank to excess and had ceased working due to ill health. He took considerable pride in attending a business course and doing work at home repairing bikes. Whilst Gabrielle and Patrick stated that the girls' behaviour was still difficult at times, they appeared to gain considerable confidence in how to manage this behaviour. Gabrielle had also successfully advocated for Mindy to attend a special school, which all of those interviewed said was more appropriate.

The placement social worker continued to visit the family for two or three months, then had a reduced role until the Guardianship order expired eight months after home return. Once the order finished there were no welfare agencies involved with the family. The family had significant informal positive support networks and the girls kept in regular contact with the previous caregiver by telephone. The girls continued regular contact with their father and there was a cooperative relationship between the parents.
APPENDIX 17.3
ECO-SYSTEMS ANALYSIS REGARDING THE FRANCIS FAMILY

<table>
<thead>
<tr>
<th>ONTOGENIC ISSUES</th>
<th>CHILDREN</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• behavioural difficulties;</td>
<td>• mother’s illness;</td>
</tr>
<tr>
<td></td>
<td>• intellectual disability of Mindy;</td>
<td>• Step-father’s drinking problem;</td>
</tr>
<tr>
<td></td>
<td>• Mindy’s physical problems as a younger child</td>
<td>• Mother’s previous drinking</td>
</tr>
<tr>
<td>MICRO-SYSTEMS</td>
<td>• separation from parents, but always with each other;</td>
<td>• parents’ separation for 3 months then resumed relationship;</td>
</tr>
<tr>
<td></td>
<td>• three placements &amp; different carers;</td>
<td>• father’s and step-father’s work;</td>
</tr>
<tr>
<td></td>
<td>• new home with mother &amp; step-father;</td>
<td>• new home with children;</td>
</tr>
<tr>
<td></td>
<td>• parents separated &amp; ongoing contact with father &amp; his partner;</td>
<td>• extended family</td>
</tr>
<tr>
<td></td>
<td>• preschool &amp; school;</td>
<td>• mother’s friends;</td>
</tr>
<tr>
<td></td>
<td>• extended family members;</td>
<td>• bingo and bowls;</td>
</tr>
<tr>
<td></td>
<td>• brownies &amp; netball</td>
<td>• step-father’s drinking friends</td>
</tr>
<tr>
<td>MESO-SYSTEMS</td>
<td>• increased contact between mother &amp; carers and some contact with father &amp; carer, but only limited with step-father &amp; carer;</td>
<td>• Case Planning Meetings;</td>
</tr>
<tr>
<td></td>
<td>• increased contact between mother &amp; school during placement which continued afterwards;</td>
<td>• husband’s work at home</td>
</tr>
<tr>
<td></td>
<td>• material &amp; routine differences between placement &amp; home</td>
<td>• access arrangements with children and ex-partner</td>
</tr>
<tr>
<td></td>
<td>• step-father’s work at home</td>
<td></td>
</tr>
<tr>
<td>EXO-SYSTEMS</td>
<td>• step-father’s work in factory;</td>
<td>• Husband’s factory work;</td>
</tr>
<tr>
<td></td>
<td>• Children’s Court;</td>
<td>• Protective Services management decisions;</td>
</tr>
<tr>
<td></td>
<td>• Protective Services;</td>
<td>• Children’s Court</td>
</tr>
<tr>
<td></td>
<td>• policy re case contracting;</td>
<td>• policy re case contracting;</td>
</tr>
<tr>
<td></td>
<td>• Father’s work hours impacted on timing of access</td>
<td>• policy re permanent care</td>
</tr>
<tr>
<td>MACRO-SYSTEMS</td>
<td>• attitude regarding intellectual disability;</td>
<td>• substance abuse &amp; parenting;</td>
</tr>
<tr>
<td></td>
<td>• beliefs re corporal punishment</td>
<td>• role of work;</td>
</tr>
</tbody>
</table>
APPENDIX 18.1

GENOGRAM AND SOCIAL NETWORK DIAGRAM OF THE GOWER FAMILY

- Mother
- Babies Hospital
- Protective Services
- Relatives of Marion and Norman
- Neighbours
- Harvey's caregiver
- Home help council service
- Maternal & Child Health Nurse
- Lawyers
- Children's Court
- Multi-service agency
- Parent support program
- Child residential - reunification program
- Family residential program
- Psychologist and nurse
- Foster care
- Maternity Hospital
- Physiotherapist
- Disability Service

Marion 31 yrs
Wendy 18 mths
Norman 32 yrs
Harvey 9 yrs
THE GOWER FAMILY - CASE STUDY

Soon after Wendy's birth to Marion, staff at the maternity hospital responded to an incident where Wendy stopped breathing, which they suspected was caused by Marion not concentrating when breastfeeding. They were also concerned regarding Marion's apparent learning difficulties due to intellectual disability; a significant visual disability; her apparent lack of understanding of Wendy's special needs; and her father, Norman's inappropriate attitude towards staff. Their doubts regarding Marion and Norman's capacity to adequately care for Wendy were heightened by their knowledge that Marion and Norman's nine year old son had been removed from his parents' care as a baby due to serious neglect and suspected physical abuse and there were no plans for reunification.

Protective Services became involved and referred the family to a mother/babies hospital for a two week parenting assessment. During that time Marion was observed to allow Wendy's head to go under water while being bathed and Wendy's head was hit on a door whilst being carried by Marion. Even when Norman became more actively involved in the program at Protective Services request, they continued to be concerned and decided that the parents were not ready for assume the care of Wendy. Wendy was placed on a Custody to Secretary order, which the parents consented to after negotiation about the length of the order and on the understanding that the case plan would be reunification.

Wendy was subsequently placed in foster care and her parents visited three to four times a week. Visits in the foster home were supervised by either the foster care social worker or protective worker, and visits in the family home were supervised by a parenting support worker. A disability service was involved in assessing the impact of Marion's poor vision on her parenting and in suggesting strategies around her vision impairment. A physiotherapist was involved to assess and assist with Wendy's development which appeared to be significantly delayed. The workers' and caregivers' perceptions of some of the difficulties experienced by the parents included the father's very poor hygiene, parents' poor socialisation skills and their poor handling of the baby. They all commented on Marion's high level of motivation to have Wendy placed in her care.

After four months in foster care Wendy was placed in the child residential - reunification program, which was auspiced by the multi-service agency which provided the parenting support program. During the child residential - reunification program Norman and Marion visited Wendy six times a week and assumed all aspects of her day to day care with the support of staff. The couple attended counselling and a developmental assessment was undertaken of Wendy and confirmed that her development was significantly delayed even when considering her age corrected for prematurity. The psychologist also did a cognitive assessment of Marion and clarified that she was not intellectually disabled, but of average intelligence.
The child residential - reunification program assessed that Marion and Norman had demonstrated an increased capacity to parent Wendy but there remained issues of unsafe handling. It was therefore arranged that Wendy would be placed in her parents' full-time care but through the family residential program, which was part of the multi-service agency, for one month. This program provided access to 24 hour support and used the same workers as in the child residential - reunification program, but where Wendy was in her parents' full-time and sole care for the first time since her birth. After two further accidents where Wendy was nearly harmed, the family's stay in the family residential unit was extended for another month before the family returned to their own home. The child residential - reunification program then continued an outreach support role for a further three months.

The disability service was involved again to assist Marion to manage public transport and to learn skills to compensate for her vision impairment. Despite attempts to assist Marion and to encourage Norman's involvement, the household management and hygiene remained poor and so the family was referred to home help. There was also a referral to child care for regular respite. A second developmental assessment was undertaken and Wendy was assessed as developmentally age appropriate when using her age, corrected for prematurity.

A couple of months after the child residential - reunification program had withdrawn, Protective Services decided not to extend the Custody order and so their involvement ceased. The disability service, home help and child care were the only remaining services involved with the family. The couple appeared to have few friends and only intermittent contact with relatives many of whom lived interstate.
## APPENDIX 18.3
ECO-SYSTEMS ANALYSIS REGARDING THE GOWER FAMILY

<table>
<thead>
<tr>
<th>ONTOGENIC ISSUES</th>
<th>CHILDREN</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• premature birth, with health problems;</td>
<td>• mother’s visual disability;</td>
<td></td>
</tr>
<tr>
<td>• developmental delays;</td>
<td>• mother’s difficulties in concentrating;</td>
<td></td>
</tr>
<tr>
<td>• stopped breathing soon after birth;</td>
<td>• father lethargic, wanting to work;</td>
<td></td>
</tr>
<tr>
<td>• caught up to age corrected for premature by 12 months old</td>
<td>• parents with poor social skills &amp; poor personal hygiene, especially father;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• grief re older son in care, loss of vision, near death incident with baby;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• mother’s high motivation</td>
<td></td>
</tr>
</tbody>
</table>

### MICRO-SYSTEMS

<table>
<thead>
<tr>
<th>CHILDREN</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• humidicrib;</td>
<td>• father’s work;</td>
</tr>
<tr>
<td>• hospital;</td>
<td>• family residential unit;</td>
</tr>
<tr>
<td>• mother/babies hospital;</td>
<td>• home;</td>
</tr>
<tr>
<td>• foster care;</td>
<td>• hospital;</td>
</tr>
<tr>
<td>• child residential - reunification unit;</td>
<td>• mother/babies hospital;</td>
</tr>
<tr>
<td>• family residential unit;</td>
<td>• Protective Services,</td>
</tr>
<tr>
<td>• family home;</td>
<td>• foster care;</td>
</tr>
<tr>
<td>• physiotherapist;</td>
<td>• child residential - reunification unit;</td>
</tr>
<tr>
<td>• active involvement with workers</td>
<td>• disability service</td>
</tr>
<tr>
<td></td>
<td>• older son not living with them, and only limited contact</td>
</tr>
</tbody>
</table>

### MESO-SYSTEMS

<table>
<thead>
<tr>
<th>CHILDREN</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• contact between parents &amp; carers;</td>
<td>• Children’s Court &amp; lawyers</td>
</tr>
<tr>
<td>• parents &amp; hospital;</td>
<td>• Case Planning Meetings;</td>
</tr>
<tr>
<td>• parental involvement in all programs</td>
<td>• meetings with couple &amp; all workers</td>
</tr>
</tbody>
</table>

### EXO-SYSTEMS

<table>
<thead>
<tr>
<th>CHILDREN</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• father’s work;</td>
<td>• husband’s workplace;</td>
</tr>
<tr>
<td>• mother’s disability service;</td>
<td>• disability service - re wife’s disability</td>
</tr>
<tr>
<td>• Children’s Court;</td>
<td>• Protective Services management decisions;</td>
</tr>
<tr>
<td>• Protective Services;</td>
<td>• Children’s Court;</td>
</tr>
<tr>
<td>• Case Planning Meeting;</td>
<td>• policy re time-limited services;</td>
</tr>
<tr>
<td>• policy re time-limited services;</td>
<td>• services disagreeing;</td>
</tr>
<tr>
<td>• services disagreeing;</td>
<td>• access to services within multi-service agency;</td>
</tr>
<tr>
<td>• access to services within multi-service agency;</td>
<td>• cost of services;</td>
</tr>
<tr>
<td>• cost of services</td>
<td>• older son’s placement &amp; carer;</td>
</tr>
<tr>
<td>• brother’s placement &amp; carers</td>
<td>• assumptions re mother’s intellectual disability;</td>
</tr>
<tr>
<td></td>
<td>• permanent care policy;</td>
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<tr>
<td></td>
<td>• meetings without parents’ attendance;</td>
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</table>

### MACRO-SYSTEMS

<table>
<thead>
<tr>
<th>CHILDREN</th>
<th>PARENTS</th>
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<tbody>
<tr>
<td>• beliefs regarding rights of children;</td>
<td>• role of men &amp; women in the home &amp; society;</td>
</tr>
<tr>
<td>• what is the ‘best interests of the child’</td>
<td>• parenting;</td>
</tr>
<tr>
<td>• children with special needs;</td>
<td>• role &amp; value of paid employment;</td>
</tr>
<tr>
<td>• needs of infants</td>
<td>• beliefs re people with learning difficulties;</td>
</tr>
<tr>
<td></td>
<td>• issues of disability, visual and intellectual;</td>
</tr>
<tr>
<td></td>
<td>• values re importance of social skills &amp; hygiene</td>
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<td></td>
<td>• costs of many services</td>
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</tbody>
</table>
APPENDIX 19

FAMILY REUNIFICATION PLAN

The goal of family reunification is to return children to their parents' full-time care safely, and so that they can remain in their parents' care, without fear of being separated again.

In order to achieve the goal of family reunification as effectively as possible the following needs to occur:

- a decision that reunification will be attempted with timelines, tasks, review dates and responsibilities clearly outlined;
- a risk assessment which includes past, current and potential risk factors;
- a family functioning and social network assessment which describes the relationships between all family members and other significant people in the network. This should include all those living in the household, not just family members;
- an assessment of the children which includes their development; emotional state; significant relationships; sense of identity, belonging and future; and their wishes regarding where they live;
- an analysis of potential and actual barriers to reunification and the strategies which could be used to remove or minimise these barriers;
- an analysis of the strengths and resources within and external to the family which can be used to facilitate the reunification process;
- a plan of increased contact visits between children, parents and other family members which enables all involved to gain increased awareness of each other, and which can provide a realistic guide of what life will be like when the children return home. The plan of contact visits may also need to incorporate opportunities for workers to teach necessary parenting skills and facilitate the strengthening of family relationships;
- a plan of increased parental involvement in the children’s lives during placement in addition to increased contact, eg. involvement in decisions, attending appointments, contact with schools, etc;
- decisions regarding how the actual day of reunification will occur;
- a plan of what support will be required following reunification, both in the short-term and in the long-term; and
- decisions regarding whether or not the children (and parents) will have ongoing contact with the previous caregivers.

The overriding principles which need to be incorporated into this plan include the following:

- ensuring the safety and well-being of the children remains the highest priority;
- ensuring that the voices of the children are heard and responded to throughout the process;
- maximising participation of family members in all decisions and plans (a partnership approach) both leading up to and following reunification;
- a competency based approach which ensures a focus on both individual, family and external resources and strengths as well as acknowledging risk issues;
- that plans are made to suit the individual situation and are flexible, practicable and adequately resourced; and
- where it appears that, despite all appropriate efforts, reunification is not in the best interests of the children, that decisions are made regarding alternative permanent placements in a timely manner; that kith and kin placements are considered as the first option; and that opportunities to maintain or strengthen the relationships between parents and children are continued to be an aspect of the overall plan.
PLAN OF REUNIFICATION

(1) FAMILY NAME...........................................

(2) DATE..............

(3) GENOGRAM AND ECOMAP
(4) PLACEMENT HISTORY

<table>
<thead>
<tr>
<th>Name &amp; type of placement</th>
<th>Dates</th>
<th>Level of parent/child contact</th>
<th>Other information</th>
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In summary:
Length of separation for children from parents

Number of placements

Children’s view of separation

Parents’ view of separation

Children’s relationship with caregivers

Previous and current level and purpose of parent/child contact during placement (particularly recent contact). Was a worker present during some or all of visits, if so, for what purpose?
(5) TYPE AND DATES OF COURT ORDERS

(6) REASONS FOR SEPARATION

(7) RISK ASSESSMENT (attach risk assessment and summarise key issues)
(8) **ASSESSMENT OF CHILDREN** (Attach relevant documents and summarise)

(9) **FAMILY ASSESSMENT** (eg relationships, communication patterns, roles, strengths. Attach relevant documents and summarise)

(10) **ANY PREVIOUS REUNIFICATION ATTEMPTS** (Describe)
(11) BARRIERS TO REUNIFICATION (potential and actual)

<table>
<thead>
<tr>
<th>TYPE OF BARRIERS</th>
<th>DESCRIBE</th>
<th>STRATEGIES SUGGESTED</th>
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<tbody>
<tr>
<td>Parent-related</td>
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<tr>
<td>Children-related</td>
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<td>Service system related</td>
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<td>Other</td>
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</table>
(12) **PARENT - CHILD CONTACT (ACCESS VISITS) PLAN**

PURPOSE OF VISITS (including specific activities or tasks which should be included)

**LEVEL OF WORKER INVOLVEMENT AND PURPOSE**

**STRATEGIES TO BE USED WITHIN ACCESS VISITS**

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>WHO BY</th>
<th>WHEN</th>
<th>OUTCOMES EXPECTED</th>
</tr>
</thead>
</table>

FREQUENCY AND LENGTH OF VISITS

VENUE(S)

RESOURCES REQUIRED (eg. transport, workers, access to venue)
### (13) AGENCIES INVOLVED

<table>
<thead>
<tr>
<th>AGENCIES PREVIOUSLY INVOLVED AND DATES OF INVOLVEMENT</th>
<th>TYPES OF INTERVENTION (e.g., to prevent initial placement, to attempt previous reunification, to support children and parents during placement, etc)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AGENCIES TO WORK ON REUNIFICATION PLAN</th>
<th>TYPES OF INTERVENTION (in addition to access plan already described)</th>
</tr>
</thead>
</table>
(14) SUMMARY OF REUNIFICATION PLAN

Date of decision to reunite
Date of planned reunification
Date of review before reunification
Date of review after reunification

<table>
<thead>
<tr>
<th>RISKS TO BE REDUCED</th>
<th>STRENGTHS TO BE ENHANCED</th>
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<tr>
<th>GOALS</th>
<th>TASKS</th>
<th>PERSON RESPONSIBLE</th>
<th>TIMELINES</th>
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