

Reunification for children in out-of-home care part 3: reunification decision-making

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FAST FACTS

- There is very little research available to inform caseworkers in making difficult and important decisions about whether or not it is safe for children to be returned to their birth parents.^{1 2 3}
- No Australian research has examined whether current reunification decision-making tools and processes prevent future maltreatment and re-entry into care.
- The lack of information and research has potentially far-reaching consequences for children's wellbeing, stability and safety.⁴
- Important factors that predict reunification breakdowns and re-entry to out-of-home care include:
 - ongoing parental substance abuse⁵
 - prior referrals to child protective services⁶
 - previous failed returns home⁶
 - lack of social support available to birth parents.⁶

It has been argued that reunification decision-making is a largely invisible area of practice. In addition, very limited research has examined the effectiveness of current reunification decision-making tools and processes. Consequently there is little evidence to guide caseworkers in making these important and difficult decisions. This paper describes selected research which has documented factors which predict reunification breakdowns and considers ways in which reunification decision-making can be improved.

Why is reunification decision-making important?

1,667 Queensland children and young people left out-of-home care in 2016-17, many of whom would have been reunified with their birth families.⁷ Making the decision to return children to their families comes with considerable risk, in particular that the child will experience further abuse and neglect.¹ There is growing evidence that failed reunifications have a strong negative impact on the stability and wellbeing outcomes of reunified children.^{8 9} Research evidence is essential to guide reunification decision-making practices, to support better long term outcomes for children¹⁸ and to reduce the likelihood of future harm.

What factors influence caseworker reunification decision-making?

A study of Australian caseworkers looked at factors that were used to make decisions about returning children from out-of-home care.¹⁰ Decisions to reunify a child were more likely to be made when caseworkers believed that parents demonstrated:

- an adequate capacity to parent (for example, being aware of their children's needs, and an ability to consider their child's perspective)
- co-operation (for example, cooperating with the department, engaging with services, asking for help).



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IMPLICATIONS FOR POLICY & PRACTICE

- Reunification decision-making:
 - should not be solely based on caseworker or other professional observations of family functioning and service compliance
 - should consider factors such as substance abuse, domestic violence, prior failed returns and absence of social support which have been shown to predict future maltreatment
 - should be informed by full histories of maltreatment rather than just assessments of present risk
 - may be enhanced through the use of standardised assessment tools but only when standardised assessments are considered in conjunction with practitioner clinical expertise.
- There is an urgent need for Australian research to explore the effectiveness of reunification decision-making tools and processes in current use.

There is some evidence to suggest that caseworker assessments do not effectively predict successful reunifications. One key study found that caseworker risk assessments, based on observations of family functioning and compliance with service/treatment plans, failed to predict reunification breakdown and re-entry into care.⁶

How could reunification decision-making be improved?

Research has identified factors that significantly predict reunification breakdown which should be given a greater emphasis in decision-making. These include:

- Factors with significant potential to disrupt returns, particularly substance use or exposure to domestic violence. These are often underestimated or undisclosed to workers⁴ and are often unresolved.⁵ Substance abuse relapses are common.⁶ Reunification should only occur when there is clear evidence of parental change.⁵
- Previous referrals to child protective services, in particular, where children have had previous failed returns home.^{5 6} A range of evidence suggests professionals give parents 'too many chances' to demonstrate their ability to care for their children.¹
- Lack of consideration of comprehensive case histories. Research suggests reunification decisions often do not adequately consider a child's full history of family maltreatment and focus solely on current risk. Of concern is evidence that events, such as a new pregnancy, are seen as creating a 'fresh start' for families such that histories of maltreatment are minimised in decision-making. This has been termed 'start again syndrome'.¹¹
- Lack of informal social support available to birth parents from their wider family, friends or community. Breakdowns are more common when parents are isolated.⁵



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Do standardised risk assessment tools improve reunification decision-making?*

Standardised risk assessment tools collect information, often through the use of checklists, about specific risk factors, such as parental substance abuse, that significantly predict future maltreatment and reunification breakdown. They provide practitioners with standardised information which can be used to classify families as low, medium or high risk, which can then be used to assist with case decision-making.¹² Many Australian and overseas jurisdictions have begun to use these tools either in place of, or to complement, more unstructured clinical decision-making.^{12 13 14}

Research has identified a number of benefits of using risk assessment tools including an increased consistency in caseworker ratings.¹⁵ In terms of the impact of the tools on improving reunification decision-making, the research findings are mixed. While some US reviews have found risk assessment tools are able to identify those children at greatest risk of future maltreatment,¹⁶ other studies have failed to find evidence that using risk assessment tools can reduce future harm to children or prevent their re-entry into the child protection system.^{15 17}

While one Australian study has looked at the use of risk assessment tools to predict whether or not children would be reunified,¹⁴ no Australian research has explored whether using risk assessment tools has reduced rates of re-entry into care or improved outcomes for children. This is important information for both practitioners and policy makers and should be a focus for future research.

* The Structured Decision-making tool (SDM), is the standardised risk assessment tool used by Queensland Department of Child Safety and other jurisdictions in conjunction with clinical expertise for making reunification decisions.¹



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