Case Managers' perspectives on how to achieve timely reunification

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Abstract

Reunification, that is returning children to live with their families after removal, is the primary goal of the foster care system and permanency planning, yet reunification decision-making and the process of reintegrating children into birth families remains under researched. The Western Australian government department responsible for child protection (DCPFS) recently introduced a new permanency policy, which will impact on the way workers practice. The policy has reduced the timescales within which families may demonstrate capability to care for their children and requires decisions to be made about permanent placements within a specified period. Although reunification remains the main aim of the Department, there remains concerns the rigid timescales will undermine reunification efforts, particularly if agencies are not adequately resourced to provide comprehensive or intensive services to families to enable reunification.

The aim of my research was to identify from a case manager’s perspective what might contribute to a timely reunification in child protection. The research was based on evidence gathered through interviewing case managers regarding cases they had been involved with to identify barriers and effective strategies to overcome them and achieve reunification.

An in-depth qualitative approach was used in two metropolitan districts in Western Australia involving ten workers over a period of three months.

The results indicated the importance of contact and assessments in reunification, the parents’ motivation and workers being available, informed and committed to the process, as well as the importance of safety planning and post reunification support.

The findings suggest: having designated reunification teams to undertake the intense work that is required; a restructure of the current enhanced contact centres to provide contact; services in one place for parents; and post reunification support in place to prevent children coming back into care.
Masters by Research Student Declaration

“I, Jacqueline Ann Nicklin, declare that the Master by Research thesis entitled Case Managers’ perspective on timely reunification contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work”.

Signature

Date- 21/01/19
Glossary

The Department for Child Protection and Family Support (DCPFS)

The Department for Child Protection and Family Support is the Western Australian Government Department that provides a range of child safety and family support services to Western Australian individuals, children and their families.

Enhanced contact centres

Group contact programs facilitating contact between parents/family and their children (often linked to reunification) where parents/family are provided with learning opportunities to enhance their parenting skills, knowledge of attachment and develop strategies to better meet their children's needs.

Child in the CEO's care

A child is referred to as being in the CEO's care when he/she is in provisional protection and care, on a Protection Order (time limited) or Protection Order (until 18), on a Negotiated Placement Agreement, or provided with a placement service under section 32(1)(a) of the Children and Community Services Act 2004.

Protection order

A protection order is an order granted by the Children’s Court when it finds a child is in need of protection. A protection order (supervision) authorises child protection workers to assess and monitor a child's wellbeing for the duration of the order, without affecting the parental responsibility of any person. A protection order (time-limited) and a protection order (until 18) transfer parental responsibility to the CEO. A protection order (special guardianship) transfers parental responsibility for the child to a nominated special guardian (not a biological parent), to the exclusion of any other person, until the child turns 18 years of age.

Reunification

Reunification is the term used by child protection and is the process of returning children in temporary out-of-home care to their family of origin.

Permanency Planning

Permanency planning is the case management principle used to provide children in out-of-home care with safe, timely, continuous and stable living arrangements, lifetime relationships and a sense of belonging, whether through safe reunification with parents, or care arrangements with other family members or another appropriate person.

Permanent care

Permanent care is the phase of out-of-home care where a court order has been made for a child to remain in the long-term legal care of the Department, or with people other than their biological parents.
Signs of Safety

Signs of Safety is The Department’s child protection practice framework. The framework consists of practice principles, disciplines and a series of tools that are used to assess safety and identify risk, develop safety networks and plan with families and children involved in the child protection system.

Contact

Contact is where a child in the CEO’s care meets or communicates with a significant person who does not have primary care of the child or responsibility for the child’s day to day care. This can occur in person or via other forms of communication.

Safety Planning

Safety planning is designed to create proactive, structured and monitored process that provides parents involved with child protection to demonstrate that they can provide safety and care for their children, so they can return home.

Support Network

A support/safety network is a group of people who are in the parents naturally occurring network of family, service workers, friends or community members who can help DCPFS to know that the children will be safe once DCPFS are no longer involved. Everyone on the network needs to be aware of what caused the children to come into care in the first place, and what is being done to get them home.

Post reunification support

Post reunification support is documented in a case plan and should identify supports after reunification to keep the child safe and prevent the reunification from breaking down.

Case Managers

Case Managers are Child Protection Workers who work with children, young people and families who are vulnerable or in crisis. Building strong working relationships and working collaboratively with other agencies to provide services to meet these complex needs is another integral part of their role.

Out-of-home care

Out-of-home care (OOHC) is the provision of care arrangements outside the family home to children who are, or who may be found to be, in need of protection or a care arrangement under the Children and Community Services Act 2004 or the Adoption Act 1994.

Care arrangement

Care arrangement is an arrangement under which out-of-home care is provided to a child. An out-of-home care arrangement can include a family care or foster care arrangement, or a residential-based care arrangement.
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1. Chapter One: Introduction

This research seeks to understand what contributes to a timely reunification of children with their families from the perspective of case managers involved in the placement of children in out of home care in child protection.

The research question is “What are Case Managers’ perspectives on how to achieve timely reunification?”

Parents are responsible for creating an environment that helps their children achieve their potential in terms of physical, intellectual and psychological development (Fahlberg, 1991). The law allows parents to bring up their children according to their own values and beliefs without interference unless their children’s safety and wellbeing is at risk (Australian Human Rights Commission). The 1989 United Nations Convention on the Rights of the Child (CRC) includes that children have the right to associate with both parents (CRC 1989). Research shows that children do best when they grow up in their own family. Children being separated from their family can lead to psychological difficulties in developing a sense of self, especially for children in care for long periods of time (Tilbury & Osmond, 2006). Children being brought into care can disrupt connections not only with parents, but siblings, grandparents, school friends and other significant people in the child’s life.

Family reunification in child welfare refers to the process of returning children in temporary out-of-home care to their families of origin. Reunification is based on the assumption that living with the birth family is optimal for children if safe and nurturing (Farmer, 2009). Reunification is the most common goal for children in out-of-home care (Child Welfare Information Gateway, 2011), even though it is one of the most difficult decisions to make.

The aim of reunification is to improve the parent-child relationship and family functioning addressing safety issues and creating opportunities for change. Attachment theory (Horwath, 2001) offers a framework for understanding the developmental importance of close relationships. A case manager’s role is not only to support the parent to meet their child’s basic needs but support them to provide a safe and secure base where children can develop trust, confidence, resilience, empathy and social competence (Fahlberg, 1991).

As many children are reunified with their families, evidence on how to achieve successful reunifications is imperative. Identifying which children should or should not be reunited with their parents is a key professional task. Reunification practice involves critically considering issues that prompted a placement out of the home and whether these have been satisfactory resolved.
Reunifying children back to their family does have risks. Reunification where family issues which are not resolved sufficiently, or families have not received effective pre- and post-reunification support may lead to unsuccessful reunifications attempts. Children who are reunified too quickly or have repeated reunification attempts can have compromised psychosocial and educational outcomes (Biehal, 2007).

Reunification involves a process of assessment, planning and action. How and when to reunify a child home will depend on the individual family’s specific needs and circumstances (Tilbury & Osmond, 2006). For most children the benefits of reunification are irrefutable as reunification provides long term stability, a connectedness to family for identity, culture and a sense of belonging in their own community.

Apart from the economic costs of maintaining children in care, research has highlighted the undesirable consequences for children in remaining in long term care. Extended periods in care can lead to loss of family connections and a sense of identity and difficulties transitioning out of care (Fernandez & Lee 2013). For those experiencing multiple placements there is evidence of later difficulties in forming attachments to adults and developing long term emotional and behavioural problems (Storall-McClough & Dozier, 2004).

The Australian context of statutory child protection is the responsibility of State and Territory governments. As a result of this instead of a single national system there exist eight different child protection systems, with their own legislative frameworks, policies, procedures and practices (Bromfield & Higgins, 2005). Given the emphasis in policy and practice on achieving reunification, it is crucial that case managers understand those factors that increase or decrease the likelihood of a child being reunified with their birth parents (Panozzo, Osborn & Bromfeld, 2007).

For children in the care of the Department of Child Protection Family Support (DCPFS) reunification with one or both parents is the primary permanency plan. Assessment regarding the likelihood of reunification must begin when a child enters provisional protection and care. Decisions about whether reunification should proceed and is in the child’s best interests must be made within 12 months for children who enter provisional protection and care at less than three years of age; and two years for all other children (Permanency Planning Policy, 2014).

Permanency planning is the case management practice used by DCPFS to provide children in care with safe, stable living arrangements, continuity of relationships and a sense of belonging either through reunification or through permanent care. For a child in care reunification with either one or both parents, wherever possible must be the primary permanency plan. Permanent care must be the secondary permanency plan (DCPFS Case Practice Manual, 2014). Permanency planning was initially conceived in the mid-1970s for children in out-of-home care and has grown over time to
encompass a systematic, goal directed and timely approach to planning for children subject to child protection intervention (Tilbury & Osmond, 2006).

In Western Australia (WA) since the 1990s there has been a focus on permanency planning due to the increase in numbers of children in care, pressure on the foster care system, and placement instability. The introduction of the Children and Community Services Act 2004 (The Act) was a landmark in the development of WA out-of-home care. This was followed by Ms Prudence Ford’s review of the Department for Community Development in 2007, which was implemented as a result of a number of articles in the Western Australian in 2006 into an infant death, as well as the release of the Ombudsman Report on treatment of children in residential care. The need for permanency planning was recognised in the light of Ms Ford’s report and numerous international research findings. Research found that the instability of placements, being when a child was in two or more placement breakdowns within a two-year period, contributed significantly to developmental delays, long term behavioural problems, and problems fostering positive relationships (Tilbury & Osmond, 2006). Permanency planning is based on the philosophy that every child has the right to a permanent and stable home, preferably with his or her own family (Brydon, 2004). In the US and UK, legislation and policy now involve shorter timeframes for decision making and the positioning of adoption as the government’s preferred permanent placement, when reunification with parents is not possible (Parkinson, 2003).

The DCPFS introduced a permanency planning policy in 2015. The primary focus of permanency planning is to prevent children drifting in care (Case Practice Manual, 2014). Permanency is based on a number of research-supported rationales (Tilbury & Osmond, 2006) including attachment theory, brain development, stability and continuity and identity formation.

Permanency planning means the decision about permanent plans for a child must be made within set timeframes and identifies the primary permanency plan and second permanency plan within a parallel process, assessing what is in the child’s best interests in a timely manner. If permanency cannot be achieved with parents’ decisions about alternative long-term placements must be made (Case Practice Manual, 2014).

There were discussions in 2017 between DCPFS and legal services to consider the permanency planning policy in WA being legislated and an amendment to The Act. WA government legislative changes would mean a permanent court decision on the future of the child must be made within two years. Where it was acknowledged that proposed changes would create stability and certainty for children, there were concerns that the changes would make it even harder for birth families to get their children back. Professor Karen Healy of the Australian Association of Social workers said, “On balance, yes, children need permanency, but two years is far too short to address the complex
problems that families are facing” (Gartry, 2016, p 4). The policy is one of the main frameworks implemented by DCPFS, but there are no current plans for the policy to become legislated.

Case managers at DCPFS have welcomed the policy saying that regular meetings now take place with parents, so they are involved in decision making and planning which ensures that everyone, families and professionals are accountable. This also ensures that cases do not drift, however, many case managers feel the timescales are too rigid and do not give parents a fair chance at working towards reunification due to waitlists, lack of resources and workloads stresses.

This view is shared by Family Inclusion Network of Western Australia (FinWA) who voiced strong concerns regarding the new policy saying that early decision making for children would reduce parent’s capacity to address complex and multi systemic problems.

In WA most children grow up within their family system which protects and cares for them. Unfortunately for some children home is not a safe place and as a last resort DCPFS will remove these children to prevent them from experiencing further harm and abuse. At the end of January 2018 there were 4,857 children in care in WA. This figure has more than doubled in the last 10 years.

Research by National Framework for Protecting Australia’s Children in 2009 showed that long term outcomes for children who have been in care are poor, particularly where the child did not experience a stable care placement. The DCPFS report on Building a better future - Out-of-Home Care Reforms in WA (2016) also acknowledged that young people leaving out-of-home care at 18 years old were some of the most vulnerable and disadvantaged people in the community.

Working as a case manager in WA for the last ten years I have struggled to understand and accept why more children are not reunified with their families. When reunification is DCPFS’ primary goal why is reunification not more achievable? I hope this research will help to identify barriers and effective strategies to overcome them, so changes to practice and procedures can be made to ensure parents are provided with the support and opportunity to experience a successful reunification with their children. My research was conducted in two Districts in the metropolitan area. One of the offices already has a reunification team which enabled me to compare practice within two different organisational structures.

In chapter two I will discuss the literature in relation to reunification and permanency planning including the background, current thinking, the reunification process and difficulties associated with reunifying children home.
In chapter three I will share my methodology which includes my theoretical framework of Systems Theory and the methods I used to obtain and analyse my data and some of the limitations I found while conducting my research.

Chapter four provides the common themes I identified from analysing the data obtained from interviewing ten case managers and divides them into five areas: Structure of contact and assessments, the importance of safety planning and post reunification support, the parent’s motivation being essential, the organisational structures in place and consistency of staff and barriers identified when reunification is planned.

Chapter five provides an analysis of each theme identified by case managers, explores the data discussing some of the barriers in achieving reunification and how this impacts on families, as well as identifying strategies in achieving reunification from a case manager’s perspective.

Chapter six is my summary. I discuss barriers identified in achieving reunification and a way forward including my own experience of developing a reunification team.
2. Chapter Two: Literature Review and Context

This chapter outlines the literature in relation to reunification, why is it important and how can it be achieved, as well as some of the barriers and areas where there appears to be limited information. It looks at policy, practices, procedures and research in WA and other States in Australia, as well as in UK and America.

2.1 What is reunification?

Family reunification in child welfare refers to the process of returning children in temporary out-of-home care to their families of origin. Reunification is based on the assumption that living with their birth family is optimal for children if safe and nurturing (Farmer, 2009). Reunification is the most common goal for children in out-of-home care (Child Welfare Information Gateway, 2011), even though it is one of the most difficult decisions to make.

For workers in child protection, it is important to view reunification as a process rather than as placement event (Brydon, 2004). Wulczyn (2004, p. 99) highlights this point in the statement that, “Reunifying a child with his or her birth parents is not a one-time event. Rather, it is a process involving the reintegration of the child into a family environment that may have changed significantly from the environment the child left”.

Family reunification can be viewed from multiple perspectives, such as the body of law that delineates parental rights and the implications of law on public policy, the practices and decision-making processes when deciding whether to return a child to their birth parents, and the child and family factors that affect the possibility of successful reunification (Wulczyn, 2004).

2.2 Best Interest Principles

The underlying principle of reunification is that children are best cared for within their family of origin, provided the environment is safe and the needs of the children are being met (Clare, 2002). In Australia and overseas legislation and government policies are based on the principles of children’s rights and best interest, and are intended to guide professional practice (Best, 2003).

In Western Australia, the Department is guided by section 7 of the Children and Community Services Act 2004 (The Act) which states that the best interest of the child is paramount when performing a function or exercising any powers under the Act. The Department recognises the
need to make timely decisions affecting children’s long-term stability when taken into care and is
guided by the following principles under section 9 of The Act.

- That the parents, family and community of a child have the primary role in safeguarding and
  promoting the child’s wellbeing;
- That the preferred way of safeguarding and promoting a child’s wellbeing is to support the
  child’s parents, family and community in the care of the child;
- That every child should be cared for and protected from harm;
- That every child should live in an environment free from violence;
- That every child should have a stable, secure and safe relationships and living
  arrangements.
- That if a child is removed from the child’s family, then so far as is consistent with the child’s
  best interest: the child should be given encouragement and support in maintaining contact
  with the child’s parents, relatives and with any other people who are significant in the child’s
  life and planning should occur as soon as possible to ensure long term stability for the child
  (Section 9 of The Act, 2004).

2.3 Policies

Policies related to reunification and permanency within child protection in WA are:

- The Signs and Safety Child Protection Practice Framework (September 2011 2nd edition)
- Case Practice Manual Chapter 10 Permanency Planning
- Signs of Safety Policy 2012
- Care Planning Policy 2012
- Charter of Rights for Children and young People in Care
- Foster Care Partnership Policy 2012

The Child Protection Policy (2006) says “every child and young person has a right to be cared for,
protected from maltreatment and exploitation and live without violence “. DCPFS has a
responsibility for strengthening, supporting, protecting and promoting the wellbeing of individuals,
families and communities (Child Protection, 2006).

In 2008, Tilbury and Thoburn wrote an article on “Children in out-of-home care in Australia” which
highlighted that in Australia, Canada, New Zealand, England and the USA there was a concern to
increase stability and permanency for children in care, however Australian policy makers had not
followed the USA, England and Canada in using adoption without parental consent as a way out of
care. One reason given for this was that the impact of the stolen generations of Aboriginal children
forcibly placed in care, is evident in all Australian child welfare policy and practices and has led to
all states and Territories to adopt the Aboriginal Child Placement Principle, which places emphasis on family preservation and, in common with several other countries a preference for placing Indigenous children within the kinship network (Libesman, 2004).

2.4 Benefits

So why is reunification so important? Reunification is an important means of promoting children’s stability (Guidance on family reunification, 2015). For most children the benefits of reunification are irrefutable as reunification provides long term stability, a connectedness to family for identity, culture and a sense of belonging in their own community (Tilbury & Osmond, 2006).

Children being reunified with their parents also prevents them experiencing long periods of time in the care system, multiple placements and uncertainty which can impact on a child’s development (Barth, 1997), lead children to being deprived of a sense of belonging and identity forged from experiences of family, with negative consequences flowing on into adulthood (Tilbury & Osmond, 2006).

Working with parents in achieving reunification will also help reduce the demands placed on the system by the volume of children entering care, which imposes constraints on its capacity to maintain effective case planning and high standards of care. In 2011 there were 37,648 Australian children aged younger than 18 years old in out-of-home care (7.3 per 1000 children) a figure which has consistently risen every year in the last decade (Fernandez & Lee 2013).

2.5 Lack of research with regards to process and practices for reunification

Considering that reunification is highly desirable for children and families if safe, there is limited research to guide social workers on working with parents to achieve this goal. Clare wrote a paper on ‘Family Reunification' in 2002, discussing how reunification was a popular intervention strategy in Australia, UK and US, but highlighted that the question about what workers were actually doing when they were reunifying children appeared unanswered. Clare said there was little information about the long-term outcomes for reunified children and what key factors led to a successful reunification.

In Wulczyn’s paper on Family Reunification in 2004 he stated that although reunifying children in foster care with their birth parents is a primary goal of the child welfare state, there was relatively little known about the reunification process. This view was reinforced in 2007 by Panozzo, Osborn and Bromfield who carried out a study in Australia. They stated that one of the most difficult decisions for practitioners in the field, is deciding when and if it is in the child’s best interest to be returned to their parents after being removed and given the philosophical approach to practice that gives preference to reunification, issues related to reunification are an important area of research.
in Australia. Although the importance of research appears to be acknowledged there is still little guidance in the reunification process.

Also, in 2007 Nina Biehal wrote that more research is needed in the UK, since the majority of studies have been conducted in the US, where the social context is different. She said that although there had been little research on the outcomes of return, the evidence that does exist highlights the risks associated with reunification. It reinforces the importance of comprehensive assessments and supports to families, otherwise there is a risk that children may be reunified before the child and family problems have been sufficiently ameliorated or may be returned to neglectful or dangerous environments in the belief that rapid reunifications are desirable.

Farmer & Wijedasc (2012) stated that there is an increasing amount of research information about children who enter care and about their placements once there, but information about them returning to their parents remains scarce. They went on to say that there is a lack of clear guidelines and ideas for practice showing that research on reunification continues to be limited. Farmer (2018) stated that even though legislation in England emphasised the first permanence option for children in care is return to parents, sustained focus on reunification practice was rare.

So why is there a lack of research? How can workers achieve reunification without guidance and why is there little attention given to the practice of workers, even though reunification is crucial for families and long-term outcomes for children (Out-of-home care reforms, 2016).

2.6 Timelines

During my research I have found that there are conflicting perspectives on the impact of timelines to achieve permanency. However, research demonstrates that the longer children stay in out-of-home care, the more placements they are likely to have, the less likely it will be to achieve permanency for them and the greater the risk to their overall health and wellbeing (Barbell & Freundlich, 2001).

The relationship between time in care and the probability of a return home was first identified by an influential American study during the late 1950s (Maas & Engler, 1959). Since then studies have consistently found that the probability of reunification is greatest immediately following placement and that the likelihood of reunification appears to decease as time in care increases (Sinclair, Baker & Lee, 2006). Wulczyn's (2004) research in America found reunification is much more likely to occur earlier rather than later in a child’s temporary placement, particularly in the first year. The likelihood of reunification occurring in the first year of placement is about 28% and this drops significantly to about 16% over the following year. Findings from Lost Care Study in the UK found
that unless children returned home quickly (within six weeks) they had a very strong chance of still being in care two years later (Biehal, 2007).

Having said this it is important to note that passage of time in care is not the sole cause of failure to reunify (Biehal, 2007). Timelines to achieve permanency should not be the driving factor when making decisions for children (Tilbury & Osmond, 2006). From a parent’s perspective, some critics feel that tighter timelines can impinge on parental rights, given that increasing demands on services can render parents unable to access the supports they need in the timeframes available to them (FinWa 2016).

Fernandez and Lee (2013) state that previous research studies have been undertaken internationally over the years, with a focus on the timing of reunification and the association of parental visits and reunification. They state the proportion of children reunited is lower for children whose families experience complex problems. Farmer (2009) agrees saying families who have fewer complex problems and more personal resources are more likely to experience reunification. She goes on to say that research suggests that children who suffer sexual and physical abuse tend to reunify with family quicker than those children who have been neglected, however the severity of any type of abuse may lead to a non-return home.

With so much importance being put on the length of time in care a child experiences, the introduction of the Departments’ permanency planning policy appears to be positive and beneficial for families when looking at timelines. It gives tighter timescales for decision making about permanency and a framework for case managers to follow when assessing and planning with families.

2.7 Some key factors identified in achieving reunification

Although there appears to be limited research on reunification some key factors have been identified as supporting the reunification process and workers’ practices. As reunification is the primary goal of intervention and planning for children in out-of-home care, strong partnership, early planning and intensive efforts with the family and other professionals is required to maximise opportunities for safe, timely and sustainable reunification within the child’s developmental timeframes (Guidance on family reunification, 2015).

Plans for reunification should be initiated as soon as possible after placement and involve parents, workers and children in developing these plans (Clare, 2002). Reunification requires a range of services and supports from the point that a child first enters care and beyond the return home, to meet the child’s and family’s needs (Guidance on family reunification, 2015).
A broad review of the empirical literature in child welfare suggests common characteristics of interventions and practices which help achieve reunification include:

- Assessment and case planning
- Meaningful family engagement
- Service delivery

(Child Welfare Information Gateway, 2011)

2.7.1 Assessments

Family reunification involves a process of assessment, planning and action. All the intervention and planning options for the child and their families depend on their specific qualities, needs and circumstances and are intended to achieve stability for children (Tilbury & Osmond, 2006). Meaningful family engagement is critical to the change process, assessments with clear goals are an integral part of case planning and targeted services that meet the individualised needs of children and families are key to achieving family reunification and ensuring children’s safety. Proactive social work and effective case planning has been shown to facilitate reunification (Farmer, 1996).

Between 2012 and 2014 local authorities in the UK implemented the Taking Care Practice Framework developed by the National Society for the Prevention of Cruelty to Children (NSPCC). The framework was developed to support social workers to strengthen the assessment and decision-making process when deciding if a child should return home. This was in response to research suggesting that a number of children experience further abuse and neglect once they return home.

Working with parents who are dealing with multiple and complex problems requires an effective intervention, which is planned and purposeful based on a comprehensive assessment to meet the family’s needs and capacities over time (Bromfield, Lamont, Parker & Horsfall, 2010). Parents’ capacity is a core aspect of a comprehensive assessment and if adequate assessments do not take place, this failing may be linked to instability of a reunification (Horwath, 2001). Research by Thoburn et al. (2012) suggests that establishing parents’ capacity to change prior to a child’s return home is a key factor in successful reunification. Returning home when parents have not managed to change behaviours that present a risk to the child or are unable to sustain any changes made can lead to children re-entering care.

An essential part of the assessment process is evaluating the parent’s ability and motivation to change. This is characterised by parents accepting responsibility for their own actions; sustaining changes over time; and taking up offers of support and resources from services (Horwath, 2001).
Prochaska & Di Clementi’s (1997) Model of Change, is a useful tool for child and family assessments. It can be applied to any family where change is required at personal and relationship levels, especially where there may be need for external sanctions via court orders and where parent’s engagement in the system is involuntary.

Horwath (2001, p112) says,

“If we are to assess parent’s commitment, motivation and capacity to bring about meaningful change that is designed to promote the welfare of their children, workers must draw on models of motivation and change and also be aware of their own influence on the change process”.

Many parents are at the pre-contemplation stage of the change process, as unaware or under aware of their problems and the impact on their parenting (Prochaska, DiClemente & Norcross, 1992). Identifying the problems, for example substance misuse and then supporting parents to change takes time. Many parents are not motivated to change or don’t have the drive to change, as their basic needs have not been met or resolved. Maslow’s (1970) “Hierarchy of needs” theory suggests that if an individual’s basic needs are not met then other needs are unable to be met. Many parents stay at the pre-contemplation stage of change as unable to see the solution so not motivated to change. Taking this into account when assessing and planning with families it is important to plan interventions to assist parents in meeting their basic needs, before looking at their parenting skills. “It is only when parents are able to meet the survival and safety and security needs of their family that they will be ready to attend any form of parenting intervention” (Bromfield et al. 2010, p16). While reunification may be the goal for parents the reality is not so easy to achieve and with tighter timescales in place parents may lose the opportunity to have their children returned to their care.

The Department often expects parents to engage with several programs/services to demonstrate they want their children home. On reflection this must be very over-whelming and if parents do not show that they have engaged with services or made changes to their lifestyle they can be assessed as not being willing or capable of changing. Motivation is required for focus, effect and the energy needed to move through the stages of change (Westfall Associates, 2014).

Thorough assessments need to take place before reunification can be considered, taking into account the child’s developmental needs and the capacity of parents to meet those needs within their environment (Department of Health, 2000). The Department’s Signs of Safety framework (SOS) is a tool used to map what the department is worried about, existing strengths and safety and what needs to happen (The Signs and Safety Child Protection Framework, 2011). The SOS framework provides a tool for monitoring and reviewing the case, but does not provide a
comprehensive assessment required to inform workers when deciding whether to reunify a child or not. The Framework for Assessment for Children in Need (2000) is a tool used in the UK which ensures an ecological approach is taken when assessing a family’s situation. An assessment of a child and their family which aims to understand what is happening to a child needs to take into account, the child’s developmental needs, the parent’s capacity to respond to those needs and the wider family and environmental factors. This assessment tool needs to take place over time and is not a quick ‘snapshot’ of the family. Assessments play a key role in determining if children are returned to their parents’ care.

2.7.2 Family engagement

Effective case practice involves engaging the child, parents and significant others throughout the intervention with the family. Engagement is the ongoing process that enables the family to be motivated to work with child protection and other services in planning and decision making and upon agreed goals (Guidance on family reunification, 2015).

WA uses the Signs of Safety Child Protection Framework when working with families. One of the principles of the Signs of Safety principles is ‘working relationships’ and speaks of constructive working relationships between professionals and family members, and between professionals themselves. Working in partnership with the family is important so families feel included and part of decision making, but relationships between professionals are equally as important to ensure effective practice and information shared (The Signs of Safety Child Protection Practice Framework, 2011). It is important that families have the strength to come up with their own solutions (Permanency Planning Policy, 2016).

Workers should engage children in any part of the assessment, if age appropriate. The United Nations convention on the rights of the child (United Nation 1989) stipulates in Article 12 that children and young people who are capable of forming a view, have the right to express these views freely in all matters affecting their lives. All states and territory governments throughout Australia have expressed their support for children being involved in decision making by establishing ‘Charters of Rights’ specially for those on out-of-home care (McDowall 2016).

Engaging the child, hearing their prospective and understanding their story is an essential aspect of case work. Good decisions are grounded in a strong appreciation of the child’s unique viewpoint (Miller, 2007).

2.7.3 Service delivery

Reunification requires a range of appropriate services and supports in place from when the child first enters care and beyond the return home, to meet the child and family’s needs (Wulczyn,
2004). Services should be designed to promote an environment to which a child can be safely returned home and to help maintain the environment after reunification.

Victorian research *Permanency Planning: working together for the best interests of the child.* (2016) states that there are many cases where the waiting lists or lack of access to services means the tighter legislated timeframes are unachievable. The cumulative and retrospective nature of timeframes means children may be put on permanent orders, before families have had adequate support to bring about change. Family services are already struggling to meet the growth in demand for early intervention services and greater complexity of child and family needs (*Permanency Planning, 2016*).

Research highlights the importance of more concrete assistance to families (*Fernandez & Lee, 2013*), well-resourced reunification plans (*Murphy & Fairlough, 2014*) and informed early intervention and prevention services (*FinWa, 2016*), but there is limited research to actually detail what services and supports are required to support successful reunifications.

It is essential that families are given the optimal level of assistance if they are to be given every opportunity to achieve reunification. However minimal resources have been announced in WA to support implementing the reforms. Service system responses remain reactive rather than preventative, with only $179 million invested in supporting families compared to $3.62 billion in child protection and out-of-home services, in 2014-2015 financial year (*SNAICC, 2016*). Given the lack of support available to vulnerable families both before and after children are removed to alternative care, there is a significant risk that a focus on permanent care could consolidate inter-generational family and community breakdown (*SNAICC, 2016*).

### 2.8 Workers’ practice

A parent’s perception of their relationship with their case manager can impact on the reunification process and success. If parents do not perceive and experience the caseworker as empathetic, deeply engaged and family focused they may lose their motivation to persist with reunification (*Cheng, 2010*). It has to be recognised that case managers are in a position of power and that power can be used positively and constructively to help people gain greater control over their lives, or it can be used inappropriately, reinforcing the existing disadvantages and inequalities experienced by families (*Thompson 2000*).

Families can often feel stigmatised and discriminated against due to the lack of understanding by others. The strength perspective approach urges social workers to be sensitive of their language when communicating with families so not to stigmatise, label or marginalise but ‘enable’ families and assume a positive and optimistic attitude (*Healy, 2005*).
The Taking Care framework findings, developed by NSPCC in the UK in 2012, suggested that parents appreciated social workers spending the time to discuss the process of reunification with them, as well as involving them in an in-depth assessment, as it helped them feel that they had a more active role, rather than passive role throughout the process. Treating families with respect, using power appropriately and being non-judgemental are all skills which lead to an effective assessment. Bordin (1979) says that the working alliance between the person who seeks change and the one who offers to be a change agent is one of the keys, if not the key to the change process.

2.9 Contact

When the primary permanency plan is for reunification, a child’s contact with parents needs to be regular and purposeful to support and assess the likelihood of reunification (Permanency Planning Policy, 2016).

When the likelihood of reunification is high, contact is valued because it promotes the child’s return home (Masson, 1997). As well as contributing to the overall emotional well-being of the child, frequent contact is linked to reunification (Farmer, 1996).

While there is no empirical research to guide decisions about frequency of contact from an attachment perspective, Haight, Kagle & Black (2003) use attachment theory to provide recommendations for understanding and supporting relationships between parents and children aged between two and six years. They place importance on a complex assessment and informed observations to avoid misinterpretation of behaviour by either parent or child as indicative of attachment difficulties, rather than grief or separation anxiety.

Research indicates that the level of contact between children and their parents plays a key role in if reunification takes place and how successful it is. The fundamental issue that should affect the amount of direct contact is whether there is a plan to return the child home to their birth parents (DoCS, 2006). A number of studies acknowledge that the amount of contact with birth parents is associated with reunification but is not the main predictor. Edward (2003) states that for contact visits to be beneficial they should be frequent and long enough to enhance the parent-child relationship and allow an assessment of parents’ ongoing interest and involvement with their child.

A study carried out in Victoria suggested that high frequency contacts 4-7 days per week for infants, which were being court ordered were not in a child’s best interest (Humphreys & Meredith 2011). Where they acknowledged that the maintenance of the infant’s relationship with their parents is critical if reunification is the goal, an infant also needed to settle into a predictable environment with a carer giver attuned to their needs.
2.10 Difficulties

Clare (2002) asks the question “why is reunification so difficult?” and highlights two key reasons: reunification is the highest-risk end of child protection intervention and there are inherent difficulties in mobilising and motivating parents to participate in reunification work. She goes on to say that even in situations where pre-reunification preparation has been thorough, we cannot know for certain how parents will respond to the stress of full time responsibility for their child, how the child will respond to the return home, or whether once the child is returned home the parents will continue to engage with workers.

A dominant view in Australia was that reunification should be the ultimate goal for all children placed in care (Moore 1995) and that reunification should be at the centre of meaningful child welfare practice (Fernandez & Lee, 2013), however this is not a view accepted by everyone. Farmer (1996) noted that once children were returned home many workers were unwilling to remove them again, even under circumstances which prompted their placement in the first instance. Farmer reported, that a proportion of children in her nation-wide study experienced further abuse or neglect and workers who had made the decision to return the child home, felt revoking that decision would be seen as a ‘failure’. This results in the development of higher thresholds of tolerance for marginal standards of childcare.

Family disadvantage was a significant factor in delayed or non-reunification. Difficulties for families who experience poverty, chronic mental illness, substance abuse and housing issues can lower the chances of reunification (Jordan & Sketchley, 2009). Other factors identified were financial difficulties and domestic violence. Multiple and co-occurring problems such as lack of supervision, poor parenting skills, domestic violence, substance abuse and mental health tend to have a negative effect on the reunification process (Fernandez & Lee, 2011). Research by Shaw (2010) and later research by Fernandez & Lee (2011), found that parents with substance issues had a lower rate of reunification. Other factors identified as increasing the likelihood of reunifications breakdowns are previous reunification failure and previous physical harm.

During the reunification process, emphasis is placed on parents learning to become good enough parents (DOH, 2000). However, assessing, teaching and learning parenting skills is a challenge and difficult task when the child is not in the care of their parents. There is a danger that parents are required to take on an impossible task and to prove their ability to parent whilst only being given limited opportunities to learn under supervision (Clare, 2002).

Reunification where family situations are not resolved sufficiently, or families have not received effective pre- and post-reunification support may lead to unsuccessful reunification attempts (Sinclair et al, 2006).
Parents can also feel powerlessness, sadness, loss and despair after having their children removed (Panozzo et al. 2007). They may feel unable to engage with their case manager, thus appearing non-engaged, defensive and not motivated in having their children returned home. Parents can be labelled as ‘failures’ and ‘noncompliant’ because we expect them to change at our pace rather than their own. Too often assessments focus on information-gathering but fail to consider and understand motivation and change, or engage parents in that process (Horwath, 2001).

2.11 When reunification may not be in the child’s best interest

Reunification with birth parents is not always in a child’s best interest and there are critical indicators that suggest reunification should not be pursued:

- Parents are not demonstrating a desire or willingness to be reunited with their child
- Parents are unable or unwilling to understand the harm experienced by their child, and are not willing or unable to change behaviours that led to their child being taken in to care
- The nature of abuse was so severe and/or repeated that it is likely to pose an unacceptable risk of further harm to the child
- Parents have not actively maintained contact with their child
- Parents are unable or unwilling to understand and prioritise their child’s needs
- Parents are unwilling to accept assistance to adequately care for their child and protect them from future harm
- Parents have not demonstrated a sustainable capacity to care for their child
- The child consistently expresses a preference not to be reunited with the parent/s

(Permanent planning practice guidance, 2016)

Although these indicators suggest reunification may not be in a child’s best interest, it is likely that these indicators are dependent on a variety of complex factors and should not be used as the sole reasons for not seeking reunification.

2.12 Indigenous issues

The Bringing Them Home Report (1997) identifies life-long and intergenerational repercussions of removing Aboriginal children from connection to family, community, culture and country. Research indicates that in Australia Aboriginal children are less likely to be reunified (Fernandez & Delfabbro, 2010).

The forcible removal of Aboriginal and Torres Strait Islander children from their families is referred to as the Stolen Generation. Children were removed from their families principally because of their
racial origins. These policies did not formally cease until the 1970s and their legacy remains (Briskman, 2007). Contrary to popular perceptions, those removed were not better educated, not more likely to be employed and were not receiving significantly higher incomes than those raised in their communities. At least one third of all the children removed have never been returned to their families or communities, intergenerational problems are heartbreaking and evident “The grief and anguish of being removed as a child is perhaps only matched by the grief and anguish of having your own children removed” (Briskman, 2007, p173).

The system remains overrepresented by Aboriginal children in out-of-home care. The figure has more than doubled in the last 10 years (Building a better future, 2016). One third of Aboriginal children are placed with non-Aboriginal carers. Reasons for continuing overrepresentation is complex and at times contested but can be attributed to the impact of early endeavours to assimilate Indigenous children into mainstream society and a lack of understanding of Indigenous culture. A monolithic view of family is still apparent in Australian society. This is constructed around the concept of the white nuclear family, with a breadwinner husband and a homemaker wife caring for the children (Costello, 2003). The reality and diversity of Indigenous family life is rarely formally acknowledged.

Although Aboriginal children represent 6.7% of the Western Australian population, they now compromise 52% of all children in out-of-home care. Like all children, Aboriginal children have the right to live safely, free from abuse and neglect, and in a stable and supportive family and community environment (SNAICC, 2016). While SNAICC supports stability for Aboriginal and Torres Strait Islander children in out-of-home-care, they have significant concerns and believe that the current approaches are not flexible or attuned to the reality that for an Aboriginal child their stability is grounded in the permanence of their identity in connection with family, kin, culture and country. Over the last few years permanency-focused legislative reforms have already been undertaken in some States: these provisions seek to limit the time during which reunification is pursued. SNAICC believe that “the current policy and reforms that seek to expedite permanent care are not appropriate to achieve stability for Aboriginal and Torres Strait Islanders children in out-of-home care and will cause more harm” (2016, p9).

In 2014–15, 11,675 (39.8 per 1,000) Aboriginal and Torres Strait Islander children were the subject of a child protection substantiation—almost 7 times the rate of non-Indigenous children (5.9 per 1,000). This is consistent with findings for previous years (SNAICC, 2016). The reasons for the over-representation of Indigenous children in child protection substantiations are complex. The legacy of past policies of forced removal, intergenerational effects of previous separations from family and culture and perceptions arising from cultural differences in child-rearing practices, are all underlying causes for their over-representation in child protection services (HREOC 1997).
and alcohol abuse and family violence may also be contributing factors (Scott & Nair 2013). Indigenous children are also over-represented in other areas related to child safety, including hospital admissions for injuries and assault; experiences of homelessness; and involvement in the youth justice system. A fundamental principle of permanency planning is the understanding that when children are unable to live with their family, efforts to promote connectedness of family and significant relationships with people who are important to them are essential to the child’s culture, identity and sense of belonging (Permanency Planning Policy, 2016). Early and diligent searches for extended family and use of kinship care for maintaining family connections form part of the Department’s parallel planning and ensures a secondary permanency plan of permanent care options are explored in all case planning.

The Aboriginal Child Placement Principle was developed in 1980 in response to the disproportionate number of Indigenous children in care. When a child is to be placed away from natural parents, then the current order of priority for placement should be:

(a) Placement with a member of a child’s family;
(b) Placement with a person who is Aboriginal or Torres Strait Islander in the child’s community;
(c) Placement with a person who is an Aboriginal person or a Torres Strait Islander;
(d) Placement with a person who is not Aboriginal person or Torres Strait Islander but who, in the opinion of the Chief Executive Officer is sensitive to the needs of the child and is capable of promoting the child’s ongoing affiliation with the child’s culture, and where possible family (The Children and Community Act, 2004, section 12 (2) p13).

2.13 Permanency Planning

Permanency planning was initially conceived in the mid-1970s for children in out-of-home care and had grown over time to encompass a systematic, goal directed and timely approach to planning for children subject to child protection intervention (Tilbury & Osmond, 2006).

Providing a child with stability, continuity of care and secure attachments is a key factor in ensuring positive long-term outcomes, but it is important to note that there is limited Australian research on permanency planning. A majority of the research comes from the UK and US. Tilbury & Thoburn (2008, p6) say “policy importation needs to be carefully analysed because of the different demographic, social, cultural, welfare and funding systems that exist”. What is an effective policy in one jurisdiction may not necessarily be effective in another.

2.14 Permanency planning in Western Australia
Permanency planning in WA uses the Signs of Safety Child Protection Framework (2011). A child coming into care presents a unique opportunity and during this period of intense crisis, parents may be more motivated to work with DCPFS.

If reunification is not likely within the permanency planning policy timeframes, a stable placement should be sought. There are many permanent care options including foster-care, family options or significant other. Permanency planning represents a shift in DCPFS long term focus on reunification with parents, to a renewed focus on achieving the best interests of the child through permanent care arrangements. Permanency planning, whether with parents or permanent carers is based on a number of research-supported rationales (Tilbury & Osmond, 2006).

Attachment theory underpins permanency planning (Tilbury & Osmond, 2006). Attachment theory says that early childhood relationships experiences with significant caregivers can have a positive or negative psychosocial outcome. Aboriginal and Torres Strait Islander people commonly question this narrow construct of attachment theory that centres stability on the singular emotional connection between a child and a carer (SNAICC, 2016). This has been described as “inconsistent with Aboriginal and Torres Strait Islander values of relatedness and child-rearing practices” (SNAICC, 2016 p7).

Additional rationales for permanency planning are research on brain development (Twardosz & Lutzker, 2010), stability and continuity (Harden, 2004) and identity formation (Tilbury & Osmond, 2006). Research on brain development shows that maltreatment can have neurobiological impacts on a child’s brain functioning with lifelong consequences for learning capacity, mental health and wellbeing (Twardosk & Lutzker, 2010). The importance of stability and continuity is recognised as an important factor in enhancing the developmental outcomes of children in health, academic, scholastic achievement and interpersonal skills (Harden, 2004). Identity formation promotes that a child’s sense of self is intimately connected to the nature of the interactions with significant others. Positive interactional messages can lead to a positive sense of self and identity (Tilbury & Osmond, 2006).

Both the Aboriginal Legal Services of Western Australia (ALS) and Western Australia Council of Social Services (WACOSS), had the opportunity to review the DCPFS draft permanency policy. Both stated that whilst they supported providing children who enter care with permanence and stability, they were concerned with the rigid timescales proposed, saying they were unrealistic and did not give parents a fair chance at reunification (Consultation on Permanency Planning, 2010). WACOSS said that the shift DCPFS is making in terms of its focus on permanency planning should in no way undermine the importance or investment in the reunification process. WACOSS felt that families must be engaged in the process at the earliest opportunity and decisions concerning
reunification must take into account the child’s best interest, their developmental needs, parental capacity and the assessment of harm or future risk (WACOSS, 2010).

The total number of children in out-of-home care continues to increase. The number of children in out-of-home care rose from 2,477 in January 2007 to 4,547 in January 2016. Children in care numbers are projected to rise to 5,710 by 2020. The child protection system must implement strategies to reduce the growth and more effectively manage those children already in out-of-home care (Building a Better Future, 2016).

2.15 Reunification and permanency planning

The reunification process and practice guidelines for case managers sits within the Departments’ Permanency Planning Policy. Although permanency planning should not be confused with ‘permanent care’ (Permanency Planning Policy, 2016), workers have said that without its own policy reunification can get lost and not be viewed as a priority for case managers, who are busy exploring long term care options.

Although the policy includes meeting with parents regularly, involving them in decision making and working collaboratively with other professionals through the Signs of Safety framework, the documents used to record decisions and plans have become long, complicated and confusing and do not give parents clear tasks on what they need to do to get their child home. Why is there not a policy written specifically to guide workers on achieving reunification? The reunification process from when a child enters care to when they return home, a practice guide for workers, assessments tools and planning required, clear and concise documentation for parents, services and support available for parents and examples of post reunification supports are all needed.

Reunification is a risk and without clear practice guidelines and support workers may feel too ‘risky’ to undertake and may concentrate on the secondary plan of permanency instead of working towards reunification.

2.16 Parallel planning

Concurrent (parallel) planning was designed in the 1990s as a model of permanency planning that involves families while at the same time, developing an alternative plan (Katz, 1999). This includes engaging in intensive reunification work with families in a timely manner, whilst placing children with relative or foster families in the event reunification cannot occur or fails (Tilbury & Osmond, 2006).

The available research on parallel planning although limited, suggests that the practice has be helpful in finding permanent homes for children in a timely manner. However, some critics have
raised concerns that parallel planning undermines reunification efforts, case managers tend to work less vigorously towards reunification and parents may have difficulty working with case managers when they know there is an alternative permanency option being pursued (Wulczyn, 2004).

2.17 Legislative changes

In 2012, Protecting Victoria’s Vulnerable Children Inquiry highlighted the need for greater stability for children in care for whom reunification fails or is not possible. The inquiry found that it took on average five years to obtain a permanent care order for children, during which time they may have moved through multiple placements and been exposed to additional trauma. In 2013, the then Department of Human Services in Victoria undertook a year-long study, the Stability Planning and Permanent Care Project, examining 1,332 cases to better understand why finding permanency for children took on average 5 years. The project showed that whilst most children returned home within one to two years, the small percentage of children reunified after being in care for five years or more had increased as stability planning experienced delays or barriers. The Child, Youth and Families Act (2005) in Victoria was found not to drive timely reunification or provide long-term stability for children. There were also inconsistencies between case plans and court orders that led to children drifting in care. The project sought to focus on permanency planning to align court orders and case plans and contributed to the development of the permanent reforms, which were passed by Victorian Parliament in September 2014.

Permanency planning legislation in Victoria came into effect in March 2016, some of the key legislative changes included:

- The introduction of timeframes for reunification (12 months and the possibility of an extension of 12 months)
- After a permanent care order has been made, there is a maximum of four contact visits in the first year
- Case planning begins earlier
- Cultural support planning is required for all Aboriginal children in out-of-home care, not only those on guardianship orders
- A Court cannot make a permanent order for an Aboriginal child, unless an Aboriginal agency has provided a report to the court that recommends the order for the child.

Following the legislative changes in Victoria some issues were raised by community service organisations. Concerns in relation to resourcing was a key issue, organisations felt that family services were already struggling to meet the growth in demand for services and greater complexity of children and family needs. Services to address drug and alcohol abuse, mental health issues,
family violence, disability in combination with mental illness were not able to meet the current demand or provide timely access to families, as waitlists or lack of services meant the legislated timeframe of 12 months, or 24 months was unachievable.

Currently in WA permanency planning is just a policy and there is no legislation in Western Australian Court system which supports the changes. Legislation amendments were made to the Children and Community Act 2004 to allow permanent placements through the introduction of Protection Orders (Special Guardianship). This order enables parental responsibility for the child until they turn 18, being transferred to the special guardian, which means the child is no longer in the care of the CEO. These orders are used when children are on a protection order until 18 and have been living in relative foster care placement or non-relative foster care placement for a number of years, to achieve stability and permanency. These orders still enable contact to take place with parents through the guardian but are usually only granted if the parents agree or are not involved with their child.

ABC News reported in February 2016 that Emma White, Director-General of DCPFS said that WA was considering following other states by setting a time-limit on temporary care arrangement. This would mean a permanent court decision on the future of a child would be made within two years (Gartry, 2016). If reunification was not possible after 24 months of a child being placed in care, the child would be placed with a permanent relative carer or foster carer until they were 18 years old. Within the report an ex foster child agreed that many problems are caused by uncertainty, she felt decisions should have been made earlier in her life, as she had around 10 carers in the course of her childhood. A foster carer was also quoted as saying “If nobody knows what the timeframe is, it is difficult for everyone. It is difficult for the children; it’s hard for the carers to get them to settle” (Gartry, 2016, p 2).

Western Australian government legislative changes would mean a permanent court decision on the future of the child must be made within two years. Where it is acknowledged that proposed changes would create stability and certainty for children, there are concerns that the changes will make it even harder for birth families to get their children back (Gartry, 2016).

Family Inclusion Network of Western Australia (FinWA) put forward a submission to DCPFS in February 2016 with regards the legislative reforms regarding permanency and their new policy. FinWA felt that measures could be taken to promote permanency for children, without the need for legislative reform, stating that there is a fear that stability, continuity, safety and security for children will be lost to a prescribed set of practices and mandated set of interventions by the judiciary and the department. FinWA felt the new permanency policy will compromise DCPFS attempts to present as a ‘helping’ rather than ‘policing’ agency. This holds a particular relevance for
Aboriginal families, who often hold the image of ‘the welfare’ as the people who take away your children.

FinWa (2016) said families voiced strong opposition to proposed legislative changes in purpose and timeframes of protection orders, stating legislation to improve early decision making for children reduces parents’ capacity to address complex and multi systemic problems. Learning from Victoria following similar legislation may push courts to reunify prematurely or rule against reunification pushing more children into out of home care.

Reunification is a major event in a family’s life. Research promotes that where possible children should be reunified with their parents in a timely manner to enhance positive long-term outcomes for children. Even though reunification is the primary goal of DCPFS the process of getting children home has many challenges facing families, workers and the child protection system, which is why research with case managers is essential in identifying strengths and barriers in planning a way forward regarding the reunification process.
3. Chapter Three: Methodology

The mission of social work has always been to identify and combat causes of oppression, social inequality and advocate for social rights. Social work research should provide the basis for politics and practices that alleviate these conditions and advance social rights (Marshall, 1964). Richie and Lewis (2003) say that research is deemed good if it provides rich evidence and offers credible and justifiable accounts; can be made use of by someone in another situation and research process and findings can be replicated.

Case managers in child protection are guided by laws and policy frameworks when undertaking their role. The aim of my research is to gain an understanding of how those laws and policies can be transferred into practice and work towards the Department’s primary goal of achieving reunification in a timely manner. In the field of social work research, the knowledge production about the state of nature (poverty, mental health addiction or some other social problem), guides the practical decisions about how to respond to it (Garrow & Hasenfeld, 2015).

This chapter explains how I undertook my research and the methods used to answer my research question. This chapter also addresses how I gained ethical approval and some of the limitations I found while completing my research.

3.1 Research Question

My research question is “What are case managers’ perspectives on how to achieve timely reunification?”

3.2 Epistemology and Ontology

Epistemology relates to the theory of knowledge, especially with regards to its methods, validity and scope and the distinction between justified belief and opinion (Dudoviskiy, 2018). Epistemology is concerned with the questions “What do you know?” and “How do you know it?” (Vanson, 2014). My epistemological positioning for this research is to accept that the knowledge to be explored here is subject to different and specific interpretations by the case managers.

There are a range of epistemologies including constructionism- meaning is not discovered but constructed. What Constructionism claims is that meanings are constructed by human beings as they engage with the world they are interpreting (Crotty, 1998). In this understanding of knowledge
different people may construct meaning in different ways, even in relation to the same phenomenon.

Constructionism according to Crotty (1998, p 42) is “all knowledge, and therefore meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world and developed and transmitted within an essentially social context”.

Ontology sits alongside epistemology informing the theoretical perspective, for each theoretical perspective embodies a certain way of understanding what is (ontology) as well as a certain way of understanding what it means to know (epistemology) (Crotty, 1998). Ontology issues and epistemology issues tend to merge together. Identification of ontology at the start of the research process is critical as it determines the choice of research design (Dudoviskiy, 2018). Ontology asks the question ‘What is there?’ (Vanson, 2014). If we make the ontological assumption that the state of nature is not an objective reality independent of us but socially constructed, then the epistemic rules assume that knowledge is socially constructed, and the role of the researcher is to understand how and why such reality is constructed (Burr 2003). The epistemic model we adopt will determine how we define the conditions of nature (ontology) what research question we pose; how they are studied; what conclusions are available (epistemology) and by implication, what are the normative consequences for practice.

3.3 Theoretical Perspective and Methodology

My research was to find out how reunification can be achieved in a timely manner by participants involved in the reunification process with parents. To achieve this outcome, I used grounded theory as my research methodology. A goal of a grounded theory study is to discover the participants’ interviewed main concern and how they are trying to resolve it. The question researchers repeatedly ask in grounded theory are “what’s going on?” and “What is the main problem of the participant and how are they going to resolve it?” (Charmaz, 2006).

As I wanted to explore case managers’ current practice and views regarding reunification with the goal of putting into place different strategies and practice to achieve reunification in a timelier manner, grounded theory felt the most appropriate approach. It allowed me to think about and conceptualise my data collected through my interviews. “Grounded theories, because they are drawn from data are often likely to offer insight, enhance understanding, and provide a meaningful guide to action” (Strauss &Corbin, 1990, p12).

Grounded theory is a theory development based on data collection gathered through qualitative research. Qualitative methods can be used to explore areas about which little is known or about which much is known to gain novel understandings (Stern, 1980).
By using a qualitative approach, participants working in the child protection system were interviewed to get their views and experiences on achieving reunification in a timely manner. Through this process events and experiences were retold by participants to me, the researcher, which became a reconstruction of actual events. The reconstructed data were filtered once more through the eyes of the researcher, who then constructs a theoretical formulation. Thus, not only is this theory a reconstruction of events but a co-construction between researcher and participant (Corbin, 2005).

For my research I am using the approach of interpretivism. The interpretivist approach is based on naturalistic approach of data collection such as interviews and observation. With the interpretivist approach, the conclusions are derived from the interpretation of the participants rather than the abstract theories of the researcher or scientist (Vanson, 2014). Before interviewing participants, the researcher will often need to have some detailed knowledge to understand the meaning, values and context of the participants’ data.

My research consisted of ten interviews conducted with child protection workers within the child protection system. I conducted my interviews with case managers within my own workplace and on a topic, I have an interest in and know a lot about, which makes me an insider-researcher. An insider researcher refers to when researchers conduct research with populations of which they are also members (Kanuha, 2000). Bonner and Tolhurst (2002) identified three key advantages of being an insider researcher: (a) having a greater understanding of the culture being studied; (b) not altering the flow of social interaction unnaturally; and (c) having an established intimacy which promotes both the telling and the judging of truth. Furthermore, insider-researchers generally know the politics of the institution, not only the formal hierarchy but also how it “really works”. They know how to best approach people. In general, they have a great deal of knowledge, which takes an outsider a long time to acquire (Smyth & Holian, 2008).

By being an insider researcher, I felt it allowed me to concentrate on my research question and interviews rather than having to spend time learning about the department, office politics and departmental policies and procedures. I felt comfortable in the environment and asking my prepared questions, but also able to adapt my questions in response to the participants’ answer or lack of depth in answer, due to my own knowledge and experience the field. I did need to be mindful though that working in the field of child protection as the researcher my perspective will influence the questions raised and how I interpret the responses I receive through my interviews.

For each of the ways being an insider researcher enhances the depth and breadth of understanding a population, questions about objectivity, reflexivity and authenticity of a research project are raised because one knowing too much or is too close to the project and may be too similar to those being studied (Kanuha, 2000). By knowing the setting and work place I needed to
ensure that I did not make the assumption that I already ‘knew’ everything but have an open mind, as if hearing comments/stories for the first time. I also needed to be aware that there may be an assumption on the part of the interviewees that I do ‘know’ what they mean when responding to my questions, which may have limited their response or depth of response. To overcome this, I tried to ask clarifying questions to ensure a thorough answer given. When transcribing it was evident that some of the answers given would have been confusing if I was not familiar with the subject due to incomplete sentences and innuendoes. I was also aware that some of the participants may just be telling me what they thought I wanted to hear instead of their true perspective. To avoid this, I asked them about their own experiences and kept moving the conversation back to their cases to ensure I was hearing their opinion and experiences in the field. Throughout the interviews I ensured that I did not ask leading questions, so not to influence the participants’ replies. Although it was difficult not to engage in a conversation with participants about our mutual experiences, I made sure I kept my boundaries by remaining in the interviewer role and listening to the participants’ response with an open mind.

3.4 Research Design

Research design can be divided into two groups; exploratory and conclusive (Dudoviskiy, 2018). I am using exploratory research as its aim is not to provide a final and conclusive answer to my research question, but to give an insight into the reunification process within the child protection system from the perspective of case managers.

3.5 Data collection

To answer my research question, I interviewed ten workers at two different Metropolitan districts in WA. This was due to one of the districts already having an established reunification team, which gave me the opportunity to compare the two offices and the possibility of hearing a variation in practice. The interviews took place in a private room and lasted for about one hour each. The gender ratio was eight female workers and two male workers. All the participants had experience ranging from two to twelve years with most participants working for the Department for over six years.

I referred to Departmental frameworks; Signs of Safety Framework and the Care Team Approach Framework and Department’s policies including, The Permanency Planning Policy (2016) to give me the background to current practice which helped me to form my questions.

I read research from the UK and US regarding contact visits and their permanency planning processes in relation to their reunification process and long-term care options to get a different perspective of how other child protection systems work.
3.6 Sampling

My research sample consisted of in-depth unstructured interviews with ten case managers, who have engaged with families through the reunification process in two different districts within the Department. The participants were fully informed of the purpose, process and intended outcome of the study and were active subjects in the research process. To recruit ten volunteers, I sent an email to both offices explaining my research and asking if anyone would be interested in being interviewed. Once I received a response, I arranged a day and time to suit myself and participants. Each participant was given information before the interview took place, detailing how the interview would be conducted, and timeframes expected for the interview and how the interview data are to be handled. Each participant was asked to consent to being part of the project by signing a consent form.

3.7 Method

Although there are many forms of collecting research data, I used interviewing as my method to gain information from case managers regarding reunification process. I chose unstructured interviews as the aim of my research was to explore the topic from the perspective of the participant. This is often the method used where there is one interviewer conducting interviews with a small number of people (Walter, 2010).

Part of my role as the researcher was to book and prepare the rooms at each office ensuring participants were available at the designated time agreed.

At the start of the interview I spent time building a rapport with the participants I had never met before and provided information about my research and my role.

Although my interviews were unstructured, I still needed to develop an interview guide which consisted of a few questions and themes I wanted to address. This ensured all key areas were covered during the interview (Walters, 2010). I started with two clarifying questions to get the interview started; to ascertain their role and experience with regards to reunification.

- How long have you worked for the Department?
- Have you been involved in reunification work?

I then asked participants about their own experiences with reunification cases they had worked on and what helped and hindered the work and process and any recommendations they may have.
My questions were designed primarily to be open (examples of topics shown in Appendix A), allowing participants to guide the conversation towards themes they identified themselves. I felt this would allow participants to give their own views and opinions on how they feel reunification should proceed and what the barriers are. I found I did not stick specifically to my interview guide, as some participants responded with lots of information that related to my research and a few gave very short responses, so I had to encourage them to expand on the question or get more clarity around their answer. I used reflecting questions (Walters, 2010) to clarify that I had understood their answers. The interviews were audio recorded with permission and transcribed. During the interviews I took notes to remind me as a prompt for follow up questions during the interviews.

3.8 Data analysis

To analyse my data collected from the interviews I used thematic analysis as it is one of the most common forms of analysis in qualitative research. It emphasises pinpointing, examining and recording patterns (or themes) within data (Braun & Clarke 2006). Bazeley (2013) suggests that if interviewing participants is the method used then there is real value in the researcher transcribing the interviews or at least reviewing and editing the transcript themselves. I transcribed four of my interviews myself and had the other six transcribed for me due to the time restraints. The initial phrase of thematic analysis is for the researcher to familiarize themselves with the data. Reading and re-reading the material is crucial, while taking notes is important in order to begin developing potential codes (Braun & Clarke 2006). I read and listened to the interviews several times as well as editing where the transcriber had misheard a word or translated incorrectly. Bazeley (2013) emphasises the importance of keeping all the ‘ums’ and ‘mmms’ in and pauses as well as the interviewer’s questions to provide context for the responses.

The second step in thematic analysis is generating a list of items from those data that have a recurring pattern, which is called coding. The coding process involves going over the data until you identify the final themes (Braun & Clarke 2006). Through listening to and reviewing the interviews several times I began to highlight recurring themes. I was able to identify frequency of words/phrases and organise into key issues and recurring themes by highlighting words/phrases used and repeated by participants throughout their interviews. Once I had recurring phrases/words I was about to group these into themes linking similar topics/areas of concern together.

This form of data analysis links to grounded theory methodology, a way of thinking and conceptualising data (Charmaz, 2006). Once the data are collected, grounded theory analysis involves the following basic steps.
<table>
<thead>
<tr>
<th>Stage</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codes</td>
<td>Identifying anchors that allow the key points of the data to be gathered</td>
</tr>
<tr>
<td>Concepts</td>
<td>Collections of <strong>codes</strong> of similar content that allows the data to be grouped</td>
</tr>
<tr>
<td>Categories</td>
<td>Broad groups of similar <strong>concepts</strong> that are used to generate a <strong>theory</strong></td>
</tr>
<tr>
<td>Theory</td>
<td>A collection of categories that detail the subject of the research</td>
</tr>
</tbody>
</table>

(Bernard & Ryan, 2010).

Through my data analysis I was able to follow these steps when identifying my final themes, an example is shown in Appendix B.

**3.9 Conceptual Perspective- Systems Theory**

Through my interviews and analysis of data collected I was able to group together codes I identified, putting them into categories. These categories highlighted the importance of systems theory on the reunification process as it is a paradigm for organising and assessing a family’s environment.

**3.9.1 System Theory**

Constructivist theory states that a person’s understanding and knowledge of the world comes from processing and organising personal experiences. Constructivism principles maintain that each person creates their own knowledge and understanding through exploring, investigating and experiencing- or using their five senses. Maslow’s (1970) theories have a strong constructivist foundation. He believes that in order to discover their true identity, individuals must move through a hierarchy of needs where one level builds on the other to lead to self-actualization. Maslow theorized that human behaviour is motivated by needs. Therefore, parents, by meeting their child's needs (or helping them meet their own needs), they are also helping them "create themselves" or achieve their full potential. Maslow's theory provides an important framework within which to view family reunification.
Systems theory as applied to family reunification services is a process of identifying the system in which the family is involved and designing solution-oriented interventions to fit those dynamics (Walton et al, 1995). Within an assessment the identifications of strengths within the family should be made. A focus on family strengths is an important consideration in any child protection intervention. When strengths are identified, they can become the foundation for continued growth and positive changes in a family. Strengths based assessments need to take place immediately to assist caseworkers in making decisions regarding the possibility of reunification and other permanent options. Decisions about the possibility of reunification should be made based on comprehensive, culturally respectful assessments of the family’s strengths, needs, current care issues, history and the needs of the child. If reunification becomes the goal, supports must be provided and intensive casework to achieve this outcome (Horwath, 2001).

When assessing families an understanding of the child must be located within the context of the child’s family, and of the community and culture in which he or she is growing up. Bronfenbrenner (1979) argues that in order to understand human development, one must consider the entire ecological system in which growth occurs. The significance of understanding the parent-child relationship has long been part of the child welfare practice, less so the importance of the interface between environmental factors and a child’s development, and the influence of these environmental factors on parent’s capacity to respond to their child’s needs (Jack 1997). Living on a low income in a rundown neighbour does not make it impossible to be affectionate, authoritative parent of healthy sociable children, but it does make it more difficult. If families are seen as resistant or unmotivated, it may be that basic needs are, in Maslow’s (1970) terms, prepotent or unfulfilled. For many families, reunification services must address prepotent needs through the provision of concrete services, for example food, transportation, or cash assistance. Concrete services are integral to family reunification and Maslow’s Theory undergirds this element of the service model (Walton et al, 1995). Bronfenbrenner wove an ecological framework around the concepts of parenting roles, life stressors and social supports. He argued that child-rearing practices are a function of the interplay between a person and his or her environment (Walton et al, 1995).

The Framework for the Assessment of Children in Need (2000) from UK clearly outlines the assessment tool used in this assessment taking into account the three domains: the child’s developmental needs, the parent’s capacity to meet those needs and the wider family and environmental factors. The interaction between the three domains and the way they influence each other must be carefully analysed to gain a true picture of the child’s unmet needs and identify how to respond to them. The family environment in which a child is born will exert the most powerful and long-lasting influence over their development and future life chances (Horwath, 2001).
A wide range of environmental factors can either help or hinder the family’s functioning, including family history, wider family, housing, employment, income, family social integration and access to community resources (The Framework for the Assessment of children in Need and Families, 2000). The complex interplay across the three domains should be carefully understood and analysed when assessing families and working with them to achieve change and the goal of reunification.

3.10 Ethics

Ethical research is concerned with ensuring that ethical principles and values always govern research involving humans (Walter, 2010). Treating participants ‘fairly and equally’ is imperative, however, it remains an ethical issue how ‘treating fairly’ is interpreted (Somekh & Lewin, 2005). When carrying out my research, I needed to consider many issues including: ensuring the interests of the research participants above my own needs of obtaining research outcomes, deadlines and interviews; the impact on participants; only collect data from those who have given written consent and that records are retained, stored and managed according to professional, organisational and legal requirements (Australian Association of Social Workers, 2013). Written approval from appropriate ethics committees, safety and other regulatory bodies must be obtained when required (Australian Code for the Responsible Conduct of Research, 2007).

Informed consent: The principle of informed consent ensures that research participants are fully informed about what the research is about and what participation will involve and that they make the decision to participate without any formal or informal coercion. This is essential to ensure that workers do not feel their decision to participate or not participate will impact on their role or status within the Department. Participants need to be aware of their rights to withdraw from research at any time.

I provided participants with an information sheet - Appendix C and a consent form - Appendix D.

Ethics approvals: I applied to UWA in December 2016 to gain ethics approval to carry out my research. Following some slight modification, I received Human Research Ethics Approval in March 2017 - Appendix E.

As I work for Department of Communities, I was required to obtain approval from the Department’s Research Panel before I could undertake any research. I initially applied in July 2016 but did not receive approval until May 2017. I received approval by Department of Communities with the following conditions;

- that I interviewed case managers from two districts. This was due to one district already having an established reunification team.
• project aims, methodology and interview questions were reviewed to narrow the scope to case managers only
• equal consideration given to successful and unsuccessful reunification and consideration given to Aboriginal children with their families and
• any report, presentation or article provided to Department of Child Protection and Family Support prior to release or submission to allow the opportunity for review.

3.1 Limitations

The participants I interviewed were departmental workers so had an interest in reunification and a belief in parents having their children returned. They volunteered to participate. If I had interviewed workers without an invested interest in reunification, the outcome may have been different and different themes may have emerged.

Working as a social worker myself within the Department and due to my own experience of working with parents on reunification I have my own pre-assumption as case manager and how reunification can be achieved. Although I tried not to form my own conclusion before I had undertaken my research, it was hard not to pre-empt the common themes that would emerge.

I only interviewed ten case workers which probably has not given me a broad enough view/opinion, as it only gives the experience of a small group of case managers. Due to a small number of interviews I’m unable to achieve the in-depth understanding I might achieve with a larger data sample. However, this was an exploratory study and the results provide information which can be used to develop larger studies.

When I asked for volunteers, I only received interest from two male workers, which although gives an unequal balance of male/female perspective, it was not surprising as the gender ratio within the Department is female dominant.

This chapter has explained how I undertook my research, the methodology and method I used to collect my data and analysis the content, to enable me to identify common themes through interviewing case managers in child protection
4. Chapter Four: Common themes /findings

Following my interviews with ten participants from The Department of Communities, Child Protection and Family Support, I read through the interviews several times and listened to the audio recordings several times as discussed in more depth in chapter three. Through this process, I identified five common themes: Structure of contact and assessments, the importance of safety planning and post reunification support, the parent’s motivation being essential, the organisational structures in place and consistency of staff and barriers identified when reunification is planned.

4.1 Structure of contact /assessments

4.1.1 Where contact held

When reunification is the goal for families contact between parents and their children is essential to develop and maintain the parent-child relationship, as at some stage the parent will become the primary carer giver. When a child is brought into the care of the Department contact will be arranged to give the child and parents the opportunity to spend time together and maintain their relationship, while the Department works with the family.

All participants were asked about contact arrangements as one of the primary mechanisms of reunification between parents and their children. They spoke about contact being set up initially at the office to start with for safety reasons. Participants spoke about building trust with parents before contact could be moved from the office to another venue. Children are brought into care due to child protection concerns, which could include drug misuse and violence. Both these issues have a huge impact on a child’s safety, care and emotional wellbeing. Everyone agreed that contact must be in the child’s best interest. If contact was not in a safe environment where the child’s needs were consistently met during the contact time, then the Department could be re-traumatizing the child, exposing the child to risk and not giving a clear message to the parents that their behaviours must change.

Several participants said that the office was artificial and not child focused and felt that parents felt uncomfortable. Participants felt that if parents demonstrated change quickly contact progressed.

One participant said they did not like arranging contact at the office as the environment is clinical and not child friendly. They felt that parents found it difficult to interact with their children as being watched and judged by workers. They preferred to have contact at a public place or the park but did make reference to ensuring the parents were acting appropriately and not drug effected before this could happen.
Participants felt that if contact remained at the office too long it was detrimental to the reunification process, but if contact stayed at the office due to safety concerns the likelihood of reunification was reduced.

Several participants spoke about contact moving from the office to the enhanced family centre where it is more child focussed. Contacts are still supervised, but less formal as there is more space and equipped with toys. Surprisingly some participants did not know about any programs that their enhanced contact centres held and thought it was run just like a play group for parents and children to attend.

Participants spoke about contact not moving into a public area if parents were still presenting as aggressive towards workers or each other.

Once reunification becomes the case plan goal participants spoke of contact moving to the home, so children become familiar with the environment, this allowed contact to become more of everyday life, part of daily routines and daily structure. Parents are having to learn to manage their child’s needs and the household chores, which is what the situation will be once the child is home full time.

4.1.2 How often contact took place
Some participants said that they set up contact once a week initially whereas a few said depending on the child’s age, contact could be three to four times a week particularly if a baby or pre-school age.

Participants spoke about contact being increased in duration and quantity through assessing safety, if contact was safe enough supervision would decrease. One participant said that one family she was working with, the mother was very motivated, she was willing to do anything she was asked to do and was engaging well with the case worker. She attended regular contacts, so her contacts increased very quickly.

Each participant spoke about slightly different time scales with regards to increasing contact. Some had only one supervised contact at the office once a week for a while before increasing to two contacts. All participants spoke about it being dependent on individual families as to how quickly contact increased and took into consideration the concerns surrounding why the children were brought into care.

Contact also depended on if the children were at school, as this impacted on times and length of contact that could be facilitated. Babies and younger children tended to have contact more often as easier to arrange and gave mothers the opportunity to bond with their babies, especially if they had come into care from birth.
Participants spoke about once a Non-Government Organisation (NGO) reunification program was in place, children tended to go home quite quickly as intense work was being undertaken, as well as observations and monitoring taking place.

4.1.3 Criteria for contact
All participants spoke about a safety plan being put in place before contact could be in the community, to ensure everyone’s safety and that parents had to adhere to the plan or contact would be moved back to the office.

Participants spoke about parents having to undertake urinalysis three times a week and be providing clean results for contact to go ahead and be moved out of the office environment. All participants were clear that contact did not go ahead or was suspended if parents arrived drug affected, due to the impact this would have on the child and safety risks it presented to the child and supervisor.

4.1.4 How monitored /assessed
Several participants said that they spoke to the parents about contact and what was expected of them, putting in place some rules/boundaries. Some participants used contact agreements to ensure parents agreed to the expectations set out by the Department. Ensuring that parents knew if they broke the agreement then contact would be suspended, so there were no surprises. They felt this process was open and transparent for everyone involved.

Participants agreed that the monthly meetings that are now in place as part of the Permanency Planning Policy provided a regular time to discuss contact with parents, any concerns, any progress made and discuss increasing the time or changing the venue. Several participants also felt that the monthly meetings enabled a parallel process to take place between contact and engagement with services. If parents were engaging and working on their other issues, then contact could progress, if parents were hitting blocks in other areas contact could be kept the same or reduced.

Several of the participants spoke about parents being required to attend the Circle of Security Program (COS) for contact to take place. Some participants knew that the program was run at the enhanced contact centre and that parents with pre-school children were referred for the program, which runs during term time.

Several participants although working in a reunification team did not know if the COS program was run at their enhanced contact centre. A few participants were able to say that they had referred parents to circle of security through different avenues. Some participants didn’t know how to refer
to the program, but all agreed it was a beneficial program when used as part of the reunification plan.

Some participants spoke about the contact workers, family resource employees (FRE) who transport the children to contact and supervise the contact between the parents and child. Some participants were very happy with the support they gave the families and feedback they provided. These participants felt that the FRE played a major role as to whether reunification progressed or not due to their observations and report feedback. Participants did agree that this also depended on whether the FRE was a consistent worker, they felt that if the FRE was regularly changing this impacted on building a relationship and trust between worker and parent. Several participants felt that the FRE were inexperienced and did not understand the complexity of cases, so at times may not pick up on safety concerns or became too friendly with parents. This could result in some blurred boundaries, which could become very problematic as the FRE might not report anything negative to the case managers, or was easily influenced by the parents, relaxing the rules and sharing too much information about the child’s carer or other workers.

One participant reported that due to the blurred relationship between the FRE and a mother, the evidence provided by the case worker to Perth Children’s Court in a care proceedings case was undermined by the FRE reports and verbal evidence in court. The FRE praised the mother during contact time and gave a very different view of the case, bringing into question the Department’s application for long term orders.

One participant said that neglect was a major concern with a family they worked with, so during contact the Department needed to see the parents presenting on time, coming with appropriate food, meeting the child’s needs, ie changing their nappy, taking them to the toilet and interacting with their child before contact was increased, as these were the areas of concern that needed addressing. If parents were addressing areas of concern the contact could move to partial /semi-supervised at the office with workers popping in during the contact time to check everything was ok. Some participants said that the next step would be at the home, whereas several participants felt contact in a public place was the next step and contact at home was not introduced until reunification plans were in place.

When asked what assessments took place to inform the Department on the progress being made by parents, most participants spoke about parents keeping to safety plans, completing urinalysis and engaging with services, such as mental health services, drug and alcohol services, domestic violence services, but not about any specific assessments they may have undertaken themselves. Several participants spoke about assessments being ongoing as part of the work, assessments took place through observing parents, monitoring cases and feedback from services.
Participants spoke about the complexity of cases and so many issues impacting on families, that they had often had parenting capacity assessment carried out by independent psychologists. They also felt that an independent assessment was better evidence for court as can be seen as an unbiased opinion. They felt that although a Departmental psychologist has the skills and they do amazing work, they are often discounted by the courts.

Participants appeared to rely on external Non-Government Organisations (NGO) agencies such as Wanslea or Uniting Care West to undertake parenting assessments, look at the social and environmental factors impacting on families and decide as to whether children should be reunified as part of their program. Participants did mention that they had so many cases that they did not have the time to undertake reunification plans, which is why they referred out to NGOs. Participants did not mention the Department’s Integrated Parenting Capacity Assessment, which is in the Department Case Practice Manual and a very useful assessment tool in assessing parent’s motivation and capacity.

One participant when asked about parenting assessments, said that the Departmental psychologist carried out parenting assessments as it was not their role, questioning as to whether the role of social workers has changed or are social workers becoming de-skilled as compliance takes over.

4.2 Importance of Safety network-post reunification

4.2.1 Who gives continuing support?

Participants spoke about family and community supports needing to be in place as the Department and most services are not around at the weekends and are only around 9-5pm during the week. “Things don’t usually happen between 9-5pm its usually at 3am on a Saturday morning- parents need a safety network they can go to at all times “

Most participants said they felt it was 50-50 as to whether parents can develop a safety network of people. Sometimes the people parents nominate to be part of their network aren’t assessed as appropriate by the Department. Trying to build a parent’s resilience and connecting them to different services in the community is essential for some families.

Several participants said that the only long-term solution in terms of safety for children is safety plans with family and community supports in place who are willing to stay the course. One participant said that the only way one mother she worked with was able to have her child home was that the grandmother popped in everyday to check everything was ok. The mother could meet the child’s needs most of the time and provide a safe home environment, but due to her mental health at times she became depressed and unable to cope. If the grandmother arrived and assessed her daughter as struggling, she would take her granddaughter with her until the mother’s
mental health improved again. The grandmother could not care for her granddaughter full-time, but this safety plan prevented the child being in care and enabled her to live within her family system.

Participants all spoke about the importance of safety planning to monitor the safety and wellbeing of children once they returned home. They spoke about families needing family, friends and community members on their safety plan not just services as,

“services do not equal safety”.

One participant spoke about Intensive Family Support (IFS) teams playing a role post reunification. They said that now that the Department has restructured and has family intensive support team in each district that instead of closing a case once reunification was completed and the protection order expired, families could be referred to IFS team for family support to prevent relapse impacting on families, home life deteriorating quickly, and children being brought back into care. This does not appear to have happened yet or been suggested, but a could be beneficial to families and a way to continue monitoring and supporting families post reunification.

4.2.2 For how long should support be there?
Participants spoke about while reunification is taking place that there is intense work being undertaken by families, case workers, NGO workers and support services. Once the program finishes, which may be twelve to sixteen weeks the support/services disappear, and families may end up struggling again.

One participant spoke about a reunification case they had been involved with, working with a mother who had a history of domestic violence, substance abuse and mental health issues. The mother had stepped up, done everything the Department had asked her to do and her children were returned to her care. The Department continued to monitor the case for six months and then closed the case as everything appeared to be going well. The mother had very little family support. Over the next six months the other services/supports who had been helping her finished and things began to deteriorate as she became isolated and lonely. She became very low and her mental health began deteriorating, she stopped taking her medication as no one was there monitoring her and then she relapsed back onto the drugs as associating with her old friends. She got back into a violent relationship and the police started becoming involved due to violent incidents. She went to a refuge but was kicked out due to her drug use. She appeared to be on a six-month cycle and could not sustain the changes she had made without the support and services in place, so her children were brought back into care. The participant felt the Department had supported the mother well but not for long enough. The worker had spoken to the mother’s GP who felt that she had progressed well, but was concerned that the Department were closing the case too soon, as there is always
the risk of relapse after six to twelve months. The GP was right as the mother did relapse and without the supports still in place, she was unable to pull herself back.

One participant said that the Department had suggested to a family about revoking the protection order six months early as everything was going so well, but the father asked the Department to stay involved saying he felt he still needed their support. The participant said they understood why the father said this, as just because children are reunified it doesn't mean that everything is completely ok, parents can relapse or have a crisis, sometimes they just need someone to talk to.

One participant felt that once parents put a lot of effort in, work hard and get their children home if it all deteriorates again because the supports have gone, or they relapse, that they may give up and say, "what's the point of doing everything again." This participant felt it was important to listen to other professionals and what they have to say and incorporate their views with any reunifications or plans.

Some participants said that the role of the Department is to build up the family, develop their strengths, so that at some stage the Department can walk away knowing it is safe and they no longer need to be involved. Working with families longer and seeing if the parents can sustain the changes they have made, is essential to prevent children being brought back into care.

Several participants said that the Department shouldn't reunify children and then just walk away as parents may relapse. Families need a strong safety network to ensure children stay safe. One participant said

"The Department or agencies need to do post reunification checks, follow up six months or twelve months later to make sure everything still ok - we don’t just take kids unnecessarily, in order to lose your kids, it's something absolutely horrendous that has occurred or its ongoing stuff so yeh I think once you’ve had your kids removed once there is always the potential in having your kids removed again so as a government department we need to support those families"

4.3 Parent’s motivation essential

"Parents need to be motivated to seek out services/ supports. If they have come to the attention of the Department they have to be motivated to get their children back-it’s not like a parent in the community who just gets on with it, they have to jump a lot higher to make sure their children are safe and protected -it is stressful for parents, but they have to be more motivated to demonstrate to the Department they can parent their children safely and appropriately."
Some parents as soon as their children are brought into care come into the office requesting contact. Initially they are easy to engage with, get hold of and willing to do anything. If parents, feel no progress is being made they can become disheartened and lose their motivation.

Several participants felt that if parents got on and referred themselves to services instead of waiting for workers to do this, it showed they were motivated and wanting to get their children home. Parents who expected the Department to do everything often did not appear motivated or willing to change.

If parents are not engaging and working towards reunification their children can be in care for months, waiting for parents to start engaging and in limbo as no planning is taking place. Now with the permanency planning policy parents have a clear timeframe of two years, which is ample time for them to make changes (view of one participant). Participants felt that now parents know they have a limited time some are more motivated to make changes and get their children home.

One participant said that it was only when they were in court applying for a protection order until 18, that the parents became motivated and attended court requesting a protection order (time limited) for 2 years again so they could work towards reunification. The Magistrate granted a two-year order and the parents engaged, worked with the Department on a reunification plan and got their children home.

Another participant spoke about a case where the Department were trying to decide whether to apply for long term orders. They were working with a really young couple with their first baby. After twelve months the couple were making limited progress and the father was quite aggressive towards the workers, preventing any reunification plans being put in place. The Department decided to apply for a six-month extension instead of long-term orders and made it very clear with the parents that this was their last chance.” The father turned it around drastically considering his violence and aggression in the beginning, he made 180 turnaround”.

When participants were asked if they felt it was achievable for parents to make all the necessary changes within a tighter timescale, one said “if they want their kids back it has to be achievable “

Several participants felt it was the parents’ choice as to whether they wanted to get their children back and even if the Department puts in place lots of support/services, unless they are really motivated, they won’t achieve reunification, as it is hard work.

Participants spoke about the difficulty facing parents who have long term issues- intergenerational trauma and that some issues can’t be resolved quickly. “Some parents can make the changes for a short time and may get their children home, but they can’t continue and it all drops
away…..and they fall back into the old pattern whatever made us involved in the first place.

One participant spoke about a case she had worked on where on paper it appeared that the mother had all the supports, she needed. Her children were living with their grandparents, who were really supportive, the placement also allowed for the child to be living within their family system, but it wasn’t enough as the mother didn’t have the want, the motivation to shake of the drugs and change her lifestyle. She loved her daughter and that showed, but it still wasn’t enough for her to get of the drugs and become her child’s primary carer.

“Some parents are not motivated, they are unable to prioritise their children needs over their own.”

One participant spoke about their frustration when cases get transferred from an intensive family support team as quite often there has been months of work undertaken with the family. The safety concerns have been identified, supports and services put in place to prevent their children coming into care, so when the children are brought into care and the case is transferred to a reunification team, or care team it feels like workers are just going through the motions of gathering evidence to apply for long term orders.

There was inconsistency between participants about how many reunification attempts should be made with families. Several participants spoke about reunification not being achievable if the parents were not motivated to change within the child’s timescales, whereas another participant said that the Department were considering applying for long term orders, as the children had been reunified twice and were back in care, but they felt they would give her one more chance.

4.4 Organisational structures in place and consistency of workers

The districts structure their teams differently even though all under Department of Communities - Child Protection and Family Support.

One district has two reunification teams, two care teams and one leaving care team so specific roles and structure to teams. The reunification team concentrates on time limited orders and reunification. It is intense work but allows case workers to be familiar with the reunification process and ensure monthly meeting take place, which is part of the Department’s Permanency Planning Policy.

The other district has five care teams so a variety of work including court work, reunification, long term orders, criminal court, leaving care. Case workers don’t have so much time to dedicate to reunification and not so much experience or knowledge of resources linked to reunification.
4.4.1 Organisational enablers/ what helps

Most participants felt that having specific reunification teams worked better, as having a mix of cases they found children on protection orders until 18 often got neglected due to intensity of the work a reunification takes.

Several participants felt that in theory having designated teams is great, but if the caseload is too high it’s not possible to do the intense work reunification requires.

All participants felt that the new permanency planning policy was beneficial due to the monthly meeting that were now in place for parents to meet with the Department, as it stopped cases drifting and made everyone accountable. Participants said the policy was a good guideline and is clear and transparent. The monthly meetings were set up differently with some participants meeting on their own with the parents, others having the team leader present at each meeting and some having extended family and supports in attendance. It was noted that attendance of extended family and supports did depend on individual families, as some families were unable to identify any supports they could bring. Several participants said that if they were working with an Aboriginal family then the Aboriginal Practice Leader was present at the monthly meetings.

Participants said it was important to hold the monthly meetings, even if the parents didn’t show up to demonstrate that the Department was trying to plan and stop cases from drifting.

Participants did say that once things were progressing reunification workers from NGOs were able to attend the monthly meeting so all working together.

Participants felt that workers needed to be flexible and meet the family’s individual needs if reunification was going to be achieved. One participant said, “For example having one worker allocated to a family who can do the intense work that reunification requires, being able to transport and do the assessments, to monitor what is going on and to provide feedback to the team leader, that’s what is required”

Participants felt being very clear from the start what the concerns are and what needs to change is essential. Parents need to be given a consistent message and not have the goal post changed. Therefore, consistency of workers is so important not only, so a relationship and trust can be built up between the parents and workers, but also to give stability to the case. Participants also felt regular conversations needed to take place with families, so they are involved in decision making.

All participants felt that if the case goal was reunification then the children should be reunified within twelve months, so the case can be monitored for another twelve months to make sure everything is ok. Some participants spoke about extending the protection order for a period to continue working with the family a little longer, instead of applying for long term orders.
It became clear that workers need to have a range of skills as they are working with families who face complex and challenging issues. Participants being interviewed spoke of being able to communicate and engage with parents who are often abusive and defensive. Continuing to engage with parents who clearly don’t like you can be challenging but can work as often parents start to build a rapport with you if you are consistently there. Through regular meetings and conversations parents can get to realise that the Department don’t want to keep their children but want to get them home. Sometimes this is the turning point in a case.

One participant said she often says to parents “We can plan for anything, but you have to be honest with us. If we don’t know what we’re planning for that will just hold up everything. We need to know if you have kind of been high on the weekend we need to know, so we can plan for these things- parents then know if they make a small mistake we’re not going to take their children off them”

Participants spoke about the importance of teamwork and having a supportive team, as the work is hard and stressful at times.

Participants I interviewed were all experienced workers and spoke of building trust and developing a working relationship with parents, so reunification was achievable.

4.4.2 Organisational barriers

Caseloads differed slightly between participants, but all held between twelve and fifteen cases. Most participants said they were concerned that more children were coming into care, but no more workers were being employed.

Participants felt reunification depended on the workers' ability to really invest in working with the family and if they had too many cases that was problematic.

Most participants felt that smaller caseloads would enable them to work more intensely with families, have time to build a positive working relationship and have the time to listen and respond to family’s needs. Participants felt with too many cases you are pulled in too many different directions.

Several participants spoke about at times it felt like the departmental worker must do everything and is responsible for all aspects of the reunification plan. Participants highlighted the massive workload individual workers have and that other agencies should get more involved and shoulder some of the work.

One participant spoke about a case where the decision had been made to go for long term orders, as the father was not engaging all that well and was not addressing all the concerns held by the
Department. Due to the case manager’s workload and other reunifications taking place, the work being undertaken with the father had reduced, there were no regular monthly meetings and limited contact was in place. When the case went to court the father contested the order saying he wanted to work towards reunification and did not feel he had been given a fair chance. The Magistrate agreed and granted a two-year protection order. This participant felt that if a case manager has too many cases it is impossible to give every family equal time. Parents who are regularly engaging probably get more attention and effort from their case worker, which is what had happened in this case. The outcome though was that the case manager had to reengage with the father and start the reunification process again.

Several participants spoke about the quality of NGO workers and how quite often workers in NGOs are not qualified and haven’t got the vigour (skills/knowledge) that a child protection worker would apply to a case. This means that case workers often have to educate the NGO worker, instead of receiving feedback from them as to how the family are progressing.

Several participants said they found at times the parents’ criminal proceeding held up the care proceeding, as waiting for parents’ criminal court outcome before proceeding with reunification.

4.5 Barriers

4.5.1 Drugs

Nearly all participants commented on the increase of methamphetamine use within the community, especially WA and the lack of resources available or waitlist. Participants spoke about the massive barrier drug use is on parents achieving reunification and that they have seen an increase in mental health issues stemming from the drug use. One participant felt that over the last two years that she felt 90% of her clients are on methamphetamines, which is highly addictive and also causing more violence within families and communities. They felt that in the past you may have two or three families where drugs would be an issue, but now it’s probably more like ten out the twelve families you are working with. Most participants commented that even though there is an increase in drugs within the community there is not an increase in services to address these issues, in fact some services have closed due to defunding. Cyrrienien House was a rehabilitation services spoken about which use to have a six-eight weeks waitlist, but participants are now being told there is a six-month waitlist.

One participant said, “Drugs is a massive issue, parents hear the buzz word rehab and say yeah I wanna go to rehab -but that’s not always realistic because the time frames for rehab are massive, I don’t know anyone who said yes I wanna go to rehab and then has been able to achieve that in a very short time frame, actually I don't know any of my clients that have gone to rehab.”
One participant spoke about how beneficial rehabilitation had been for a father who once living in the rehabilitation centre was able to have his child stay with him and work towards reunification. Rehabilitation is probably the most supportive service for parents wanting to get off drugs, but the waitlists are so long, and parents often don’t want to live away from family and friends.

One participant spoke about the pressure on drug services and due to the increase in methamphetamine use. Parents whose drug of choice is cannabis are way down the wait-list, even though they might be motivated to seek help to get of the drugs. One participant spoke about a case where the dad was addicted to cannabis and had been for many years. His ongoing drug use was making him violent at times, impacting on his mental health and his capacity to parent his children, but in the eyes of the drug services was not such a big deal as he was not using methamphetamines. The Department wanted him to access services straight away to ensure the safety of his children, but the mental health services would not see him because his mental health was drug related. The drug service told him to come back in nine months.

Several participants said that research shows that to recover from drug addiction can take eighteen months, if supports in place and services available, but the Department are expecting parents to achieve reunification within twelve months in some cases, which is unrealistic and creates a barrier for parents when working towards reunification.

One participant spoke about parents being “functioning drug addicts, so really hard to assess if they have managed to abstain from their drug habit or just able to hide their addiction”

Some participants said that parents also know how to dodge drug testing, so their results aren’t accurate, not having a true picture of the case can lead to children being returned home prematurely.

4.5.2 Service barriers

One participant spoke about trying to support a mother who had severe mental health issues, the community services were not willing to help the mother without police assistance, but when the police were called they took so long to come that the mother had usually left without getting the appropriate support. If the mother was admitted to hospital, she only stayed a few days before being discharged with a community plan and the cycle continued.

Several participants felt that agencies did not work well together or support each other. They felt more collaborative work needed to be undertaken between services such as mental health and drug services.

One participant spoke about not knowing that services were out there and having the time to research services can be a barrier for parents. Parents often find it difficult to find a service and
refer themselves so rely on workers to do this, but if workers don't know the appropriate services or the ones, they know have wait-list it can inhibit the parents’ progress. This participant felt resources should be shared more freely, as you may find a good service that is not promoted so no one really uses it, if workers shared that information, had time to share knowledge, it would be beneficial to families.

Several participants spoke about housing being an issue, as without a house or safe stable accommodation the Department could not consider reunification, even if the parents were meeting all the other requirements.

4.5.3 Other barriers
Several participants commented that due to the pressure of the permanency planning policy with regards the tighter timescales, some children may be returned home too soon, putting them at risk of being in an unsafe home environment if parents have not addressed all the areas of concerns or relapse into old habits. Participants felt parents could make the changes for short periods of time, but without ongoing support they could not always sustain the changes.

One participant said at times a barrier was that parents do not always tell the truth in the first instance, you may feel that the plan towards reunification is going well and then you receive a piece of information you were not aware of, so it can slow the process down if a concern. This can be very frustrating for a worker.

Several participants said that not having a safety network is a huge barrier for parents, as the Department needs to be confident that children will be safe at home and that depends on the safety plan working. Some parents think the Department are going to be around forever, so they don't need a safety network.

One participant spoke about a barrier for Aboriginal families being the history and the Stolen Generation, as well as the trauma still experienced by families. They spoke about this trauma impacting on the way families feel they are treated by the Department or how they feel towards the Department, which impacts on relationship building and working together. This participant spoke about how some Aboriginal families don’t think they have done anything wrong, they don’t feel that their children are at risk or unsafe, so they don’t understand why the Department has removed them. They become very anti the Department and defensive, which adds another barrier and can prevent any progress or working relationship developing. This in turn impacts on whether their children are reunified with them or not.

When asked about reunification cases only one participant spoke about reunifying an Aboriginal family.
These common themes were identified by interviewing case managers and have given me data to discuss in depth in chapter five. From these interviews key factors identified were parents’ and workers’ motivation and supports being in place for reunification to be achievable. Environmental factors including services, drugs and housing were seen as barriers to reunification taking place.
5. Chapter Five: Discussion and Analysis

5.1 Common themes identified by case managers (participants) during their interviews about how to achieve timely reunification.

The Department’s Permanency Planning Policy (2016) is based on the philosophy that every child has the right to a permanent and stable home, preferably with his or her own family. The primary focus of permanency is to prevent children from drifting in care (Brydon, 2004). Decisions about whether to proceed with reunification and what is in the child’s best interest must be made within 12 months for children who enter provisional protection and care at less than 3 years of age; and 2 years for all other children. Children are brought into care due to evidence that they have or are likely to suffer neglect, physical abuse, emotional abuse, psychological abuse or sexual abuse (Children and Community Services Act 2004).

The goal of my research is to ascertain case managers’ views and opinions on how to achieve reunification, within the new timescales. The aim of my research is to identify what helps or hinders the reunification process and how case managers can improve and develop their practice, to ensure parents are given every opportunity to work to reunification.

When completing my literature review I found that research on reunification was not recent and the most recent research and literature is on permanency planning. Permanency planning does link to reunification, but it focuses on the long-term needs for children who are in the care system with regards to stability, identity, permanency and continuity of relationships, rather than the actual reunification process and how to achieve this, so children are not in care long term.

Through my research I wanted to try and identity ways to enhance workers’ practice, so reunification is a realistic goal for parents.

Throughout this discussion I have used the word “participants” when including comments and information caseworkers said during their interviews.

5.2 Structure of Contact and Assessments in relation to Reunification

5.2.1 Purpose of contact

When a child is removed from their parents’ care and brought into the care of the Department it is usually because it has been assessed that it is too unsafe for the child to remain with their parents at that time. The child may be placed with a relative carer, a family member or a general carer, a Departmental carer, while assessments continue of their parents and work undertaken to ensure the child can return home safely. Case workers, in consultation with other professionals will decide
if the plan is for reunification and then apply for the appropriate care and protection order, which is a protection order (time limited) for reunification. The Department’s Casework Practice Manual provides a tool to assist workers in developing contact arrangements, dependent on a child’s age and case plan goal. It says, ‘Quality contact can increase the likelihood of successful reunifications, reduce time in out-of-home care, promote healthy attachment and reduce the negative effects of separation of the child from their family.’ (Case Practice Manual, 2015, Section 3.4.15). It provides a guide in relation to the child’s developmental age and contact arrangements and clearly states that if reunification is the goal, then regular hands-on contact is essential to foster, maintain and strengthen relationships.

Contact between a child and their parents is beneficial whether or not reunification is the case goal. Neil & Howe (2004) see the purpose of contact as helping children to meet three basic developmental needs- attaining good mental health, resolving issues of loss and trauma and achieving a strong sense of personal identity and genealogical connectedness. This view is more recently supported by Neha Prasad (2011) in her research paper, Decision making principles around contact visits, that the argument in support of contact includes the role of reunification, as well as enhancing the psychological wellbeing of a child, preventing idealisation of the birth family, maintaining links and informing identity.

All participants spoke of family contact taking place throughout their interviews and the importance of maintaining the child-parent relationship for reunification to be achieved. This links to attachment theory, which highlights the importance of consistent, reliable relationships for children to form secure attachments and have the opportunity to develop and reach their full potential. Only by having regular contact with their parents can children develop a positive and trusting relationship with them, which will support the reunification process. Participants’ experiences, views and recommendations differed when it came to the frequency and structure of contact.

5.2.2 Frequency of contact

Nearly all the participants interviewed spoke about contact only being for one hour once a week, when children are first brought into care. Only one participant felt that contact should be three to four times a week. Farmer (1996, p 5), supports the notion “that the greater the contact, the more likely is it that the child returns home “. However more recent research by Wilson & Sinclair (2004), emphasises that while contact is associated with reunification it does not necessarily lead automatically to it and other factors need to be taken into consideration.

Through my experience working towards reunification in the role of a child protection worker, I have found increasing the frequency and duration of contact leading up to reunification helps to facilitate achievement of this goal, prepare parents for taking over the primary care giver role and
decreases re-entry to foster care in most cases. Although it is important to note that for contact to be beneficial they should not only be frequent, but enable the opportunity for strengthening the parent-child relationship, enable parents to develop their skills and allowed for effective documentation of the contact session to be made, so constructive feedback and guidance can be given to parents.

Triseliotis (2010) has observed that there is a presumption for contact to be ‘reasonable’, but how often is reasonable has not been defined, and no study has identified the appropriate frequency of contact for children in care, where reunification is the goal. All decisions about the frequency of contact visits should consider the status of the parent-child relationship, parental motivation and responsiveness to their child’s needs, child safety, distance for child or parent to travel to contact, parent’s finances, the emotional impact of contact on the child and the child’s wishes about contact with their parents (Prasad, 2011). Contact frequency needs to be decided on an individual basis, considering the above-mentioned factors that impact on every case.

Hess (2003), in his report for the National Resource Centre for Foster Care Permanency Planning in the US, consulted all US States about their contact policy guidelines for children in out-of-home care and found that there was a range of guidance provided to workers. Some State departments suggested weekly visits, some biweekly, other suggested monthly visits and one State recommended visits should occur as ‘regularly’ as possible, which is very vague. In the UK due to there being no clear legal guidelines for contact, workers are required to determine frequency of contact by individual case plan and as a result disparity and inconsistency exists between agency service providers (Neil, Beek & Schofield, 2003). While there are no clear differences between the child welfare policies of Australia, USA and UK, permanency planning in USA and UK involves the use of adoption as the preferred means of providing permanency for children in out of home care, whereas long-term foster care is the common practice associated with permanency in Australia (Permanency Planning, 2015). This means we need to be cautious when considering research from the USA and UK in relation to children’s contact with their birth families, as British/American studies often exclude data discussing the effects on children when a case plan is for reunification, as their data is often providing contact for children with their parents, in relation to long term care.

Research in Australia by Barnardos, one of the leading child protection charities (2001), says that the level of contact with a parent should balance the child’s attachment to their parents, in an age appropriate manner, against allowing parents to attend to practical matters, which brought their children into care. Barnardos says babies and toddlers should have contact every few days and older children see their parents at least weekly when reunification is the goal.

According to Humphreys & Kiraly (2009), while there is no empirical research to guide decisions about the frequency of contact from an attachment perspective, Haight, Kagle & Black (2003) use
Attachment Theory to provide specific recommendations, for understanding and supporting relationships between parents and their children. Taplin’s (2005) research stresses that the age of the child needs to be considered when deciding frequency and length of contact, as younger children need the direct contact to support a secure attachment. Extended separation from either parent with whom the child has an attachment, is not recommended as it can have a negative effect on the development of the attachment relationship.

As the literature shows and is highlighted by Selwyn:

“Contact by itself is not going to promote good outcomes for children. Contact is a process through which relationships can be repaired, maintained, or ended temporarily or permanently. It is dynamic, changing across time as individual circumstances change. Contact is the means through which all parties can work at relationships, and relationships are not easy or simple. The role of the social worker, once a thorough assessment has been completed and concluded that contact should continue, is to facilitate this work by ensuring that arrangements are made that are feasible, safe and supported by all parties. This requires experience, skill and time” (Selwyn, 2004, p 162).

Participants interviewed all spoke of contact being made safe for the child and that contacts were suspended if parents arrived drug affected, due to the impact this would have on the child and the safety risks it presented to child and supervisor. Howe & Steele (2004), say that when there has been past abuse, children can re-experience high levels of stress and emotional distress during contact, which can have implications for the child’s placement, as the child begins to perceive the placement and carers as unable to provide them with the safety and security they need. Wilson & Sinclair’s (2004) research regarding contact in foster care, emphasises that all decisions around contact should take into consideration the parents’ reliability in attending and their behaviour during contact.

Several participants spoke about using contact agreements, so parents were aware of expectations and the established rules/boundaries. Parents were made aware that if they broke the rules then contact would be suspended, thus ensuring an open and transparent process. Scott et al. (2005) say that social workers have a highly influential role in arranging contact and emphasise how important it is that workers are aware of attachment theories. Grigsbys (1994) cautions that if professionals do not understand the significance of attachment theory or have clear practice guidelines, birth parents may be denied the opportunity to foster attachment through regular contact with their child: or reunification may occur in the absence of an attachment relationship. For reunification to be achieved parents need to develop their knowledge and skills, so able to care for their child safely. Children brought into care have often experienced serious and/or prolonged harm
and neglect. For children to be returned home, the best interest of the child, their safety, wellbeing and readiness is paramount (Terry 2013). The aim of reunification is to improve the parent-child relationship and family functioning addressing safety issues and creating opportunities for change. Parents need to understand attachment issues, their behavioural and emotional manifestation and its relevance to reunification. An assessment of the parent’s attitude and empathy to the child, their level of insight into child needs and their ability to engage their child effectively is undertaken. Maternal and/or paternal readiness is one of the key factors in a successful reunification (Fernandez & Lee, 2013).

Sara Mclean’s article in 2016, discussed that the general agreement between practitioners supporting children in out-of-home care is that disorganized attachment was strongly associated with a child’s experience of abuse and neglect, but that attachment theory offered little guidance to child protection practitioners, who need to make decisions about meeting the needs of children in out-of-home care. She continued to explore how disorganized attachment correlates with a range of parenting issues, that can negatively affect parent-child relationships. These include parental drug and alcohol addictions and parents who are withdrawn or detached, due to their own unresolved traumas.

Participants spoke of parents attending the Circle of Security program, to gain a better understanding of emotional attachment. The Circle of Security is an early intervention program for parents and children, that focuses on the relationship which gives children emotional support (Dolby 2007). Participants felt that the program was beneficial when used as part of the reunification plan. Participants interviewed spoke about the program being run at their enhanced contact centres and that parents with pre-school children were referred to the program which runs during term time. This program is often part of the reunification plan requirements for parents to complete as part of the court process. Some participants knew about the program, but were not clear where it was held, even though they specifically have reunification teams. If engagement in and completion of the program is a requirement for parents to achieve, workers need to be aware of programs, or how to refer parents, otherwise this may create a barrier or delay for parents progressing towards reunification.

Participants interviewed spoke about contact taking place at the district office, local park or in the community. They said while this may promote an opportunity for regular time together, it does not create the opportunity for parents to learn and develop their parenting skills, in preparation for reunification.

The Australian Standards for Children’s Supervised Contact Services (2000) promote the provision of contact centres, where supervision can occur allowing for parents to interact with their children in a relaxed and safe way, giving the parents the opportunity to interact with their children more
positively (Scott et al. 2005). Some of the participants spoke about using the contact centres to facilitate family contact, to provide an environment where more positive interaction can take place. By using family centres as a venue for contact observations can take place, which forms part of the assessment for the likelihood of reunification.

5.2.3 Assessments during the reunification process

Taplin (2005) argues that the only way to assess the strength of a child’s attachment to their birth parents is through assessments undertaken by professionals, rather than support workers through observations made by the contact supervisors.

The Department’s Permanency Planning Policy (2016) says that an assessment of the child-parent’s relationship should be undertaken as soon as a child is brought into care, so the appropriate level of contact is put in place. This is a difficult task as children are only brought into care when it has been assessed that there are significant safety concerns that place a child at risk or a child’s needs are not being met. For a child whose primary carer, has always been their parents, whatever the level of care to suddenly have very little contact with this person can be detrimental to a child’s emotional wellbeing. This said some children display little distress at being removed from their parents, which is why each case is individual and should be assessed as such and contact put in place to meet the child’s individual needs where possible.

Participants spoke of assessing parents’ progress in areas of concern which caused their children to be brought into care. The levels of domestic violence, drug misuse, neglect and mental health issues had to be considered before increasing contact or changing the venue for contact. If parents were aggressive or under the influence of drugs, then contacts were suspended to ensure the child and workers safety, but they did not indicate that any assessments took place before implementing contact.

When reunification is the goal, Haight et al. (2001) say in order to ensure contact promotes positive outcomes for the child, it needs to involve more meaningful activities and address the reasons why the child was removed. This would allow for increased case worker support and strategies and time to model positive parental behaviour and to teach parents basic parenting skills. Understanding attachment theory will give case managers the knowledge and skills to assess parents and make decisions, as to whether children should return home. Parents attending contact regularly is not enough evidence to reunify a child with their parents, even though it may show a commitment from the parents, it does not necessary show a strong parent-child attachment relationship. Whatever the age of the child, they need to have their emotional needs met by a consistent carer. Parents are responsible for creating an environment that helps children achieve their potential in terms of physical, intellectual and psychological development (Fahlberg, 1991).
Different attachment styles and care-seeking behaviours represent different psychological and behavioural strategies developed by children depending on their care-giving regimes. Children actively seek ways of adapting to their world rather than be the victims of it (Crittenden, 1996).

Parents’ own childhood experiences will affect how they respond to their child, which is why as part of the case managers assessment, an assessment of the family history and functioning is essential (Horwath, 2001). A case manager’s role is to improve the parent-child relationship, so not only are parents able to meet their child’s basic needs, they are also able to provide a safe and secure base, where children can develop trust, confidence, resilience, empathy and social competence (Fahlberg, 1991).

Selwyn (2004) says that good quality assessments are essential for the development of contact plans, which are made too often without an assessment of the risks to the child, of the relationships within the family and the ability of the non-abusing family member to protect. This may be due to the current court system in Australia, which at times can appear very ‘parent focused’ not always considering the child’s best interest. When social workers are assessing whether a child needs protection there needs to be a systematic approach, which uses a framework for gathering and analysing information about the children and their families (Framework for Assessment of Children in Need, 2000). Horwath (2001) emphasises that social workers need to understand the relationship history of parents, if they are to make sense of their current relationship and care-giving style.

The Department uses a tool called a Safety and Wellbeing Assessment to decide if they need to act and intervene on behalf of the child. This assessment looks at previous involvement with family, previous action taken, an assessment of the current circumstances, the parents’ capacity and key decision and rationale with a plan to action any intervention required. It is not an ecological approach, which takes into consideration the community and culture the child is living in or the family and environmental factor which affect the child. An assessment tool used in the UK called Framework for the Assessment of Children in Need and their Families (2000) is underpinned by a holistic model, which focuses on the way in which a child’s developmental needs, the capacity of their parents to respond appropriately to those needs and the wider environmental factors interact with each other over time (Horwath, 2001). These assessments are undertaken by social workers for each case they work on and are used in court as evidence. Wanlsea, a Non-Government Organisation (NGO) undertakes reunification for the Department in WA and uses this tool, as part of their assessment process with families (Terry, 2013). It is an effective assessment tool, which enables analysis and understanding of both the developmental needs of the children and the capacity of the parents to meet these needs within their environment. This form of assessment links to systems theory, which highlights the importance of gaining an understanding of a child.
located within the child’s family and of the community and culture in they are growing up in (Framework for the assessment of Children in Need, 2000).

The Department’s Case Practice Manual (2015) assesses parenting capacity to provide an objective, professional opinion on a parent’s capacity to provide appropriate, permanent care and protection to their child. When interviewing participants, it became clear that they feel they do not have enough time to complete these assessments and feel that it is the role of psychologist or NGOs to complete this work. Why is this? Why aren’t qualified child protection workers undertaking comprehensive assessments with the families they are working with and making decision about; decisions which will change the families’ lives forever?

Parents may appear motivated in getting their children home, but have they the ability to provide a safe home and meet all their children’s needs? Parents’ capacity has two elements: ability and motivation; if either one or other of these is missing then the parents will be unable to respond appropriately to their child’s needs (Horwath, 2001). Parents may appear to be motivated as they are attending regular contact, engaging in services and supports as required, but would they be able to meet all the children’s individual needs once home. To ascertain a parent’s ability a comprehensive assessment needs to take place, so a thorough assessment can be made with regards the parent-child relationship and the parent’s ability to provide a safe and stable home, meet a child’s basic needs, put in place guidance and boundaries and give emotional warmth.

5.2.4 The Child’s View

Surprisingly none of the participants spoke about asking the child if they wanted contact, or how the child wanted contact to be planned. This may be as some of the children were too young to express their view, but it is acknowledged asking children and young people is an important area of work, which must not be neglected. The United Nations Convention on the Rights of the Child (1989), introduced a policy so a child would be involved in making their own life decisions. The United Nations Convention on the Rights of the Child consists of 54 articles and is guided by four fundamental principles, which includes;

Children have a right to have their say in decisions that affect them and to have their opinions taken into account (Article 12).

All states and territory governments in Australia have also expressed their support for children by establishing Charter of Rights, specifically for children in out-of-home care (McDowall, 2016). This shows that many workers and researchers support involving children and young people in decision-making, because they are seen as being the ‘experts’ in their own lives. Participation by children in matters which affect them, is a reflection that children as individuals have views and
opinions which cannot be represented by parents or professionals (Fernandez, 2014). The benefits of children’s participation in decision-making have long been recognized (Chawla, 2001), these include a more positive sense of self, increased sense of competence and preparation for a lifelong pattern of participation.

The Department has a participation system for children and young people in care, which asks them questions regarding their experience in care and what they would like to change, this system of recording is called viewpoint. It is a compliance indicator that children’s views are being heard. Feedback from young people indicates that this form of participation is extremely beneficial for ensuring children and young people are involved in their care journey but does not ask questions about being reunified or the reunification process for children on time limited care orders, where this is the goal. It may not be appropriate to have reunification questions in the viewpoint already established, but to have children’s views about reunification when age appropriate would assist in the planning and delivery of any reunification program.

5.3 Importance of safety planning and post reunification support

The most important aspects of a safety plan are that it is created by the family and an informed safety network, it is operationalized, monitored and refined carefully over time (The Signs of Safety Child Protection Practice Framework, 2011).

The importance of safety planning to monitor the safety and wellbeing of children once they return home, is an essential part of post reunification support. All the participants spoke about the need to focus safety planning, to ensure that a reunification was successful.

The risk factors most commonly associated with the occurrence of child abuse and neglect include domestic violence, parental substance abuse, parental mental health problems, and parental disability (physical/intellectual). These issues often occur within a wider context of economic and social disadvantage and become part of a complex inter-related group of problems (Bromfield, Lamont, Parker & Horsfall, 2010).

Considering the complexities of a family’s issues, how do workers go about creating a safety plan with a family? The Signs of Safety approach has been adopted as the practice framework by the Western Australian Department for Child Protection (2011). The Signs of Safety Framework utilises the principles of Turnell and Edwards’ (1999) seminal work Signs of Safety, which described a practical approach to child protection casework.

The Framework outlines that planning for safety with families requires the practitioner to ask four basic questions, which can be recorded on a form and then used as a collaborative tool to assist the safety planning process. The protocol describes the four domains of enquiry as:
• What are we worried about?
• What's working well?
• What needs to happen?
• How safe is the family (on a scale of 0 to 10)?

Planning for safety, is a key practice element for service providers of intensive home-based family support programs for high-risk families with multiple complex problems. The ultimate aim of a safety plan is to ensure the parent is able to provide adequate safety, stability and security, so that the children can stay safe within their family. Creating a safety plan is a collaborative task undertaken by parents and worker together, rather than a set of "rules" imposed on the family. Engaging the family respectfully and acknowledging and utilising the family's strengths are essential. Safety goals should be clearly articulated in behavioural terms. Workers are encouraged to review the safety plans regularly, as the family achieves their safety goals within the program, as well as work into the plan how the family will manage any crises that may arise.

It is important that safety plans are tested while the Department is still working with the family and are regularly reviewed. Case Workers need to meet and assess nominated safety people to ensure they understand the Department's concerns. If the safety network members do not fully understand the Department's concerns or their role, the network may not respond appropriately to any child protection concerns or relapses, placing the children at risk of further harm.

How do parents develop a safety network and how can it be maintained into the future?

Just as a child's problems are 'nested' in the family system, a family's problems are 'nested' within a larger environment including systems like school, neighborhoods and places of employment. Bronfenbrenner (1979) formulated the ecological system theory to explain how the inherent qualities of a child and his/her environment interact and influence how he/she will grow and develop. He states that whether parents can perform effectively in their child-rearing role depends on role demands, stresses and supports. The creation, activation, and use of supportive strategies within the context of social systems is central to reunification. With a network of supportive resources, the family is more likely to engage with the worker and to acquire new skills that facilitate improved family functioning. The eco-system perspective encourages workers to recognise that problems arise because of a poor fit between a person's environment and their needs, capacity, rights and aspirations and that a lack of fit between a person and their environment can occur for many reasons, including life transitions (loss of job, divorce) or chronic environmental stressors (poverty) (Healy 2005). In an ecological assessment the worker and parents work together to gather data and analyses the impact of multiple systems on the family's situation. Many workers use an eco-map to assist their assessment. Bronfenbrenner (1979) uses a
series of concentric circles to present the different systems. A systems framework is used to examine the influences the child, family, friends, neighbours, community and wider society have on one another. The framework encourages social workers to focus on transactions within and across systems and to seek sustainable, not only short-term change (Healy, 2005).

Network relationships provide consistent support and exert positive influences on family functioning, parenting capacity and developmental outcomes for children (Horwath, 2001), which is why safety planning with a social network is so important to ensure a reunification is positive and sustainable.

Participants spoke about parents providing safety for their children whilst services and the Department were involved, but struggled to find family and friends to be part of their network so when services’ work was completed things deteriorated, as no one was left to support the family.

“services do not equal safety”

Several participants said that this quote is often used by practitioners when working with families to develop a safety network. This is to emphasis the importance of having family and friends on a safety network plan, as services work Monday to Friday 9-5pm and support is often required outside of these hours. Parents who only have services identified as part of their safety network may find themselves without support at vital times, due to needing assistance out of business hours.

Participants said they felt it was 50-50 as to whether parents could develop a safety network of people, which is why it is so important to build a parent’s interdependence, get them connected to the community so long-term support are in place, but this takes time. Closing a case too soon can have a detrimental effect on the reunification process, as it can leave families very vulnerable.

Parents often struggle to identify support people due to family conflict and trying to move away from past associates. Therefore, it is important to link parents to community supports where they may be able to form new relationships. Social capital refers to the formal and informal networks, that enable people to mobilise resources and achieve common goals (Putnam, 2000). Bringing people together can strengthen relationships already held, but also establish new ties and relationships.

Part of the Department’s Permanency Planning Policy is to meet with parents monthly to review their progress, plan contact and develop a safety network to monitor a safety plan. This provides an opportunity over time for parents to bring family, friends and services to these meetings to be part of any decision making and future plans. Participants all felt these monthly meetings were positive and very beneficial to the process, they enabled the relationship and trust between parent
and worker to develop, made everyone accountable for attending and completing tasks and enabled discussions to take place about developing a safety network.

Several participants said that the Department shouldn’t reunify families and just walk away, as parents may relapse.

Wulczyn’s research on Family Reunification (2004), says 25 % of all children reunified will return to care within a year. Reunification, although a positive milestone for a family, is also a time for readjustment and a family already under stress can have difficulty maintaining safety and stability. Terling (1999) in his study of ‘The efficacy of family reunification practices’, presents the idea that post reunification services are especially important, where parental drug or alcohol use is a concern. Fernandez and Lee (2013), Australian study: Accomplishing family reunification for children in care, says that the post reunification period is an important time, which gives the opportunity for workers to identify re-emergence of threats/concerns to the child’s well-being. Families need supports to sustain changes at the time of reunification and for extended periods after reunification.

It is important to discover why post reunification support is not occurring, as this is essential to the success of families and more importantly children. All of the participants spoke about how important they felt post reunification support, but felt it did not always happen in practice. The participants spoke about parents struggling to sustain changes and relapsing, so why is that not considered more thoroughly when cases are closed. It may be due to the increase of children being brought into care and the demands that puts on workers. In Mirrabooka District in October 2016 there were 329 children in care, in September 2017 there were 365 children in care, with no extra case workers in place. You could justify that the children just being brought into care are at greater risk of harm and require immediate intervention. Whereas children who have been reunified with their parents are assessed as being ‘safe enough’ and the care ‘good enough’ for the children to return home so the case can close, but research shows that a percentage of children reunified are brought back into care as the home environment has deteriorated and parents have returned to old habits, so the children are at risk of harm again (Wulczyn, 2004).

One participant spoke about how the Intensive Family Support (IFS) teams now in place in each District could play a role in post reunification support. The IFS team role is to support families to keep their children at home, with this ongoing support for a period of time, it could prevent relapse impacting on families, home life deteriorating with children being brought back into care, as providing parents more time to build on their strengths, build their reliance and find long term supports.
Parents who have worked towards reunification and have their children back in their care, can only maintain the changes made by having family and community networks in place long term (Horwath 2001).

5.4 Assessment of parental motivation to change

What is motivation? How do we measure it? How do parents demonstrate that they are motivated? A number of elements are discussed here in relation to motivation: capacity, capability and readiness.

To maximise success rates for the benefit of children in care, we need to discover practical ways to improve parent motivation. Participants spoke about some parents being motivated and some parents not being motivated. Some parents were willing to work with the Department and some parents were not motivated to prioritize their children’s needs over their own.

When working with parents who are dealing with multiple and complex problems referring families to services simultaneously will be overwhelming. An effective intervention plan is required and staged to meet the parents' needs and capacities over time (Bromfield, Parker & Horsfall, 2010). Maslow’s “Hierarchy of Needs” is a model that can assist in the planning and prioritising of interventions.

Maslow's Hierarchy of Needs model tells us that people are unlikely to be able to focus on their family relationships, if their survival and safety needs are not being met first. Therefore, families with complex problems may not have the capacity to engage in parenting interventions, if they are still being exposed to domestic violence, for example physical assaults or homelessness. A variety of stresses can mean parents are unable to meet their children's basic needs for stable housing, food and clothing. Sometimes they cannot even pay the rent. It is not until these basic survival, safety, and security needs are met that any other interventions worked into the safety plan will be effective. Parents in these circumstances are likely to be motivated to gain food and shelter, but not participate in parenting programs.

“It has to be recognized that in families where a child has been maltreated, there are some parents who will not be able to change sufficiently within the child’s time-scales, in order to ensure their children do not continue to suffer significant harm”. (Framework for the Assessment of Children in Need and their Families, 2000, p 58). However, most parents are capable of change and following appropriate interventions, able to provide a safe family context for their child (Horwath, 2001).

Motivation is required for focus, effect and the energy needed to move through the stages of change (Westfall Association, 2014). For the process of change to be effective, professionals must assess and work with the parent, at the stage which the parent has reached in terms of their readiness to accept or deny the need to change (Horwath, 2001).

Prochaska and DiClementi’s Comprehensive Model of Change (1992), is a useful tool for child and family assessments. It can be applied to any family where change is required. When children are first brought into care, parents may be unaware of or have a vague recognition of concerns, but have not considered that their behaviour needs to change. This is called the pre-contemplation stage. Parents at the pre-contemplation stage are not able to make a commitment to change as they have not yet come to terms with the need to change, thus parent’s motivation or commitment to change at this stage is tokenism, “We’ll do anything you say” (Horwath, 2001, p102).

At the contemplation stage (Prochaska & DiClementi, 1992) parents are beginning to consider that there is a problem and explore whether they can tackle it. The assessment process is an essential tool to facilitate this stage but can take time and may be incompatible to the child’s timescales.

Research, by Farmer & Owen (1995) highlights that assessment towards reunification must focus on both parents, but cautions workers that one parent could be negatively influencing and undermining the change that is being implemented by the other, which would need to be highlighted and addressed with both parents.

When parents have reached the determination stage, it is important to have clear agreements on who does what, when and how and links with the Department’s monthly meetings now in place. Participants felt the introduction of the Permanency Planning Policy and the monthly meeting supported parents to be more motivated, as meeting regularly to review their case and they are involved in decision making throughout the process. All participants felt the monthly meetings also stopped cases drifting and made everyone accountable. Research indicates that parents will be more motivated if they receive early support services and are involved as much as possible in any decision making (Horwath, 2001).

At the action stage parents have made the decision to change and are attempting to use the services and interventions put in place (Horwath, 2001). Making sure parents are not expected to
make lots of changes at once is essential, as often parents who disengage at this stage are labelled non-compliant, whereas they may be really overwhelmed or confused by all the requirements they need to achieve. Developing a working relationship with families is essential, so open and transparent conversations can take place through the reunification process.

Some participants spoke about parents not being able to maintain the changes required to provide a safe home for their children, due to their drug addiction or lack of supports. The maintenance stage is the one that requires specific attention to preventing relapse, as parents require time to practice their new skills and coping strategies. This stage is often given little time by workers, due to workload pressures or a worker’s belief that the parents are managing well enough. Changes made by parents can often only be maintained through external supports such as family and community networks, linking back to my earlier discussion that post reunification support is essential for families and the reunification process. Horwath (2001) highlights the importance of workers using a parents’ personal strengths and support network to enable them to maintain change.

Participants all spoke of different timescales within which parents were ready to make changes and work towards reunification. It is important not to expect parents to change at our pace, but their own. The workers’ understanding of the models of change and motivation is essential when working with families, as too often assessments can focus on information gathering but fail either to consider and understand motivation and change, or to engage parents in the process. (Horwath, 2001). Due to the Department’s Permanency Planning Policy which has introduced tighter timelines for parents to achieve reunification, working at the parents’ pace is not always achievable. The policy highlights the importance of working within the child’s timeline to ensure working in the best interest of the child. This adds extra pressure on parents to engage and work with case managers, otherwise reunification may not occur. Parents may appear motivated in getting their children home, but have they the ability to provide a safe home and meet all their children’s needs. Parents’ capacity has two elements: ability and motivation; if either one or other of these is missing then the parents will be unable to respond appropriately to their child’s needs (Horwath, 2001). Parents who appear motivated as they are attending regular contact, engaging in services and supports as required, are not always able to meet all the children’s individual needs once home. To ascertain a parent’s ability a comprehensive assessment needs to take place, so a thorough assessment can be made with regards the parent-child relationship and the parent’s ability to provide a safe and stable home, meet a child’s basic needs, put in place guidance and boundaries and give emotional warmth.
5.5 The role of the organisation and workers

By interviewing two districts within the Department, it gave me the opportunity to learn about the different team structures in place, but also led me to ask, why when the Department has just restructured are districts working differently and do families receive a different service depending on where they live?

Social work practice is constrained by laws and Departmental policies in place. Departmental social workers in Western Australia work within The Community and Children’s Act 2004. They also work within agency polices, which are more generalised and focus on concerns and issues related to the social work role and a set of procedures which guides their practice (Thompson 2000). Social work is one of the ‘caring professions’, but it would be naïve not to recognise that there are also elements of social control. This is because social work involves promoting and protecting the welfare of not only the individual, but also the wider community, a dual responsibility that at times can cause tension and conflict. A humanitarian or compassionate approach is required: however, there can be a conflict between a personal commitment to a humanitarian goal and one’s status as a paid employee (Thompson 2000). A consequence for workers can be that they lose their compassion in a web of bureaucratic routines, procedures and standard practices.

In child protection the decision-making stakes are very high, all judgments concerning vulnerable children are made in an extremely anxious environment. Workers have an influential role when arranging contact for families and making decisions about whether reunification should go ahead. The participants I interviewed all appeared to believe in reunification and that, if safe, the best place for children to live was with their birth families. They all appeared willing to work with families through the reunification process. Some even spoke of several attempts at reunification, as parents suddenly became motivated and wanted their children home, saying that several attempts were made with parents, even though out of the preferred guidelines within the Department’s Permanency Planning Policy for reunification timescales. The United Nations Convention on the Rights of the Child (1989) consists of 54 articles. Article three says that adults should think about the best interests of children and young people when making choices which will affect them. Protecting Children is Everyone’s Business (2009), is a National Framework for Protecting Australia’s Children and clearly states that everyone has a role to play; parents, families, communities, non-government organisations and government departments. The Australian Association of Social Workers (AASW) says that social work is focused on problem solving and change. That the social worker’s role, is to enhance the quality of life and support the development of each individual, family, group and community (2013) and that human rights and social justice serve as the motivation and justification for social work action. Cashmore & Paxman (2006) say
that children can be safely reunited with their families, when families receive the appropriate supports and interventions.

So, who makes the decision that reunification should take place? Social workers are in a position of power, and that power can be used positively and constructively, to help people gain greater control over their lives (Braye & Preston-Shoot, 1995), or it can be used inappropriately and destructively in the form of abuse, exploitation or the reinforcement of existing disadvantage and inequalities. Even though workers follow policy and procedural guidelines, there may be some workers who feel reunification is not the best outcome for children, as it can compromise their safety, they are fearful of taking a risk in case it doesn’t work out and sometimes case workers do not believe parents can change. The importance of training and supervision is to bring decision making and thinking out into the open. This is vital for many reasons, possibly the most critical reason being the issue of natural justice. Child protection professionals are constantly making judgments that impinge on the rights of parents to be with and relate to their children, and the parallel rights of children to be with their parents. The stakes are high, and child protection decision-making needs to be as explicit as possible and be available for review and scrutiny. Workers also bring their own values to the role but need to have some acceptance and a non-judgemental attitude to be able to develop a working relationship with parents (Thompson, 2000).

For reunification to occur, parents need to make changes and be supported to make those changes. Bordin (1979) says that the working alliance between the person who seeks change and the one who offers to be a change agent, is one of the keys, if not the key to the change process. Family engagement is fundamental to a successful reunification, hence the importance of the relationship between the worker and family. Parents understandably often mistrust workers, therefore are unwilling to share information or establish a relationship. Workers need to establish open and honest communication, involve families throughout the whole reunification process and meet regularly to discuss tasks and requirements the parents need to demonstrate/achieve, to get their children home.

For reunification to be achieved it is not only the parents that need to be committed, but social workers also need to believe this is in the best interest of the child. Social work involves working with people who for a variety of reasons are experiencing major problems and distress in their lives. A value base of social work is recognising each person as a unique individual. Biestek (1961, p106) explains individualization in the following terms,

“Individualization is the recognition and understanding of each client's unique qualities and the differential use of principals and methods in assisting each towards a better adjustment. Individualization is based upon the right of human beings to be individual and be treated not just as a human being but as this human being with his personal difference “
Individualization has implications for practice, as it requires workers to assess each case individually, even though some factors may be common to all families, how they are experience by families will be unique. Workers treating each parent as an individual is essential, so assessments do not rely on stereotypes and assumptions (Thompson, 2000). Identifying everyone’s strengths and building their capacity to help them make changes, is core to reunification being achieved. If workers only concentrate on a parent’s problems and deficits, then it will be impossible to build a positive working relationship between worker and parents, one of the key components of the reunification process. People are more motivated to change when their strengths are being supported (Healy 2005).

The challenge for workers is to ensure the safety rights and needs of the child are met, while at the same time recognising that parental rights and needs also need attention (Ainsworth & Hansen, 2011).

Participants also felt consistency of workers was essential, so the goal posts didn’t change for parents. Russ, Lonne and Darlington (2009) found that retaining staff to ensure an experience workforce is a challenge, as workers often experience stress, burnout, trauma and vicarious traumatisation. Building workers’ resilience is key to staff retention, as well as staff functioning. Even if staff remain in the workforce, if they are not functioning and providing a quality service to families, then it is the parents and children who may suffer. Commitment to improving the lives of families is often seen as central to the motivation of child protection workers. Reagh (1994) suggests that workers who find meaning in their work and feel valued stay in this field. Russ et.al (2009) suggest the increase of reflective practice, supervision, ongoing learning and collaborative peer support, may promote resilience in child protection staff by strengthening workers’ sense of control, fostering their commitment through valuing client-related work and helping them to manage challenges successfully. Participants felt teamwork and having a supportive team was important as the work is hard.

Some participants were concerned that more children appear to be coming into care, but no more workers were being employed. Caseloads differed slightly, but all participants held between twelve and fifteen cases. Participants felt that reunification depended on the worker’s ability to really invest in working with the family and if they had too many cases this was problematic.

Participants felt that having designated reunification team works well in theory, but if their caseload was too high, then they could not do the intense work reunification requires. Most participants felt that smaller caseloads would enable them to have time to build a positive working relationship and have time to listen and respond to each family’s needs. They felt too many cases pulled you too many directions. Participants I interviewed had all worked for the Department between two and twelve years, so were experienced and committed to their role. Participants all spoke of the
importance of consistency of workers, as it enabled the opportunity to build trust and develop a working relationship with parents, so reunification was achievable. ‘Working relationships’ speaks of constructive working relationships between professionals and family members, and between professionals themselves. Working in partnership with the family is important so families feel included and part of decision making, but relationships between professionals are equally as important, to ensure effective practice and information shared (The Signs of Safety Child Protection Practice Framework, 2011).

Farmer & Lutman (2012) found that reunification and outcomes for children were better when case management style was proactive. To help case managers become more proactive and have the time to work with families, reducing caseloads, having case support officers to complete administration tasks and streamlining compliance requirements, may provide the time required to complete more direct work activities.

Employing more workers, reducing caseloads, streamlining compliance documents and requirements may be a way forward in re-establishing the social workers role in child protection, but with current budget cuts and bureaucracy introducing more processes and compliance it appears the social workers’ role is changing and deskilling workers assessment skills and time to be engaging with families.

5.6 Environmental barriers

5.6.1 Aboriginal families

Throughout my interviewing I was surprised by the lack of discussion about Aboriginal families considering the high number of Aboriginal children in care. Reasons for continuing overrepresentation is complex and at times contested but can be attributed to the impact of early endeavours to assimilate Indigenous children in to mainstream society and a lack of understanding of Indigenous culture (Briskman 2007). The reality and diversity of Indigenous family life is rarely formally acknowledged within society. When Indigenous families are portrayed in the public domain it is generally to comment on ‘dysfunction’ than to acclaim diversity and strength (Briskman, 2007).

In Western Australia, as in all other States, Aboriginal people have experienced a complex history and relationship with the Government and the child protection system. The experience of the Stolen Generation as seen by the large-scale removal of Aboriginal children from their families, is seen as a major contributing factor to the experience of trauma for Aboriginal people (The Ford Report, 2007).

In January 2018 there were 4,857 children in care in WA of which 2,673 were Aboriginal (DCPFS, 2018). The system remains overrepresented by Aboriginal children, the rates of children on care
and protection orders is five times higher for Indigenous children. Planning for Indigenous children and young people needs to be sensitively handled, due to the historic removal of children from Indigenous communities, and the subsequent dislocation of family and loss of cultural identity. The Department’s focus on the safety and best interest of the child is paramount and cannot be compromised to compensate for the structural disadvantage and overrepresentation. Rather, this adds to the imperative to work effectively with Aboriginal and Torres Strait Islander families, to achieve child safety and help families to manage, and indicates that additional, inclusive and innovative responses are necessary.

As part of my research, I had initially wanted to interview parents who had experienced reunification, including Aboriginal parents. Unfortunately, due to the complexity and long process in relation to the ethical approvals required to interview Aboriginal parents, I changed my research slightly, so I only interviewed workers. This just highlights yet another barrier to gaining valuable information from Aboriginal families themselves, to improve Departmental procedures and processes when working with Aboriginal families to achieve reunification. I feel more engagement with Aboriginal organisations and families is essential when decisions are being made to remove children from their families, but also when trying to reunify the children home.

5.6.2 Drug use

Most of the participants spoke about drugs being a major barrier to parents achieving reunification, especially due to the increase of methamphetamines use in WA. In 2016 the City of Stirling (Stack & Long) conducted a research project with Child Protection, the WA Police and drug treatment services, looking at family members affected by the use of methamphetamines. It found that in comparison to other countries Australian consumers pay a high price for methamphetamines, which makes importation to Australia desirable and profitable for traffickers. The average street price for methamphetamines in China is $80 USD per gram, whereas in Australia the price is $500 USD per gram. In 2015, Western Australian Network of Alcohol and other Drug Agencies (WANADA) conducted research in their services. 74% of clients stated that they were currently using or had previously used methamphetamines and 23% stated they used daily. A focus group held by Child Protection workers, highlighted that workers’ biggest concerns were an increase in domestic violence. Children being abused by parents, whether intentionally or accidentally, children experiencing emotional abuse/trauma by watching disturbing events and domestic violence and children who were exposed to drug taking behaviors, dealer and drug paraphernalia. The WA Police focus group in the WANADA research (Stack & Long, 2016) highlighted an increase in domestic violence/mental health challenges, where individuals become irrational and paranoid and individuals becoming unpredictable and aggressive. All of these had an impact on the whole community. Both Child Protection and WA Police stated they did not think there were
enough services available to respond to the increase in methamphetamine use, some did not know what services were available.

Cyrenian House, is a not-for-profit non-government organisation and since 1981 has assisted people affected by the harms associated with alcohol and drugs use. Cyrenian House offers a residential treatment program which allows women to live with their children, whilst engaging in alcohol and drug treatment. The women also receive counselling and support in the community through the Next Step drug and alcohol services. Parents are required to attend an information session where they can then be referred for an assessment, which only takes a few weeks. Unfortunately places for the residential program are limited and there is a waitlist of approximately six months. Sometimes parents make the commitment to attend rehabilitation, but if they have to wait they can lose interest and their motivation to engage and make the required changes. Some parents also don’t have the confidence to attend an information session on their own and by not attending can be viewed as non-compliant, whereas they may just need a support person to assist them in the first instance.

As with all support services Cyrenian House is a voluntary service, so once parents don’t engage the House withdraws its service. Maybe a way forward is to make some of these services’ statutory requirements, so once their children are brought into care alongside protection orders, parents are ordered to engage with services. This may be seen as punitive and workers having too much control over parents and could be misused, but it could also be a positive way in encouraging parents to stay the course and get their children home.

Participants spoke about a lack of services to support parents to address their drug addictions. It also appeared that parents and workers lacked knowledge of the services available and how to refer to them, as well as the lack of collaboration between services. Participants also said that they found that parents with multiple issues for example drug misuse and a mental health issue were unable to get support from more than one service at a time and this delayed any reunification plan or the opportunity for parents to start making the changes required.

The timely availability of services for parents is paramount to reunification taking place. Broomfield & Holzer (2008) suggest that a more effective whole-of-government approach to families with multiple and complex problems is needed. Early intervention and prevention services can lead to better outcomes for disadvantaged children and families. The development of the Department of Communities took place in 2016, which may assist in building those working relationships especially for those in Mirrabooka, as in July 2018 Child Protection moved to a new building with Corrective Services and Housing. Working under the same roof may not only assist in building and developing working relationship between agencies but may also be beneficial for families. In time,
it may be seen as a ‘one stop’ place to go and may allow for information to be shared more easily, as well helping parents receive appropriate supports in a more timely manner.

5.6.3 Housing

For parents in the child protection system, not having stable housing creates a barrier to having their children home. There may be many reasons that parents are homeless, including being evicted, and there are many reasons why people are evicted. One of the main reasons I have found is that parents have huge rent arrears, which they are unable to pay. This may be because parents are spending their money inappropriately, but once their children are removed from their care their income is reduced, adding to the struggle to pay their rent. Many parents are motivated to having their children home, working with Department on addressing areas of concern, but without stable accommodation the Department is unable to plan and move towards reunification.

Homelessness can mean different things to different people. The statistical definition of homelessness is “When a person does not have suitable accommodation alternatives, they are considered homeless if their current living arrangement:

- Is in a dwelling that is inadequate: or
- Has no tenure, or if their initial tenure is short and not extendable: or
- Does not allow them to have control, and access to space for social relations”

(Homelessness in Western Australia Strategy paper 2016)

On census night in 2011, 9,592 people in Western Australia were experiencing homelessness, this was an increase of 16 % from 8,277 on census night in 2006. In 2015-2016 through State and Commonwealth Government funding arrangements approximately $81 million was allocated to the non-for-profit community services sector. This was for the provision of homelessness accommodation and support services for individuals and families and those who are homeless or at risk of becoming homeless, because of family and domestic violence.

An increased budget is a positive way forward, but this does not appear to have filtered down to the families who are involved with child protection, as housing still remains a huge barrier in the reunification process.

Many environmental barriers were identified by participants which will impact on a parent’s ability to progress with the reunification plan. All participants felt that there should be appropriate and adequate services/supports available, so parents are given the opportunity to make changes and work towards reunification. Participants also spoke about the increase of drug use, a lack of services and collaboration between services, and a lack of housing. By analysing the themes that
emerged from my interviews, it has become clear that there are many barriers facing the reunification process.
6 Chapter Six: Research into Practice

Reunification remains the primary goal for the Department, even though it is one of the most difficult decisions to make. When to reunify a child depends on the parent’s motivation to engage in the reunification process and the supports/services which are available to assist parents.

The findings I have discussed in chapter five, which were identified from interviewing case managers working in child protection, show that there are known barriers in achieving reunification; service environment barriers, organisational barriers, parent’s behaviour and worker issues, which influence the reunification process as illustrated below.

We can break these down into dimensions and explain how to address these factors:
**Service environment** - barriers in accessing housing and a housing shortage, lack of support for Aboriginals families, limited drug and alcohol services and mental health services to support parents to make changes, with long waitlists.

Service availability and accessibility relates to Government funding and resourcing, which is difficult to change. My research highlighted a lack of appropriate services provided for parents and families with multiple and complex problems within the community. Services appear to work separately as in a ‘silos’ (Bromfield & Holzer, 2008), focusing on one problem rather than taking a holistic approach, which can further exclude and disadvantage families. Joining up services would promote better collaboration and information sharing, so families are provided with the most appropriate support rather than being moved from service to service (Wood, 2008).

**Organisations** - heavy caseloads, contact structure, compliance, budget restraints. Workers with too many cases leads to high workload. An importance placed on compliance, rather than assessment and intervention work with families. Lack of research within the Aboriginal community.

The organisational dimension again does depend on funding and resourcing and as a Government Department this depends on the current political party and opinions at the time.

At the ground level decisions are made within each individual office and are dependent on the District Directors running the office. By discussing my research within my office, I have been able to emphasise the importance of having a dedicated team focusing on reunification, case managers having smaller caseloads so they can work intensely with families and into the future having a multi-disciplinary team approach. I have also discussed restructuring contact sessions, so parents have the opportunity to develop their parenting skills before taking over the primary care giving role.

**Workers** - who are dedicated and committed to working intensely with families, workers who can undertake comprehensive assessments and who have a belief in change.

Workers are key to the reunification process and influential in decision making about a family and whether to proceed with reunification. If workers feel overloaded with cases and compliance requirements, they may feel burnt out and uninterested in individual families, which can impact on whether children return home or not. If a worker and parent are unable to develop a working relationship so the reunification process can proceed, a child may remain in long term care rather than return home, possibly leading to poor long-term outcomes and a loss of identity and family connection.

This highlights that during the reunification process not only do the parents need to be motivated and committed to change, but so do the workers. Social work has a set of traditional values that
are the basis for practice (Thompson, 2000), as well as formal knowledge and skills and informal ‘on-the-job’ knowledge and skills that guides their practice (Healy, 2005). Through my research findings certain characteristics were discussed, for social workers to be effective during the reunification process. These included a commitment to the process, a belief that parents can change and the motivation to work with parents and others to achieve reunification as the goal. This type of social worker links to relational social work, which focuses on relationships as the basis for change (Calcaterra, 2017). The basic assumption of relational social work is to recognise and strengthen the motivation of families, who are moving or intending to move towards a desired outcome. The relational social worker gathers the motivated people together and encourages them to interact and make decisions (Folgheraiter & Raineri, 2017). The relational social worker adopts a strength-based and participatory approach in which social workers, parents and others involved are motivated to work together, to identify the problems faced and how best to address them within their social network (Folgheraiter, 2004). Relational social work engages with existing networks to enhance their resilience and capacity to resolve difficulties. It does this by addressing the identified problem, and by engaging, mobilising and developing both supportive and problem-solving networks (Putnam, 2000). Not all practicing social workers have the capability to work and engage parents and support persons in this way, but these skills are essential to the reunification process. Farmer (2018) agrees that using written agreements, assessing parental capacity to change, reviewing progress and making timely decisions is an approach parents want themselves. This more authoritative approach to reunification is needed, so that long-term placement or alternative care can be made where necessary but highlighted that for workers to work purposely with parent’s good supervision is required to support the workers.

Morrison (1993) discusses three elements of supervision which help people feel trusted, supported and valued.

- Staff development, which promotes learning and ensures workers remain competent in their role, due to the variable and changeable work social work presents. This element includes reflective practice, as it facilitates reflection-on-action which increases confidence when undertaking the more difficult task of reflective-in-action.
- Staff care, which supports workers and equips them to psychologically undertake their role. Workers are the most valuable resource in child protection work so need to be supported and protected from any harmful aspects of their role.
- Mediation, support from their line manager to resolve any disputes or disagreements workers may be with clients, colleagues or managers (Thompson, 2000).

Changes to work practice may require additional training for workers to ensure they have the skills and knowledge to implement a new way of working with families.
Working effectively with Aboriginal children, families and communities is the responsibility of all staff within the Department and essential if reunification is the case goal. For Aboriginal business to be everyone’s business, there has to be strong Aboriginal leadership and clear Aboriginal specific strategies that support all staff to work effectively with Aboriginal people. Aboriginal Engagement and Coordination (AEC) provides central leadership and consultation across the Department to promote appropriate policy, learning and development for effective work with Aboriginal people. (Aboriginal Services Framework, 2012). Aboriginal Practices Leaders (APLs) are located in each district and are central to building the capacity of service delivery for effective work with Aboriginal Children and families. Due to the high number of Aboriginal families being supported by family centred work and the number of children in care, the APLs are in demand and often working under intense pressure to support all staff and families. One of the challenges faced by organisations is recruiting and retaining Aboriginal and Torres Strait Islander workers. Aboriginal and Torres Strait Islander workers can often feel isolated, estranged or misunderstood. Workers also can encounter racism and prejudice from fellow workers and non-indigenous families. (Working and Walking Together, 2010). Whilst it is essential to support workers to prevent them from burning out, it is also essential to provide guidance and support to case managers, so they are working in a culturally competent way and accessing appropriate services/supports for Aboriginal families.

**Parents** - parents’ capacity, willingness, motivation to engage, parents who have a support network.

It is clear through my research and practice that parents cannot ‘do it alone’. Even parents who are willing and motivated and have the capacity to change, require support through the reunification and into the future. The worker’s role is to build on a parent’s strengths and develop their resilience and support network. Part of the workers’ role is to carry out comprehensive assessments, including a parent’s capacity, motivation and ability. It is also essential to include a holistic view of a family’s circumstance, including the parent’s history and life experiences, family supports and relationships, current housing and income situation and any issues impacting on their ability to parents their children safely (Horwath, 2001).

Bronfenbrenner (1994) says an understanding of the child must be located within the context of the child’s family and community and culture, in which he and she are growing up in, when assessing unmet needs and how to respond to them. This ecological approach relates to systems theory and the influences that the child, family, friends, neighbours and community have on each other. The community in which families live can have a major influence on both parenting capacity and children’s development. The day to day interactions at both formal and informal levels in the community are often referred to collectively as ‘social capital’ (Horwath, 2001). Social capital’s
main function is to address common problems, which are not easily resolved by individual actions. Social relationships and networks serve as a form of capital, because they require investment in time and energy. Social relationships are considered capital because they can be productive and improve the well-being of residents (Putnam, 2000). Putnam discusses two types of social capital, bonding and bridging.

Bonding capital refers to bringing people together who already know each other, with the goal of strengthening the relationships that already exist. This would link to family and friends within the reunification process and developing a strong and supportive network for parents.

Bridging capital refers to bringing people or groups who did not previously know each other, with the goal of establishing new ties to provide new information, access additional social networks. This would link to child protection workers and support agencies, who are involved with the family to assist them in making and sustaining changes, so able to care for their children again. The bridging ties identified in these relationships tend to be weaker and more diverse than those in bonding social capital, however they can be seen as more important in “getting ahead” (McOrmond & Babb, 2005).

Building trust with all participants in the network is a key component of social capital and allows for social relationships, which provide both emotional support (advice, support and friendship) and instrumental support (services, information and new social contacts) (Putnam, 2000). Post reunification support is essential, within the reunification process to ensure monitoring and supports remain in place for a period of time and safety planning is developed and tested to ensure long term support created.

In March 2018 I was allocated a reunification team to put into practice my findings and recommendations. The below illustration shows how my team is addressing some of the barriers highlighted through my research.
The development of this new reunification team is an ongoing process where we are regularly reflecting and reviewing our practice, our assessments and team structure. We are implementing new work practices and engaging parents, through a variety of ways to achieve the goal of reunification for families.

**Service environment:** I am attending early intervention strategy meetings and liaising with FinWa, Sing and Grow and other community organisations, as part of networking within the community. DCPFS are also meeting with housing monthly to discuss housing issues.

**Organisational:** Within our office I have been allocated a team dedicated to the reunification process. Workers have a smaller case load and I have been given the run of the enhanced contact centre, to restructure contact opportunities.
Workers: Workers within the team are all committed to the reunification process and willing to work with all parents. They are undertaking comprehensive assessments, we have adapted from the UK assessment framework, eco maps and trajectory (timelines) with parents, so clear on timescales.

Parents: Due to our new way of working parents appear more motivated and are engaging with the process and making changes. We are holding regular meetings with parents’ support networks and linking parents into community organisations, for support into the future. We are also providing monthly information sessions, which offer a relaxed forum for parents to come together and learn but also interact together.

Although this research probably has not identified anything workers in the child protection field don’t already know, it has enabled me the opportunity to highlight barriers faced by workers and parents when working towards reunification. Although reunification remains the goal of the Department, once children are brought into care, achieving timely reunification is more than just having laws, policies and procedures in place. Reunification depends on the people, on the development of relationships between the parents, workers and supports services to all work together in achieving the ultimate goal. This work requires time, energy and commitment from all parties.

6.1 Conclusion

Completing this research has been a life changing experience for me from start to finish. It has not only given me the time to reflect on workers practice and polices in place but enabled me the opportunity to revisit relevant theories and research, in an area I am very passionate about, enhancing my own practice within the workplace. Being given the opportunity to develop a reunification team and put my research into practice has been an incredible journey. I have been able to put into action my ideas, with workers who also have a belief in reunification and are willing to try out different ways of working with families.

We have had some success, with a number of children now living at home with safety plans and support networks in place. We are currently transitioning another twenty children home following positive assessments with their parents and demonstrated changes made. Part of our work is to complete direct work with the children, to ensure they are involved in any decision making and planning.

Having a dedicated reunification team has enabled workers to develop their skills and practice working more intensely with families, which I feel is beneficial to the whole reunification process.
Future Research

My research focused on parents achieving reunification and the barriers face by them as discussed by front line workers in child protection. I did not refer to or research the role of carers during reunification, who play a major part in the transition process. A key area for practice development is strengthening the use of foster carers, who play a significant role in preparing children for reunification and ways to support the carer through this stressful period of change.

Although I was asked to research reunification with Aboriginal families, participants did not have many examples to share. This highlights the need for further research into understanding the needs of Aboriginal families, the causes and factors leading to placement stability and instability and drift in care, as well as engaging and supporting Aboriginal families in the reunification process. Research into acknowledging and using culturally appropriate methods when engaging families and providing a service, will lead to practice that is inclusive of individuals, family and community.
7: References


Nurse Research 9 (4) 7-19


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Howe, D., & Steele, M. (2004). *Contact in cases in which children have been traumatically abused or neglected by their parents*. Contact in adoption and permanent foster care: Research, theory and practice. London: BAAF.


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8.1 - Appendix A

Topics discussed during interviews

How was contact structured into the reunification process?
  What worked well
  What would you change

What supports and services were identified to assist reunification?
  Were these easily accessible
  Were there any barriers

How were the parents supported in developing their skills?
  Any programs used
  What assessment took place to assess progress

What do you think needs to change to make reunification achievable for parents?
  Why do you think reunification does not always happen?
  Does the permanency planning policy assist?

Have you a case example you can share?
8.2- Appendix B

Example of raw data taken from interviews with case manager’s.

"if there was early intervention when she was inspired to change or motivated to change.........."

"Yes, it's about the relationships in my view that really makes or promotes change in people"

"Biggest support that a family or parents are going to need is their extended family because they are the people who are going to be long term monitoring or supporting the parents "

"Building parents capacity to change"

"Identifying a strong safety network............services don't equal safety but family and support does "

As I reviewed the data collected I was able to highlight repeated ideas, phrases, elements within the interviews. I was then able to group into concepts and then categories, giving me the basis for several theories.

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<th>Stage</th>
<th>Purpose</th>
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<tr>
<td>Concepts</td>
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<td>Categories</td>
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</tr>
<tr>
<td>Theory</td>
<td>Systems theory</td>
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</tbody>
</table>
Participant Information Form

Project title: Case manager's perspectives on how to achieve timely reunification

Name of Researcher: Jacqui Nicklin

Invitation:

"You are invited to participate in a project titled- "Case manager's perspectives on how to achieve timely reunification". You are being asked to take part in this project as I am interested in Case Managers views on reunification strategies due to your work role and involvement with families.

Aim of the Study (What is the project about?)

The aim of my research is to understand what might contribute to a timely reunification from a case manager's perspective, leading to reunification taking place with parents. I am interested in your views regarding:

What contact is in place and how is it structured and how does it progress

What do parents need to achieve, what skills they need to develop and how this may happen, including programs/services to support parents.

How can parents be supported in accessing services, what services are available and what services need to be made available.

What does participation involve?

Data collection from participants will consist of in-depth unstructured interviews lasting approximately one hour. Interviews will take place at a place in which the research participant feels comfortable and they will be recorded with the permission of the interviewee.

As timely reunification is a matter of great importance to families and workers, your contribution to understanding how this may be achieved has the potential to lead to improvements in policy and practice and thereby benefit all concerned.
Voluntary Participation and Withdrawal from the Study

Participation is voluntary. Participants can withdraw from the study at any time, without giving an explanation. Data will be destroyed after withdrawal unless otherwise agreed.

Your privacy and confidentiality of the data

The University of Western Australia
M459 Perth WA 6009 Australia
T +61 8 6488 3703
E humanethics@uwa.edu.au
M +61 000 000 000
CRICOS Provider Code 00126G

Your participation in this study and any information you provide will be treated in a confidential manner. The data will be kept in a de-identified format, in a password protected computer or a secure server for minimum seven years.

Contacts

If you would like to participate or discuss any aspect of this study please feel free to contact either me on 08 93449666 or Jacqui.nicklin@cpfs.wa.gov.au

Sincerely,

Jacqui Nicklin
Chief Investigator

Approval to conduct this research has been provided by the University of Western Australia with reference number RA/4/1/xxxx, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time. In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Ethics office at UWA on (08) 6488 4703 or by emailing to humanethics@uwa.edu.au. All research participants are entitled to retain a copy of any Participant Information Form and/or Participant Consent Form relating to this research project.
8.4- Appendix D

Chief Investigator-Jacqui Nicklin
Name of School/Centre, Allied Health
The University of Western Australia
35 Stirling Highway, Crawley WA 6009
Tel: 08 93449666
Email:Jacqui.nicklin@cpfs.wa.gov.au

Project title—Case manager's perspectives on how to achieve timely reunification

Please read through this form before signing.

I agree to be interviewed regarding this research. I agree to my interview being recorded and understand that all recordings will be stored in a secure filing cabinet at UWA. I understand that the interview will take between 45 minutes to an hour in duration. I understand that at any time I can withdraw from the process and any recordings of me will be destroyed. I understand that my name will be kept confidential throughout the research project. I understand that participation in this research will not influence my relationship with the Department. I understand that I will be provided with a copy of research once completed.

____________________________________  ________________
Participant signature                  Date

Approval to conduct this research has been provided by the University of Western Australia, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time.

In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Ethics Office at the University of Western Australia on (08) 6488 3703 or by emailing to humanethics@uwa.edu.au

All research participants are entitled to retain a copy of any Participant Information Form and/or Participant Consent Form relating to this research project.
Dear Ms Nicklin

RESEARCH PROPOSAL - CASE MANAGER'S PERSPECTIVE OF HOW TO ACHIEVE TIMELY REUNIFICATION

Thank you for your research proposal. I am pleased to advise that your request to conduct this research has been approved, subject to conditions outlined in this letter. The Research Review Panel has agreed that a Case Manager's perspective on what contributes to timely reunification is a valuable research project.

The Review Panel members felt that the project aims should be refined to reflect that the research is seeking a Case Manager's perspective, not the views of parents. It was also considered that the project would be strengthened by gathering the perspective of Case Managers from a second district in addition to Mirrabooka District, such as Midland, where a reunification team is well established. The Mirrabooka District Director has agreed to assist with engaging Midland District in this project.

Furthermore, given the significant overrepresentation of Aboriginal children in care, I think there should be some specific consideration to reunification of Aboriginal children with their families and questions relating to elements of the Aboriginal and Torres Strait Islander Child Placement Principle and culturally responsive practice.

Therefore, approval is subject to the following conditions:

- Interviews are conducted with Case Managers at Mirrabooka District (recruited from outside of the Children in Care Team 3) and Case Managers at Midland District. The sampling method of Case Managers is to be documented.
- The project aims, methodology and interview questions are reviewed to narrow the scope of the project to the perspective of Case Managers only. It was suggested that background on Case Manager's skills and experience, such as duration in role, be collected as important to understanding the context of responses to interview questions.
- That equal consideration is given to successful and unsuccessful reunifications, and there be consideration to reunification of Aboriginal children with their families.
That any report, presentation or article is provided to the Department for Child Protection and Family Support prior to release or submission to allow the opportunity for review. Please liaise with the Research and Evaluation Unit to ensure the research project findings are reviewed and approved for publication.

I encourage you to regularly update the District Directors and Ms Sarah French, Manager Research and Evaluation, on the progress of your project to ensure findings can be released in a timely manner. Please do not hesitate to contact Ms French with any questions on (08) 9222 2718.

Yours sincerely

Andrea Martin
A/Director Policy — Family Support and Reporting

23 May 2017
Cc District Director – Mirrabooka