

Transition Program Office

Factors that affect the restoration of
children and young people to their
birth families

Neha Prasad and Marie Connolly

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1. Introduction and context

State systems of care have undergone significant transition over the past decades. The early emphasis on rescuing children from abusive and neglectful parents and placing them in residential care changed with the realisation that children benefit from growing up within a family-like environment. Foster family care became the preferred alternative and many children were placed in family foster care when they could not live safely at home. As systems of care developed increasing attention was paid to the importance of retaining links with a child's family of origin. This resulted in a practice emphasis on family preservation and to an increased use of kinship care across international jurisdictions.

In general, the majority of children require short term care until they are able to return to their families (Ward & Munro 2010). There is, nevertheless, diversity in the way care practices have developed internationally and the degree to which they promote family restoration practices. In the United States of America (USA) statutory foster and kinship care are generally perceived as temporary arrangements. There is a strong focus on restoration, family preservation strategies are used to assist families to care for their children, and it would be unusual for a child to remain in a long-term alternative care placement. Where reunification is not viable, adoption and guardianship are preferred as primary long term outcomes for a child. Although the United Kingdom (UK) also actively promotes family support services with the aim of keeping children within their families, Thoburn (2008:15) notes:

High thresholds for entry into care are accompanied by attempts to ensure that those who do enter leave as soon as possible through return to their parents or relatives or through adoption. These high thresholds, without the necessary investment in high quality services to vulnerable families at home or after reunification, have resulted in some children entering care too late when it's harder to turn things around for them.

In countries such as Australia and New Zealand priority has been given to ensuring children maintain links with their families of origin and remain within their own cultural environment. Returning children to their families orientates the child within the context of the family. As a result, rather than providing

substitute parenting, services are directed towards supporting the family and facilitating the child's eventual return home. The success of restoration depends on collaboration between all those directly involved in the child's care, programmed visits and parental involvement in the out-of-home care (OOHC) of the child, the emotional readiness of parents for reunification, preparation of the child for re-entry into the family, and the strength and intensity of formal and informal services both during placement and after reunification.

Reunification within the literature can be conceptualised in two ways: active and passive. Active reunification happens when restoration occurs due to interventions of caseworkers. On the other hand, passive reunification occurs when children return to their parents because of changes in circumstance or factors that are outside the control of those working with the child. The differences in conceptualisation is important in understanding what factors underlie high rates of restoration and what strategies are more likely to reunify children and their birth parents (Delfabbro, Barber and Cooper, 2003:29).

2. Current literature on restoration

This literature review discusses the different factors that contribute to the likelihood of children and young people being restored to their birth parents. In order to investigate the more contemporary literature on restoration the review mainly used studies that were published after 2000. There are however some notable exceptions due to the limited number of Australian studies that focus on restorations and the inclusion of studies that focus particularly on some of the factors drawn out in this review. There are a total of six Australian studies included in this review, with Fernandez (2013), Delfabbro et al. (2003) and Fernandez (1999) the few Australian studies that have analysed trends in restoration of children. The remaining literature is sourced from studies from the USA and UK.

As states, current Australian literature and studies on restoration of children and young people is limited and mainly derived from a couple of data sets making it difficult to generalise findings. The USA and UK does provide a larger number of studies on restoration but their applicability to the Australian context is limited because of differing practices and cultural contexts. Previous reviews of the literature have noted the lack of rigor across research studies,

which also limit the capacity of research to guide policy and practice (Bronson et al 2008). While some of the conclusions of studies performed overseas support the findings of Australian studies, the great variance and contradictory evidence of what works in restoration and the variability and differences in sample sizes therefore suggests the need to exercise caution in using findings to inform contemporary practice. Variance in the findings from studies on reunification usually relate to the type of placements under study, differences in care populations and the duration of the studies. Since the 1980s and 1990s there has been a substantial change in the OOHC population in the USA, UK and Australia. More children are entering care due to neglect and abuse and more placements are court ordered. This has also impacted on the applicability of early research to the contemporary OOHC environment (Fernandez, 1999:181).

Another noteworthy caution when reading international studies on restorations is that comparisons of Australian Aboriginal people and minority groups in other countries are limited because of significant differences in circumstances, cultural contexts and history. While Delfabbro et al (2003:46) argue that Australian Aborigines have more in common with the experiences of Native American people there are nevertheless significant differences and gaps in knowledge relating to the experiences of Aboriginal people in Australia.

While there are clearly challenges in understanding the restoration knowledge base, there is nevertheless a growing body of literature that provide insights for policy and practice. We will now explore key areas from the literature, and conclude by considering their implications for the field.

3. Child characteristics

The age, ethnicity and health of children in OOHC are the most consistently studied factors with respect to restoration and other permanency outcomes. Many of these studies are international, however some Australian studies also highlight key characteristics of children and young people, which feature in exits to permanency.

3.1 Age

The most significant predictor of restoration was found to be the age of the child or young person. Most studies (Fernandez, 2013:85; Akin, 2011:1003; Shaw, 2010:478; Connell, et al., 2006:781; Bronson et al 2008; 2006:792; Harris & Courtney, 2003:423; Courtney, 1994:93) found that infants were less likely to be reunified with their parents while school-aged children were more likely to be restored. Akin (2011:1007) also found that older teens had the highest rates of reunification as compared to infants and school aged children. While age should not be a main determinant for reunification, it may be that caseworkers find it easier to reunify older children because they are less 'vulnerable' than younger children (Fernandez, 2013: 147; Akin, 2011:1007; Connell et al., 2006:782). There is an inherent tension here as relationships within a child's life and the levels of stress the child experiences both "have important roles in fine-tuning brain architecture" (Scott, Arney and Vimpani, 2010:11). Attachment is important to the building of a child's internal models that help them adapt to their experiences, including their care experiences and future attachments. At the same time, abuse can have a profound impact on a younger child's health and wellbeing, one of the reasons why children in OOHC have poor health outcomes (American Academy of Pediatrics, 2002).

3.2 Ethnicity

Many studies have found a child's ethnicity to be significant predictor of foster care exit. In most cases, African-American children were less likely to be restored or restored at a slower rate than Anglo-American or Hispanic children in the USA (Cheng, 2010, p.1315; Shaw, 2010, p.478; Connell et al., 2006, p.792; Harris and Courtney, 2003:423; Courtney, 1994:98). Akin (2011:1003), however, found that children under the 'other' race category were more likely to be restored than Anglo-American children finding no significant difference between Anglo-American and African-American children.

One Australian study of note has contributed to research relating to ethnicity, finding that Aboriginal children are less likely to be reunified with their parents than non-Aboriginal children (Delfabbro, et al., 2003:36). In discussing the high proportions of Aboriginal children in OOHC, Delfabbro et al. (2003:47) raised issues around restrictions in the OOHC system and agency level that possibly impede restoration for Aboriginal children. These issues related mainly to the differences in Aboriginal families and non-Aboriginal families and

limited cultural understandings that may impact on restoration work by non-Aboriginal agencies. The study by Fernandez (1999) continues to be one of the largest studies of children in OOH in Australia. Due to the small number of Aboriginal children that were restored during the period of the study, however, it is difficult to draw conclusions on the relationship between Aboriginality and restoration rates.

3.3 Health

Several studies have found that the presence of child health problems and/or disability negatively impacted the restoration rates of children and young people (Shaw, 2010:479; Connell et al., 2006:792; Harris and Courtney, 2003:423; Courtney, 1994:93). Akin (2011:1003-4) found that children with a disability or serious mental health problems were less likely to be reunited with their parents during the initial period of their placement however this difference lessened over time. The fact that most studies found a negative correlation between disability and mental health with restoration suggests that casework needs to be better targeted to assess these children and develop support and permanency plans that address their particular needs. As these children exit to permanency, it is important that services continue to support their clinical needs.

3.4 Gender

Most studies found no significant difference in the restoration rates for males and females (Fernandez, 2013:85; Akin, 2011:1000; Connell et al., 2006:782). While some studies (Delfabbro, 2000 as cited in Osborn and Bromfield, 2007:7; Harris and Courtney, 2003:423), however, found that males were slightly less likely to be reunified than females, others found that girls could be expected to stay in OOH longer than boys (Fernandez, 1999:196). With only a small number of studies included in this review asserting otherwise, it may be that gender is not truly indicative of restoration.

4. Family characteristics

All the studies on restoration look at how the characteristics of the family impact on the reasons behind a child or young person's placement in OOH and therefore influence the restoration work that will need to be done in order

to return the child. These studies also look at what the role of family contact in restoring a child and the characteristics of the carer's family.

4.1 Family structure

In a study from the USA, Harris and Courtney (2003:423) found that children who were in two parent families were likely to be restored quicker than children from single parent families. The authors acknowledged, however, that in their study family structure could not be understood separately to ethnicity and these interactions placed different effects on restoration rates. In single parent families, being African-American led to slower rates of reunification, as compared to Hispanics and Anglo-Americans, while in two parent families, being Hispanic led to increased rates of reunification when compared to African- and Anglo-Americans. It was highlighted that at the time of the study, a greater percentage of children coming from single parent families were African-American and a greater proportion of the two parent families were Hispanic. These family structures, however, appeared to work to the advantage of Hispanic families and to the disadvantage of African-American families (Harris and Courtney, 2003:425).

Courtney (1994:101) found that children who came from intact, two parent families were more likely to be restored following a kinship care arrangement than were children from single parent families. This could be because kinship carers were less willing to care for children in the long term if they had two parents. The long-term care of children who have a single parent may be more aligned with the existing support patterns of kin. On the other hand, Fernandez (1999:204) found that Australian children placed in foster care were more likely to be restored to single parents. She speculated that workers might find it less complicated to restore a child to one parent rather than to a possibly complex dynamic involving two or more parents. An example might be where the child was removed due to violence from a partner who has since left.

Single parent families and two parent families had the same likelihood of having their child restored if no other factors were considered. However, the 'pathology of the single parent family' (Jones, 1998:320) was linked to economic deprivation and thus decreasing the likelihood of reunification for this group.

Children who were placed in foster care homes as opposed to kinship homes were more likely to be reunited with their birth parents (Akin, 2011:1004; Shaw, 2010:478; Bronson et al 2008; Connell, et al., 2006:792; Harris and Courtney, 2003:423; Courtney and Wong, 1996 as cited in Connell et al., 2006:783). There have been a number of suggestions why this might be the case. Courtney (1994:100) suggests that an imperative to restore a child to their birth family may be greater in a worker or judge's mind when they are placed in non-kin care. Reluctance on the part of kinship carers to damage kin relationships has also been noted, along with a perceived lack of need for permanency when the child is already doing well with kin (Bronson et al., 2008).

4.2 Family contact

The importance of children and young people remaining in contact with their birth parents, extended family and siblings is highlighted in literature. These studies focus on attachment theory and other rationale to place importance on visiting as essential to the preservation of the child/ parent relationship and to help the child cope with the stress related to being removed from their family.

Davis et al. (1996), in particular, place importance on parental visitation as a powerful factor in decisions on restoring children to their birth families. Their study looked at the permanency outcomes for 865 children and young people who had some form of reunification plan while they were in OOH. They found that there were strong links between parental visiting and reunification. Restoration was more likely in cases where visitation was not stated in the plan. The authors extrapolate that this could be because these children were predicted to be going to be reunified quickly and therefore a visitation plan was deemed unnecessary from the onset. The Centre for Parenting and Research at the New South Wales (NSW) Department of Community Services (now called Department of Family and Community Services) also highlighted that contact maintained attachment and therefore encouraged reunification, although this link was weak.

In a South Australian study, Delfabbro, Barber and Cooper (2002 as cited in Bromfield and Osborn, 2007:16) found that at least one form of regular contact between birth parents and children led to increased rates of restoration. They also found, however, that family contact was less likely for

children in rural areas in South Australia, children who were Aboriginal and children who were more hyperactive.

It is difficult to make the assumption that contact in itself can increase the likelihood of a child being restored (Biehal, 2007:814). Biehal finds that past studies show weak connections between contact and restoration alone but when reasons for the placement or child characteristics are taken into account then the likelihood for reunification increases. Bullock et al (1998 as cited in Biehal, 2007:815) and Panozzo, Osborn and Bromfield (2007:8) report that the predictability power of contact on early reunification could be associated with other factors such as the easing of problems that caused the separation, inclusiveness of the social work plan, the family seeing itself as a unit and the child's retention of their role in the home. Similarly, Delfabbro et al. (2003:31) state that frequent contact is only likely to occur when the issues that led to the child's removal have been moderated.

Cleaver (2000 as cited in Biehal, 2007:815) suggested that there would be greater contact in circumstances where the parent and child had a strong attachment. Therefore contact could promote reunification because parents would be motivated to participate in the restoration process and change circumstances or behaviour to increase the chance of having their child returned.

Davis et al. (1996:367) also found that visitation was more likely to occur in kinship homes (79%) than foster care homes (75%). Berrick, Barth and Needell (1994 as cited in Davies et al., 1996:379) suggest that this could be the informal and family-like environment of kinship homes promoting contact between the foster parent and the birth parent as opposed to foster care homes where contact would have to occur through the court or placing agency. Courtney (1994:101) suggests that if kin are more likely to encourage contact between birth parents and children than foster carers, then birth parents may not have as strong an imperative to seek restoration.

Fernandez (2013:14) found that contact between parents and a child was effective for reunification when the parent attended all allocated visits and meaningfully engaged the child. Davis et al. (1996:370) also found that when parental visiting occurred at levels lower than recommended in reunification plans this was less likely to result in restoration for African-American children

than Hispanic or Anglo-American children. While paternal and maternal visiting were positively associated with restoration, the study found that although fathers had less visits at the recommended level than mothers, their visits were positively and strongly correlated to reunification (Davis et al., 1996:369). This suggests that more attention should be given to the involvement of fathers with children in OOHC. In their systematic review of the literature relating to restoration Bronson et al. (2008: 39) noted that many studies indicate an association between parental engagement and successful reunification, and that some studies indicate that parental involvement in case planning increases the likelihood of successful reunification, decreasing also re-entry into care.

Children with intact sibling placements and children with no siblings were more likely to be restored than children with sibling placements that were separated (Akin, 2011:1004). There is currently limited data, however, on sibling placement and its relation to restoration in Australia.

5. Placement characteristics

There appears to be patterns in the studies that highlight some primary characteristics of OOHC placements that facilitate or impede restoration. These studies look at how stability of a placement, duration of time in OOHC and the reasons why the child is placed in OOHC all affect restoration work.

5.1 Placement stability

Early placement stability was associated with increased likelihood of reunification (Akin, 2011:1004) however the difference between these children and children who did not achieve early placement stability decreased over time. In contrast, children who absconded from care were less likely to be restored to their families (Akin, 2011:1004). Barber and Delfabbro (2002 as cited in Osborn and Bromfield, 2007:7) found that early placement disruption was a predictor of ongoing issues in the OOHC system for the child. Delfabbro, Barber and Cooper (2000 as cited in Osborn and Bromfield, 2007:7) found that boys, children who lived in rural/ regional areas and children who have experienced multiple placement changes were more likely to experience placement disruption. When these findings are combined with

studies that correlate early placement stability with restoration, then a sample of children who are less likely to be reunified can be identified.

Fernandez (1999:189) found that of the total number of restorations that occurred during the period of the study, 50% of children were restored from their first placement, 26% from their second placement and 24% from their third. This indicates a decline in the restoration rate with each subsequent placement. A history of prior removals was also associated with lower rates of restoration (Akin, 2011:1004; Connell et al., 2006:792; Delfabbro et al., 2003:44).

5.2 Timing of restoration work

Studies have consistently found that the probability that children will be restored to their family is higher when the child first comes into care (Fernandez, 2013: 147; Connell et al., 2006:788; Courtney, 1994:91; Fernandez, 1999:189). Over the first few months that the child remains in care, the probability of restoration steeply declines and then slows down thereafter. Sinclair, Baker and Lee (2006 as cited in Biehal, 2007:811-12) reported that the UK care system quickly restores short-stay children which is why the proportion of children being restored early in their placement is high. The Centre for Parenting and Research at the NSW Department of Community Services (now called Department of Family and Community Services) indicated that the first six months of a child's placement in OOHC is crucial for restoration and decisions about reunification should be a priority during this period.

There also appears to be a link between the reasons a child came into OOHC, the length of time they spend in OOHC and restoration. While studies consistently found that the probability of restoration declined over time for children who had been placed in OOHC because of neglect or abuse, findings became varied when other reasons were accounted for. Goerge (1990, as cited in Biehal, 2007:812) found that a child's emotional or behavioural problems or parental incapacity did not contribute to the timing of restoration; others (Bullock et al, 1993; Millham et al, 1986 as cited in Biehal, 2007:812) found that the behaviour of a child or a parent did affect timing.

Fernandez (2013:147; 1999:189) has consistently found that the probability of restoration appears to decline after the first three to five months of a child's

placement and that this decline became gradual after that. Fernandez and Lee (2011:757) also observed differences in restoration rates between restorations to kin as opposed to parents. Restoration to parents appeared to occur more quickly at the beginning of a placement, with the rate slowing down after week 13, while restoration to kin appeared to be slow at the beginning with a spike in numbers between 10-12 weeks of a placement.

Akin (2011:1002) found that the highest likelihood of restoration occurred between 15 to 18 months after removal, declining thereafter. Similarly, Connell et al. (2006:788) found that while the likelihood of restoration was high immediately after initial placement, there was a downward trend in restorations between this period of time and around the tenth month of the placement. A renewed increase in restorations followed, however, during the 10 to 12 month period. Even though Fernandez (1999:189) emphasises that restoration work should occur in the first few months of a placement, she found that children who were in their second OOHC placement had a tendency to be restored in the twelfth month of their placement.

Studies in both UK and USA have suggested that the timing of restoration was related to the thresholds for admission into OOHC, as high thresholds often meant that children had a higher need and therefore it would take longer to work with them (Biehal, 2007:812). Biehal (2007:813) asserts that while studies find that the likelihood of reunification decreases over time, this relationship may not be causative but rather descriptive. There exists no research evidence stating that it is the passage of time itself that impacts on restoration, it could be that the length of time a child stays in care is due to poor case planning, ambivalent parents or the reasons behind the placement (Biehal, 2007:813). Biehal (2007:813), however, also acknowledges that there is no evidence that the passage of time does not affect the likelihood of reunification either.

5.3 Reasons for entry into OOHC

The differences that appear when investigating how the reasons for entering OOHC affect restoration rates of children particularly highlights the variance in sample sizes and contextual differences between studies. When compared to other reasons for entry into OOHC, Akin (2011:1004) found that children who had entered for the primary reason of neglect were more likely to be restored than children who entered into care due to physical abuse. This was

supported by the findings of Cheng (2010:1314) that neglect alone was a significant predictor of reunification. In contrast, other studies (Fernandez, 2013:85; Shaw, 2010:478; Delfabbro et al., 2003:36; Harris and Courtney, 2003:423; Fernandez, 1999:199; Courtney, 1994:93) found that children who were removed due to neglect had a slower rate of restoration than children who had been removed for other reasons.

Jones (1998:320-21) maintains that the reasons behind the slow rates of restoration for children who are in OOHC due to neglect is because this is the factor that is the biggest indicator of poverty. Poverty, being a result of socioeconomic conditions, would take longer to alleviate or moderate and therefore children would have to remain in care longer. Delfabbro et al. (2003:37) found that children who were placed in OOHC due to neglect tended to be younger and had fewer behavioural problems. This would usually indicate that the child was more likely to be reunified quickly however the effects of neglect were considerable therefore these factors were counteracted. An interesting finding by Delfabbro et al. (2003:38) was that Aboriginal children who were in care due to neglect because of parental incapacity had higher rates of reunification than Aboriginal children in care due to other forms of neglect.

Connell et al. (2006:792) found that children who were removed due to child behaviour problems were more likely to be restored when compared to children who were placed in OOHC due to neglect. In contrast, Fernandez (1999:199) found that children who entered OOHC for behavioural or emotional problems were likely to spend more time in care than those who entered for other reasons. Wade et al. (2010:3) found that children who had been maltreated were less likely to be restored to their birth families but that these children had better outcomes if they stayed in the OOHC system than if they were restored.

It was also found that children who had been placed due to sexual abuse had the lowest rates of restoration (Connell et al., 2006:792). This was in contradiction to findings made by Courtney (1994:93) that showed that children who were removed due to sexual abuse had a higher rate of transition back home when compared to children who had been removed due to neglect. This trend was not associated with older children however. Children who had been removed because of their parent's substance abuse

problems had a lower chance of being reunified than other children when compared to children who entered OOHC due to parental health (Fernandez, 2013:85) or compared to children in OOHC who's parents did not have substance abuse problems (Shaw, 2010:479). Delfabbro et al. (2003:45) assert that in their study, where children were reunited with their birth families it was mainly due to the child and parent wanting restoration rather than because the parent had been fully treated for their substance abuse. In these circumstances, caseworkers only restored children once the substance abuse had been sufficiently treated and tended to monitor the child's placement after restoration to ensure that they remained safe.

Restoration was more likely if children had been placed into OOHC due to their parent's incapacity for example mental illness in contrast to other reasons (Delfabbro et al., 2003:36; Fernandez, 1999:199). Restoration was strongly related to maternal wellbeing or health, with mothers who were successfully reunified with their children better able to cope after their child had been in OOHC, with or without support (Delfabbro et al., 2003:39). Due to the relationship between parental incapacity, age and neglect, Delfabbro et al. (2003:39) found that there was a particular group of children who were more likely to be restored in the short term in South Australia. These children appeared to be younger and in care due to parental incapacity or abuse.

5.4 Duration in OOHC

Cheng (2010:1314) found that a low proportion of children in long term OOHC were likely to be restored to their families therefore being more likely to age out of the system. Similarly, Delfabbro et al. (2003:44) found that children who were already placed in OOHC were more likely to have longer-term court orders and therefore expected to be in care longer. These children tend to be older and have more behavioural problems, which characterises placement instability and increases the time spent in care (Fernandez, 1999:202).

Courtney (1994:101) highlighted that a quick return to birth parents may lead to re-entry into OOHC due to factors that led the child into care in the first place not being addressed appropriately. Similarly, Wade et al. (2010:4) found that restorations were more likely to succeed where children had gone home over a period of time.

6. Social and environmental factors

Courtney (1994:88) highlights that children entering into OOHC generally come from families that are living in difficult social and economic conditions. Furthermore, Jones (1998:307) states that social and environmental factors affect the restoration of a child in three ways. Firstly, these factors are likely to increase the levels of stress within families that tends to aggravate conflict and lower the effectiveness of parenting. Secondly, social systems may be organised in a way that reduces social support and access to resources and thirdly, families may lack the financial capacity to purchase support services.

While social and environmental factors could lead to the child or young person being placed into care in the first place, Jones (1998:320) argues that these factors could also inhibit them from being reunified successfully that is avoiding re-entry into OOHC. Poverty and economic deprivation, mainly inadequate housing and unemployment, were found to be the greatest risk factors for successful restoration (Fernandez, 1999:199; Jones, 1998:320-21). This finding was supported by Courtney (1994:98) and Fernandez (2013:85) who found that children from families that were experiencing disadvantage experienced slower rates of restoration. Cheng (2010:1315) also highlighted the connection between neglect and poverty, stating that if services such as housing and financial support were provided to families the likelihood for children who had been removed due to neglect being restored would grow.

6.1 Location

In a South Australian study, Delfabbro et al. (2003:36) found that children living in rural areas were less likely to be restored than children living in metropolitan areas. Similarly, Courtney (1994:98) found that children from a Hispanic or Asian background tended to be restored more quickly if they lived in a metropolitan location. It was also found that children in kinship care experienced higher rates of restoration when they were located in rural areas compared to children located in urban and suburban areas of California (Courtney, 1994:98).

7. Re-entry into OOHC

While it is important to study the factors that contribute to reunification, it is also useful to understand factors that cause a child to re-enter OOHC. By considering these factors together, a better picture of ways to promote successful restorations will appear and assist workers to improve decision-making around reunification.

7.1 Limited parenting skills and support mechanisms

Festinger (1996 as cited in Frame, Berrick and Brodowski, 2000:346) found that children were more likely to re-enter OOHC after restoration when the initial issues experienced by their caregivers were not appropriately addressed. Caregivers with limited parenting skills and social support mechanisms were more likely to have their children return to OOHC. If service needs of the parents were unmet during the six months before the child leaves OOHC, then risk of re-entry increased (Frame et al., 2000:346). When assessing the potential success of reunification, caseworkers' perceptions of the level of a parent's "empathy, insight, understanding and ability to engage with the child" also influenced how confident they were about the success of reunification (Fernandez, 2013:89).

Jones (1998:321) found that neglect predicted re-entry of children as it was related to poverty and thus stress, which was found to be a trigger for placing children into care. These findings support 'systems of care' which provide greater economic and housing assistance to disadvantaged families so that successful reunification may occur (Jones, 1997:321).

7.2 Protective factors

Thomas, Chenot and Reifel (2005:237) emphasise that while most studies on reunification focus on the risk factors that impede on the restoration process, it is also important to acknowledge the protective factors in children that promote it. These protective factors include a sense of being loved by their birth parents, an acceptance that their parents are good people who have behaved badly, high self esteem, positive ethnic identity and a sense of spirituality. The presence of these factors may not only attribute to successful reunifications but may protect the child or young person from re-entry into the OOHC system.

Protective factors present within the birth family can also attribute to faster reunification and also guard children against re-entry. Thomas et al. (2005:239) draw from several studies to form a list of these protective factors. Secure parent and child attachment, supportive sibling relationships, family cohesiveness, clear communication between family members and a sense of family identity all contribute to protecting a child from re-entry once they have been restored.

A stable school environment, access to health care and security services can provide protection for children who may have been restored to a setting where their birth family continue to experience disadvantage. Having emotional support outside the family, affiliations with religious organisations and living in a caring neighbourhood increased a child's support network and therefore decreased risky behaviour that may lead to placement breakdown (Thomas et al., 2005:240).

7.3 Characteristics associated with re-entry

Some of the main characteristics that predict re-entry of an infant specifically into OOHC include maternal criminal activity, maternal substance abuse, being placed in care within the first month of a child's life or being placed in non-kin foster care (Frame et al., 2000:358). Wells and Guo (1999:287) also identified characteristics that increased the likelihood of re-entry for children. They found that African-American children, children who were older at exit and children who had initially entered care due to physical abuse or dependency were more likely to return to OOHC after being restored. A high number of placement changes and a shorter duration in OOHC also attributed to an increased likelihood of re-entering care. Wells and Guo (1999:287) also found that children who had been placed with non-kin foster carers were more likely to re-enter OOHC. Wade et al. (2010:5) found that where reunification was likely to fail there were early signs of behaviour problems with the child and concerns about the child's safety. Additionally, Miller et al. (2006:270) found that where the birth parents continued to receive treatment for their substance abuse within three months of having their child restored, had children that were more likely to re-enter OOHC.

Bronson et al. (2008:41) summarised research into parental ambivalence that is where the parent was consistently ambivalent toward the parenting role. In these situations the parents were more likely to have initially requested the

child be removed from their care, and then requested placement at re-entry. The studies suggested that parents who were ambivalent were less likely to engage with reunification efforts and were more reluctant to have the child home.

8. Support services

Children and young people have an increased likelihood to be restored when their birth families received services that match their levels of need such as substance abuse treatment, housing assistance, financial support and mental health counselling (Cheng, 2010:1312; Farmer, Sturgess and O'Neill, 2008:2; Jones, 1997:321). Matching the needs of families to appropriate services can improve children's chances of being successfully restored to their biological parents (Fernandez, 2013:94; Cheng, 2010:1315; Wade et al., 2010:4). Bromfield and Osborn (2007:16) also highlighted that Australian studies found that work that engaged, empowered and encouraged birth families to maintain contact and work towards a change in their circumstances promoted restoration. Miller et al. (2006:271) also stress when children are engaged with support services then their birth parents are more likely to have some involvement with in their child's life and the service thus decreasing the risk of re-entry into OOHC for children. Caseworkers observed that practical support such as childcare, health services, financial support was the most useful form of support in the restoration process (Fernandez, 2013:92).

The importance of providing on-going support services to birth parents was emphasised by Delfabbro et al. (2003:49) as changes in their wellbeing was the most critical predictor of early reunification. Fernandez (2013:93) also emphasised the continuation of services for children once they had been restored. Services that support Aboriginal children in remaining connected with their cultural identity and extended family would also help to decrease the inequities faced by Aboriginal children in OOHC and may lead to increase in reunification rates for this group. Some reasoning behind the lower rates of restoration in African-American and Aboriginal families could be that these ethnic groups historically have limited and inequitable access to resources (Cheng, 2010:1315).

Parents who had their children removed because they had problems with substance abuse were more likely to have their children restored after a

longer time in OOHC. This is because in general successful treatment for substance abuse would take longer (Cheng, 2012:1315).

According to Berry (1992 as cited in Delfabbro et al., 2003:31), intensive services that involved case planning for all needs of the family, court work and support services for families are likely to result in more restorations. However, Delfabbro et al. (2003:31) acknowledge that these interventions usually do not fall under general services and therefore are mostly accessible to families at the higher end of the spectrum. Walton et al. (1993 as cited in Fernandez, 1999:179) also noted that families that received Intensive Family Based Services were more likely to be restored to their birth families than those receiving regular service supports.

Fernandez (2013:91-93) found that families where restoration did not occur tended to have more involvement with correctional services, Police and the Children's Court. In addition, where parents did not engage in support services or treatments consistently, caseworkers reported that this would present issues for their restoration work.

9. *Worker knowledge, skills and engagement*

Cheng (2010) undertook a study to understand the factors in caseworker skills and engagement that promoted restoration with children in long term OOHC. The study found that exit to reunification was positively associated with identified need for housing, financial assistance and caseworker engagement. It was found where workers had strong engagement with the birth family, children and young people in long term care were more likely to be restored. Where birth families were positively and actively engaged in the child welfare process, case workers had the possibility of improving the likelihood of restoration (Cheng, 2010:1314; Wade et al., 2010:4; Fernandez, 1999:207). Similarly, MacKinnon (1998 as cited in Panozzo et al., 2007:7) reported that where parents were engaged with child protection services this led to enhanced therapeutic relationships. However, Thorpe (2002 as cited in Panozzo et al., 2007:7) highlighted that it is often a difficult task to balance parental involvement in decision making while ensuring the safety of the child and not compromising placement stability. Having positive working relationships between parents and workers may lead parents to maintain

contact with their children and thus work towards personal change and restoration of the child (Panozzo et al., 2007:8).

Decisions on the restoration of children and young people should be well considered and based on careful assessment by caseworkers. Reunification decisions that are based on clear evidence of sustained change in parental behaviour or family situation are more likely to lead to successful and stable restorations (Wade et al., 2010:1). Additionally, case planning and goals set by birth parents should be explicitly identified and worked towards as soon as the child enters care (Fernandez, 2013:150; Farmer et al., 2008:2). This would help identify any challenges to future restoration and provide avenues for alternative routes to permanency sooner in the process if needed.

Delfabbro et al. (2003:31) maintain that the links between worker caseload and interventions affect the success of restoration. More difficult cases would tend to require more interventions and casework time therefore a greater effort would need to be made by the caseworker to restore the child. Once a child enters care, it is important that there be systemic case planning and need-specific resource provision to ensure the stability of the child (Fernandez, 1999:205). Fernandez has found in studies conducted over a ten-year period that with the initial few months being the prime time for restoration work to occur, ensuring that resources and caseloads of workers are prioritised would allow for a greater number of reunifications to occur (Fernandez, 2013:150; Fernandez, 1999:205).

Support for workers that includes access to information systems that depict children's episodes in care and service interventions with children and parents would allow workers to better plan service provision and facilitate worker decision-making and coordinating roles (Fernandez, 1999:209). Currently the NSW Department of Community Services is trialling a 'Structure Decision Making Restoration Assessment Tool' that provides caseworkers with routine monitoring of critical case factors that can impact on permanency decisions. The assessment helps to structure the case review process and facilitate permanency decisions. It requires workers to focus on the risk, quality and quantity of parental contact and safety in order to make decisions on when and if to restore a child. If the tool is found to be useful in assisting caseworkers to make more structured and supported decisions around restoration, it may be a key instrument in reducing the number of children in

OOHC in NSW (Presentation on SDM Restoration Assessment Tool). Additionally, Fernandez (2013:151) stated that training carers in reunification practices particularly for children who have experienced sexual abuse or are displaying sexualised behaviours enhanced stability for children once they were restored.

10. Legal barriers

Courtney (1994:99) asserts that decisions around restoration should be made early on in a child's placement to allow for appropriate planning and increased rates of restoration for children in OOHC. Fernandez (1999:209) found that children who were placed voluntarily were less likely to spend a long time in care because their situation was not further complicated by legislative procedures. The frustration of legal interventions often found parents feeling powerless and less likely to initiate restoration work. Some workers reported that they used court action to support their work but in turn this limits the opportunities for birth parents to reunify with their children in a less intimidating and stigmatising process (Fernandez, 1999:209).

11. Evidence-based practice in restoration

Both internationally and in Australia there is an increased emphasis on decreasing the number of children and young people in OOHC. As a consequence there has been an increase review on what evidence-based practice exists on restoration.

11.1 The Family Preservation and Restoration Pilot

In response to the growing numbers of children in OOHC in NSW, the NSW Department of Family and Community Services are trialling a 'Family Preservation and Restoration Pilot' program that combines legal options with case planning and service provision. In the pilot, child protection teams consider family preservation and restoration options prior to the child or young person entering OOHC. This pilot is currently operational in four sites across NSW. It involves the Department of Family and Community Services having dedicated restoration teams with greater resources to facilitate restoration of children and young people in OOHC. Results of the evaluation of the pilot are

yet to be released (Presentation on Family Preservation and Restoration Pilot).

11.2 Intensive Reunification Program

Berry, McCauley and Lansing (2007) investigated an evidence-based treatment reunification model that was developed by a large child welfare agency in a mid-western state of USA. The Intensive Reunification Program uses parental visitation as an intervention for maintaining and enhancing the parent-child relationship, which assists with successful reunifications. It consists of modelling positive behaviours, providing opportunities to practice newly learnt skills, creating a forum for community resource information to be distributed. The program requires intensive time and caseworker skills in order to provide birth parents and their children multiple opportunities to spend time together (Berry et al., 2007:478). Berry et al. (2007:478) assert that by providing parents with opportunities to interact with their child in more realistic situations, parents are able to learn how to engage and interact with their children and use any challenges that arise as learning opportunities. Although the pilot was small in scope, over half of the families that completed it experienced stable reunification outcomes and therefore it is worth investigating the use of this pilot in restoration work in NSW.

Another large, non-profit child welfare agency in the USA also re-developed their family reunification program in order to provide intensive services for families that have experienced a first time removal (Pine et al., 2009). The services comprised of home-based services that are tailored to the family's need including regular parent visits and other activities aimed at increasing parent-child engagement. Pine et al. (2009:1142) found that working intensely with families who have experienced the removal of their child for the first time had high success rates of restoration. After having their child restored, there were low rates of re-entry of children into OOHC. The results of both these studies show that while restoration programs such as this are quite resource intensive at the beginning, they may be more cost effective in the long term as they lessen the likelihood of children re-entering OOHC in the future.

Further exploration is needed of the evidence-based restoration work being done in NSW to gain a better understanding of what is currently working.

12. Conclusion

The increased importance on finding permanency options for children and young people in OOHC has led to a focus on the key factors that facilitate reunification, guardianship and adoption for these children and young people. This literature review particularly discusses the factors that allow for the timely restoration of children and young people, the risks that are presented to re-entry once the child is restored and some evidence-based models and tools that exist to support decisions and work on restoration.

There appears to be a mixture of child and family characteristics as well as the child or young person's experience whilst in care that can be attributed to a likelihood of restoration. The variance in findings, which at times is contradictory, does limit the use of some factors in predicting a child or young person's return home and there continues to be gaps in the knowledge of what works in Australian practice, and in particular for Aboriginal people.

We also found little research relating to the contribution of foster carers in the process of restoration. Research looking at the relationship between successful fostering and the foster carers' previous training and work experience nevertheless suggests the importance of training, particularly in the area of working with birth parents (Farmer 2010). Exploring ways of involving foster carers in processes of a parent's sustained recovery may offer opportunities to broaden the team approach to working with families, and to strengthen the family's formal and informal supportive community.

While there are some gaps in the restoration knowledge base, it is nevertheless possible to draw key practice messages from the literature review:

- **Strengthening cultural knowledge and networks is important** – limited cultural understandings and an inability to harness cultural knowledge can impact negatively on restoration efforts with Aboriginal children.
- **Effort directed toward stabilizing a placement is imperative** – early placement stability is associated with increased likelihood of reunification. The probability that children will be restored to their family is also higher when the child first comes into care.

- **Engage parents in the work** – there is an association between parental engagement and successful reunification. Meaningful involvement of parents in case planning increases the likelihood of successful reunification, and potentially decreases re-entry into care.
- **Assess the parent's needs and provide an early response with the right service** – positive changes in the parent's wellbeing is a critical predictor of early reunification. Matching level of service to need improves chances of successful restoration.
- **Take a systems approach** – a stable school environment, access to health care and security services can provide protection for children post restoration.
- **Mobilise informal supports** – having emotional support outside the family, affiliations with religious organisations and living in a caring neighbourhood increases a child's support network.
- **Target specialist needs** – studies found a negative correlation between disability and mental health with restoration, suggesting the need for targeted casework in these areas.
- **Understand the dynamics of neglect** – children who were placed in OOHC due to neglect tended to be younger and had fewer behavioural problems, yet they tend to stay in care longer. This raises questions about whether we have the right response to neglect.
- **Strong evidence-based practice decision-making** – reunification decisions that are based on clear evidence of sustained change in parental behaviour or family situation are more likely to lead to successful and stable restorations.

Much research and practice attention is paid to understanding the experiences of children in care. While this is clearly important, it is equally important to better understand “how children go home” (Fernandez and Delfabbro 2010:111). As numbers of children in care grow, the need for well-developed and skilled restoration practices becomes imperative. Using research to inform practice will help to navigate the complex pathways toward restoration and help to support a child's safe and secure care.

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