

PRACTICE GUIDE

Decision making for reunification

Reunification is the process of working with one or both parents, to safely return a child to their care. Reunification begins from the development of the child's first case plan, with the process continuing throughout each of the phases of the case planning cycle - assessment, planning, implementation, and review. During the reunification process, the focus is on securing the most appropriate permanency option for a child, that will ensure the child's long-term safety, belonging and wellbeing, in a timely manner.

At each review of a child's case plan, an assessment of whether the child can be reunified with a parent is made. A decision to reunify a child should only be made once immediate harm indicators are resolved, risk of future harm sufficiently reduced, and at least one parent assessed as likely to be able and willing to meet the child's need of safety, belonging and wellbeing in the near future.

Factors relating to reunification

When making a decision about whether to reunify a child with a parent, it is important to be aware of factors that support successful reunification, and factors associated with reunification breakdown. If factors associated with reunification breakdown are present, consider how these factors can be adequately addressed, before deciding to proceed with reunifying the child.

Factors associated with successful reunification

The following factors are identified in literature as supporting reunification:

- there was evidence of sustained parental change before the child was reunified
- adequate preparation occurred with the child and parent, before the child was reunified
- consistent and purposeful case work and monitoring occurred with the child and parents, after the child was reunified
- specialist services were provided to the child to address trauma, and to parents to address risk factors
- the child and parents were provided with adequate support both before and after the child was reunified, including by the child's carer.

Factors associated with reunification breakdown

The following factors are identified in literature as being associated with the breakdown of reunification:

- a lack of evidence of parental change, particularly relating to substance use or risks posed by domestic and family violence
- previous attempts to reunify a child were not successful
- parents were isolated and did not have the support of family, friends or community
- the decision to reunify the child focused on the current situation, without comprehensive consideration of the child protection history. This is sometimes referred to as 'start again syndrome' – when child protection history is minimised and families are given a 'fresh start'.

Reunification decision table

When reviewing a child's case plan where reunification is the primary goal to best achieve permanency for the child, a decision needs to be made about whether the ongoing focus of the revised case plan will be to either:

- reunify the child to a parent
- continue working towards reunification, while concurrent case planning occurs with the family for an alternative permanency goal
- pursue the alternative permanency goal for the child.

The Reunification decision table (below) helps practitioners identify the most appropriate ongoing case plan focus for the child, after assessing information gathered about:

- ongoing risk of significant harm and immediate safety
- safety and protection
- the child's relationship with their parent
- timeliness.

Every assessment is unique to a child and as such, the table should be used as a guide only. To make a decision about the ongoing focus of the child's revised case plan, practitioners need to consider the guidance provided in the table in context with their detailed knowledge of the case, professional expertise and the assessment of risk of harm to the child.

Version history

Published on:	August 2022
Last reviewed:	New
Owner:	Office of the Chief Practitioner

Reunification decision table

	Reunify the child to a parent	Continue working towards reunification	Pursue an alternative permanency option
Factors relating to ongoing risk of significant harm and immediate safety	The risk of significant harm to the child that resulted in them entering care has been resolved or mitigated.	The child continues to be at ongoing risk of significant harm, either due to risk factors present at the time the child entered care, or risk factors that have been identified since the child has entered care.	The child continues to be at ongoing risk of significant harm, either due to risk factors present at the time the child entered care, or risk factors that have been identified since the child has entered care.
	Risk of significant harm posed by new risk factors identified since the child has entered care has been resolved or mitigated, where relevant.		
	There are no immediate harm indicators present in the reunification household.	There are either no immediate harm indicators, or one or more immediate harm indicators are present that are being addressed through implementation of the child's case plan.	There are immediate harm indicators present in the reunification household that remain unresolved.
Factors relating to safety and protection	A parent has demonstrated, over time, their capacity and capability to maintain the necessary positive changes outlined in the child's case plan. A parent has expressed a willingness to continue to access support after the child is reunified	A parent has demonstrated a willingness to access support and a commitment to change (shown through their willingness to work to achieve case plan goals), and some change has occurred, but more is needed and/or the changes need to be seen maintained for a longer period.	Reasonable and practicable steps have been taken to help a parent achieve case plan goals, however the parent has not demonstrated a willingness to access support or the capacity and capability to maintain positive change over time.
	The members of a child's safety and support network know everything about the situation and have demonstrated their ability to take action to help the parent meet the child's safety, belonging and wellbeing needs.	The child has a safety and support network, but it has not yet demonstrated an ability to take action to help the parent meet the child's safety, belonging and wellbeing needs.	Despite reasonable efforts, a safety and support network cannot be established for the child, to help the parent meet the child's safety, belonging and wellbeing.
Factors relating to the child's relationship with their parent	The child has a positive relationship with their parent, demonstrated through age-appropriate interactions and the parent's demonstrated ability and willingness to meet the child's physical and emotional needs during family contact.	The parent requires further help to understand and respond to the child's needs. The relationship between the child and their parent is improving but more time is needed to strengthen the relationship. This is seen through a lack of meaningful engagement during family contact, inconsistent attendance at family contact or the parent being unable to manage or appropriately respond to a child's trauma-based behaviour.	The relationship between the child and their parent is destructive, unhealthy or insecure evidenced by missed contact, conflict, disengagement, attempts to control or attribute blame on others or similar during family contact. Despite reasonable efforts to help the parent, the parent has not been able to demonstrate an understanding of or ability to meet the child's physical and emotional needs during family contact.
	Both the child and parent want reunification to occur, expressed not just through what the child and parent say, but by their actions and behaviour.	The child or the parent are expressing that although they want reunification to occur, they are not yet ready for this to occur. This may be expressed verbally, or through their actions and behaviour.	The child or the parent are expressing that they do not want reunification to occur. This may be verbally, or through their actions and behaviour.
Factors relating to timeliness	Positive contact between the child and parent has been sustained and length of contact periods increasing, with the need for conditions and restrictions eased over time.	It has been less than two years since the child's initial case plan was developed, after they entered care.	The child has been in care for two years from the date of their initial case plan.
		It is likely reunification will be achieved within two years of the child's initial case plan after entering care, or a timeframe considered appropriate for the child.	The child will not have a parent able and willing to protect them from harm in the foreseeable future.