Family reunification
Rhetoric and risks

Brenda Clare

This paper explores the recent emphasis on family reunification as an intervention strategy with 'high-risk' families whose children have been placed in the care of the State for reasons of significant abuse and/or neglect. It considers some of the dominant ideas and ideologies around reunification as an intervention strategy and reflects on the many layers of complexity involved in seeking to reconnect children and families under circumstances of risk. Finally, it considers the 'systemic factors' that compound the inherent difficulties involved in returning children to the care of their parents and offers some practice strategies aimed at recognising and minimising those risks and maximising the likelihood of a successful and safe outcome.

WHY WRITE ABOUT REUNIFICATION IN 2002?

The rhetoric of reunification is now commonplace in child and family welfare practice in Australia. As in the United Kingdom and USA, child and family welfare policy and practice in the 1990s has recognised and responded to the need to address the issue of *drift* in out-of-home care, and significant emphasis is now placed on the concepts of *prevention, partnership* and *family support* (Bullock, Gooch & Little, 1998, Department of Health, 1995; Hardiker, Exton & Barker, 1997; Mostyn, 1997). However, despite its popularity as an intervention strategy, the question of exactly what we are doing when we reunify children is one to which there appears as yet to be no definitive answer. Similarly, we have little information about the long-term outcomes for reunified children. There is a growing body of information about children and young people leaving care, particularly in the United Kingdom; there are also a number of evaluation studies, mostly American, of the success rates of reunification and family preservation programmes. However, as Bullock et al note:

Unfortunately, not only is there a dearth of information both in terms of established concepts and research explanations but there are also few practical guide-lines for social workers faced with the management of a child's reunion with his or her family (Bullock et al 1998:5).

This paper seeks to challenge the dominance of reunification as an idea which guides practice (Moore, 1985) and to present some of the many layers of complexity involved in seeking to reconnect children and families under circumstances of risk. The paper is open to challenge because of the absence of Australian research data to support statements made. In part, however, it has been written to highlight the need for informed debate and conceptual rigour as necessary precursors to the collection of data about reunification programmes. A central tenet of the paper is that, until we are clear what it is that we are seeking to achieve when we speak of reunification as an intervention strategy, we cannot say what it is that we are seeking to research.

WHAT *IS* REUNIFICATION?

Some studies tend to use the term *reunification* to refer to the full-time return of a child to his or her immediate family, what Triseliotis refers to as *restoration* (Triseliotis, 1993:13). Bullock et al apply a slightly broader definition, referring to children 'going *home* to *live*' (Bullock et al 1998:8, emphasis in original). This definition includes the house of relatives other than parents, and allows for return to relatives with whom the child may not have been living prior to placement. Other writers have a yet broader definition; for example, Ainsworth and Maluccio argue that:

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During her 30 years as a practitioner and manager, the writer has been involved in the removal and return of many children. Throughout this period, she has experienced several 'swings in the pendulum' around assumptions about the appropriateness of placement as a long-term strategy for children who have been harmed by their parents. The current intervention of preference – at least in Western Australia – is family reunification. The writer's experience in establishing, managing and evaluating both residential and home-based family reunification programmes in this state has made her very aware of the lack of conceptual clarity and the sometimes unrealistic assumptions that underpin this intervention strategy.

Family reunification should be viewed as a continuum, with levels of outcomes ranging from full reentry to the family system, to partial reentry, to occasional contact (Ainsworth & Maluccio, 1998:4).

As these different definitions indicate, the term *reunification* can range in meaning from the establishment and/or maintenance of *contact with* or *knowledge of* family members – to preserve a *sense* of family connectedness and membership – to the full-time, permanent return of a child to the care of her/his parent(s).

The meaning of *home*

A further construct open to challenge when thinking about reunifying children with their family is the notion of *home*, a term that has a qualitative connotation, implying a sense of security, acceptance and belonging. For many children for whom the intervention goal is reunification, this notion is open to challenge, however. Several questions can be asked:

- What perception did a child have of her/his place of residence *prior* to admission to care and how have the circumstances of placement and the nature of her/his *care journey* (Clare, 2001) influenced the symbolic and practical meaning of home for the placed child?

- How does developmental stage at the time of placement impact on the child's experience of returning to live with family?

- What is the 'reunification' experience of children placed as infants? What is the impact of prolonged absence on the child's sense of family membership?

- At what point do children cease to view their households as home?

In essence, as Bullock et al ask: 'Is the family to which the child returns a site or a set of relationships?' (Bullock et al, 1998:7).

RISK AND REUNIFICATION

A *dominant idea* (Moore, 1985) influencing current child placement practice – certainly in Australia – is that reunification, that is the restoration of a child to parental care, should be the ultimate goal for all placed children. In

reaction to the aggressive, ineffective and damaging placement strategies of the 1970s and 1980s (Barth & Berry, 1987; Department of Health and Social Security,1985), and in the face of the continuing 'placement crisis' of the 1990s (Ainsworth 2001), for the past decade, the focus of protective intervention has been to work with and equip parents to retain/resume their rights as parents with minimum State intrusion. As Ainsworth notes:

> If foster care places are few and hard to find, two things are essential: you try to reduce the number of children coming into care, and you try to get children out of care and return them to their families as quickly as possible (Ainsworth 2001:31).

However, this view is not uniformly accepted. The emphasis on *prevention* and *assumed return* is criticised by Gelles (1996), who outlines graphically the potential risks of ritualistically adhering to the ideology of reunification and family maintenance. Similarly, Reder and Duncan (1999) report the tragic consequences of the invocation of the *rule of optimism* (Beal et al, 1985) in the United Kingdom, where practitioners failed to note the continuing, and often escalating, risk to returned children.

Focusing on the children

These writers confirm the concerns expressed by Farmer, who noted as early as 1993 that once children are returned home, many workers are unwilling to remove them again, even under circumstances similar to those that prompted placement in the first instance (Farmer 1993). Farmer reports that a significant proportion of children in her nation-wide study (approximately 200 in total) faced substantial risks upon their return to their families, with at least 25% (42) experiencing further abuse or neglect. However, only nine of these children were subsequently returned to care in the two years after reunification, despite the fact that the concerns raised after their return home matched or exceeded those that necessitated their original placement. Instead, a great deal of effort was given to supporting the children's continued placement at home. Farmer reports:

> It became apparent that renewed abuse and neglect might be tolerated if the

social worker believed that the family was generally cooperative ... It was of considerable concern to find that nearly half of the placements which in our view were detrimental for the child had lasted over two years We came to realize that considerations which had led to the removal of the child into compulsory care may be rather different from those which later determine whether a child should again be removed from home. (Farmer, 1993:160).

It appears that, for some workers, having made the difficult decision to return a child, revoking this decision provokes a sense of 'failure'. This results in the development of higher thresholds of tolerance for marginal standards of childcare.

Blurred boundaries, delayed decisions

Farmer (1993) reports that, despite their reticence about removing returned children, workers frequently appear equally uncertain about returning full responsibility to a child's parent(s). Instead, the period referred to as *home-on-trial* is frequently extended indefinitely. Farmer comments (p.160) that less than one-third of *home-on-trial* placements led to the final discharge of the Care Order on a child and, of those granted, half were secured only after the child had been home for more than three years.

In their later study of 463 placed children, Bullock et al find that for some children the reunification process is so gradual that it is difficult to know the point at which transference of responsibility is made from caring authority to parent(s) (Bullock, Gooch & Little, 1998). In part, this is because of the significant period of 'shared care' between foster and birth families before full re-entry. It appears that this process is frequently confusing and stressful for all parties: children frequently feel as if they belong nowhere; the processes of grieving and re-entry are confused and confusing for all involved – children, foster-parents and birth-parents, and workers.

Thus, for many children and their parents the ending of the period in care is an ambiguous and often very protracted period. They may be *accommodated* under their parent(s)'

roof, but their sense of belonging may be fragile. Similarly many parents may feel heavily scrutinised and untrustworthy. Arguably, neither scenario breeds hope or forms the basis for a trusting and supportive parenting partnership between family and State. Similarly, it makes for difficulties in identifying *how*, *why*, or even *when* the reunification process has been successful. Parents frequently fail to receive the financial support required to provide adequately for the returning child who is not yet officially in their care. Additionally, many children, especially those of late primary school age and older, 'vote with their feet' and spend substantial periods in the care of families whilst still officially 'in care'. As a result, many placements 'break down' in the course of the reunification process – resulting in the premature and unplanned return of children under circumstances of maximum stress and anxiety – mirroring the circumstances of the child's removal from the family.

WHY IS REUNIFICATION SO DIFFICULT?

Given the problematic nature of reunification as a construct, there is no easy formula for identifying children and families for whom reunification will succeed. What is considered to be a successful reunification process is necessarily context-bound. Evaluation, therefore, requires an understanding of *purpose* and *desired outcomes*, both of which can be and frequently are perceived differently from the perspectives of the many stakeholders in the reunification process.

As indicated above, the literature is sparse, and divided, on the appropriateness and outcomes of reunification (Littell & Schuerman, 1995: Ainsworth 2001). However, on the basis of my own experience, as manager and practitioner, I offer some tentative generalisations about reunification work which might assist others working in this complex and inevitably fraught area of child and family welfare. The first question, perhaps, should be what makes reunification so difficult? Two key reasons can be highlighted:

- Reunification work with families where children have been placed for protective reasons is the highest-risk end of child protection intervention.

- There are inherent difficulties in mobilising and motivating parents to participate in reunification work in order to regain the care of their child(ren).

Further, even in situations where pre-reunification preparation has been thorough and a positive parenting partnership established, we cannot know for certain:

- how the parents will respond to the stress of full time responsibility for the child;

- how the child will respond to the return home and how she/he might 'test' the situation;

- whether, once the child is in their care, parents will continue to co-operate with and accept the inevitably intrusive presence of reunification workers.

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Reunifying 'protected' children

Children placed for protective reasons are, by definition, being returned to family situations that were previously unsafe for them. As Farmer (1993) notes in her seminal study, 'protected' children are frequently removed from highly fraught and/or chaotic settings under circumstances of crisis. These children tend also to be very young, many of pre-primary age or less, and they come from fragile and transient family systems, the membership of which often changes whilst they are in care. Given their developmental stage, very rapid return home is imperative, but their time in care is frequently

protracted. (Farmer noted that 'protected' children were in care for three years on average, and recent New South Wales figures confirm this pattern (Community Services Commission, 2000)). As a consequence, these children return to a *re-formed* system, in which other children may have taken their *place*, literally and symbolically. Arguably, they are *placed with strangers*, some of whom at least may be hostile to their admission into the family. The children themselves are also likely to have changed significantly given their developmental stage and the impact on them of their care experience, which for many involves serial placements and a continuous process of loss, grief and trauma. Under these circumstances, the process is one of *introduction into* rather than *reunification with* the family.

The high risk of reunification for protected children is one highlighted by Gelles (1993), who notes the particular, dangerous dynamics in family systems where parents are prepared to actively harm or to leave unprotected very young children. He argues:

> Child protection and child advocacy need to replace family reunification as the guiding policy of child welfare agencies. Child welfare workers need to 'listen' to the actions of maltreating parents. Parents who fracture the skulls or bones of 6-month-old children, who have (or allow) sexual intercourse with 12-month-old daughters, and whose drug abuse patterns compromise their ability to care for their children are simply not entitled to three strikes before they lose their rights as parents. With some kinds of child maltreatment, one strike is sufficient to warrant terminating parental rights (Gelles, 1993:561).

Learning to parent part-time

In the reunification process, emphasis is placed on parents learning how to become *good enough parents* (Adcock & White, 1985; DoH, 2000). However, assessing, teaching and learning parenting skills is a challenging and difficult task for all involved when a child is not in the care of her/his parents. There is a danger that parents are required to take on an *impossible task* (Roberts, 1994; Wise, 1995), and

to prove their ability to offer better than average care for the child, whilst being offered only limited opportunities to learn, under 'visitation' circumstances, sometimes away from their own home. In addition, for many parents, financial assistance can be received only after their chid has been restored to their care. Consequently, they are required to provide satisfactory care with insufficient means (Ainsworth & Maluccio, 1998; Bullock et al, 1998; Farmer, 1993; Frame, Berrick & Brodowski, 2000; Smith, 1993).

For parents, the possibility of their child's return could become an increasing source of ambivalence for several reasons:

• they may have achieved a form of closure about the loss of the child. Facing the possibility of renewed grief as a result of reuniting with, but not necessarily being able to keep, their child may be too hard;

• feelings of inadequacy and failure at the loss of the child may have been compounded by the time taken to achieve the possibility of his/her return;

• they may have *replaced* the child with another;

• the child's care experiences may have caused him/her to be more difficult than prior to placement. Thus parents are faced with a harder task than previously, knowing that they *failed* under the *easier* circumstances.

Reunified children also face significant difficulties as their parents learn, part-time, how to modify their parenting. Not only are they required to move between households where rules of behaviour often differ significantly, they are frequently required to help their parents to present their parenting in as positive a light as possible, often in the face of significant anxiety, ambiguity and ambivalence about returning to what others refer to as their home, but where they feel that they do not *have*, and perhaps do not *want*, a place. They frequently also face the difficulties experienced by 'tug-of-love' children in marital breakdowns of being required to explain to both sets of carers, and often to criticise, the care they receive in their other care setting. The geographical, and sometimes

social, distance between the child's placement and their family and community of origin exacerbates this tension. Not only does this distance increase the difficulty of contact between child and parents; it raises the likelihood of a disjunction in the child's sense of identity and belonging *anywhere*.

... the introduction of the possibility *but not the* certainty *of reunification provokes a crisis for all involved in the process – members of the 'receiving' and 'relinquishing' families, the child, and workers.*

The crisis of potential return

Anxiety and fear are typical, and appropriate, responses to the possibility of the child's return home. Indeed, the introduction of the *possibility* but not the *certainty* of reunification provokes a crisis for all involved in the process – members of the 'receiving' and 'relinquishing' families, the child, *and* workers. This 'crisis response' experienced by stakeholders in the reunification process is likely to escalate significantly as the child's period in care extends and hope and 'reunification energy' declines. To avoid this, as Farmer (1993) notes, there is a need for: decisive and early planning for the child's return; a commitment by workers to maintaining the initiative for return; and an emphasis on the early and continuous involvement of parents in the planning and evaluation of progress. However, despite the rhetoric of reunification, the care system appears unable to respond appropriately.

SYSTEMIC BARRIERS TO EFFECTIVE REUNIFICATION

Petre and Entriken (1995) argue that reunification workers are charged with mobilising an entire system of care

whose programmes and policies are antithetical to planned reunification. They assert that, despite the rhetoric of returning the child, the larger care system pays little attention to reunification, as reflected in care plans, where there is frequently:

• an absence of attention to the specific circumstances and behaviours which *led to placement* or to tasks to be completed and problems to be resolved if *those circumstances and/or behaviours* are to be remedied (emphasis added);

• an absence of attention to the long-term community resources required to support families in their parenting and to maximise the possibility of ongoing safety and well-being of reunified children.

Involving parents in the process

The literature on child protection and placement services indicates that all too frequently the system fails to involve families in a respectful, collaborative way when children are placed (Smith 1993; DoH, 2000). Instead, parents are frequently 'ignored' by the system after placement, in part because the fact that placement is required at all, in a climate that emphasises family responsibility and the *prevention* of placement, engenders an atmosphere of failure, pessimism and 'guilt and blame' for all stakeholders, including workers – circumstances which minimise the potential for developing a positive parenting partnership. Workers frequently find it impossible simultaneously to address protective concerns and to show sympathy to or empathy for the situation of relinquishing parents.

For all involved, the placement of a child can provoke strong emotional responses – grief, shock, anger and despair. Their own response to the crisis of placement may lead workers to pay insufficient attention to the emotional impact on parents of losing their child and/or to the shame of having their parenting exposed publicly. Consequently, insufficient attention is sometimes given to ensuring, *immediately after the event*, that parents are fully aware of the reasons for placement and of what they need to do to get their children back. There may be an assumption that

'parents know'. Alternatively, the worker may feel as ill-informed as the parent because the decision to remove the child was made and/or imposed by someone else. Research indicates that many placements are made out of hours by 'stranger' social workers (DHSS, 1985; DoH, 1991). Where this is the case, workers may attempt to distance themselves from the decision and by so doing become influenced by the *rule of optimism* (Reder, Duncan & Gray, 1993) and reassure parents inappropriately that they will 'soon get their child back'. Alternatively, they may 'take on' the parents' feelings of powerlessness and ambivalence about the return of the child and become governed by the *rule of pessimism*. In neither situation are they able to maintain a respectful and collaborative *working* relationship with the parents.

Keeping children visible

Similarly, children are frequently 'invisible' and without voice in the reunification process (Clare, B, 1993; 2000). Reunification work is inevitably centred on parents because of the need to assess their capacity to care for their children and to work with them to change knowledge levels and perceptions about parenting and the needs of children. However, the work can become very *parent-focused* and parents' needs can be given priority over those of their children (Clare, 1995). Parents' anger and/or pain frequently influences the decision-making process and distorts workers' perceptions of the parents' capacity to meet their children's needs. This tendency to respond to parents' needs and demands, noted by Farmer (1993), Gelles (1993), Reder at al (1993), and Reder & Duncan (1999), is compounded by the fact that workers may have little or no relationship with the child in care because of the separation of responsibility between caregivers, charged with looking after the immediate needs of children, and case managers whose responsibility is to work with and/or support parents.

The returning partnership

Arguably, the central 'systemic partnership' in the reunification process is that between the case manager and the carer. However, the different needs of children and parents maximise the

likelihood of tension between the perspectives of carers, whose primary responsibility is the child, and professional staff working primarily with parents. In addition, the frequent marginality of caregivers in the decision-making process further reduces the likelihood that their intimate knowledge of the child will significantly influence the decision-making process. There is also often a mutually negative perception or an adversarial relationship between caregivers and parents, frequently compounded by the lack of contact between these two key stakeholders in a child's life. Caregivers feel responsible for and protective towards the child and commonly feel anger towards abusive or neglectful parents. Parents frequently feel displaced by and inadequate in comparison with caregivers. The child – the link between the two sets of adults – often feels great conflict of loyalty and confusion. Under these circumstances there are substantial difficulties in facilitating a child-focused and timely return home.

In an area of practice where risks are unavoidable, and where returning children to the care of their parents may, indeed, increase rather than reduce risk levels ... judgements are necessarily complex and fraught. There can be no objective, value-free criteria for making such choices, and the theories, principles and ethical frameworks upon which those judgements are based require clear articulation.

HOW TO MAXIMISE THE SUCCESS OF REUNIFICATION

The successful and safe return of a child requires interventions that maintain hope, minimise conflict, and make possible an effective and ethical parenting partnership between the adults charged with the responsibility for the child's care – before and after reunion. Four strategies are central to such a parenting partnership (Morrison, 1996; Sanders, 1999).

1. Placements made for protective reasons need to be explicitly and repeatedly explained to parents, and the changes required *for the child's safety* must be stated clearly, concretely and in writing within a time-frame that is based on the child's needs. These changes should *remain* the focus of intervention. Other, extraneous information about the family's culture and living arrangements, identified after placement, should only be included in reunification if directly relevant to the child's safe return. Contrary to common practice, placing a child *does not give practitioners a mandate to change any and everything that they may not like about a family.*

2. Plans for reunification should be initiated at or as soon as possible after placement, and all of the key stakeholders – parents, carers, workers, and *children* – need to be involved in developing and facilitating these plans. As Clare notes (Clare, M, 2000), there are a range of strategies available to facilitate this process.

3. From the outset, the focus of reunification needs to include consideration of where in the family the child would be safest, rather than assume that reintegration into the family of birth parents is the 'best' solution. This approach would reduce the sense of failure and rejection for all concerned if complete reintegration is not a safe possibility. The fact that other placements are not viewed as *second best* options might also enhance their acceptability to all involved.

4. Workers involved in reunification work – including caregivers – should receive training and supervision to equip them for and maintain them in this highly stressful work. A central tenet of this training should be to equip practitioners to understand the nature of the parenting partnership that is necessary for the safe return of children. This partnership must be fundamentally child-focused, purposeful, time limited, and based on and supported by a clear contractual arrangement between stakeholders – a 'business partnership' – the business in question being safe and appropriate parenting. The principles of partnership then become meaningful, the business of the partnership being: 'that of providing well for children'.

In order to participate fully as *equal* although *less powerful* partners in the reunification process, parents require the following information:

* Information specific to their child – including, significantly, knowledge about the child's current living arrangements and day-to-day routines and activities. This provides the 'currency' (Atherton, 1993:197) essential for the maintenance and strengthening of relationships.

* General information about legislation, policy and practice specific to their situation.

* Access to and involvement in the documentation of intervention – to know what is being said about them; to have their views formally noted.

In the absence of this information, the notion of partnership is evident more in the rhetoric rather than the practice of reunification interventions.

CONCLUSION

IMPLICATIONS FOR PRACTICE

Three key issues have been highlighted in this paper. Firstly, there is a need for conceptual rigour in this area; policy-makers and practitioners need to articulate clearly what it is that they are seeking to achieve when they reunify a child with her/his family. Secondly, decisions about reunification need to be explicitly justified for each child, rather

than become routinised, procedurally governed goals. In an area of practice where risks are unavoidable, and where returning children to the care of their parents may, indeed, increase rather than reduce risk levels, at least in the short run, judgements are necessarily complex and fraught. There can be no objective, value-free criteria for making such choices, and the theories, principles and ethical frameworks upon which those judgements are based require clear articulation. Finally, practitioners also require a capacity for critical 'action-thinking' and opportunities for reflective practice (Thompson 2000) and support in organisations that recognise the complexity of decision making and intervention involved in such work. Arguably, until such time as these circumstances prevail, the potential for crisis-driven, 'tram-lined', reactive practice will continue, and the ill-informed *rhetoric of reunification* will be maintained – at the expense of children, parents and front-line practitioners required to take on an 'impossible task' (Roberts, 1994). ◆

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Cheque/money order enclosed OR Debit Bankcard ☐ Visa ☐ Mastercard ☐ Expiry date .... Amount $........................

CARD NUMBER

Cardholder name... Signature ....

PLEASE PRINT CLEARLY

Date ....

Send to: Children Australia, PO Box 7020, Dandenong, Vic 3175

Enquiries: Larraine Redshaw, Tel: 03 9791 5423 Email: l.redshaw@ozchild.com.au