



Accomplishing family reunification for children in care: An Australian study[☆]



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ABSTRACT

Whilst child protection systems are concerned with removal of children from their families in the interests of safety, the capacity of child welfare systems to return children safely to their families of origin is of central importance. The multidimensional standardised assessment tool, the North Carolina Family Assessment Scale–Reunification (NCFAS–R) was used by practitioners to assess family strengths and needs in case planning and reunification decision making. The current paper examined (1) whether NCFAS–R domain ratings at intake and closure differ by characteristics of parents and children; and (2) whether reunification is predicted by NCFAS–R score at closure.

The study sample consists of 145 children aged 0–12 years from 84 families, who presented at Barnardos temporary care services in two metropolitan areas in Australia. This excludes children who had missing values on NCFAS–R or reunification outcome. Participants continuously entered the study over the four year study period, the study window being 18 months since intake. Ordinary least squared (OLS) regression was used to examine whether NCFAS–R scores at intake and closure were predicted by demographic variables, primary reason in care, and placement circumstance. To examine the relationship between NCFAS–R scores at closure and reunification outcome, a logistic regression model was used.

At intake, the average score was highest for the Child Well-Being domain and lowest for the Parental Capabilities domain. NCFAS–R scores were increased at closure on all domains, with the biggest improvement on the domains of Family Safety and Child Well-Being. At intake, NCFAS–R scores did not differ significantly by independent variables examined except for the Child Well-Being domain. Children who were placed with their siblings displayed 0.45 points higher scores on the Child Well-Being domain. At closure, NCFAS–R scores differed significantly by some family variables and a placement variable. In general, mothers being 25 years or younger, mothers having Year 11 or a higher level of education, or children being placed with their siblings were significantly associated with higher scores on various NCFAS–R domains at closure. Overall NCFAS–R scores at closure significantly predicted reunification with parents or kin. One unit increase in overall NCFAS–R score at closure increased the odds of reunification by a factor of 8.39.

Findings contribute to an evolving evidence base on decision making and facilitating reunification outcomes for children and families.

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1. Introduction

Reunification is at the centre of meaningful child welfare practice. Whilst child protection systems are concerned with removal of children from their families in the interests of safety, the capacity of child welfare systems to return children safely to their families of origin is also considered to be of central importance. Yet reunification has tended to remain a largely invisible area of work (Farmer, Sturgess, O'Neill, & Wijedasa, 2011; Pine, Spath, & Gosteli, 2005).

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Child welfare services have emphasised supportive work with biological families to prevent abuse and neglect and removal of children into protective care. When placement in care is needed the goal is to reduce the length of separation between parent and child, and to maximise the prospects of reunification of children with their parents or kin whenever it is safe to do so (Berrick, 2009). Apart from the economic costs of maintaining children in care, research has highlighted the undesirable consequences for children of remaining in care for long periods. Extended periods of time in care can lead to loss of family connections and a sense of identity, and difficulties in transitioning out of care (Pecora et al., 2005). For those experiencing multiple placements there is evidence of later difficulties in forming attachments with adults and of developing long term emotional and behavioural problems (Stovall-McClough & Dozier, 2004).

The demands placed on the system by the volume of children entering care imposes constraints on its capacity to maintain effective

case planning, including reunification, and high standards of care. In 2011 there were 37,648 Australian children aged younger than 18 years old in out-of-home care (7.3 per 1000 children) a figure which has consistently risen every year in the last decade, and by 33% since 2007 according to the [Australian Institute of Health and Welfare \(2012\)](#). Just under half (42%) of the children entering care in 2010–2011 were aged less than 5 (4879). Of these the majority (93%) were in home-based care with roughly equal numbers in foster care (45%) and relative/kinship care (46%) with only one in twenty children living in residential care ([Australian Institute of Health and Welfare, 2012](#)). Indigenous children in out-of-home care were overrepresented in all States and Territories, ranging from the lowest rate reported in the Northern Territory (18.2 per 1000 children) to the highest rate reported in New South Wales (80.6 per 1000) ([Australian Institute of Health and Welfare, 2011](#)).

Family reunification knowledge and research is limited, particularly in Australia, despite documented evidence that most children placed in protective care are eventually reunited with their birth parents ([Child Welfare Information Gateway, 2011](#); [Fernandez & Delfabbro, 2010](#)). Given this context, the research reported in this paper explores how knowledge of family characteristics, needs and strengths can contribute to reunification decision making and practice in child welfare, and address an important Australian and international knowledge gap.

1.1. The Australian context

The Australian context of statutory child protection is the responsibility of State and Territory governments, and as a result, rather than a single national system, there exists eight different child protection systems, with broadly similar processes but each with its own legislative framework, policies, procedures and practices ([Bromfield & Higgins, 2005](#)). For instance placement in Out-of-Home Care (OOHC) can be by court orders issued under the [New South Wales Children and Young Persons \(NSW Care and Protection\) Act 1998](#) or under voluntary request/agreement. At 30 June 2011, 85.5% of the 16,740 children in out-of-home care in New South Wales were on a care and protection order, which is roughly similar to the national pattern for order status ([Australian Institute of Health and Welfare, 2012](#)). The [NSW Care and Protection Act 1998](#) requires priority to be given to the child's right to be raised in the biological family and prevent placement, and if separation becomes necessary, planned return of the child as soon as possible to the family.

As of October 2011, 1990 children in New South Wales were placed in non-government organisation statutory placements mostly in general foster care, intensive foster care, or residential care, with small numbers in relative/kinship care group or semi-independent living arrangements ([Ministerial Advisory Group, 2011](#)). The agency delivering the programme which is the research site for the present study, Barnardos Australia, is a major charitable child welfare services provider and provider of statutory out of home care placements in New South Wales (NSW) and the Australian Capital Territory (ACT).

1.2. Previous research on reunification

Previous research studies have been undertaken internationally to isolate the variables associated with reunification outcomes. The timing of reunification is the focus of several studies. Trends in various studies suggest that many children are reunified rapidly and that the likelihood of return declines after six months. In an American study, [Wells and Guo \(1999\)](#) found that 36% of children were reunified within 24 months of being placed in care whilst [Taussig, Clyman, and Landsverk \(2001\)](#) assert that between 50 and 75% of children placed in care eventually reunify. [Wulczyn \(2004\)](#) reporting from the Multistate Foster Care Data Archive notes that overall in the US the first year a child is in foster care the probability of reunification

is 28%. This probability drops to 16% over the following year and as time goes on the probability of reunification declines. Key studies by [Wade, Biehal, Farrelly, and Sinclair \(2011\)](#), [Fernandez and Lee \(2011\)](#), [McSherry, Weatherall, Larking, Malet, and Kelly \(2010\)](#), [Connell, Katz, Saunders, & Tebes, 2006](#)), [Delfabbro, Barber, and Cooper \(2003\)](#), [Fernandez \(1999\)](#), [Bullock, Gooch, and Little \(1998\)](#), [Barth, Courtney, Berrick, and Albert \(1994\)](#), and [Fanshel and Shinn \(1978\)](#) report similar reunification patterns.

Predictor variables most commonly analysed in outcome studies for reunification are, age of the child, gender, ethnicity, reasons for placement and placement type. A child's age is associated with patterns of return. The likelihood of speedy return is lower for those who enter as infants ([Leathers, Falconnier, & Spielfogel, 2010](#); [Sinclair, Baker, Lee, & Gibbs, 2007](#)). Very young children returned home at a slower rate, whilst adolescents were more likely to experience rapid return ([Fernandez & Lee, 2011](#)). Characteristics of the families and their children who are to be reunified, or elements in the family's environment, also have been found to influence reunification. Children with health problems and/or disabilities were found to return at lower rates ([Barth et al., 1994](#)). A large scale study found that children displaying behaviour or emotional problems as indicated by CBCL scores found that they were 50% less likely to be reunified ([Landsverk, Davis, Ganger, Newton, & Johnson, 1996](#)). In Australia, Aboriginal and Torres Strait Islander children were found to be significantly less likely to reunify ([Fernandez & Delfabbro, 2010](#)). Other family characteristics that have a negative impact on reunification are poverty and environmental stress, inadequate or unstable housing, single parent status and financial difficulties. Family disadvantage was a robust predictor of delayed or non-reunification in many studies ([Fernandez, 1996](#); [Jones, 1998](#); [Kortenkamp, Geen, & Stagner, 2004](#)). Children from single parent families were three times less likely to return ([Landsverk et al., 1996](#); [Wells & Guo, 1999](#)).

The proportion of children restored to parents is lower for children whose families experience complex problems. Parent profiles associated with reduced probability of reunion included mental illness, emotional problems, substance abuse and domestic violence ([Fernandez & Lee, 2011](#); [Goerge, 1990](#); [Jones, 1998](#); [Marsh, Ryan, Choi, & Testa, 2006](#)). Multiple and co-occurring problems such as lack of supervision, poor parenting skills, domestic violence, and mental health amongst birth mothers tend to have a negative effect on the reunification process ([Cheng, 2010](#); [Choi & Ryan, 2007](#); [Fernandez & Lee, 2011](#)). For example, in a study examining the speed of reunification with parents, [Fernandez and Lee \(2011\)](#) found that, compared to children with parental health concerns, children with parental substance abuse issues had 86% lower rate of reunification and children from domestic violence situations or other issues had 73% lower rate of reunification with their parents. A comprehensive study by [Shaw \(2010\)](#) concluded that families experiencing parental drug or alcohol use have lower odds of reunification compared to those in which parents do not have any indications of these conditions. Substance abusing mothers who utilised child care services were more likely to achieve reunification in a US study ([Choi & Ryan, 2007](#)). However, children in the out of home care system are seldom there for any single reason. Whilst there may be in fact an overtly identified problem such as parental drug use, there is commonly a cluster of co-contributing factors which have led to the child being placed in care.

Research interest in the association between parental visits and reunification outcomes has identified important trends. In their study of 925 children, [Davis, Landsverk, Newton, and Ganger \(1996\)](#) found that visits were the key to discharge from care. When visit plans were developed, the likelihoods of visits were increased; the majority of children who visited with their parents at the level recommended by the courts were reunified with their families ([Bullock et al., 1998](#); [Davis et al., 1996](#); [Farmer, 1996](#)). [Berry, McCauley, and Lansing \(2007\)](#) state the most significant predictor of

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