

A Wicked Issue: Reunification and Its Relationship to Cumulative Risk and Harm

Abstract

Reunifying children in state care with their biological families is a profoundly complex and often misunderstood process. While every Australian state jurisdiction positions reunification as a legislative and policy priority, in practice it is significantly under-resourced. This chapter critically examines the reunification process in the Australian child protection context.

The chapter focuses on the consequences of poorly supported reunification efforts, including the cumulative harm experienced by children as they navigate the child protection system. It will argue that the absence of tailored reunification therapy as a standard component of intervention deepens risk and further undermines the potential for safe and sustainable family restoration.

This chapter will advocate for a shift toward a holistic, evidence-informed approach that considers families' individual needs and promotes long-term well-being for children returning to their biological family-based care.

Introduction

Child Protection systems across Australia and internationally are initially concerned with children's safety. Efforts over the decades have shifted from immediate child removal to approaches focused on safety planning and placing children with known, safe adults who can care for and protect them without statutory intervention. However, there remain significant concerns about the long-term outcomes for children and their connections to their biological families following such interventions.

Reunification is the process through which children in statutory state care systems are returned to the care of their parents or primary family members once it is determined it is safe and appropriate to do so. Within the state child protection system, reunification is regarded as the preferred permanent outcome, reflecting the principle that children have a fundamental right to be raised within their family of origin wherever this can occur without compromising their safety and wellbeing. Decisions regarding reunification are made within a complex framework of legal mandates, developmental considerations and the broader goals of state child protection legislation.

Reunification typically occurs when the risks that precipitated the child's removal – such as abuse, neglect, parental substance misuse, parental mental health concerns, family violence, or incarceration – have been sufficiently reduced or resolved. Parents are generally expected to demonstrate not only a willingness to change but also a sustained capacity to provide safe, stable, and nurturing care. Child protection authorities monitor this progress through engagement with targeted interventions, family support services, and ongoing risk assessments and safety planning. Importantly, the decision to pursue reunification is not based solely on the remediation of parental difficulties; it must also consider the child's developmental needs, attachment relationships, cultural identity, and long-term stability.

The timing of reunification is shaped by statutory requirements and developmental considerations. For younger children, permanency decisions are often made within shorter timeframes in recognition of the critical importance of early stability for healthy attachment and development. For older children and adolescents, greater flexibility may be afforded, particularly where family connections remain strong and the risks associated with reunification can be effectively mitigated through wraparound supports.

Ultimately, reunification is supposed to occur when the balance of evidence suggests that returning a child to their family will not only preserve their safety but also promote their identity, belonging, and continuity of cultural and familial relationships. While reunification is not always achievable, its pursuit reflects a commitment to both the protective and restorative aims of the child protection system.

Main Focus of the Chapter

Reunification is internationally recognised as a preferred permanency outcome in child protection, reflecting children's fundamental right to grow up within their family of origin wherever it can be achieved safely (Bromfield & Holzer, 2008; Delfabbro et al., 2019). This chapter examines the current processes of reunification within Australian state child protection systems, with particular attention to the challenges and risks that emerge for families attempting to navigate a system that is often complex and difficult to understand. At present, there is no consistent, evidence-informed framework to guide practitioners in safely supporting the return of children to their families. In response to this gap, this chapter proposes a structured framework designed to assist practitioners and clinicians in working effectively with families who present with multiple and complex needs, with the overarching aim of facilitating safe and sustainable reunification.

The circumstances precipitating child removal are seldom the product of a single factor; rather, they represent a confluence of complex and cumulative harms (Bromfield & Higgins, 2005). These harms may include domestic and family violence, parental mental health difficulties, intergenerational trauma, involvement with the criminal justice system, parental substance misuse, child maltreatment and neglect, disability, educational disengagement, geographical isolation, language and cultural barriers, and entrenched poverty (Kezelman & Stavropoulos, 2012; Higgins et al., 2007).

Moreover, when children are removed from their family home due to extreme risk or harm, the experience is profoundly traumatic for all parties involved. The acute stress response triggered in such moments frequently overwhelms the capacity for clear thinking and can significantly impair, or even entirely disable, prefrontal cortex executive functioning (Herman, 1992; Cloitre et al., 2011). This neurobiological reality is well recognised within trauma research yet is often overlooked in statutory child protection practice.

In the Australian context, across the different states and territories there are complex legal practices and child protection system methodological tactics that appear to favour the foster and kinship care sector. Despite the multifaceted nature of the harms and the impacts of stress outlined above, biological parents are frequently provided with little support to navigate the labyrinth of interagency systems – legal, health, education, disability, and welfare – that are ostensibly designed to assist them (Osborn & Bromfield, 2007).

Consequently, many parents struggle to build the capacity required to meet statutory expectations for reunification, with systemic gaps in service provision perpetuating cycles of disadvantage, family fragmentation, and ongoing statutory involvement (Cashmore & Parkinson, 2008).

In the context of child protection and reunification, the term “statutory requirements” refers to the legal obligations and timeframes set out in legislation or policy that child protection authorities must follow when making decisions about children in state care. Such decisions include timeframes for decision-making. In Queensland, for example, under the *Child Protection Act 1999* Child Safety must work within permanency planning timeframes and make decisions within set periods about whether reunification, long-term guardianship, or adoption is the most appropriate goal; for children under three years of age, decisions need to be made within a twelve-month period. In New South Wales, under the *Children and Young Persons (Care and Protection) Act 1998* when a child is removed into care child protection authorities must quickly establish a structured care plan, assess reunification potential, and present a permanency plan to the court. If reunification remains the goal, it must be pursued proactively, often through Short-Term Custody Orders capped at 24 months. Case planning and reviews continue at defined intervals (90 days, 6 or 12 months) according to the child’s case plan goal, ensuring that reunification remains realistically examined and that permanence is pursued without undue delay, particularly for very young children. An overview of the statutory reunification or permanency timeframes by Australian state/territory jurisdiction can be seen in the below table. This equates to hard caps existing in Victoria and New South Wales (and effectively in Queensland via order durations). These statutes force earlier decisions about whether reunification is realistic and set maximum windows to achieve it. South Australia, Western Australia, the Australian Capital Territory, the Northern Territory, and Tasmania rely on case-specific assessments and reviews, with no legislated month-count for reunification.

Reunification / Permanency Timeframes by Jurisdiction (Australia)

Statutory and policy settings that shape timelines for restoration/reunification decisions once a child is removed into care.

Jurisdiction	Governing Act	Statutory/Policy Timeframes Affecting Reunification	Key References (sections/policy)
New South Wales (NSW)	<i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW)	Court-approved permanency plan must consider whether restoration is a realistic possibility within a reasonable period. Short-Term Care Orders (STCOs) can allocate parental responsibility to the Minister for up to 24 months while restoration/other permanency is pursued. Permanency plans involving restoration must be reviewed at the end of the active restoration period or within 12	s 83; s 85A; DCJ STCO Guidance (Oct 2020)

		months; case planning uses scheduled reviews.	
Victoria (VIC)	<i>Children, Youth and Families Act 2005</i> (Vic)	Family Reunification Orders (FRO) may run up to 12 months initially. Cumulative time caps: if out of home care (OOHC) <12 months, FRO cannot extend beyond 12 months; if OOHC 12–<24 months, cap 24 months. Reunification permanency objective generally applies where cumulative OOHC is <12 months and safe reunification is likely.	s 287; s 287A; s 167(3)
Queensland (QLD)	<i>Child Protection Act 1999</i> (Qld)	Short-term custody/guardianship orders have statutory duration limits (orders must state a period; subsequent orders generally capped by the 2-year rule relative to the prior order). Permanency principles embedded; case plans must include permanency goals with timeframes and use concurrent planning.	s 62; Child Safety Practice Manual (case planning)
South Australia (SA)	<i>Children and Young People (Safety) Act 2017</i> (SA)	Before seeking final orders, the Chief Executive must assess the likelihood of reunification and, if likely, the period within which it is likely to occur. No fixed statutory month-cap; timeframes are case-specific.	s 50(4)
Western Australia (WA)	<i>Children and Community Services Act 2004</i> (WA)	Care plans must be reviewed at intervals not exceeding 12 months. No fixed statutory reunification cap: planning principles emphasise prompt decision-making and early consideration of returning the child to parents.	s 90 (review ≤12 months); s 9(g), (h)
Tasmania (TAS)	<i>Children, Young Persons and Their Families Act 1997</i> (Tas)	No fixed statutory timeframe for reunification. Case and care planning is reviewed per practice guidance; permanency framework and stability planning guided by policy rather than a legislated month-cap.	Act in force; Case & Care Planning guidance (Dept. TAS)

Australian Capital Territory (ACT)	<i>Children and Young People Act 2008</i> (ACT)	Care plans are developed under the Act and reviewed via Care Teams; annual review reports must be prepared at least annually. No fixed statutory reunification month-cap.	CYPS Case Management Framework (s 457 context); Annual review provisions
Northern Territory (NT)	<i>Care and Protection of Children Act 2007</i> (NT)	No fixed statutory reunification timeframe. NT Reunification Policy states the process commences when a child enters care; permanency options (e.g., Permanent Care Orders) pursued if restoration is not viable.	NT Reunification Policy; Act in force

Notes: Some jurisdictions (NSW, VIC, QLD) embed explicit order durations or statutory decision requirements that constrain reunification timeframes. Others (SA, WA, TAS, ACT, NT) rely on case-specific assessments and review cycles without a fixed month-cap in statute. Always read the current Act/policy and local court practice.

Given that reunification is embedded in every Australian child protection statute, a more explicit policy and practice conversation is required about safely returning children to their families. This entails elevating reunification from a peripheral consideration to a core statutory objective in each jurisdiction, rather than defaulting to sustaining out-of-home care (OOHC). The emphasis should shift toward the conditions that make reunification viable, timely risk remediation and parental capacity building, clear timeframes and concurrent planning, and coordinated cross-sector supports while maintaining the paramount consideration of the child's safety, well-being, and stability as the priority.

Background

Child maltreatment is a significant social issue across the world, including Australia where 45,500 children were found to have been subjected to maltreatment in 2020–21 (AIHW, 2023a) and rates of child protection removals continue to spiral (AIHW, 2023; Bywaters et al., 2018). Despite this, across Australia there is a lack of nationally agreed definitions and language explaining reunification and the processes involved with reunification services, therapy, and interventions. There are varying legal orders across the Australian states and territories, which can promote permanency for children and young people or counteract it. The resulting instability in the foster and kinship care system impacts children in many ways, particularly when interstate transfers occur, and particularly in the kinship carer arena.

Kinship Care in the Australian Context

Kinship care involves children being placed with grandparents, relatives, or individuals who share a significant pre-existing relationship with the child, whereas foster care refers to placements with carers who have been formally recruited, trained, and authorised by statutory or non-government agencies (in some states), and who usually have no prior relationship with the child (AIFS, 2022). In Australia, kinship care has now overtaken foster care as the most common form of OOHC, with the majority of children removed from their biological parents being placed with relatives or extended family members rather than agency-recruited foster carers (AIHW, 2023).

The policy shift towards kinship care reflects recognition of the benefits of preserving familial, relational, and cultural continuity, particularly for Aboriginal and Torres Strait Islander children, for whom the *Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP)* mandates prioritising kinship or community placements to maintain cultural identity and belonging (SNAICC, 2017). Emerging evidence suggests that children in kinship care often experience more stable placements and stronger identity development than those in foster care (DCJ, 2023).

These benefits notwithstanding, recent Australian research (DCJ POCLS 2023; AIFS 2022) demonstrates that, on average, relative/kinship carers are older, have lower incomes, report poorer physical health, and exhibit higher rates of psychological distress than foster carers. Many kinship carers assume caring roles suddenly, with little preparation or training, and often receive inadequate financial and therapeutic support compared to foster carers (AIFS, 2022; Kiraly, 2024). These inequities create significant pressure, with carers frequently

navigating poverty, housing instability, and intergenerational trauma while attempting to meet the complex needs of children in their care (Childhood Foundation, 2022).

From a reunification perspective, kinship placements can both enable and complicate outcomes. On one hand, they maintain relational proximity, making it easier to sustain parent–child contact and preserve family identity. On the other hand, unresolved family conflict, ongoing exposure to violence, or entrenched disadvantage can limit the viability of reunification and exacerbate systemic barriers. As current research emphasises, reunification planning must account for these differences and ensure that kinship carers receive adequate preparation, financial support, and therapeutic services if long-term family reunification is to be achievable (AIFS, 2022; Kiraly, 2024).

Interstate Transfers for Children in Statutory Care

As an experienced clinician in the child protection reunification field, I have observed the fragmentation of child protection systems, both nationally and across individual states, creating significant challenges when facilitating the interstate transfer of children for reunification. A lack of national cohesion, with each state and territory operating under separate legislation, processes, and oversight bodies, creates significant instability for children in OOHC, particularly when interstate transfers are involved. In the context of kinship care, this becomes especially problematic; there is no nationally consistent protocol for recognising kinship carers across jurisdictions, meaning there are often delays in assessment, approval, and funding, leaving children in limbo. Recognition of guardianship or custody orders is often inconsistent across state borders, and this can result in breaks in legal care arrangements and disruption to a child’s sense of safety and belonging. Children may lose access to vital support services (e.g., trauma therapy) because systems are not automatically transferred or recognised interstate and often the historical narratives about what brought the children into care are not shared between the statutory bodies in the different state offices, and this can affect decision making relating to informed reunification decisions and safety of the children. Interstate moves often interrupt schooling, health care, and attachment relationships, compounding the trauma already experienced by children in care. Carers often feel unsupported and disoriented, wondering how to navigate unfamiliar bureaucracies without guidance, leading to placement breakdown or re-entry of children into more formal foster or residential care systems.

The Statutory Care System in Australia

Many carers report feeling undervalued, misunderstood, and overwhelmed, with volunteer carers often feeling mistreated by the broader system as a result of financial hardship, lack

of adequate support, and misalignment between expectations and systemic resources (ACF, 2022). This disillusionment is driving foster carers out of the system in increasing numbers and placing Australia’s statutory care system is under significant strain. Victoria saw a 5.2% drop in active foster-carer households in a single year (FCAV, 2024; ABC News, 2024), while NSW experienced a 13% decrease in authorised foster carers between 2021 and 2024 (AIHW, 2023b; DCJ POCLS, 2023). Nationally, over 1,500 foster carers exited the system in 2022–23 alone (EQT, 2024). However, no jurisdiction routinely publishes disaggregated exit counts for foster versus kinship carers, and the absence of consistent administrative reporting on exits obscures the true scale and distribution of attrition across care types at a time of growing demand. The only three states for which comparable data is available are NSW, Victoria and Queensland, as shown in Figure 1.

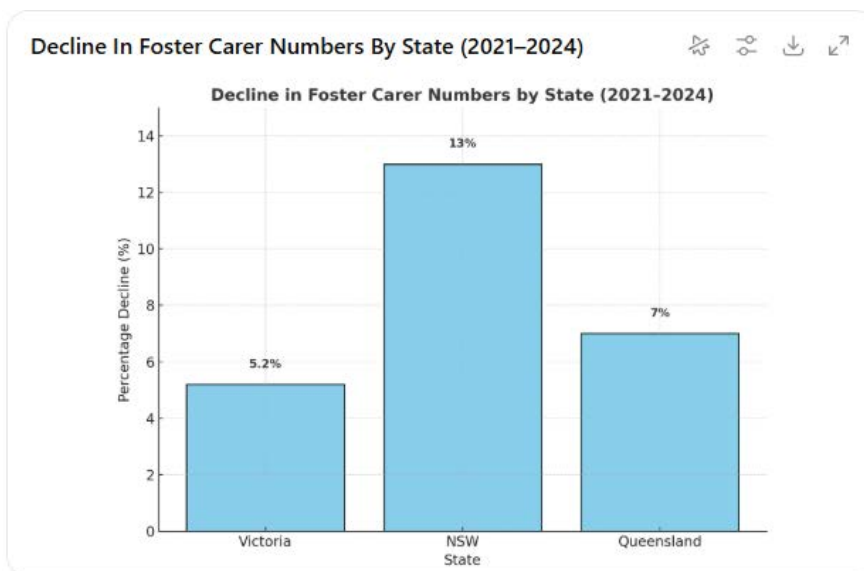


Figure 1. Percentage decline in carer numbers by state (2021–2024) (QFCC & PeakCare, 2024).

Nationally, 45,393 children were in OOHC on 30 June 2022 (AIHW, 2023c), with 32% of these children aged 10–14 years, 42% of Aboriginal and Torres Strait Islander descent, and 29% living with a disability (AIHW, 2023a). With the distinct shortage of foster carers, many children and young people have been placed into residential care, particularly in Queensland and NSW, with children – including infants – being left in residential care for significant periods of time due to a lack of foster care placements and a lack of investment in the biological parents to support the reunification process. Queensland has the highest

proportion of children residing in residential care, with 2200 in state residential care as of December 2024 (Parnell, 2024) (see Figure 2).

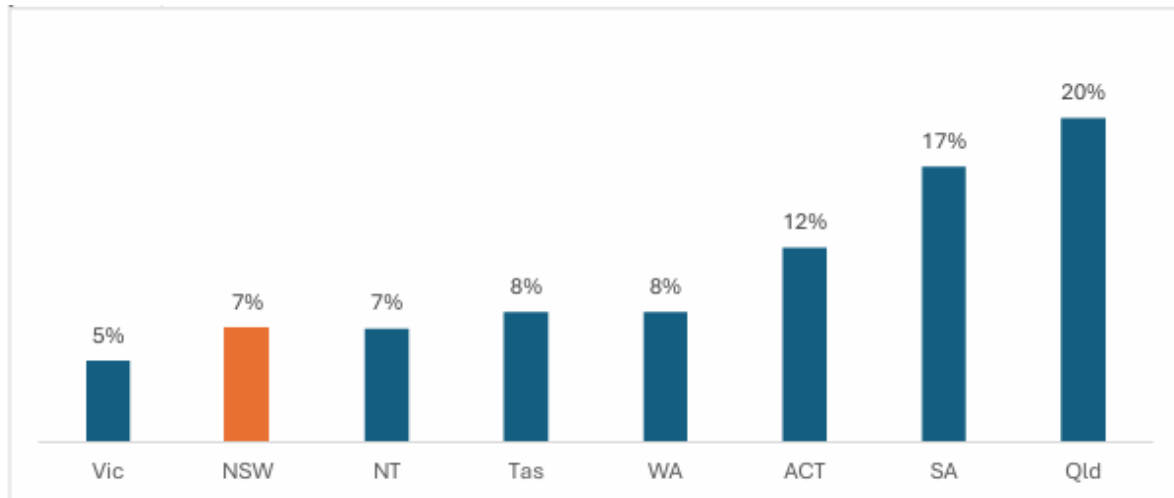


Figure 2. Children aged 0–17 years in OOHC: Proportion of children aged 0–17 in residential OOHC by jurisdiction, 2023–24 (Productivity Commission, Report on Government Services 2025, Part F, 16: Child protection services data tables)

As a result of the shortage of residential homes in Australian states to support the number of children who need OOHC, Coote and Shams (2023) report there are often crises with children accommodated in motel rooms for up to a year.

Cumulative Risk

The removal of a child from their biological family unit is itself evidence that the child has been exposed to an accumulation of adverse experiences, almost always including some combination of emotional, psychological, or physical harm. The consequences of these cumulative adversities are well established; exposure to multiple adverse experiences has a dose–response relationship with later outcomes, including heightened risk of substance use disorders, mental illness, social and relational difficulties, criminality, physical health problems, and the likelihood of revictimisation across the lifespan (Felitti et al., 1998; Edwards et al., 2003; Hughes et al., 2017; Bryce & Collier, 2022). Importantly, cumulative harm does not always arise from a single, catastrophic event. Rather, it is often the persistent, “low-level” adversities, such as chronic neglect that exert the most pervasive and damaging effects on children’s development (Bryce, 2018; Bromfield & Higgins, 2005). Recognising this, child protection practitioners may determine that the threshold of harm has been exceeded, prompting removal into statutory care in order to arrest further damage.

Once a child is removed, however, each Australian jurisdiction's Child Protection Act places a statutory responsibility on the relevant department to begin planning for reunification as early as possible, provided it is safe to do so. Ideally, reunification should be guided by a structured case planning process in which service providers, independent of statutory authorities, support parents to address the issues that led to removal. Intensive therapeutic intervention should focus on reducing cumulative risk and breaking entrenched cycles of harm, while simultaneously building protective factors to sustain safe caregiving. However, the reality across Australia diverges sharply from this ideal. No state or territory currently offers a consistent, intensive reunification service model for biological parents following child removal. Statutory authorities may choose whether or not to commission the non-government sector to provide such services. Where services are provided "in-house," the therapeutic alliance between statutory caseworkers and parents is often compromised. Parents frequently perceive child protection departments as adversarial actors, given their direct role in child removal, and the resulting mistrust undermines the possibility of authentic engagement or sustained behavioural change (Kertesz et al., 2021).

In practice, statutory caseworkers are primarily tasked with compliance activities, risk assessments, safety planning, and documentation to satisfy legislative and policy frameworks. While these functions are critical, they rarely address the complex therapeutic needs of parents whose capacity to provide "good enough" care has been compromised by trauma, disadvantage, and systemic exclusion. As a result, the broader structural work required to reduce cumulative risk, such as addressing housing insecurity, poverty, mental health, and substance misuse is left underdeveloped. This gap reflects a systemic failure to operationalise the intent of child protection legislation, which mandates reunification planning, but does not resource or enforce intensive supports to achieve it.

Children, meanwhile, continue to experience trauma through the process of removal itself. Separation from parents, siblings, and familiar environments constitutes an additional layer of adversity, further compounding cumulative risk (Fernandez & Lee, 2013). This underscores the urgency of investing in early, intensive reunification supports that can expedite safe restoration to family care, where appropriate, and prevent the long-term harms associated with extended out-of-home care. Without such investment, opportunities to mitigate cumulative risk are missed, and intergenerational cycles of harm are perpetuated.

Factors Affecting Reunification

Families who have endured the traumatic removal of their children due to chronic maltreatment and accumulated harm often present with entrenched intergenerational disadvantage, socio-economic deprivation, and systemic exclusion. These parents are rarely

equipped with the knowledge, skills, or capacity to initiate meaningful change without intensive therapeutic and structural support. This trend is widely recognised in Australian research (Bromfield & Higgins, 2005; Fernandez & Lee, 2013), yet there is no consistent investment targeted at reunification services at the point of removal, during early planning, or after children return home. Instead, statutory systems overwhelmingly direct resources toward sustaining out-of-home care placements rather than addressing the root causes of harm and building parental capacity (AIHW, 2023b).

For example, contemporary research, such as the *Australia's Welfare 2023* report (AIHW, 2023c) identifies housing instability and homelessness as risk factors strongly associated with child protection involvement. Similarly, the *Crisis Accommodation in Australia* study (AHURI, 2023) illustrates how families living in temporary or insecure accommodation face ongoing risks to health, safety, and stability. Regional analyses further demonstrate that housing shortages and affordability crises in non-metropolitan areas amplify vulnerabilities for families already at risk (Beer et al., 2024).

Housing instability also impacts the reunification process. Parents whose children have been removed are increasingly being expected to demonstrate parenting capacity while experiencing significant housing insecurity. Clinicians in the field report cases where parents, often single parents, are engaging in reunification processes while residing in highly precarious and unsafe arrangements such as tents, caravans, or short-term leases at showgrounds. Despite persistent efforts by service providers to secure stable housing through creative means, state child protection authorities have frequently failed to provide meaningful housing support. This results in untenable situations in which parents are judged against statutory reunification benchmarks while their most basic physiological and safety needs remain unmet.

For parents in such unstable conditions, chronic stressors, such as the threat of eviction, inability to refrigerate food, or exposure to theft, create constant hyper-vigilance. This heightened cognitive load diminishes their capacity to meet the needs of children who are themselves often dysregulated and traumatised. Reunification expectations in these contexts reflect a systemic disconnect between policy intent and lived reality. Unless stable housing is addressed as a prerequisite for reunification, parents are effectively set up to fail, and cycles of removal, homelessness, and intergenerational disadvantage are perpetuated (AIHW, 2023b; AHURI, 2023, 2024).

The absence of intensive reunification services creates a contradiction between legislative mandate and practice reality. Every state and territory Child Protection Act emphasises reunification “as soon as safely possible”, yet there is no structured intervention point to

operationalise this goal. Placement instability and repeated disruptions consume vast fiscal resources across the child protection, health, housing, education, and justice systems, while families remain unsupported in addressing the adversities that led to removal (Marston et al., 2020). Without early, well-resourced interventions, the statutory system risks perpetuating cycles of disadvantage rather than breaking them.

The likelihood of successful reunification is shaped by multiple intersecting factors:

- **Parental risk factors**, such as mental illness, substance misuse, and exposure to family violence.
- **Socio-demographic factors**, including poverty, housing instability, and intergenerational trauma.
- **Child characteristics**, such as age, developmental delays, or complex trauma histories.
- **Systemic factors**, such as placement instability due to foster carer shortages and the unmet needs of kinship carers.

The interplay of these factors creates cumulative risk, often making reunification less likely for children who have experienced chronic neglect, emotional abuse, or exposure to complex family harms (Cunningham et al., 2021; Fernandez, 2013). Research consistently shows that children exposed to cumulative harm or placed in contexts where parental challenges remain unresolved face markedly reduced prospects of returning home.

What emerges is a systemic contradiction: while legislation prioritises reunification, fiscal policy and service structures prioritise placement. Without significant investment in early intervention and intensive reunification supports, delivered by providers independent of statutory authorities, parents remain unsupported, carers remain overstretched, and children remain vulnerable to further harm in care. Addressing these gaps requires governments to not only legislate reunification but also resource and enforce practice models capable of sustaining safe reunification, thereby reducing both cumulative risk and the long-term reliance on OOHC.

Failed Reunification and Its Impacts

According to Cunningham et al., (2021), reunification in Australia is defined as successful when a child or young person does not return to OOHC within the 12-month period after reunification takes place; this is despite international data demonstrating that reunification breakdown continued to occur 12–24 months following reunification (Chambers et al., 2019).

In terms of failure rates, Farmer (2014) found in a UK study that of 180 child participants, 37% had experienced two or more failed reunification experiences and had alternated between the care sector and being at home. In the USA, the rate of failed reunification within the first 12 months is approximately 24% (Teague, 2017). There is limited data in Australia on the rates of failed reunification, although in one Queensland study of 2509 children, it was found that one in five children reported they had experienced one or more failed reunification attempts (Teague, 2017).

Failed reunification has both direct and indirect economic impacts. The Queensland Family and Child Commission (2017) reports that in 2017 the annual cost of a failed reunification per child was A\$110,000. The *Cost of Late Intervention (COLI) Report 2024* (O'Connell, 2025) highlights the significant consequences of delayed government action in child protection and youth justice. The report argues that strategic investment in early intervention services, delivered through tailored, individualised, and well-supported approaches for each family, is likely to generate substantially greater returns, both socially and economically. The report notes that while the number of children in care since 2019 in Australia has remained relatively stable, the costs of later intervention have grown by 40%, with an increase from \$5.9 billion spent on child protection services in Australia in 2019 to \$10.3 billion in 2024 (O'Connell, 2025).

Moreover, following failed reunification children will re-enter OOHC, having suffered further maltreatment in the home in the interim. The cumulative impact of the trauma experienced before the initial removal, the feelings of abandonment, dislodgement, and displacement from biological family, any trauma experienced while in care, placement breakdowns, reunification attempts, and reunification failures will impact and further contribute to an accumulation of harm, as depicted in Figure 3 below:



Figure 3: The cumulative impact of harm on a child.

In the 2015 report *The Cost of Unresolved Childhood Trauma and Abuse in Adults in Australia*, Dr Cathy Kezelman and colleagues estimate that unresolved childhood trauma costs the Australian economy approximately \$16.1 billion annually. This figure encompasses both direct and indirect costs associated with the long-term impacts of childhood trauma:

Direct Costs:

- **Healthcare Expenditures:** Increased demand for medical and mental health services due to trauma-related conditions such as depression, anxiety, and PTSD.
- **Justice System Costs:** Higher rates of criminal justice involvement among trauma survivors, leading to increased policing, court, and incarceration expenses.
- **Welfare and Social Services:** Greater reliance on social welfare programs, including unemployment benefits and housing assistance.

Indirect Costs:

- **Lost Productivity:** Reduced workforce participation and productivity losses due to chronic health issues and disability stemming from unresolved trauma.
- **Education Impacts:** Lower educational attainment among survivors, leading to decreased earning potential and economic contribution.
- **Intergenerational Effects:** The perpetuation of trauma-related issues across generations further burdens social and economic systems.

The report emphasises that addressing unresolved childhood trauma through early intervention and trauma-informed care could lead to significant economic benefits. Specifically, it suggests that a minimum of \$9.1 billion could be saved annually by implementing effective strategies to support adult survivors of childhood trauma. This then has a flow-on effect for adult survivors of childhood abuse and their families when they are faced with reunification with their children following removal.

The Reunification Process

The remainder of this chapter critically examines the reunification process, with particular attention to the evidence base and practical implications of implementing reunification services comprehensively across three phases: Reunification Intervention, Reunification Therapy, and Post-Reunification Services. Reunifying children is reflected in child protection legislation and policy frameworks across Australian states and territories, and this proposed tripartite model underscores the importance of a structured, therapeutic, and sustained approach to restoring and maintaining safe family connections. The following sections will explore each phase in detail, highlighting the mechanisms, supports, and systemic considerations necessary to ensure enduring and safe reunification outcomes for children and families.

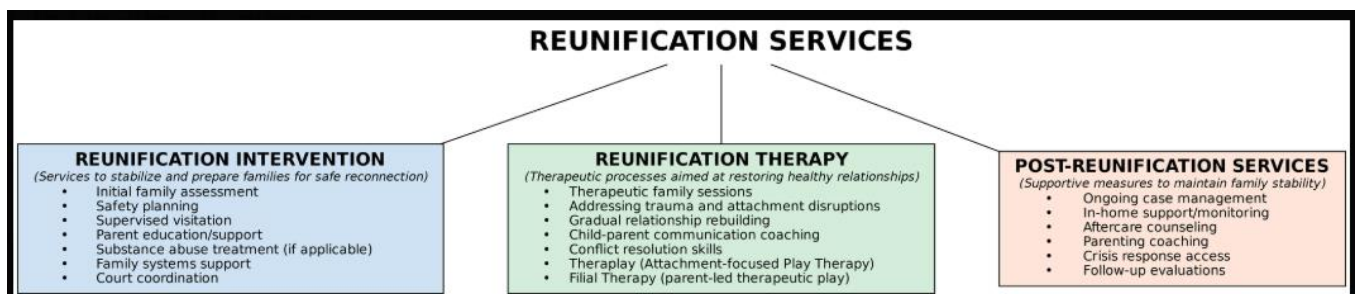


Figure 4: Infographic highlighting the three entities of Reunification Intervention, Reunification Therapy and Post-Reunification Support Services under the umbrella term Reunification Services.

Based on the research literature and professional experience of working extensively on a multitude of reunification cases, this section will explore the factors that affect the success of reunification within the three entities.

Reunification Intervention

Reunification intervention encompasses many non-therapeutic tasks necessary to ensure accurate measurement and evaluation of the intervention and therapeutic process for children, parents, and families. This approach is fundamentally designed to prioritise the safety and protection of the child while simultaneously providing a mechanism for evaluating the effectiveness and appropriateness of the intervention. It serves to inform both clinical practice and accountability to funding bodies by assessing whether their investment in the family system is achieving the intended outcomes.

The collection and analysis of relevant data is essential to determine:

- whether the intervention has been sufficiently individualised to meet the specific developmental and psychosocial needs of the child;
- the level and type of support required by parents or caregivers, and whether this support needs to be increased, decreased, or adjusted;
- the broader support requirements of the family unit, including consideration of more suitable or diverse therapeutic modalities in response to contextual complexity; and
- the fidelity and integrity of the intervention model as implemented.

Systematic evaluation ensures that service delivery remains responsive, evidence-informed, and aligned with the best interests of the child, particularly in families presenting with multifaceted needs.

This is the focus of structured assessments and decision-making tools, which need to be used by experienced and expert child protection practitioners who have not been involved in the removal of the children. From the time of initial assessment, a therapeutic alliance needs to be developed with the family members given that assessments, while data driven, are also diagnostic in that they give practitioners an evidence base for risk assessment and informed decision making (Choate, 2009; Kirk, 2010; Kirk, 2015b; Reed-Ashcraft, Kirk & Fraser, 2001), which is then further cemented by professional judgement and practice knowledge (Fish & Hardy, 2015).

There are numerous standardised tools available and careful consideration is needed to ensure sufficient tools are used without families being over-assessed. Baseline data is essential, and both midway and closing data are needed to evaluate individual progress and

family functioning to accurately inform the post-reunification recommendations. Throughout the literature, and certainly in the author's experience, the most commonly employed and most useful tool is the North Carolina Family Assessment Scale (NCFAS), a validated reunification assessment tool used to support the assessment of family functioning and inform interventions and decision making in child protection settings (Kirk, 2015a; Reed-Ashcraft, Kirk & Fraser, 2001). The author has made use of the NCFAS-R, the Reunification-specific Scale, and has found it particularly useful in reunification work with families with highly complex needs.

Alongside the NCFAS-R, the author uses the Attachment Style Interview (ASI) and Parenting Role Interview (PRI) throughout the intervention. Effective reunification planning in child protection contexts requires a nuanced understanding of both relational dynamics and broader systemic factors influencing parenting capacity. While no single tool can fully capture the complexities inherent in high-risk family systems, integrating the ASI, the PRI, and the NCFAS-R offers a comprehensive framework that supports relational assessment, psychological insight, and evidence-informed planning.

The ASI is a semi-structured interview used to assess adult attachment representations and behaviours in close relationships (Bifulco et al., 2002). In reunification contexts, the ASI provides critical insights into the parents' ability to establish trust, regulate emotional closeness, and remain attuned to the child's relational needs. These insights are essential for re-establishing safe and consistent bonds following OOHC. The ASI also identifies how unresolved trauma or disorganised attachment strategies may undermine parenting readiness and stability (Bifulco & Thomas, 2013).

The PRI complements the ASI by exploring parental mentalisation and caregiving representations. It assesses reflective functioning, emotional responsiveness, and caregiving role identity, all of which are linked to attachment security in children (Brennan et al., 2016). This tool is especially valuable for understanding how parents interpret their child's trauma-related behaviours and whether they can respond with sensitivity, coherence, and appropriate boundaries.

The NCFAS-R has emerged as a widely used tool for assessing family functioning in the context of reunification. It provides a structured ecological framework across multiple domains—including environment, parental capabilities, family interactions, family safety, child well-being, caregiver/child ambivalence, and readiness for reunification—allowing practitioners to identify both risks and protective factors, measure change over time, and guide decision-making (Kirk et al., 2005; Nelson & Landsman, 2006). International research demonstrates its utility. For example, an Australian study found that improvements in

NCFAS-R domain scores at case closure significantly increased the likelihood of reunification, with domains such as *Parental Capabilities* and *Readiness for Reunification* being particularly predictive of positive outcomes (National Family Preservation Network, 2008).

More recent international evidence highlights the ongoing relevance of structured family assessment tools. A psychometric validation of the NCFAS in Ecuador confirmed its reliability and internal consistency in assessing family functioning in culturally distinct settings, underscoring its adaptability across diverse populations (Pérez-Villalobos et al., 2023). In the United States, the National Quality Improvement Center on Family-Centered Reunification (2023) has recently developed a *Family-Centered Reunification Best Practice Assessment Tool*, which builds on principles similar to NCFAS-R by prioritising readiness, ambivalence, and ecological family dynamics, but integrates these with a stronger emphasis on post-return supports.

Collectively, this international evidence suggests that structured tools such as NCFAS-R remain critical in reunification planning. They not only provide a systematic method for identifying family strengths and challenges but also highlight where targeted interventions are most needed. However, tools alone are insufficient; as the evidence on re-entry demonstrates, the predictive power of assessment must be paired with ongoing supports in housing, mental health, financial stability, and family relationships if reunification is to be both successful and sustainable.

Together, these tools create a multidimensional approach for reunification assessments:

- The ASI and PRI deepen understanding of relational and psychological readiness for reunification.
- The NCFAS-R contextualises these relational insights within broader family functioning and systemic stressors.
- Their combined use enables more accurate, child-centred planning that addresses trauma, risk, and resilience holistically.

This integrative framework promotes evidence-based and ethically sound reunification decision-making that recognises the complexity of family recovery, attachment disruption, and systemic involvement.

A significant barrier to successful reunification lies in the inconsistency and subjectivity of decision-making by individual child protection workers, which can create uncertainty and distress for biological parents. Collings et al., (2024) describe this phenomenon as “shifting

goalposts”, where initially agreed-upon case plan expectations, perceived as achievable, are later reinterpreted or redefined by new caseworkers, legal representatives, or the court. This shifting interpretation can undermine the parent’s progress and contribute to a sense of futility. For many parents, especially those with cognitive or emotional vulnerabilities, this repeated moving of the goalposts becomes overwhelming and demoralising, eroding their ability to remain engaged in the reunification process.

The consequences extend beyond the parent, with children often unaware of the systemic dynamics and instead internalising narratives of parental abandonment or lack of care. This contributes to further emotional harm, including compounded attachment trauma and deteriorating mental health for both the child and the parent.

Strong relationships are a potent key factor in the success or otherwise of the reunification process. As mentioned in the introductory section of this paper it is unfair on the family, the children, and the case worker to try to establish a therapeutic alliance following removal and then journey through the logistics of the many difficult conversations and relationship ruptures that occur as the change process begins and continues and the biological family learns “new ways” to parent, to operate a home, to abstain from alcohol and drug misuse and learn healthier coping strategies, to emotionally regulate and to manage relationship dynamics. The tenacity and robustness of this therapeutic relationship cannot be sustained with a caseworker who removed their children, implements rules around contact between a parent and their children, and warns that contact will be even more restricted if they fail. Sadly, however, this is the reality of the relationship for many parents. Strong relationships with biological parents are required to weather the ruptures that occur as the stages of change are navigated. This is supported by Cunningham et al., (2021) who state:

Relationships with workers emerged as a significant theme in the literature and were identified as a critical factor for reunification to occur. Studies indicated that when meaningful partnerships are formed between practitioners and families, better reunification outcomes are achieved. Successful reunification is also associated with practitioners working collaboratively with children, young people and families in the implementation and review of case plans (p 48).

The Role of Parent–Child Contact during Reunification

Parent–child contact during periods of OOHC has long been recognised as a critical predictor of reunification success. Early work by Davis et al., (1996), involving 925 children in foster care, demonstrated that regular contact visits significantly increased the likelihood of children returning to their biological families. More recent studies have reinforced and extended these findings. McWey and Cui (2021), analysing children in non-kinship foster

care, found that both the frequency and quality of contact with birth parents were strongly associated with higher odds of reunification and shorter durations in care. Similarly, Oosterman and Schuengel (2023) highlight that consistent, positive contact not only preserves relational bonds but also supports children's attachment security, emotional adjustment, and behavioural regulation, which in turn facilitates more stable reunification outcomes. These findings underscore the dual function of contact visits: they maintain parental commitment and relational continuity, while also providing practitioners with an ongoing opportunity to observe parenting behaviours, assess safety, and inform case planning. Importantly, the literature cautions that the benefits of contact are contingent on quality; visits that are conflictual, sporadic, or poorly supported may exacerbate children's stress and undermine reunification efforts. Taken together, the evidence suggests that when embedded within a structured reunification framework, frequent and meaningful parent-child contact operates as a key protective factor, significantly improving the prospects of safe and sustainable family reunification.

Parental Psychoeducation & Support

Parental psychoeducation and capacity building are recognised as core foundations of any effective reunification intervention. This component of the intervention is necessarily intensive and adopts a coaching, hands-on, and action-oriented style, requiring parents to actively replace maladaptive or neglectful caregiving practices with more adaptive and responsive care strategies. These strategies encompass the establishment of day-to-day routines and household structures that provide children with safety, stability, and predictability, alongside parenting education tailored to supporting children's behavioural, emotional, cognitive, and developmental needs (Bronson et al., 2008; Macdonald et al., 2018).

Contemporary practice highlights the importance of delivering in-home, real-time support during peak stress points in family life. Intervention is most impactful when staff are present during critical daily transitions, such as before school, after return from school, mealtimes, and bedtimes, when routines are being tested and relational strain is most likely to emerge (Chambers et al., 2019; Jones et al., 2021). During the early phases of a child's return home, these highly structured and practical supports aim to re-establish routines, behavioural expectations, and consistent caregiving practices that contrast with pre-removal patterns of instability or neglect. The emphasis is not only on technical skills but also on creating a relational climate that is safe, responsive, and emotionally attuned, thereby fostering both child wellbeing and parental confidence.

Best practice also suggests that reunification should be guided by a collaborative, continuity-focused model. This requires deliberate consultation with foster or kinship carers, who can share strategies, routines, and regulatory practices already effective for the child (Fernandez & Lee, 2013; Testa & Poertner, 2020). Integrating these existing strategies into the biological family's caregiving repertoire ensures continuity, reduces the risk of dysregulation, and supports smoother adjustment. Such continuity is particularly important for children with histories of trauma or attachment disruptions, whose capacity for regulation is often fragile.

Parental capacity building during this phase must be both targeted and therapeutic. Training should explicitly focus on behaviour management strategies, emotional attunement, and co-regulation techniques, as well as the practical application of trauma-informed and attachment-based principles in daily routines (Dozier & Bernard, 2019; Oosterman & Schuengel, 2023). Emphasis should be placed on "pressure points" in family life—mornings, transitions, and bedtimes, where relational strain and conflict most frequently occur. Embedding therapeutic learning into these everyday contexts ensures that parents are not simply absorbing information but are actively practising new skills in real time, with guided feedback from practitioners.

Ultimately, the goal of psychoeducational and in-home support is to maintain a strong relational focus, positioning connection and co-regulation as the foundation of restored parent-child relationships. By providing parents with intensive, context-specific support during the transition back to family care, service providers can reduce the risk of placement breakdown, promote stability, and foster long-term emotional security for children. Recent evaluations of intensive reunification programs affirm that such approaches, when embedded in trauma-informed and ecological models, are linked to higher rates of successful and sustained restoration (Cunningham et al., 2021; Dunbar et al., 2022).

Another element of parental support that is highly prevalent throughout the literature but is largely absent in Australia in comparison to international counterparts is the support group programs that provide valuable mentorship from fellow birth parents who have lost their children to removal and have worked to have their children reunified back into their care. These are a very common practice in the American states (Enano et al., 2017; Chambers et al., 2019), where partners engage with the State Department of Child Protection and to act as formal supports for parents who are new to navigating the child protection system (Chambers et al., 2019, Bohannon & Summers 2016). An important role of these parent partners is not only acting as an intermediary between the State Department personnel, but also holding the parent to account to make the necessary behavioural shifts, often with support from practitioners working with the parents (Chambers et al., 2019). Parent partners

who have lived experiences of successful reunification are often able to demonstrate positive coping strategies and discuss how to navigate the complex government and court administrative processes involved with reunification.

Ross et al., (2017) explored the perspectives and experiences of biological parents in the Hunter Valley, New South Wales, Australia, who had experienced removal of their children and were not able to be active participants in the child protection processes relating to reunification. Their study revealed five key areas in which parents needed support and where, without a parent advocate, they felt disempowered, particularly when they were supported only by the caseworker who removed their child in the first instance. The first of these key areas was power and inclusion, with legal and court settings disempowering parents through non-participatory processes when their children were in care. The second was professional relationships with lawyers, child protection workers, and agency workers – knowing what to say and who to trust amid the grief and loss can be overwhelming. The third theme is based on the parent–child relationship and attachment – specifically, the challenges of maintaining a relationship with their children while they are in care, the impact of removal, and the emotions of grief, guilt, loss and shame. Parents discussed the challenges associated with having contact, including not being provided with the details of contact, such as location, times, activities, food and gifts allowed, carer’s preferences etc. The fourth theme concerns the immense grief and loss that parents often experienced, having often been in care themselves, and then having their children removed from their care. Parents felt that their normal emotional responses were used against them, to depict them as “unstable” and adduced as a reason they shouldn’t have their children in their care. The fifth area focused on parents’ identity; parents continue to see themselves as their children’s parents despite their children being in care, and they remain focused on their children’s health, safety and wellbeing. They felt confronted by being replaced by carers whom their children called ‘mum’ or ‘dad’ and felt that they faced considerable barriers to reunification and were unsupported by child protection services.

Reunification Therapy

Reunification therapy serves as a comprehensive, trauma-informed framework aimed at supporting families as they navigate the complex journey of healing and reunification following separation. This therapeutic umbrella encompasses a range of evidence-based modalities tailored to the individual needs of family members, sub-dyads (e.g., parent–child), and the family system as a whole. These modalities are often most effective when implemented concurrently in a coordinated and sequenced manner. Clinical practice and emerging literature suggest that parallel therapeutic engagement, aligned with the distinct

developmental and relational needs of each family member, yields optimal outcomes (Cooper & Vetere, 2008; Hughes et al., 2019).

The strategic integration of therapeutic modalities should be grounded in robust assessment processes that identify the biopsychosocial, relational, and developmental needs of each family subsystem. Tailored interventions not only support emotional healing but also promote long-term relational stability and parenting capacity, and the critical factors in the sustainability of reunification (Woods, 2011; Lieberman, Van Horn, & Ippen, 2005).

Case Example: "Family A"

The following vignette illustrates a multi-tiered reunification therapy process grounded in trauma-responsive practice.

Family Context: ■■■ is a single mother of three children: ■■■ (age 7), ■■■ (age 2), and ■■■ (9 months) at the time of removal. The children were removed eight months prior due to ■■■ cohabitation with a partner who was violent and ■■■. ■■■ also struggled with alcohol misuse and mental health challenges. Since the removal, ■■■ has completed a three-month residential rehabilitation program and has sustained sobriety. She has engaged actively with supports and achieved key milestones in the reunification intervention phase, including stable housing, part-time employment, participation in a peer support network, and consistent engagement with parenting education and substance use treatment. ■■■ still is without a driver's licence and requires furnishings to set up her new home and support to understand the domestic violence cycle.

■■■ Reunification Services Plan (example)

To ensure relational repair and developmental recovery across the family system, the following trauma-informed Reunification Services Plan is recommended.

Reunification Intervention

Assessments

Learner's driver's licence – and then complete her hours with the support service to obtain her Provisional driver's licence. ■■■ already has her own vehicle. ■■■ will acquire car seats and learn how to fit the car seats for the respective ages of her children.

Family Contacts – ■■■ will engage in 3 x weekly visitation with her children in a variety of community-based contexts.

Domestic & Family Violence Program – [REDACTED] will engage in the Safe & Together Domestic Violence (David Mandell Program) and in safety planning for herself and her children. [REDACTED] will attend her domestic and family violence counselling each week.

Drug & Alcohol Rehabilitation – [REDACTED] will continue attending her drug and alcohol rehabilitation classes and counselling appointments each week.

Set up Home – [REDACTED] will source resources and set up her baby's nursery and other communal spaces within her home.

Parent Coaching and Psychoeducation: [REDACTED] should receive individualised coaching sessions to address parent burnout and blocked care. These sessions should draw on neurodevelopmentally informed parenting models, such as the Neurosequential Model of Therapeutics (Perry, 2009) and the PACE model (Playfulness, Acceptance, Curiosity, Empathy) (Hughes (2016), to support trauma-sensitive caregiving strategies. This would include [REDACTED] coming to understand the neurobiology of trauma (e.g., amygdala hijack, dysregulation), addressing blocked care, which refers to a caregiver's subconscious withdrawal from emotional connection due to chronic stress or trauma triggers (Delaney, 2006) and building strategies to manage parent burnout and emotionally dysregulated behaviours in trauma-impacted children. These elements would then be implemented in the intervention services and the post-reunification services as part of the overall reunification services framework.

Reunification Therapy

Child-Centred Play Therapy: [REDACTED], [REDACTED] and [REDACTED] should engage in individual play therapy sessions to process trauma, enhance emotional expression, and support psychological resilience. Play therapy is developmentally appropriate and effective in supporting children exposed to complex trauma (Landreth, 2012) and will provide a safe psychological space for [REDACTED], [REDACTED] and [REDACTED] to symbolically re-enact their traumatic experiences and develop adaptive coping strategies (Landreth, 2012). Research shows that non-directive child-centred play therapy is effective in reducing symptoms of anxiety, aggression, and post-traumatic stress in children exposed to maltreatment and family violence (Bratton et al., 2005). Play supports neurodevelopment by enhancing regulation, strengthening prefrontal cortex functioning, and building pathways for social cognition (Perry & Dobson, 2010). This will greatly assist the reunification process through the children having an opportunity to process their grief and their trauma with a qualified therapist trained in child mental health.

Theraplay: [REDACTED] should participate in Theraplay sessions with each child to rebuild attachment bonds. Theraplay is an evidence-based, attachment-focused play modality designed to promote secure relational patterns through structured, nurturing interactions (Booth & Jernberg, 2010). Theraplay focuses on four dimensions of healthy attachment: structure, engagement, nurture, and challenge (Booth & Jernberg, 2010). These components are critical in repairing disrupted relational patterns, which inevitably occur when children have witnessed domestic violence. [REDACTED], [REDACTED] and [REDACTED] have lived with a parent with a substance misuse issue and mental health challenges, creating a pattern of relational unavailability for these children and causing disruption in attachment that requires repair. Theraplay is a practitioner-led modality that supports the nurturing and repair of the relationship between the parent and the child. Studies demonstrate that Theraplay improves emotional regulation, increases attachment security, and enhances social responsiveness in children with histories of trauma and disrupted caregiving (Myers, 2008). Given that Theraplay has also been shown to reduce parenting stress and increase caregiver sensitivity, particularly in high-risk family contexts (Sianko et al., 2016), Theraplay is a strong recommendation for Joan and her children in this reunification intervention.

Filial Therapy: Following initial Theraplay sessions, filial therapy may be introduced to sustain and extend therapeutic gains. Filial therapy will empower [REDACTED] to take an active, therapeutic role with [REDACTED], [REDACTED] and [REDACTED], reinforcing parental sensitivity and emotional attunement (Guerney, 2000). Filial therapy bridges the therapeutic environment and the home, training caregivers to facilitate therapeutic play sessions to improve attachment and emotional expression (Guerney, 2000). Research indicates that filial therapy leads to statistically significant improvements in child behaviour, parent–child relationships, and parental empathy (Cornett & Bratton, 2014). It is especially effective with parents who have histories of substance use, trauma, or disempowerment, as it builds reflective functioning and emotional attunement (Lindo et al., 2015). Given [REDACTED] has a significant history of disempowerment, following her building attachments with her children it is recommended that she strengthen her engagement with the children through filial therapy.

Post-Reunification Services

In Australia, the child protection system has long operated under the assumption that reunification represents the successful resolution of child removal and the final point of child protection services involvement. However, emerging evidence both internationally and domestically demonstrates that for families with high and complex support needs, reunification is only the beginning of a longer journey (Rushovich et al., 2021). Without ongoing, structured, and trauma-informed support, these families face a substantial risk of

recurrent involvement with child protection, including re-entry into care. The reunification period is a critical time to identify the threats, issues, concerns, and risks that were present when initial removal occurred, and it is essential to be alert to these as re-emergence may occur. When children have been absent from family units and when family contact schedules have been ad hoc, irregular, or not incrementally built up therapeutically over time to repair attachments and resolve the discontinuities in relationships, it can create challenges for family re-integration (Rycus & Hughes, 2008). Given the significant and multifaceted stressors associated with family reunification, families with high and complex needs require intensive, coordinated support both during and following the reunification process. Such sustained intervention is critical to maintaining child and family well-being, preserving family stability, and ensuring fidelity to reunification goals. Ongoing support also reinforces the child's safety, mitigates/reduces the risk of harm or re-entry into care, and safeguards the social and financial investment made in the reunification process.

Throughout the literature there is discussion surrounding the significant number of children re-entering care once reunification breaks down or fails. Such failures arise due to several factors, as outlined above: a lack of supports and services post reunification, insufficient duration of reunification supports, lack of comprehensive assessments, and failure to resolve the issues and risks that led to initial removal of the children in the first instance (Fraser et al., 1996; McDonald et al., 2006). According to Balsells et al. (2013) statistics relating to failed reunification and subsequent re-entry into the child protection system vary by country, with American statistics indicating 19–50% of reunified children returning to the protection system after two or three years (Barth et al., 2008; Biehal, 2006). As noted earlier, in Australia successful reunification is defined as the child not returning to care within twelve months. According to national data, in the 2017–18 year 82% of children who were reunited with their biological families did not return to OOHC, although this did vary across jurisdictions and by Aboriginal status (Cunningham et al., 2021). Longitudinal data is scarce and difficult to access in Australia; however, international data demonstrates that reunification breakdowns continue to occur up to 24 months post-reunification (Chambers et al., 2019). A UK study (Sinclair et al., 2005) found that children who had been placed in foster care and then reunited with their biological families experienced a much higher abuse rates than children who remained in care, with the apparent lack of planning and post-reunification support, guidance and follow-up cited as the reason (McMurtry & Lie, 1992).

Another UK study identified the cumulative impacts of two or more failed reunification attempts for 35% of 180 children who participated in a UK study (Farmer, 2014). The attachment and relational impacts for these children, along with the worsening mental health consequences, are chronic and have lifelong implications for these children. The study noted

that 43% of the children and young people were reunified with minimal assessments of the risks of harm and that many of the pre-existing problems were still apparent.

Numerous studies have shown that the 12–24 months following reunification is the highest-risk period for family breakdown and re-entry into care (Courtney et al., 2007; Malm et al., 2021), with factors such as parental substance use, intergenerational trauma, parental mental illness, housing instability, and the lingering effects of disrupted attachment persisting when children return home. Indeed, the stresses of parenting post-reunification often reactivate or intensify these issues.

In the Australian context, these challenges are magnified by service fragmentation, the short-term nature of reunification support, and limited access to trauma-informed parenting interventions, particularly in rural, regional, and remote areas (AIHW, 2023c). Where service availability is restricted and cross-sector collaboration is inconsistent, the burden of navigating multiple systems frequently falls on parents who are already experiencing significant psychosocial stress (AIHW, 2023b; Higgins et al., 2020). The lack of continuity between child protection services and post-reunification therapeutic supports thus creates a gap at precisely the moment families are most vulnerable to relapse, placement disruption, and relational breakdown.

Moreover, families with multiple and intergenerational adversities often require long-term, scaffolded interventions that extend beyond the narrow timelines and compliance-based frameworks of statutory child protection. When intensive needs such as parental mental illness, neurodevelopmental disorders, intergenerational trauma, domestic and family violence, and substance dependency are met with brief, transactional interventions, reunification efforts are not only weakened but rendered unsustainable. Without a system of structured, enduring support, reunification can become a revolving door, contributing to a cycle of repeated removals that exacerbate attachment disruption and compound developmental trauma, causing further cumulative harm and significantly diminishing long-term outcomes for children and families.

Addressing this reality requires the establishment of a specialised, therapeutic post-reunification service system, one that mirrors the principles underpinning the National Disability Insurance Scheme (NDIS). Like the NDIS, such a model would recognise that complex and chronic biopsychosocial conditions require individualised, flexible, and long-term support that is responsive to both the intensity and variability of family needs over time. The NDIS is underpinned by values of equity, person-centred planning, early intervention, and lifelong support for individuals with significant impairments. These same principles are directly applicable to families attempting to rebuild caregiving capacity after statutory

removal, where the “impairment” lies not in a singular diagnosis but in a system of relational, environmental, and psychological vulnerability.

A post-reunification scheme modelled on the NDIS could include multidisciplinary care teams, wraparound funding that follows the family rather than the case file, and integrated supports spanning mental health, housing, therapeutic parenting, early childhood services, and cultural healing programs. It would also facilitate continuity across transitions, ensuring that families are not discharged from one service stream without another already in place. This approach would shift the focus from crisis response to developmental repair and relational reunification, enabling practitioners to work proactively rather than reactively.

Crucially, a NDIS-style approach would also permit tiered and scalable support, allowing families to access more intensive interventions during periods of acute stress (e.g., relapse, transitions, court proceedings, family violence matters, unexpected homelessness), and tapering back services during periods of stability, without requiring case closure or full re-assessment. This flexibility is essential in addressing the non-linear and cumulative nature of recovery from complex trauma, especially in families where multiple developmental stages, disabilities, or diagnoses coexist within a single household.

By framing reunification within a structure akin to the NDIS, where long-term investment in functional outcomes is prioritised over short-term procedural closure, the child protection system can finally address the root causes of placement instability and intergenerational involvement with the system. Such a model would not only promote family preservation and reduce re-entry into care but would also represent a fiscally responsible approach, redirecting resources from crisis-driven interventions to preventive capacity-building practices that strengthen family systems over time.

Conclusion

This chapter has sought to unpack the multifaceted and often contested terrain of reunification within the Australian child protection system. By critically examining the current landscape, including legislative frameworks, success rates, and systemic limitations, it has illuminated the challenges and inconsistencies in how reunification is understood, assessed, and operationalised across Australian jurisdictions. Despite reunification being an embedded goal within statutory child protection legislation, it remains inconsistently planned for, under-resourced, and frequently approached in a fragmented manner.

Beyond merely identifying the gaps, this chapter has proposed a more comprehensive and therapeutically informed model for reunification, conceptualised as a three-phase service delivery framework: Reunification Intervention, Reunification Therapy, and Post-

Reunification Services. These components are not intended to occur in isolation or sequentially, but, rather, as overlapping and interdependent processes that must be initiated early and sustained over time. Each phase responds to a different layer of need – practical, relational, and systemic – recognising that the return of a child to their family does not in itself equate to safety, stability, or healing.

Importantly, the chapter also emphasises the relevance of the cumulative risk and harm framework in understanding reunification outcomes. Children who have experienced repeated disruptions, exposure to chronic neglect or abuse, multiple placements, or failed reunifications are at significantly higher risk of long-term developmental, relational, and psychological harm. These risks do not operate in isolation; rather, they accumulate over time, compounding the vulnerability of children and families. Reunification efforts that fail to account for these layered risks by offering minimal, short-term, or one-size-fits-all interventions risk replicating the very conditions that led to removal in the first place. A lack of sustained support post-reunification not only undermines placement stability but may also exacerbate the cumulative burden of harm experienced by the child.

What has become evident through this discussion is the paucity of robust, longitudinal data within the Australian context that tracks reunification outcomes or evaluates the effectiveness of existing service models. This gap in evidence presents a significant barrier to policy reform, practice improvement, and accountability. It also reinforces the need for a national commitment to developing trauma-informed, family-centred, and evidence-based reunification practices that align with the complexity of the families involved.

Ultimately, this chapter calls for a shift in how reunification is conceptualised, not as a case closure milestone, but as a relational and developmental process that requires investment, clinical skill, and structural support. Just as systems like the NDIS recognise the need for long-term, individualised supports for people with complex needs, so too must the child protection sector begin to view reunified families through a more strategic lens. The alternative is the perpetuation of a system that restores children to families without the resources required to sustain that restoration, an approach that risks traumatisation, cumulative harm, and further systemic failure. Reunification, when done well, holds the potential to be transformative. But this can only be achieved if the system evolves to meet families not just at the point of crisis, but throughout the long journey of repair, reconnection, and resilience-building that follows.

References

- ABC (Australian Broadcasting Corporation). (2024, July 15). Foster carers leave the system in droves as cost-of-living pressures bite. *ABC News*. <https://www.abc.net.au/news/2024-07-15/foster-carers-leaving-compensation-allowance-cost-of-living/104047836>
- Australian Housing and Urban Research Institute. (2023). *Crisis accommodation in Australia: Now and for the future* (AHURI Final Report No. 407). AHURI.
- Australian Institute of Family Studies (AIFS). (2022). *Identifying strategies to better support foster, kinship and permanent carers*. Commonwealth of Australia.
- Australian Institute of Health and Welfare. (2023a). *Child protection Australia 2021–22* (Cat. no: CWS 92). AIHW. Retrieved from www.aihw.gov.au/reports/child-protection/child-protection-australia-2021-22
- Australian Institute of Health and Welfare. (2023b). *Australia's welfare 2023: Data insights – Young people who have experienced child protection*. AIHW.
- Australian Institute of Health and Welfare. (2023c). *Child Protection Australia 2021–2022*. Child welfare series no. 75. Cat no. CWS 92. AIHW.
- Australian Institute of Health and Welfare. (2025). *Child protection Australia 2023–24*. AIHW.
- Balsells, M. A., Pastor, C., Molina, M. C., Fuentes-Pelaez, N., Vaquero, E., & Mundet, A. (2013). Child welfare and successful reunification: Understanding of the family difficulties during the socio-educative process. *Revista de Cercetare si Interventie Sociala*, 42, 228–247.
- Barth, R. P., Weigensberg, E. C., Fisher, P. A., Fetrow, B., & Green, R. L., (2008). Re-entry of elementary aged children following reunification from foster care. *Children and Youth Services Review*, 30, 353–364.
- Beer, A., Vij, A., Baker, E., Crommelin, L., Dodson, J., Gharaie, E., Li, T., & Horne, S. (2024). *Disruption in regional housing: Policy responses for more resilient markets* (AHURI Final Report No. 424). Australian Housing and Urban Research Institute.
- Berry, M., McCauley, K., & Lansing, T. (2007). Permanency through group work: A pilot intensive reunification program. *Child and Adolescent Social Work Journal*, 24(5), 477–493.
- Biehal, N. (2006). *Reuniting looked after children with their families: A research review*. University of York.

- Bifulco, A., Moran, P. M., Ball, C., & Bernazzani, O. (2002). Adult attachment style: Its relationship to clinical depression. *Social Psychiatry and Psychiatric Epidemiology*, 37(2), 50–59. <https://doi.org/10.1007/s001270200000>
- Bifulco, A., & Thomas, G. (2013). *Understanding adult attachment in family relationships: Research, assessment and intervention*. Routledge.
- Bohannon, T., Gonzalez, C., & Summers, A. (2016). Assessing the relationship between a peer mentoring program and case outcomes in dependency court. *Journal of Public Child Welfare*, 10(2), 176–196
- Booth, P. B., & Jernberg, A. M. (2010). *Theraplay: Helping parents and children build better relationships through attachment-based play* (3rd ed.). Jossey-Bass.
- Bratton, S. C., Ray, D., Rhine, T., & Jones, L. (2005). The efficacy of play therapy with children: A meta-analytic review of treatment outcomes. *Professional Psychology: Research and Practice*, 36(4), 376–390.
- Brennan, J., Woolgar, M., & Rutter, M. (2016). *Parenting Role Interview manual*. King's College London.
- Bromfield, L., & Higgins, D. (2005). *National comparison of child protection systems*. National Child Protection Clearinghouse, Australian Institute of Family Studies.
- Bromfield, L., & Holzer, P. (2008). *A national approach for child protection: Project report*. National Child Protection Clearinghouse, Australian Institute of Family Studies. <https://aifs.gov.au/research/research-reports/national-approach-child-protection>
- Bronson, D. E., Saunders, S., Holt, M. B. & Beck, E. (2008). *Systemic review of strategies to promote successful reunification and to reduce re-entry to care for abused, neglected, and unruly children*. Paper delivered at the Ohio Department of Job and Family Service, Ohio. <http://www.ocwtp.net/PDFs/Reun-Reentry%20Final%20Report.pdf>
- Bryce, I. (2018). A review of cumulative harm: A comparison of international child protection practices. *Children Australia*, 43(1), 23–31.
- Bryce, I., & Collier, S. (2022). *Child sexual abuse: Forensic issues in evidence, impact and management*. Routledge.
- Bullock, R., Gooch, D., & Little, M. (1998). *Children going home: The reunification of families*. Ashgate Publishing.
- Bywaters, P., Brady, G., Bunting, L., Daniel, B., Featherstone, B., Jones, C. (2018). Inequalities in English child protection practices under austerity: A universal challenge? *Child & Family Social Work*, 23, 53–61. <https://doi.org/10.1111/cfs.1238>

- Cashmore, J., & Parkinson, P. (2008). Children and the law: Do we value our children enough? *Sydney Law Review*, 30(1), 1–26.
- Chambers, J., Lint, S., Thompson, M., Carlson, M., & Graef, M. (2019). Outcomes of the Iowa partner program evaluation: Stability of reunification and re-entry into foster care. *Children and Youth Services Review*, 104, 1–11
- Chambers, J., Saunders, V., & Brown, J. (2019). Reunification and family support services: Examining intensive in-home models. *Child & Family Social Work*, 24(3), 339–348.
- Childhood Foundation. (2022). *Understanding the needs of kinship carers in Australia: Research brief*. Australian Childhood Foundation.
- Choate, P. (2009). Parenting capacity assessments in child protection cases. *The Forensic Examiner*, 18(1), 52–60
- Clair, A., Baker, E., Morey, C., & Giles, L. (2025). *Impact of housing on children's wellbeing*. University of Adelaide/AHURI.
- Cleaver, H. (2000). *Fostering family contact*. The Stationery Office.
- Cloitre, M., Stolbach, B. C., Herman, J. L., van der Kolk, B., Pynoos, R., Wang, J., & Petkova, E. (2011). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress*, 22(5), 399–408.
- Collings, S., McLaine, M., Ciftci, S. & Luu, B. (2024). Working towards reunification in New South Wales: Professional perspectives on navigating complex systems. *Australian Journal of Social Issues*, 59, 752–772. <https://doi.org/10.1002/ajs4.333>
- Cooper, J., & Vetere, A. (2008). *Domestic violence and family safety: Systemic approach to working with violence in families*. Wiley-Blackwell.
- Coote, G., & Shams, H. (2023, September 24). NSW inquiry to hear from children forced into motels, hotels due to shortage of foster carers. *ABC News*. <https://www.abc.net.au/news/2023-09-24/nsw-inquiry-into-kids-in-hotels-motels-due-lack-foster-carers/102895278>
- Cornett, N., & Bratton, S. C. (2014). The efficacy of filial therapy for parents of children with chronic illness: A pilot study. *International Journal of Play Therapy*, 23(2), 70–82
- Cunningham, T., Bastian, C., Seymour, K., & Wendt, S. (2021). Reunification: Rapid literature review. Flinders University.

<https://researchnow.flinders.edu.au/en/publications/reunification-rapid-literature-review>

Cunningham, M., Shlonsky, A., & Fouché, C. (2021). Reunification in out-of-home care: A rapid evidence review. *Children and Youth Services Review*, *128*, 106–120.

Davis, I. P., Landsverk, J., Newton, R., & Ganger, W. (1996). Parental visiting and foster care reunification. *Children & Youth Services Review*, *18*(4/5), 363–382.

Delaney, R. (2006). *Trauma, attachment, and family permanency: Fear can stop you loving*. Wood 'N' Barnes.

Delfabbro, P., Barber, J., & Cooper, L., (2003). Predictors of short-term reunification in South Australia substitute care. *Child Welfare*, *82*(1), 27-51.

Delfabbro, P., Fernandez, E., McCormick, J., & Wilson, S. (2019). *Out-of-home care in Australia: Children and young people's views after five years of the National Standards*. Department of Social Services.

Department of Communities and Justice (DCJ). (2023). *How do relative/kinship carers and foster carers differ? Pathways of Care Longitudinal Study Evidence to Action Note 15*. NSW Government.

Dozier, M., & Bernard, K. (2019). *Coaching parents of vulnerable infants: The Attachment and Biobehavioral Catch-Up approach*. Guilford Press.

Dunbar, A., Savaglio, M., Halfpenny, N., O'Donnell, R., Pileggi, A., & Skouteris, H. (2022). MacKillop Family Services' Family Preservation and Reunification Response for vulnerable families: Protocol for an effectiveness-implementation study. *International Journal of Environmental Research and Public Health*, *19*(1), 426.

Edwards, V. J., Holden, G. W., Felitti, V. J., & Anda, R. F. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the Adverse Childhood Experiences (ACE) study. *American Journal of Psychiatry*, *160*(8), 1453–1460. <https://doi.org/10.1176/appi.ajp.160.8.1453>

Enano, S., Freisthler, B., Perez-Johnson, D. & Lovato-Hermann, K. (2017). Evaluating parents in partnership: A preliminary study of a child welfare intervention designed to increase reunification. *Journal of Social Science Research* *43*(2) 236–245.

EQT Foundation. (2024, April 12). *More support for foster carers as numbers continue to decline*. EQT Foundation Media Centre.

<https://www.eqt.com.au/MediaCentre/2024/04/12/More-support-for-foster-carers-as-numbers-continue-to-decline>

- Farmer, E. (2014). Improving reunification practice: Pathways home, progress and outcomes for children returning from care to their parents. *British Journal of Social Work*, 44(2) 348–366.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258.
- Fernandez, E. (1996). Representation and analysis of placement careers of children in care using event history models. *Children and Youth Services Review*, 21(3), 177–216
- Fernandez, E., & Lee, J. (2013). Accomplishing family reunification for children in care: An Australian study. *Children & Youth Services Review* (35) 1374–1384
- Fish, S., & Hardy, M. (2015). Complex issues, complex solutions: Applying complexity theory in social work practice. *Nordic Social Work Research* (5)1, 98–114.
- Foster Care Association of Victoria (FCAV). (2024). *Carer snapshot*. FCAV.
- Fraser, M. W., Walton, E., Lewis, R. E., Pecora, P. J., & Walton, E. K. (1996). An experiment in family reunification: Correlates of outcomes at one year follow-up. *Children and Youth Services Review*, 18(4/5), 335–362.
- Guerney, L. F. (2000). Filial therapy. In H. G. Kaduson & C. E. Schaefer (Eds.), *Short-term play therapy for children* (pp. 75–104). The Guilford Press.
- Herman, J. (1992). *Trauma and recovery*. Basic Books.
- Higgins, D., Bromfield, L., & Richardson, N. (2007). *Child abuse and neglect in Australian families*. Australian Institute of Family Studies.
- Hughes, D. A. (2016). *Building the bonds of attachment: Awakening love in deeply troubled children* (3rd ed.). Rowman & Littlefield.
- Hughes, D. A., Golding, K. S., & Hudson, J. (2019). *Creating loving attachments: Parenting with PACE to nurture confidence and security in the troubled child*. Jessica Kingsley Publishers.
- Jones, L., Malekoff, A., & Bryant, K. (2021). Reunification services and family preservation: A practice-informed review. *Journal of Family Social Work*, 24(2), 157–174.
- Kelly, G. (2000). Outcomes studies in foster care. In G. Kelly & R. Gilligan (Eds.), *Issues in foster care: Policy, practice and research*. Jessica Kingsley Publishers

- Kertesz, M., Humphreys, C., & Kiraly, M. (2021). Addressing parental mistrust in child protection contexts: Building relationships to support reunification. *Australian Social Work*, 74(1), 28–40.
- Kezelman, C., & Stavropoulos, P. (2012). *Practice guidelines for treatment of complex trauma and trauma informed care and service delivery*. Adults Surviving Child Abuse.
- Kezelman, C., Hossack, N., Stavropoulos, P., & Burley, P. (2015). *The cost of unresolved childhood trauma and abuse in adults in Australia*. Adults Surviving Child Abuse and Pegasus Economics. Retrieved from <https://blueknot.org.au/resources/blue-knot-publications/the-cost-of-unresolved-childhood-trauma-and-abuse-in-adults-in-australia-2/>
- Kiraly, M. (2024). Kinship care in the welfare system: The lived experience of Victorian kinship stakeholders. *Children and Youth Services Review*, 157, 107424.
- Kirk, R. S., Kim, M., & Griffith, D. P. (2005). *NCFAS-R: North Carolina Family Assessment Scale for Reunification*. University of North Carolina at Chapel Hill.
- Kirk, R. (2010). *A comparative study of older-youth families and younger youth families in placement prevention and reunification cases, using traditional case protection services measures and NCFAS and NCFAS-R assessment data*. National Family Preservation Network Project.
- Kirk, R. S. (2015a). *Development, intent and use of the North Carolina Family Assessment Scales and their relation to their reliability and their validity of the scales*. National Family Preservation Network.
- Kirk, R. S. (2015b). Psychometric properties of the trauma and post trauma well-being assessment domains of the North Carolina Family Assessment Scale for general and reunification services (NCFAS G, R). *Journal of Public Child Welfare*, 9(5) 444–452
- Landreth, G. L. (2012). *Play therapy: The art of the relationship* (3rd ed.). Routledge.
- Leathers, S, J. (2002). Parental visiting & family reunification: Could inclusive practices make a difference? *Child Welfare*, 81(4), 595-616.
- Lieberman, A. F., Van Horn, P., & Ippen, C. G. (2005). Toward evidence-based treatment: Child–parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(12), 1241–1248.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396.
- McMurtry, S, L., & Lie, G. Y. (1992) Differential exit rates of minority children in foster care. *Social Work Research & Abstracts*, 28(1), 42–48.

- McDonald, T., Bryson, S., & Poertner, J. (2006). Balancing reunification and re-entry goals. *Children and Youth Services Review*, 28(1), 47–58
- Macdonald, G., Livingstone, N., Hanratty, J., McCartan, C., Cotmore, R., Cary, M., Glanville, J., & Bywater, T. (2018). The effectiveness, acceptability and cost-effectiveness of psychosocial interventions for maltreated children and adolescents: An evidence synthesis. *Health Technology Assessment*, 22(52), 1–508.
- McWey, L. M., & Cui, M. (2021). Parent–child contact and family reunification in foster care. *Children and Youth Services Review*, 128, 106–152.
- Mitchell, M., & Kuczynski, L. (2010) Does anyone know what is going on? Examining children’s lived experience of the transition into foster care. *Children & Youth Services Review*, 32(3) 437–444 <https://doi.org/10.1016/j.childyouth.2009.10.023>
- Nelson, J., & Landsman, M. (2006). Promoting reunification through evidence-based assessment. *Protecting Children*, 21(1), 36–45
- NSW Department of Communities and Justice. (2023). *How do relative/kinship carers and foster carers differ in their characteristics, wellbeing and support needs? Evidence to Action Note No. 13, Pathways of Care Longitudinal Study (POCLS)*. NSW Department of Communities and Justice.
- O’Connell, M. (2025). *The cost of late intervention 2024*. The Front Project.
- Oosterman, M., & Schuengel, C. (2023). The quality of parent–child contact and its role in family reunification. *Children and Youth Services Review*, 149, 106–783.
- Osborn, A., & Bromfield, L. (2007). *Young people leaving care*. National Child Protection Clearinghouse, Australian Institute of Family Studies.
- Parnell, S. (2024, December 13). Hundreds of Queensland children living in residential care. *The QLDR*. <https://theqldr.com.au/queensland-news/2024/12/13/care-2/>
- PeakCare & Queensland Family and Child Commission. (2024, June). *Queensland foster carer demographic insights report: The future of foster care*. The Demographics Group. <https://www.qfcc.qld.gov.au/queensland-foster-carer-demographic-insights-report-peakcare>
- Perry, B. D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma*, 14(4), 240–255.
- Reed-Ashcraft, K., Kirk, R., & Fraser, M. (2001). The reliability and validity of the North Carolina Family Assessment Scale. *Research on Social Work Practice*, 11(4) 503–520

Ross, N., Cocks, J., Johnston, L., & Stoker, L. (2017). *No voice, no opinion, nothing: Parent experiences when children are removed and placed in care*. University of Newcastle.

Rushovich, B., Sepulveda, K., Efetevia, V., & Malm, K. (2021). A post-reunification service model: Implementation and population served. *Children and Youth Services Review, 122*, 105928. <https://doi.org/10.1016/j.chilyouth.2021.105928>

Rycus, J. S., & Hughes R.C. (2008). Assessing risk throughout the life of a child welfare case. In D. Lindsay, & A. Shlonsky (Eds.), *Child welfare research: Advances for practices and policy* (pp. 48). Oxford University Press.

Secretariat of National Aboriginal and Islander Child Care (SNAICC). (2017). *The Family Matters report 2017: Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia*. SNAICC.

Sianko, N., Peterson, C. A., Spieker, S. J., & Gillmore, M. R. (2016). Enhancing parent-child relationships through Theraplay in child welfare. *Child and Family Social Work, 21*(1), 83–93.

Sinclair, I., Baker, C., Wilson, K., & Gibbs, I. (2005). *Foster children: Where they go and how they get on*. Jessica Kingsley Publishers.

Stevens, E., and Gahan, L. (2024). *Improving the safety & wellbeing of vulnerable children*. Australian Institute of Family Studies.

Testa, M. F., & Poertner, J. (2020). *Fostering accountability: Using evidence to guide and improve child welfare policy*. Oxford University Press.

Teague, R. (2017). *Reunification for children in out-of-home-care-Part 2: Reunification success rates and the consequences of reunification failure*. Queensland Child & Family Commission

Thorburn, J., (2009). Reunification of children in out of home care to birth parents or relatives: A synthesis of the evidence on processes, practice and outcomes. *Expertise für das Projekt: Pflegekinderhilfe in Deutschland*, 1–51

Tsang, S., Leibowitz, R., Spence, N., & Scott, E. (2005). *Reunification: The ideal goal. Factors contributing to the successful active reunification of children and young people in out-of-home care with their birth families: A preliminary qualitative research project*. Association of Children's Welfare Agencies.

Woods, P. (2011). *Working with parents to support children's learning*. SAGE Publications

Wulczyn, F. (2004). *Family reunification. The future of children, 14*(1), 94–113.