



The Structured Decision Making<sup>®</sup> System  
for Child Welfare

# Family Reunification Assessment Policy and Procedures Manual

March 2021



South Australia Department for  
Child Protection



Government of South Australia  
Department for Child Protection



Children's  
Research Center

## CONTENTS

Guiding Principle .....	1
General Definitions .....	2
<b>SDM® Family Reunification Assessment</b>	
Assessment.....	3
Definitions.....	10
Policy and Procedures .....	18

The NCCD Children’s Research Center is a nonprofit social research organisation and a centre of the National Council on Crime and Delinquency.

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## **GUIDING PRINCIPLE**

The paramount consideration in the application of the Structured Decision Making® (SDM) assessment tools is the safety of children and young people.

## GENERAL DEFINITIONS

**Household:** All persons who have significant in-home contact with the child or young person (CYP), including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship (boyfriend or girlfriend) with a parent in the household but who may not physically live in the home, or a relative who has authority in parenting and CYP caregiving decisions as allowed by the legal parent.

**Caregiver (carer):** (For the purposes of this SDM® tool), means an adult, parent or guardian in the household who provides care and supervision for the CYP.

Circumstance	Primary Caregiver	Secondary Caregiver
Two parents living together (include <i>de facto</i> and same sex relationships)	The parent who provides the most child care. May be 51% of care. TIE BREAKER: If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the carer contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other legal parent
Single parent, no other adult in household	The only parent	None
Single parent and any other adult living in household	The only legal parent	Another adult in the household who contributes the most to care of the CYP. If none of the other adults contribute to child care, there is no secondary caregiver.

**Household Name:** \_\_\_\_\_ **Office:** \_\_\_\_\_

**Worker:** \_\_\_\_\_ **Date of Initial Authority for Placement:** \_\_\_\_\_

**Family Reunification Assessment Completion Date:** \_\_\_\_\_

**Reassessment On:**  Removal Household  Non-Removal Parent Household (Name): \_\_\_\_\_

**If CYP is Aboriginal or Torres Strait Islander, was a Principal Aboriginal Consultant (PAC) consulted during reunification decision making?**

- Yes (Name): \_\_\_\_\_
- No
- N/A (the CYP is not Aboriginal or Torres Strait Islander)

**If the CYP is from a culturally and linguistically diverse background (CALD), was Multicultural Services consulted during reunification decision making?**

- Yes (name): \_\_\_\_\_
- No
- N/A (the CYP is not from a CALD background)

Complete for cases where *any* CYP has been removed from the home and remains in placement with a goal of reunification.

**A. FAMILY REUNIFICATION RISK RE-EVALUATION**

<b>R1. Risk level from the most recent family risk assessment (after overrides)</b>	<b>Score</b>
<input type="radio"/> a. Low.....	0
<input type="radio"/> b. Moderate.....	3
<input type="radio"/> c. High.....	4
<input type="radio"/> d. Very high.....	5
<b>R2. Family's progress with the case plan</b>	
<input type="radio"/> a. Caregiver demonstrates significant behavioural progress in all priority areas and follow-through with all case plan actions. Caregiver continues to meaningfully engage with services as needed.....	-2
<input type="radio"/> b. Caregiver demonstrates good behavioural progress in all priority areas and active participation in case plan actions.....	-1
<input type="radio"/> c. Caregiver demonstrates some behavioural progress in one or more priority areas and partial participation in pursuing case plan actions.....	0
<input type="radio"/> d. Caregiver demonstrates limited behavioural progress in all priority areas and a low level of participation in pursuing case plan actions.....	2
<input type="radio"/> e. Caregiver demonstrates no behavioural progress in any priority area and/or refuses participation in case plan actions.....	4
<b>R3. Has there been a new investigation where harm was substantiated or likelihood of harm was identified (in this household) during the current review period?</b>	
<input type="radio"/> a. No.....	0
<input type="radio"/> b. Yes.....	6

**TOTAL SCORE** \_\_\_\_\_

**Scored Risk Level**

Assign the family's risk level based on the following chart:

<u>Total Score</u>	<u>Scored Risk Level</u>
<input type="radio"/> -2 to +1	<input type="radio"/> Low
<input type="radio"/> 2 to 3	<input type="radio"/> Moderate
<input type="radio"/> 4 to 5	<input type="radio"/> High
<input type="radio"/> 6+	<input type="radio"/> Very High

**Reunification Risk Level Overrides**

Policy Overrides

Select 'Yes' if a condition shown below applies during the current review period. If *any* condition applies, override final risk level to 'Very High'.

- Yes  No 1. Sexual abuse AND the person responsible for this abuse is likely to have contact with the CYP.
- Yes  No 2. Non-accidental injury to a CYP under age 3.
- Yes  No 3. Severe non-accidental injury by a caregiver.
- Yes  No 4. Caregiver caused death of a CYP due to abuse or neglect.

Discretionary Override

If applicable, select 'Yes'; increase or decrease scored risk by one level.

- Yes  No 5. If yes, list override reason: \_\_\_\_\_

**FINAL RISK LEVEL:**     Low             Moderate             High             Very High

**B. CAREGIVER–CYP CONTACT EVALUATION**

Indicate whether a contact evaluation is possible. If so, assess caregiver progress with and achievement of the outcomes and actions related to caregiver–CYP contact included in each CYP's case plan. If the assessment is of a two-caregiver household, both caregivers should be assessed. Complete the table for each CYP in the household based on the participation of the caregiver demonstrating the least progress. The assessment rating is based on two primary criteria: (1) the quality of caregiver–CYP interaction during contact visits and (2) the regularity of caregiver participation in scheduled contact visits.

If the caregiver–CYP contact evaluation is the same for all CYP, complete only once.

- No contact determination or contact determination specifies "no contact" (select the reason and proceed to Section D):
  - Court order prohibits contact (including intervention orders, criminal court orders)
  - Unable to locate caregivers
  - No contact during the review period due to best interest of the CYP

Contact evaluation (select the applicable intersection on the table):

Contact	Caregiver behaviour during family contact visits	
	Adequate	Inadequate
Full		
Frequent		
Infrequent		
Rare or never		

Shaded cells indicate acceptable contact evaluation.

## Contact Evaluation Overrides

Policy:

- Contact visit is supervised for safety.
- During contact visits, CYP seldom or never engages positively with or responds to caregiver.
- CYP has demonstrated behaviour indicating fear of caregiver or consistent and significant distress associated with contact visits.
- Specialist assessment indicates that the quality of the attachment relationship between the caregiver and CYP will not sufficiently improve in the timeframe needed by the CYP to support a safe and stable reunification.

Discretionary (reason): \_\_\_\_\_

**IF RISK LEVEL IS LOW OR MODERATE AND CONTACT EVALUATION IS ACCEPTABLE, CONTINUE TO SECTION C, REUNIFICATION SAFETY REASSESSMENT.**

**IF RISK LEVEL IS HIGH OR VERY HIGH AND/OR CONTACT EVALUATION IS UNACCEPTABLE, GO TO SECTION D, CASE PLAN RECOMMENDATION GUIDELINES. DO NOT COMPLETE SECTION C.**

## C. REUNIFICATION SAFETY REASSESSMENT

### Safety Threat Assessment

*Note:* Each CYP's vulnerability needs to be considered throughout the assessment tool. CYP ages 0–5 cannot protect themselves. For older CYP, inability to protect themselves could result from diminished mental or physical capacity or repeated victimisation.

1. **Are any safety threats still present that were identified on the safety assessment and resulted in the CYP's removal?**
- a. No; list the initial safety threats and describe below how the initial safety threat(s) was resolved or mitigated after the CYP's removal.
  - b. Yes; list and describe safety threat(s) that currently exists.

Describe:

- 1a. **If yes, is there a safety intervention(s) that can and will be incorporated into a safety plan to mitigate these safety threats?**
- No; no safety interventions would be available and appropriate to mitigate safety threats if the CYP were to be reunified at this time.
  - Yes; one or more safety interventions have been identified to mitigate safety threats and allow reunification to proceed with an in-home safety plan in place.

Describe:

2. **Have any new safety threats been identified since the CYP's removal; or are any other circumstances or conditions present in the reunification household that, if the CYP were returned home, would present an immediate threat of serious harm?**

- a. No
- b. Yes

Describe:

2a. **If yes, is there a safety intervention(s) that can and will be incorporated into a safety plan to mitigate these safety threats?**

- No; no safety interventions would be available and appropriate to mitigate safety threats if the CYP were reunified at this time.
- Yes; one or more safety interventions have been identified to mitigate safety threats and allow reunification to proceed with an in-home safety plan in place.

Describe:

### Safety Decision and Documentation

- Safe.** No safety threats are present. Safety threats that resulted in the CYP's entry into out-of-home care (as documented on the safety assessment leading to the entry into out-of-home care) are no longer present, and no additional safety threats were identified. *Document how safety threats were resolved.*

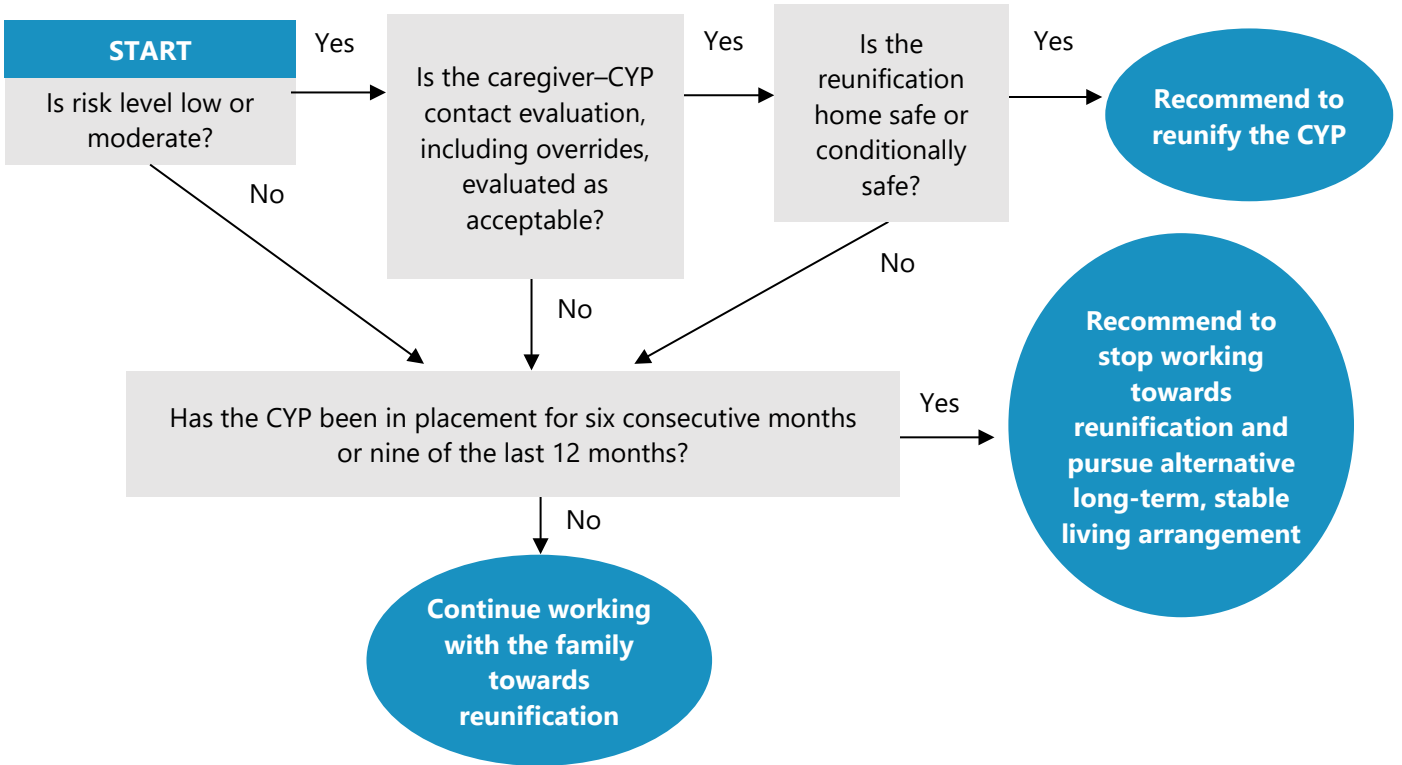
- Conditionally safe.** One or more safety threats are present. *Briefly describe the specific safety plan and/or safety interventions that will be incorporated into the case plan to address the safety threat(s).*

- Unsafe.** One or more safety threats are present. The only service to ensure safety is continued out-of-home care. *Document why other safety interventions could not be implemented to reunify the CYP at the present time.*

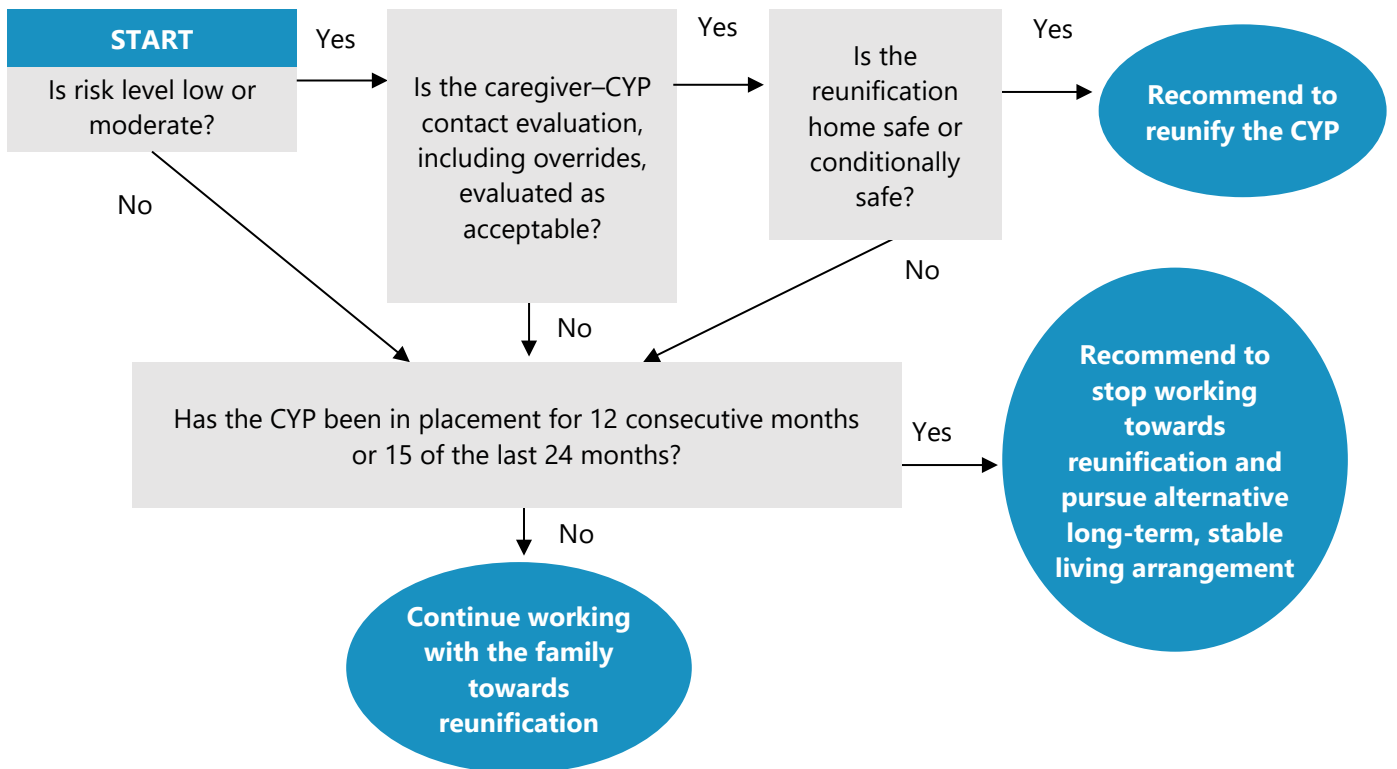
**D. CASE PLAN RECOMMENDATION GUIDELINES**

For each CYP in out-of-home care, complete the appropriate flowchart based on CYP’s age when placement began. Enter results in the table below.

**CYP who entered care prior to their second birthday**



**CYP who entered care on or after their second birthday**



**Case Plan Recommendation Discretionary Override**

Consultation with a Principal Social Worker (PSW) is strongly recommended. For Aboriginal and Torres Strait Islander families, consultation with a PAC is also strongly recommended.

- Change recommendation to:
  - Reunify the CYP
  - Continue working with the family towards reunification
  - Stop working towards reunification and pursue alternative long-term, stable living arrangement (indicate goal)

Specify:

- No override

**E. FINAL RECOMMENDATION SUMMARY**

If recommendation is the same for all CYP, enter 'all' under 'CYP Name' and complete Row 1 only.

CYP Name	Final case plan recommendation		
	Reunify the CYP to household being assessed	Continue working with the family towards reunification	Stop working towards reunification (indicate new recommendation)
1.			
2.			
3.			
4.			

**If a PAC and/or a Gazetted Aboriginal organisation were consulted, did they agree with the reunification plan?**

- Yes       No

**If Multicultural Services were consulted, did they agree with the reunification plan?**

- Yes       No

**Comments and rationale** (include points of disagreement, if any, and a rationale for any cultural recommendations not followed):

**F. CURRENT CASE STATUS**

- 1. Case remains open with at least one CYP in out-of-home care (future family reunification assessments required).
- 2. All CYP are reunified, and case will remain open for services or care and protection order (future family risk re-evaluations for in-home cases required).
- 3. Stop working towards reunification and pursue an alternative long-term, stable living arrangement.
- 4. Other (specify): \_\_\_\_\_

**Worker:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Indicate supervisory approval of each assessment element:**

- Final risk level, including any discretionary overrides
- Final contact evaluation, including any policy overrides
- Final safety assessment
- Final case plan recommendation, including any discretionary overrides

**SOUTH AUSTRALIA DEPARTMENT FOR CHILD PROTECTION**  
**SDM® FAMILY REUNIFICATION ASSESSMENT**  
**DEFINITIONS**

**A. FAMILY REUNIFICATION RISK RE-EVALUATION**

**R1. Risk level from the most recent family risk assessment (after overrides)**

The final risk level on the initial risk assessment is used to score this item. This does not include risk reassessment or reunification risk reassessment scores.

The initial risk evaluation is the family risk assessment completed at the conclusion of the investigation and assessment that led to the ongoing departmental intervention case. If a new notification is received whilst the ongoing intervention case has been open and a new risk assessment has been completed, use the final risk level from this risk assessment.

If household does not have an initial risk assessment, select 'High'.

*Note:* A 'Very high' risk level should be selected only when the initial risk assessment was completed prior to October 2018, as the current risk assessment no longer has the 'Very high' classification.

**R2. Family's progress with the case plan**

Score this item based on an assessment of the caregiver making the least progress towards case plan objectives. Consider behavioural changes, not service compliance:

a. Caregiver demonstrates significant behavioural progress in all priority areas and follow-through with all case plan actions. Caregiver continues to meaningfully engage with services as needed. Select if caregiver:

- Almost always demonstrates behaviours consistent with case plan objectives; AND
- Almost always demonstrates an understanding of the CYP's needs and prioritises the CYP's needs over their own; AND
- Has been willing to participate with services; AND
- Fully acknowledges reasons the CYP came into care and demonstrates full understanding of the CYP's experience.

b. Caregiver demonstrates good behavioural progress in all priority areas and active participation in case plan actions. Select if caregiver:

- More often than not, demonstrates behaviours consistent with case plan objectives; AND

- More often than not, demonstrates an understanding of the CYP's needs and prioritises the CYP's needs over their own; AND
  - More often than not, has been willing to participate with services; AND
  - Demonstrates some acknowledgment of reasons the CYP came into care and some understanding of the CYP's experience.
- c. Caregiver demonstrates some behavioural progress in one or more priority areas and partial participation in pursuing case plan actions. Select if caregiver:
- Sometimes demonstrates behaviours consistent with at least one of the case plan objectives; AND
  - Sometimes demonstrates an understanding of the CYP's needs; AND
  - Has adequately followed through with *some* case plan actions; participation in required services and the level of engagement have been inconsistent; AND
  - Demonstrates limited understanding of reasons CYP came into care and/or limited understanding of CYP's experience.
- d. Caregiver demonstrates limited behavioural progress in all priority areas and a low level of participation in pursuing case plan actions. Select if caregiver:
- Hardly ever demonstrates behaviours consistent with case plan objectives and hardly ever demonstrates an understanding of the CYP's needs; AND
  - Unsatisfactorily follows through with case plan actions; AND
  - Has a low level of participation in and engagement with required services; AND
  - May not demonstrate understanding of reasons CYP came into care and/or CYP's experience.
- e. Caregiver demonstrates no behavioural progress in any priority area and/or refuses participation in case plan actions. Select if caregiver:
- Has not demonstrated any behaviour consistent with case plan objectives and does not demonstrate an understanding of the CYP's needs; AND
  - Has not followed through with any case plan actions; AND

- Has poor or non-existent participation in and engagement with required services; AND
- May not demonstrate understanding of reasons CYP came into care and/or CYP's experience.

This subitem includes the caregiver being unable or unwilling to participate in case plan.

**R3. Has there been a new investigation where harm was substantiated or likelihood of harm was identified (in this household) during the current review period?**

- No. No notifications have been received about any CYP in the reunification household during the current review period; OR a notification was recorded during the current review period but was unsubstantiated and/or no likelihood of harm was identified.
- Yes. During the current review period, a new notification about a CYP in the reunification household was received and was substantiated, or likelihood of harm was identified.

**B. CAREGIVER–CYP CONTACT EVALUATION**

**Contact Visit Attendance**

If there is more than one caregiver in the household, complete based on the participation of the caregiver demonstrating the least progress.

Full: Caregiver always or almost always attends contact visits or reschedules in advance with legitimate reasons.

Frequent: Caregiver attends contact visits more often than not and rarely requests to reschedule visits. Occasional lateness, without advance notice but with legitimate reasons.

Infrequent: Caregiver misses contact visits more often than not, without advance notice; is frequently late; and/or frequently leaves early, all without legitimate reasons.

Rare or never: Caregiver hardly ever/never attends contact visits, OR refuses or makes no attempt to visit CYP.

**Caregiver Behaviour During Family Contact Visits**

Caregiver behaviour during family contact visits is based on the worker's direct observation whenever possible, supplemented by observation of the CYP, reports of foster parents, etc.

When selecting adequate or inadequate, consider caregiver behaviour across all contact visits throughout this review period. If there is more than one caregiver in the household, complete based on the participation of the caregiver demonstrating the least progress.

Caregiver behaviour during family contact visits	
<b>Adequate</b>	<p><b>Caregiver:</b></p> <ul style="list-style-type: none"> <li>• Responds in an engaging and nurturing manner to the CYP's cues and behaviours.</li> <li>• Identifies and responds appropriately to the CYP's emotional and physical care needs.</li> <li>• Demonstrates effective behaviour-management strategies.</li> <li>• Demonstrates a focus on the CYP during contact visits.</li> <li>• Conducts self appropriately during contact visits.</li> <li>• Demonstrates an ability to recognise CYP's behaviour and cues; generally responds appropriately to behaviour and cues.</li> <li>• Identifies the CYP's physical and emotional needs; responds adequately to these needs.</li> </ul> <p>Progress has resulted in allowing unsupervised contact visits in the home or community, or consideration is being given to move contact visits from supervised to unsupervised during the review period. Contact visits may still be monitored, but not for safety reasons.</p>
<b>Inadequate</b>	<p><b>Caregiver:</b></p> <ul style="list-style-type: none"> <li>• Demonstrates an ability to recognise CYP's cues and behaviour but needs guidance in establishing an appropriate response to these cues and behaviours.</li> <li>• Recognises a need to set limits with CYP but enforces limits or behaviour management in an inconsistent or detrimental manner.</li> <li>• Demonstrates an ability to identify CYP's physical and/or emotional needs but may need assistance in consistently responding to the CYP in an appropriate manner.</li> <li>• May be having supervised or unsupervised contact visits; but safety concerns remain and there is not sufficient progress to allow contact visits to occur in home.</li> <li>• Demonstrates lack of understanding for CYP's cues and behaviour or an inability to respond appropriately to the CYP's cues and behaviours.</li> <li>• Demonstrates limited or no ability to establish effective behaviour-management strategies.</li> <li>• Has not demonstrated an ability to identify or respond to the CYP's physical or emotional care needs.</li> <li>• May not be focussed on CYP during contact visits and/or conducts self inappropriately during contact visit (eg arriving for contact visits whilst drug or alcohol affected, cursing at/violently arguing with worker in presence of CYP).</li> </ul>

## Contact Evaluation Overrides

### Policy

*Contact visit is supervised for safety.* The agency has determined that reunification will not be considered if there is a requirement that all visits be supervised for the CYP's safety.

*During contact visits, CYP seldom or never engages positively with or responds to caregiver.* CYP seldom or never acknowledges the caregiver during contact visits, consistently looks to others for engagement or consistently responds to the caregiver with indifference, avoidance or withdrawal. Alternatively, CYP is consistently angry, negative or hostile to caregiver in all interactions.

Do not select this item if the CYP's negative behaviour is in response to appropriate limit-setting or behaviour management by the caregiver or is developmentally appropriate.

*CYP has demonstrated behaviour indicating fear of caregiver or consistent and significant distress associated with contact visits.* Fear or distress may be indicated by one or more of the following:

- CYP cries, cowers, cringes, trembles or otherwise exhibits or verbalises fear of the caregiver prior to, during or subsequent to contact visits;
- CYP experiences severe nightmares or anxiety subsequent to contact visits;
- CYP displays signs of dissociation during contact visits (eg freezing, stilling, staring into space, shutting down, appearing trancelike or rigid);
- CYP experiences a severe and sustained decline in functioning that consistently coincides with contact visits (eg vomiting, wetting or soiling when normally continent, re-enactment of trauma in play, selected aggression, withdrawal, clinging);
- Contact visits coincide with a sustained loss of previously attained developmental capacities (eg toileting, speech development, sleep problems, appetite/feeding);
- CYP refuses repeatedly (through words or behaviour) to attend contact visits or see parent.

Do *not* select this item if evidence of fear/distress has been inconsistent or has been resolved during the review period.

*Specialist assessment indicates that the quality of the attachment relationship between the caregiver and CYP will not sufficiently improve in the timeframe needed by the CYP to support a safe and stable reunification.*

### Discretionary.

A worker may determine that unusual circumstances exist that warrant changing an 'Acceptable' response to 'Unacceptable' or changing 'Unacceptable' to 'Acceptable'. The reason for this change must be documented, and supervisory approval is required.

Consultation with a PAC for Aboriginal and Torres Strait Islander CYP or Multicultural Services for CALD CYP is strongly recommended.

## **CULTURAL CONSIDERATIONS**

### **Aboriginal/Torres Strait Islander Considerations**

The following guidance was developed to inform work with Aboriginal and Torres Strait Islander families. However, some of the considerations addressed below may also inform your work with families of other cultural backgrounds or with refugee populations.

When assessing the quality of caregiver–CYP interactions and the safety of caregiver households, the DCP case worker must consider the following:

- Individual circumstances of the family and recognition of their culture and cultural obligations;
- The cultural history and impact of past government policies (eg the Stolen Generations), practices and procedures and how they may continue to impact the family structure and kinship;
- The definition of 'caregiver' and 'Aboriginal and/or Torres Strait Islander child-rearing practices';
- As the department's presence may impact the interaction between the CYP and caregiver, allowing the family some distance whilst ensuring the safety and wellbeing of the CYP may help the family to interact naturally;
- Differences such as gender or age may influence the caregiver's behaviour towards the CYP and/or worker during contact visits;
- Caregiver may be experiencing feelings of shame, guilt and anger, which in turn impact caregiver's interaction with the CYP;
- Caregiver may be experiencing cultural isolation, which may affect caregiver's interaction with the CYP; and
- Caregiver's ability to meet CYP's emotional needs includes the ability to acknowledge CYP's cultural background and accept/encourage CYP's curiosity of and connection to CYP's culture.

- Attachment relationships for Aboriginal CYP/families look different than they do for non-Aboriginal CYP/families.

### **Considerations for families from CALD backgrounds**

When assessing caregiver–CYP interaction quality and caregiver household safety, the DCP case worker must consider past government policies’ cultural history and impact and how these policies may continue to affect family functioning.

The DCP case worker must also consider the refugee experience, including:

- Social isolation due to lack of family and community support networks;
- Trauma, loss, grief and the impact of these on mental health; and
- The fact that settling in a new country, with a new physical and psychosocial environment, can cause complex stress including intergenerational conflict, social and cultural dislocation, employment disruption and loss of cultural connection and identity.

## **C. REUNIFICATION SAFETY REASSESSMENT**

### **Safety Threat Assessment**

Prior to assessing current safety of the reunifying household, the worker should review the safety assessment that led to removal. Consider whether the threats would still be present if the CYP returned to the household:

#### **1. Are any safety threats still present that were identified on the safety assessment and resulted in the CYP’s removal?**

No. The safety threats that resulted in the CYP’s removal are no longer present. These identified safety threats have been resolved or mitigated.

Yes. The safety threats that resulted in the CYP’s removal are still present.

#### **1a. If yes, is there a safety intervention(s) that can and will be incorporated into a safety plan to mitigate these safety threats?**

No. No safety interventions would be available and appropriate to mitigate safety threats if the CYP were to be reunified at this time.

Yes. One or more safety interventions have been identified to mitigate safety threats and allow reunification to proceed with an in-home safety plan in place.

**2. Have any new safety threats been identified since the CYP’s removal; or are any other circumstances or conditions present in the reunification household that, if the CYP were returned home, would present an immediate threat of serious harm?**

No. No new safety threats have been identified since the CYP’s removal; and no other circumstances or conditions are present in the reunification household that, if the CYP were returned home, would present an immediate threat of serious harm.

Yes. New safety threats have been identified since the CYP’s removal; or there are other circumstances or conditions present in the reunification household that, if the CYP were returned home, would present an immediate threat of serious harm.

**2a. If yes, is there a safety intervention(s) that can and will be incorporated into a safety plan to mitigate these safety threats?**

No. No safety interventions would be available and appropriate to mitigate safety threats if the CYP were reunified at this time.

Yes. One or more safety interventions have been identified to mitigate safety threats and allow reunification to proceed with an in-home safety plan in place.

## **D. CASE PLAN RECOMMENDATION GUIDELINES**

### **Case Plan Recommendation Discretionary Override**

Consider whether an override applies. If not, select ‘No override’. If an override will be applied, select the specific reason. All overrides must be approved by the supervisor.

#### Discretionary Override

Unique considerations exist that warrant an alternative decision. If yes, indicate the case direction goal that is being recommended (Reunify the CYP, Continue working with the family towards reunification, Stop working towards reunification and pursue alternative long-term, stable living arrangement [indicate goal]).

#### Cultural Considerations

Access to services and support in rural and remote communities may affect reunification timelines and may require consideration for additional time beyond the recommendation guidelines.

**SOUTH AUSTRALIA DEPARTMENT FOR CHILD PROTECTION**  
**SDM® FAMILY REUNIFICATION ASSESSMENT**  
**POLICY AND PROCEDURES**

The results of this family reunification assessment are used to reach a case planning recommendation and to guide decisions about whether to return the CYP home.

The family reunification assessment consists of six parts that are used to:

- Evaluate risk in the reunification household;
- Evaluate the quality and frequency of caregiver contact visits with each CYP;
- Assess safety in the reunification household;
- Describe case plan recommendations;
- Record the case plan goal; and
- Record case status.

### **WHICH CASES**

Any ongoing intervention case with formal authority pursuant to the *Children and Young People (Safety) Act 2017* (the Act), in which at least one CYP is currently out of home with a goal of reunification. CYP may be in placement under a voluntary custody agreement, short-term guardianship or custody order (including all interim orders).

The family reunification assessment is not completed when:

- The most recent reunification assessment indicated that reunification should be changed to a long-term alternative care goal;
- There is an application for a long-term care and protection order; or
- CYP are in placement under a long-term care and protection order.

### **WHO**

The allocated DCP case worker completes the assessment.

It is strongly recommended that the following persons are consulted prior to the final reunification decision:

- The PAC in cases involving Aboriginal/Torres Strait Islander CYP.
- Multicultural Services in cases involving CYP from a CALD background.
- The principal clinical psychologist and PSW for reunification decisions that are different from recommendations arising from a psychological assessment, opinion or consultation.

- The PSW for reunification decisions when there is any discrepancy between the recommended presumptive direction of this tool and the DCP case worker/supervisor's professional assessment.

## **WHEN**

The family reunification assessment will be completed:

- Two months after the CYP has been placed in out-of-home care and every two months thereafter; and
- Prior to making the decision to reunify a CYP with their family.

## **DECISIONS**

The reunification assessment guides the decision to:

- Reunify the CYP;
- Continue working with the family towards reunification; or
- Stop working towards reunification and pursue alternative long-term, stable living arrangement

## **APPROPRIATE COMPLETION**

*Note:* Only one household/family can be assessed per form/assessment. If the caregivers do not reside together AND efforts are being made to reunify the CYP with both caregiver households, then one family reunification assessment must be completed for each household.

The reunification assessment is not completed to assess Kinship/Specific Child Only (SCO) carers.

### **A. Family Reunification Risk Re-Evaluation**

Complete the family reunification risk re-evaluation and total the item scores.

When case plan progress is assessed as 'some', 'limited' or 'none' (c, d or e), the DCP case worker should review the appropriateness of case plan actions and services as they relate to the specific caregiver. (For example, if a caregiver has an intellectual disability, are services being delivered in a way that is appropriate for the caregiver?) If lack of progress is attributable to inappropriate services rather than caregiver refusal, the case plan actions should be modified.

### Scored Risk Level

Using the scored risk level section, identify the corresponding risk level. Indicate the scored risk level.

### Reunification Risk Level Overrides

#### *Policy Overrides*

The four policy overrides reflect incident seriousness and CYP vulnerability concerns and have been determined by the department to be cases that warrant the highest level of service regardless of the risk score. Select 'Yes' for any policy override reasons that exist. The risk level is then increased to 'Very High'.

*Note:* A policy override is only used at re-evaluation if the event has occurred during the current review period.

#### *Discretionary Override*

The worker determines if there are any discretionary override reasons. At re-evaluation, a discretionary override may be applied to *increase or decrease the scored risk level* by one in any case where the worker determines that the risk level is too low or too high. For example, if the risk score remains 'high' despite significant progress in all other aspects of the case plan, the worker may wish to review whether mitigating circumstances would appropriately reduce the family's risk. All overrides must be approved by the supervisor.

### Final Risk Level

Indicate the final risk level. If an override has been exercised, the final risk level should differ from the scored risk level. If an override has not been used, the final risk level will be the same as the scored risk level.

The final risk level informs the expected level of contact with the family as the case progresses.

## **B. Caregiver–CYP Contact Evaluation**

First, indicate whether a contact evaluation can be made. If there are no caregiver–CYP contact visit arrangements included in the case plan, select one of the options and proceed to Section D to complete the assessment. Contact visits cannot be rated 'acceptable' if no contact visit arrangements are included in the case plan. If contact visit arrangements are included in the case plan, select 'contact evaluation' and complete the caregiver-CYP contact evaluation table.

Complete the table for each CYP in the household based on the participation of the caregiver demonstrating the least progress, using the definitions; and consider overrides for each CYP. Do this by first determining where the caregiver is in the 'Contact Visit Attendance' portion. Once the worker determines the rating for the caregiver's contact visit attendance, then the worker should use the 'Caregiver Behaviour During Family Contact Visits' to evaluate whether the caregiver's behaviour during contact visits is 'adequate' or 'inadequate'. Lastly, the worker should find the box on the caregiver-CYP contact evaluation table where the ratings for the caregiver contact visit attendance and caregiver behaviour intersect. If the intersection falls within the shaded area of the table, this indicates an overall 'acceptable' rating for caregiver-CYP contact evaluation.

If there are multiple CYP in the household, and contact visit quality is the same for all, complete only one caregiver-CYP contact evaluation table. If CYP have different contact visit quality levels, complete a caregiver-CYP contact evaluation table for each CYP.

Attempt to describe contact visit quality in behavioural terms within the family's case plan, relevant to the specific safety threats, risk factors and underlying family functioning that account for the CYP being in out-of-home care. The evaluation of the 'Caregiver Behaviour During Family Contact Visits' should represent a majority of the contact visits within the review period.

If the risk level is 'High' or 'Very High' and/or contact visit is unacceptable, continue directly to Section D, Case Plan Recommendation Guidelines. Do not complete Section C, Reunification Safety Reassessment.

### **C. Reunification Safety Reassessment**

Complete the reunification safety reassessment only if the risk level is 'low' or 'moderate' and the contact evaluation has been assessed as acceptable. Review the safety threats present at the time of the CYP's removal and how they are being addressed and/or have been resolved. Indicate whether new safety threats have arisen and how they are being resolved and/or addressed.

#### Safety Threat Assessment

Complete this section based on current information. *The worker must review the safety assessment tool that was completed at the time of the CYP's entry into out-of-home care to assess whether any safety threats previously identified would still be present if the CYP were returned to the household.*

#### Safety Decision and Documentation

- If no safety threats are present, as indicated by a 'No' answer to both 1 and 2 in the Safety Threat Assessment, select 'Safe' to indicate that the CYP can be recommended for reunification.

- If one or more safety threats are present, as indicated by a 'Yes' answer to either 1 or 2 in the Safety Threat Assessment; *and* safety interventions are available as indicated by 1a or 2a, are documented and are appropriate to mitigate safety threats; select 'Conditionally safe' to indicate that the CYP may be recommended for reunification with safety interventions in place.
- If one or more safety threats are present, as indicated by a 'Yes' answer to either 1 or 2 in the Safety Threat Assessment and no safety interventions can be put in place to mitigate safety threats, select 'Unsafe' to indicate that the CYP will remain in out-of-home care. The CYP must *not* be recommended to be reunified to a home determined to be 'Unsafe'.

#### **D. CASE PLAN RECOMMENDATION GUIDELINES**

The flowcharts are used to determine if a CYP is to be returned home; if a CYP should remain in out-of-home care whilst reunification efforts continue; or if a recommendation to stop working towards reunification and pursue an alternative long-term, stable living arrangement is warranted.

There are two flowcharts: one for CYP who entered care prior to their second birthday, and one for CYP who entered care on or after their second birthday. The different flowcharts reflect South Australia's legislative principles of intervention: timely decision making and promoting permanence and stability (Chapter 2, Part 3, Section 10, item 1a of the Act). It is widely recognised that any amount of time spent in out-of-home care has a potential negative impact on CYP. It is also recognised that multiple moves in and out of out-of-home care can negatively impact a CYP's social and emotional development.

The flowcharts consider current risk level, quality and frequency of contact visit, safety of the reunification household and time spent in out-of-home care, both time during this placement episode and cumulative time spent in out-of-home care during the past two years.

Follow the flowchart to a case plan recommendation for each assessed CYP.

#### **Case Plan Recommendation Discretionary Override**

Consider whether a discretionary override applies. If not, select 'No override'. If an override will be applied, specify what the recommendation is changing to and describe. All overrides must be approved by the supervisor.

#### **E. FINAL RECOMMENDATION SUMMARY**

Complete the table for each CYP considered for reunification. Enter each CYP's name.

If recommendations are the same for all CYP, enter 'all' under 'CYP Name' and complete Row 1 only.

Indicate the final case plan recommendation:

- Reunification;
- Continue working towards reunification; or
- Stop working towards reunification—pursue alternative long-term, stable living arrangement (indicate long-term placement goal).

If the final case plan recommendation is to stop working towards reunification and pursue an alternative long-term, stable arrangement, indicate the new recommendation:

- Long-term guardianship to specified person(s), including relative;
- Long-term guardianship to the Chief Executive;
- Order through Family or Federal Circuit Court of Australia;
- Adoption (Adoption Act 1988);
- Other (specify).

## **F. CURRENT CASE STATUS**

Indicate the case status at the conclusion of the reunification assessment. Select only one.

### **Practice Considerations**

- For Aboriginal CYP, ensure that the Aboriginal and Torres Strait Islander Child Placement Principle is followed (Chapter 2, Part 3, Section 12 of the Act).
- When a CYP has been removed from the household under a care and protection order, the worker should explain the reassessment process to the family as soon as possible. The family should understand the assessment criteria and how often reassessment will occur. The family should understand what will be required to achieve reunification. Include discussion of expectations for caregiver–CYP contact visit both in terms of the quantity and type of contact visit and the quality of the caregiver–CYP interaction.
- The reunification assessment process should be completed in conjunction with the family—including CYP where developmentally appropriate—to the extent possible, and the CYP’s views should be given due weight.
- Concurrent planning should commence with the development of the first case plan, after the CYP has been removed from the home on a care and protection order/authority with a case plan goal of reunification. For each reunification assessment that results in a recommendation to continue reunification efforts, the alternative planning should intensify.

## **CULTURAL CONSIDERATIONS**

### **Aboriginal and Torres Strait Islander considerations**

Aboriginal or Torres Strait Islander CYP belong to a family, extended family and community that may or may not be blood related. Consideration should be given to the definitions of 'caregiver' and 'Aboriginal and Torres Strait Islander child-rearing practices'.

Reunification work must occur with the family and community from which the CYP was removed.

The impact of grief, loss and anger and the need for closure must be taken into consideration when working towards reunification.

The impact of a CYP's loss of connection to family, community and culture must also be taken into consideration.

### **Considerations for families from CALD backgrounds**

Reunification work must occur with the family and community from which the CYP was removed.

The impact of grief, loss and anger and the need for closure must be taken into consideration when working towards reunification.

The impact of a CYP's loss of connection to family, community and culture must also be taken into consideration.