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# **Reunification from Out-of-Home Care:**

**A Research Overview of Good Practice  
in Returning Children Home from Care**

**Elaine Farmer**

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This literature review was undertaken by the University of Bristol in order to inform a project commissioned by the Department for Education in England. The views that are expressed in this work are those of the author and do not necessarily reflect those of the Department for Education.

The objective of this joint University of Bristol and NSPCC project was to create, in partnership with local authorities, a research-informed Practice Framework for Reunification, to implement it and to evaluate how likely it was to improve reunification practice. This literature review was drawn on extensively in the development of the Practice Framework for Reunification, although it was finalised and published some time later. Grateful thanks are due to Mandy Wilkins co-worker on the project for her expertise and to Julia Mayes and Samantha Kyriacou who have continued to work on dissemination and implementation of the project.

This literature review, the Practice Framework for Reunification, a Checklist to assist in the implementation of the Framework and an Evaluation of its implementation are available at

<http://www.bristol.ac.uk/sps/research/projects/completed/2016/returninghome/>

and

[www.nspcc.org.uk/returninghome](http://www.nspcc.org.uk/returninghome)

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# Introduction

*Returning to birth parents is the placement that carries the greatest risk of poor outcomes. This is so whether placement stability, remaining safe from further maltreatment, or a range of well-being measures, are used as outcome indicators. The only outcome indicator on which reunification scores best (alongside placement with kin) is having a sense of identity and personal history (Thoburn, 2009a, p44).*

*Of all the child welfare services studied over the past few decades, reunification services have rarely attracted the kind of attention dedicated to other child welfare services, such as family preservation. Thus the evidence base for successful reunification programs and practices is especially thin, even by child welfare standards (Wulczyn 2004, p108).*

Whilst there has been considerable attention in research and practice to entry to care, foster care and adoption, research in the UK on reunification has been limited, and until recently, sustained focus on reunification practice was rare. Yet legislation in England from the Children Act 1989 onwards (like that in many other countries) emphasises that the first permanence option for children in care is return to a parent. This lack of attention is paradoxical since return to parents from public care is not only the most likely permanence option for children (Thoburn *et al.* 2012)<sup>1</sup>, it is also much riskier for children than remaining in care (Wade *et al.* 2011). In addition, how rapidly and how robustly decisions about reunification are made has a profound impact on how soon and how successfully children are placed in long-term foster, kinship or adoptive placements when a safe return home is not possible (Thomas 2013).

This literature review was undertaken by the University of Bristol in order to inform a project commissioned by the Department for Education in England. The objective of this joint University of Bristol and NSPCC project was to create, in partnership with local authorities, a research-informed Practice Framework for Reunification, to implement it and to evaluate how likely it was to improve reunification practice.<sup>2</sup>

The project was timely since a number of UK studies had been published which had shed light on reunification and the factors associated with success (Wade *et al.* 2011, Farmer *et al.* 2011, Farmer and Lutman 2012; see also Brandon and Thoburn 2008, Ward *et al.* 2012). The NSPCC had carried the momentum forward by creating an earlier version of practice guidance called 'Taking Care', implementing it in nine local authorities and arranging for this work to be evaluated by the University of Loughborough (Hyde-Dryden *et al.* 2015). Increased policy attention by the Department for Education ensured that reunification and re-entry to care data were included in the 'Improving Permanence for Looked after Children Data Pack' (Department

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1 The most common outcome for looked after children is reunification, with 10,430 (38%) of children in England in 2011 returned to parents or relatives (DfE 2011) and 10,620 (34%) in 2015 (DfE 2015). This compares with 11% and 17% of looked after children leaving care for adoption in those years (DfE 2011 and 2015).

2 The outputs of the project are freely available at <http://www.bristol.ac.uk/sps/research/projects/completed/2016/returninghome/> and [www.nspcc.org.uk/returninghome](http://www.nspcc.org.uk/returninghome). They are Wilkins M. and Farmer E. (2015) *Reunification: An Evidence-Informed Framework for Return Home Practice*, London, NSPCC; Wilkins M. (2015) *How to Implement the Reunification Practice Framework: a Checklist for Local Authorities*, London, NSPCC; Farmer E. and Patsios D. (2016) *Evaluation Report on Implementing the Reunification Practice Framework*, Bristol, University of Bristol.

for Education, 2013b) and this was followed by key changes to regulations and guidance to try to ensure that adequate assessment and support were provided when children were reunified. These are noted later<sup>3</sup>.

## Definition and terminology

In the US, reunification is sometimes seen as a continuum that might include full return home, or periodic visits to the birth family or written or telephone contact, since it is argued that whilst not all parents can be full time carers, attachments can be maintained even when living apart. The aim is then to help children and families achieve their optimal level of connection (Warsh *et al.* 1994, Maluccio *et al.* 1994, Mapp and Steinberg 2007). However, this literature review is concerned with **full-time return to parent/s**. In addition, it does not cover leaving care to live with the extended family or friends in kinship care, where the issues are somewhat different.

The definition of reunification (or return) that is being used is:

*“Return home from care to a parent or parent figure (stepparent/parent’s partner or adoptive parent).*

*In the UK this includes children who are discharged from care (after being voluntarily accommodated) and those who are placed with parents under a court order (ie interim care order/care order/supervision order).”*

The UK term ‘looked after children’ includes children who are the subject of a care order and those accommodated voluntarily under Section 20 of the Children Act 1989. In this review, the term ‘looked after’ has been used sparingly to make reading more straightforward for an international audience. The terms ‘entry to care’, ‘in care’ and ‘return home from care’ are used to include **all** looked after children, not only those subject to a care order. When a return home to parents does not last, this is referred to as a return breakdown or disruption or alternatively as re-entry to care.

The terms Children’s Services and children’s social care services denote statutory services for children.

## US research

Since much of the research on reunification has been undertaken in the US, Thoburn *et al.* (2012, p4) remind us of the particular issues affecting reunification there. In the US most children enter care under a court order and ‘the system for mandatory reporting of maltreatment results in a higher rate of entry to care (34 per 10,000 children in 2009–10 compared with 25 per 10,000 children in England).’ She adds that the lower level of universal services in the US means that neglect arising from lack of health care, poor supervision by working parents and poverty is a more frequent reason for entry to care and that this kind of neglect is associated with higher rates of reunification. In addition, North American studies often use large-scale longitudinal data to follow up children entering care and compare those who return to parents with those who

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3 They are also summarised in the Reunification Practice Framework (Wilkins and Farmer 2015, pp.99–102).

stay in long-term care or are placed for adoption. In contrast, UK studies more often follow up smaller samples in more depth and provide more detail about process and practice.

## **The approach used**

In this review of research, which covers the international literature, particular attention will be given to UK studies and to those which highlight ways to improve practice. The review considers the timing and circumstances in which children are returned to their parents from care, the realities of reunification practice on the ground and children's outcomes and re-abuse rates after reunion. The factors related to whether returns home last are then examined. A range of specific issues in reunification practice are then addressed, followed by a consideration of the services which the evidence suggests are most helpful and likely to be linked to improved outcomes.

## **Details of key UK studies**

The brief details of the main recent UK studies which are considered are as follows. Wade and his colleagues tracked a large sample of 3872 looked after children for up to three years through local administrative systems (the census sample) and then used a sub-sample of 149 maltreated children to compare those who returned home with those who remained looked after (the survey sample) and provided information on their outcomes at on average four years from the decision to reunify them. Farmer and her colleagues followed up 180 reunified children for two years (excluding any who had been returned within six weeks of entry to care), whilst Farmer and Lutman then followed up the 138 neglected children from this study over a total of five years from the original return. Brandon and Thoburn's longitudinal cohort study followed up for between 7 and 8 years 77 children who were considered to have been significantly harmed, 24 of whom returned home from care. The studies by Ward and her team, although not about reunification, have a number of relevant findings. They recruited a sample of 57 high risk babies aged under one, 43 of whom were followed up for three years and 37 up to the age of five.

## **Methodology**

Evidence available from 2004 has been used along with data from literature reviews of earlier relevant research. The searches of the literature were not exhaustive. The quality of the research was considered but not exposed to full critical appraisal, other than for the small number of studies that have been cited more fully as being most relevant to current policy and practice in England. Search terms included reunification, family reunification, reunion, family reunion, return, return from care, + foster care, children in care, looked after children and when evaluation of services were considered the term family preservation was also included.

The searches were undertaken by the NSPCC library. The databases searched included NSPCC Library online, Social Care Online, Pubmed, NHS Evidence, Ingenta, Google Scholar and Science Direct.

# 1 WHAT CIRCUMSTANCES LEAD TO CHILDREN RETURNING TO THEIR FAMILIES?

Some children enter care only briefly, for example when their mothers are in hospital, and reunification occurs quickly and is relatively unproblematic. However, for other children return home is much less certain and will depend on conflicted or ambivalent relationships improving, on changes in parents' and/or children's behaviour or on children's social care services believing that the safety of a maltreated child is now assured. Perhaps it is not surprising then that voluntarily accommodated children have been found to be three times as likely to be returned to their families as those placed under care orders (Cleaver 2000).

Research suggests some factors which relate to the likelihood of children being reunified:

## Local authority differences

UK research (Dickens *et al.* 2007, Sinclair *et al.* 2007) has shown that there are local authority differences in reunification practice. Dickens and colleagues (2007) found that early discharge home from care was more common in authorities with lower thresholds for admission to care, whilst in those with high thresholds for admission, children who became looked after were likely to have high levels of need and a speedy return was less likely (see also Wulczyn 1991). It was also found that some local authorities were more willing to return children to their parents and deal with a higher level of risk in so doing than others (possibly related to having more support services to offer), and that for those authorities which took these risks there were more failed returns (Dickens *et al.* 2007, Sinclair *et al.* 2007). In addition, it has been found that there are differences between teams within authorities as to the chances of children returning home (Sinclair *et al.* 2007).

## Parental problems

Not surprisingly, families with comparatively fewer problems and more personal resources are more likely to be reunified than those with more complex problems (Fraser *et al.* 1996, Wulczyn 2004, Larrieu *et al.* 2008). American studies have found a variety of parental problems to be associated with a lower probability of reunion, including poverty, housing problems, parental substance misuse and chronic mental illness (see eg. Goerge 1990, Rzepnicki *et al.* 1997, Wells and Guo 2004). Parents with substance misuse problems are at high risk for not being reunited with their children (Hines *et al.* 2007), particularly as they may visit less often and may have other difficulties, such as mental health issues, poor parenting skills and housing problems (Choi and Ryan 2006) and coordination between social services and substance misuse treatment providers may be poor (Smith 2002). Parental cooperation with services (including those for substance misuse) is an important predictor of reunification (Child Welfare Information Gateway 2012).

## Contact

Earlier studies suggested that the maintenance of contact between children and their families was the 'key to discharge' from care, that is to return home (Aldgate 1977, Fanshel and Shinn 1978, Millham *et al.* 1986). However, further investigation of these findings has shown that in the Millham *et al.* study contact significantly predicted return home only during the first six months of placement. Indeed, when Quinton and his colleagues (1997) re-examined Fanshel and Shinn's research, frequency of parental contact only accounted for a very small proportion (2–5%) of the variance in return rates at their four follow-up stages.

Sinclair *et al.* (2005) found that contact was highly correlated with social work plans for return, and it was *social work planning* that predicted return rather than contact. Biehal (2007) noted that regular contact suggests the presence of other factors including a positive relationship and strong attachment between parent and child, parental motivation, changes in child or parent behaviour and purposeful, planned social work activity. Barber *et al.* (2003) had similarly argued that children who were better adjusted or had a good relationship with their parents tended to remain in contact and these children were more likely to be reunified.

In addition, a study of voluntarily accommodated children found that it was not clear how contact arrangements were linked with restoration plans (Packman and Hall 1998), whilst Cleaver's study of contact (2000) suggested that contact alone was often insufficient to promote a child's return home. Direct work on existing attachments was often also needed; as indeed was work on the problems which led to care. Contact needed to be supported by Children's Services, taken at a steady pace and regularly re-assessed (Cleaver 2000). So, good contact does not necessarily lead to return nor poor contact prevent it, but working with contact is likely to be helpful in making returns work (Biehal 2007, Thoburn *et al.* 2012).

## Motivation, Ambivalence and Uncertainty

Parental motivation to care and willingness to change contribute to return and its success (Cleaver 2000, Sinclair *et al.* 2005). Some parents of children who enter care past infancy are motivated to take their children back by the view that their children are behaving better or have matured, but other returns occur because parents or children decide on reunion and take matters into their own hands – often because of parental concern about the lack of boundaries around children's behaviour in care (especially in children's homes), because children have been harmed or abused in care or because the parent and/or child cannot manage the separation (Fisher *et al.* 1986, Farmer *et al.* 2011). Earlier UK studies (Thoburn 1980, Farmer and Parker 1991) highlighted that parent or child determination often provoked reunification, especially in the absence of clear plans by social workers. It can be seen then that parent or child insistence on reunion sometimes does and at other times does not signal positive motivation to make reunification work.

A few other studies have found parental ambivalence or lack of motivation to be related both to a failure to reunify families (see eg. Bullock *et al.* 1998, Harwin *et al.* 2001) and to increased disruption if children are returned to ambivalent parents (Farmer *et al.* 2011). This includes the

parents of adolescents with challenging behaviour where parents may be unsure if they want them home or would manage if they returned.

In whatever circumstances children are returned, it has been found that parents are often uncertain as to whether they will be able to cope with behaviourally difficult children or rebuild relationships with a child with whom they have not bonded (Farmer *et al.* 2011).

## Testing Reality

There are a few children who cannot live at home but who need to return so that their idealised picture of a parent can be tested against the reality. Fein and her colleagues (1983) found that for children 'stuck' in the care system, those for whom reunification was tried, settled more successfully even if they were eventually placed with permanent substitute families. Thoburn (2003, p.395) refers to this as the 'willing to cut your losses' factor which appears to be associated with successful substitute family placement.

## Caregivers (foster carers and residential workers)

Caregivers play a largely unsung role in the return process. On the one hand, Vernon and Fruin (1986) showed the part which they played in returning children home when a foster placement broke down or when residential staff demanded a child's removal. Thoburn (1980) also noted that social workers were sometimes influenced by the views of residential workers or foster carers about whether children should go home.

In other situations caregivers, rather than precipitating returns, may work closely with parents to encourage return and parents may feel more able to trust them than social workers who hold the power to remove their children (Farmer and Parker 1991). Research in the UK, Australia and the US shows the importance of foster carers mentoring parents, supporting contact and playing a supportive role after reunification (see eg. Child Welfare Information Gateway 2006, 2011, Fernandez 2012, Farmer 2014). Unfortunately, caregivers sometimes find that planning for return happens outside the review process, so that they do not have sufficient opportunity to help children prepare for returning home and some see themselves as an untapped resource (The Who Cares? Trust 2006, Fernandez and Lee 2013).

## Return to Parents from Kinship Care

Research from the US suggests that reunification with birth parents happens *less* frequently from placements with family or friends than from unrelated carers (see eg. Wulczyn and Goerge 1992, Scannapieco and Jackson 1996). This finding was also shown in the early UK study by Rowe and her colleagues (1989) where only a third of children returned to parents from relative placements as compared with over half (55%) from other kinds of substitute care. It may be that placement with kin is used where the prospects of return are remote or it could be that sometimes the intra-family dynamics involved in placements with family and friends actually

militate against children returning to their parents. Studies of kinship care (eg. Aldgate and McIntosh 2006, Farmer and Moyers 2008) suggest that whilst both situations occur, the first of these is particularly relevant in the UK.

## Which Maltreated Children Go Home?

The *census* sample in Wade *et al.*'s (2011) study on reunification used data on looked after children from the Sinclair *et al.* 2007 study (see 'Local authority differences' above). It showed that the factor which most strongly predicted return was the local authority in which the children lived. In addition, reunion was cumulatively less likely to occur where children had been looked after for a longer time, they accepted the need to be in care, they had a disability and their parents were affected by substance misuse and domestic violence.

The more detailed evidence in the *survey* sample showed that *maltreated children* were less likely to return home when they were in care as a result of neglect, they had a learning disability, there was evidence on file that they did not want to return, their contact with birth parents was infrequent and where the parental problems that led to the admission of these children were still the subject of 'serious' social work concern at the time of the decision on whether to reunify them. On the other hand, maltreated children were more likely to return home when the risks to their safety were assessed as being at an acceptable level and the problems that led to the child entering care were considered to have improved during their care placement.

## 2 THE TIMING AND LIKELIHOOD OF RETURN

### Length of Stay in Care

Studies in both the UK and US have consistently found that the probability of reunification is greatest immediately following placement in care and that the likelihood of return to parents declines as time in care increases. For example, Sinclair and his colleagues (2007) found that 61% of children who returned home did so within six months. However, the length of time children spend in care before return is due to a variety of factors so *these findings do not mean that remaining in care for longer than six months in and of itself reduces the chances of return*, as Biehal (2006, 2007) emphasises in her review of reunification research.

Biehal (2007) notes that children who remain in care longer than six months are mainly those who have been maltreated and are often older and have behavioural problems (Millham *et al.* 1986, Bullock *et al.* 1993). Other factors that might affect the timing of return include parental motivation, rejection or ambivalence and social work planning. Biehal (2007, p.813) commented 'the finding from the 'Lost in Care' study that unless children returned home quickly (within six weeks), they had a very strong chance of still being in care two years later has entered the professional consciousness of social work'. She concluded 'Without comprehensive assessment and support to families, there is a risk that children may be discharged before child and family problems have been sufficiently ameliorated, or may be returned to neglectful or dangerous environments in the belief that rapid discharge is desirable' (Biehal 2007, p820). However, this clarification of the earlier research findings has still not reached some Children's Services staff, as was found in the evaluation of the Reunification Practice Framework (Farmer and Patsios 2016).

Speedy return from care then is likely to be in a child's best interests where parents have few or temporary difficulties, but where parental problems are harmful and more enduring, reunification needs to await a reduction of those problems.

Indeed, research has suggested that **shorter stays in care may be associated with rapid return breakdown** (see eg. Wulczyn 1991, Davis *et al.* 1993), probably because insufficient change took place before reunification was attempted. In some cases such short stays are due to adolescents or parents taking things into their own hands and forcing the return for reasons related to dissatisfaction with care rather than improvements in parent-child relationships (Davies and Ward 2012).

In addition, many studies do not separate out the different groups of children in care and evidence from a study in the US of children entering care for the first time suggested that this 'leaving care curve' may be true only for children placed for reasons of abuse or neglect and not for those placed as a result of their emotional or behavioural problems or because their parents were unable to care for them (Goerge 1990).

## Initial care plans and the timing of reunification

One UK study on reunification (Farmer *et al.* 2011) noted four distinct groups of children in terms of the relationship between their initial care plans and the time it took before they returned home. At one extreme were young people (6% of the sample) who absconded back home or were removed by their parents from care after a few days or weeks and before any plan had been made for them. A second group of children (41%) whose initial plan was return home were mostly voluntarily accommodated adolescents who often had emotional and behavioural difficulties and they returned home within an average of six months.

In contrast, younger children whose initial plan was time-limited assessment (45%) were generally on care orders, considered at risk of maltreatment and took twice this long to get home. A final small group (8%) returned to their parents after an average of three years in care because other permanence plans made for them (such as long-term foster care or adoption) had either not been achieved or had been made but had broken down.

## Maltreatment

Children placed for reasons of abuse or neglect are likely to remain in care longer than those placed for other reasons (Davis *et al.* 1996, Cleaver 2000). Unpicking this further, there is substantial evidence that children who are removed due to neglect are the least likely to return home or do so at slower rates than those who have experienced abuse (Courtney and Wong 1996, Delfabbro *et al.* 2003). In contrast, other studies suggest that children removed because of physical abuse have less likelihood of return than when neglect is the issue (Noonan and Burke 2005, Hine *et al.* 2007). As would be expected, children who are more severely physically abused are less likely to return home than those whose abuse is less severe (Barth and Berry 1987). There are conflicting findings about the likelihood of return for sexually abused children (Carnochan *et al.* 2013), but sexually abused children may return relatively quickly if the perpetrator leaves the home (Courtney, 1994).

However, whilst some abused children never return home due to the continuing risk of re-abuse, in the US children placed due to neglect but who are not placed for adoption (usually those past infancy when entering care), although likely to remain longer in care, do generally eventually return to their parent/s (Goerge 1990).

## Children's characteristics

In terms of children's characteristics, some American studies have found that children with physical health problems tend to remain in care longer than those without (see eg. Grogan-Kaylor 2001, Harris and Courtney 2003). There is also some evidence from the UK and the US that children with disabilities are less likely to return to a parent (McMurtry and Lie 1992, Cleaver 2000, Baker 2007, Becker *et al.* 2007) and that this is especially true for children with a learning disability (Berridge and Cleaver 1987, Davis *et al.* 1997). In one study, children with behavioural or emotional problems were half as likely to return home as other children (Landsverk *et al.*

1996). There is conflicting evidence on whether babies are more or less likely to be reunified than older children (Carnochan *et al.* 2013).

American and Australian studies have found that children of African, African Caribbean, African American and Indigenous heritage, and those of mixed ethnicity are less likely than others to return to birth families within a fairly short time scale (Barber *et al.* 2000, Lu *et al.* 2004, Tilbury 2009). The reasons for this are complex. Hines *et al.* (2004, 2007), for example, found that children and parents from different racial/ethnic groups in the US enter the care system with a different set of risk factors, have different experiences in the system and these lead to different outcomes. For example, for African Americans, younger children were more likely to reunify, and those whose mothers had substance misuse problems were less likely to do so, whereas for Hispanic families, younger children and the mother's employment were the factors that were significantly related to reunification.

In addition, studies have found that children who experienced several placement moves are likely to remain longer in care (eg. Goerge 1990, Webster *et al.* 2005). Of course, placement instability may in some cases be an indicator of emotional and behavioural difficulties, which may make reunion harder to achieve.

## Family characteristics

Several American studies have also found that children from lone parent (mostly lone mother) families, are likely to return home at a slower rate than those with two parent figures (Landsverk *et al.* 1996, Harris and Courtney 2003). Paternal engagement has been shown to be related to reunification, with children who had fathers who provided financial and non-financial support being three times more likely to return home than children without this support, although no such link was found with fathers who provided only one type of support (Malm and Zielewskil 2009).

Other American research has found that longer stays in care before return are associated with problems in the mother-child relationship, maternal mental illness and with the financial hardship of parents (Finch *et al.* 1986, Lawder *et al.* 1986, Milner 1987). Low levels of parental attachment to the child are also associated with longer stays in care (McWey and Mullins 2004). Parental substance misuse and domestic violence also lower the odds of reunification (Shaw, 2010, Choi and Ryan, 2007, Fernandez 2012). One American study found that over half of the children whose mothers were in a substance recovery plan were not reunified with their mothers (Grella *et al.* 2009). It has also been suggested that families which receive a larger number of practical services such as day care and home necessities are more likely to achieve timely returns (Rzepnicki *et al.* 1997).

### 3 HOW REUNIFICATION IS MANAGED: THE REALITIES OF REUNIFICATION PRACTICE IN ENGLAND

In the next section, evidence about reunification practice on the ground is considered, with particular reference to England.

#### How well are children assessed before return home?

More than two fifths of the children in one study (Farmer *et al.* 2011) returned home without any in-depth assessment (excluding brief initial assessments), potentially leaving them exposed to continuing parental difficulties. This was especially the case with voluntarily accommodated children who, without assessments, also more rarely received services. Multi-agency assessments and interventions were linked to court orders and to the resolution of the problems that had led children to enter care, highlighting the need for a multi-disciplinary approach to address complex family problems for those accommodated children who stay in care for more than a week or so, as well as for those on care orders (The Who Cares? Trust 2006, Stein 2009).

#### Are preparation and support provided?

Whilst it might be expected that preparation for a move in care would be part of routine practice, this does not appear to be true of preparation for reunification, where in the study above, specific preparations for children's return were made in only a minority of cases. In addition, only a third of the children (aged 4+) were recorded as having been consulted about the timing and manner of the return and some said that they had gone home too quickly, without sufficient preparation. Wade and his colleagues (2011), looking at the somewhat wider issue of planning, found social work planning that was 'broadly inclusive' of birth parents and children occurred in rather more cases (73%).

Studies in the UK have shown that there were many gaps in the services provided both pre- and post-reunification, including a lack of specialised help or treatment to address drug or alcohol problems. There was also insufficient help for parents in managing their children's behaviour (especially in dealing with behaviourally challenging adolescents), and a need for more assistance from Child and Adolescent Mental Health Services (CAMHS), which sometimes provided no services because they said the child was 'not settled' (Davies and Ward 2012, Thoburn *et al.* 2012).

Similarly, at the end of the project to implement the Reunification Practice Framework in three local authorities (Farmer and Patsios 2016), nearly three quarters of the practitioners involved considered that there were not enough services locally to help parents (or children) make

and sustain changes pre and post return home. They considered that there were particularly serious gaps in specialist help for children and young people with behavioural and/or emotional difficulties from CAMHS or other agencies, in services for adolescents, direct work on parent-child relationships and in adult mental health services. It was also noted that drug and alcohol and mental health services tended to be targeted at high end substance misuse or mental illness, did not address parenting issues and that these workers often struggled with child protection cases and were led by the needs of the adults rather than those of children. On the positive side, about half of the managers reported that, since the start of the project, changes had been made to address gaps in services for alcohol and drugs misuse services, domestic abuse, direct work on parent-child relationships and on adolescent difficulties and parenting programmes.

## Had the situation at home changed before children returned?

Although it might be assumed that children return from care to their parents when the overall situation for them has improved, this is not necessarily the case. In fact, issues which have the potential to ambush the success of reunification not infrequently remain either unresolved or hidden from professionals, especially alcohol or drug problems or continuing relationships with violent partners (Turner 1986, Festinger 1996).

Farmer *et al.*'s study (2011) found that improvements (however slight) in the parents' situation, (often that an abusing parent or violent partner had left the family) or more rarely in the child's behaviour, were the main reason for only half of the returns. In the other cases, abrupt and unplanned returns home often occurred because of placement breakdown, lack of suitable alternatives in care, parental worries about children being bullied or abused in care or children absconding home. In fact, pressures from the parents, child, placement or courts<sup>4</sup> affected three quarters of all the children's returns. Earlier research had also noted that children were more likely to return home if they were determined to do so (and some ran away from placement for this reason) (Thoburn 1980, Farmer and Parker 1991, Pinkerton 1994).

## The reality of planning under pressure

The reality is therefore that much reunification work requires planning under pressure. Such pressures need to be acknowledged as an important part of the context in which reunification work often takes place. Nonetheless, it is easier for Children's Services to stay in control of children returning on court orders (who as was noted earlier, take on average a year to get home), than is the case with voluntarily accommodated young people who go home faster (on average within six months) but with much less oversight of their movements (Wade *et al.* 2011, Farmer *et al.* 2011).

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4 See section on Decisions made by the courts.

## Rapid case closure

Children's Services in the UK have often closed cases rapidly after reunification, even when difficulties were in evidence. However, when cases are closed despite ongoing concerns they have an increased likelihood of breaking down (Farmer *et al.* 2011). Now that there is government recognition that adopted children and those with kinship carers on Special Guardianship Orders may need longer-term flexible or episodic services over a considerable time post-placement, it is important that the needs of reunified children and their parents are seen in this longer term perspective.

## The impact of legal status in England

Research has shown when parents had asked for a placement in care because they were experiencing severe stress, they may be distressed by the use of court proceedings and as a result alienated from social workers (see eg. The Who Cares? Trust 2006, Broadhurst and Pendleton 2007, Thoburn 2009). However, a little further down the line, the studies by Wade *et al.* (2011) and Farmer *et al.* (2011) showed that the cases of the children on court orders were much better managed than those of voluntarily accommodated young people, where quite often few or no services (or monitoring) were provided for parents or young people with serious and enduring problems, whilst they were in substitute care or following a return home. The imposition of a court order brought with it more assessment activity, greater service provision, the involvement of other agencies and closer monitoring.

As a result of concerns about this lack of oversight of many of the returns home of children in voluntary care, the Department for Education in England made a number of changes to guidance and regulations covering children who cease to be looked after, including those returning home from care after being voluntarily accommodated. They concern the need for assessment, planning, support and services for these children (including drawing up a 'child in need' plan and identifying the services that will be provided) and for a local authority nominated officer to approve decisions to return them.<sup>5</sup>

## Decisions made by the courts

In a study of neglected reunified children, when court proceedings were initiated because a child was at risk at home (as occurred for two thirds of the sample), and the court decision was to

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<sup>5</sup> The Care Planning and Fostering (Miscellaneous Amendments) (England) Regulations (DfE 2015) has laid down requirements that Children's Services assess and consider the support needs of voluntarily accommodated children before they return to their parents and that the decision for the child to cease to be looked after must be approved by a nominated officer. Volume 2 of the Children Act 1989 guidance and regulations (DfE 2015a) which concerns care planning, placement and case review also specifies that for most children who cease to be looked after because they return home, a 'child in need' plan should be drawn up identifying the supports and services which will be provided (Regulation 39) and that where possible a review should be held to ensure the plan is appropriate. Similarly, *Working Together to Safeguard Children* (HM Government 2015) provides further guidance about good assessment practice, clear planning for reunification and the importance of considering the safety and well-being of accommodated children who return home in an unplanned way. For full information on these changes please refer to the regulations and guidance. A summary is provided in the Reunification Practice Framework.

return these children home on supervision or care orders, most of these court ordered returns broke down. More specifically, care orders with return to parent/s were made on 32 children and most (87%) broke down; supervision orders were made on 34 children and 62% (21) disrupted. On the other hand, when care orders with plans for permanence outside the family were made (21 children) only 24% were not achieved. Taken together, the decisions made during court proceedings in this study did not work out for three fifths (62%) of the children (Farmer and Lutman 2012). The authors recommended that the judiciary and 'expert' assessors needed to have more information about the outcomes of their decisions. At the very least magistrates and the judiciary need ready access to relevant research to help inform their decisions.

## Knowledge of research

During the implementation of the Reunification Practice Framework (Wilkins and Farmer 2015), over a six month period the NSPCC project team delivered three learning sets to a group of senior managers and three to a group of practitioners in each of three local authorities, in order to introduce the Framework and assist managers and practitioners to implement it. As part of its evaluation of the project, the University of Bristol team explored how far key research findings on reunification were known to these managers and practitioners at the start and end of the project. The learning sets did not directly address research findings on reunification. However, it was hoped that reading the Practice Framework (if they had had time to do so) would have alerted participants to key research findings. When asked to note down research factors related to return stability and breakdown it was encouraging to find that, by the end of the project, in both the practitioners' and managers' groups, there was an increased awareness of findings that were specifically related to the practice issues they were learning about. These included the importance of parental engagement and appreciation of the role that foster carers can play; the importance of preparation, knowing children's histories and of returns home being gradual. All these factors have been shown by research to be associated with returns home being stable.

On the other hand, some research findings, which are in the Framework and specific to reunification, were not well known and remained so. This included key issues such as the relationship between previous failed returns home and also the child's older age or behavioural difficulties and return breakdown; and the link between the provision of specialist and post-reunification services – and also of changed household composition – and return stability. In addition, a considerable proportion of practitioners and managers were not aware that research shows that children experience higher levels of maltreatment if they return to parents who have alcohol or drugs misuse problems. This has important implications for practice with such parents as it appeared that children were sometimes returned to parents with these difficulties who were not getting treatment or making good progress.

The parallel Department for Education-funded project on return home in eight local authorities undertaken by Hyde-Dryden and her colleagues (2015) also showed that only limited research evidence on reunification was being used and most of the senior managers who were interviewed stated a need to focus more closely on their use of research evidence.

## 4 OUTCOMES FOR CHILDREN WHO RETURN HOME

There is now a weight of evidence about outcomes for children who return home from care in England from research funded by the Department for Education (Davies and Ward 2012). Studies by Wade *et al.* (2011), Farmer *et al.* (2011), Ward *et al.* (2012) and Farmer and Lutman (2012), all point in the same direction – outcomes for many reunified children are poor. However, research also suggests many ways in which practice can be improved (see also Biehal 2006, Thoburn *et al.* 2012, Rahilly and Hendry 2014).

### 1 Psychosocial outcomes

Evidence from both UK and American studies suggests that children reunited with their families are likely to experience worse psychosocial outcomes than those who remain in long-term care or are adopted. Research in the UK has shown that children's outcomes are considerably better when they remain in care after maltreatment than if they return home – in relation to both their stability and well-being (Wade *et al.* 2011; see also Forrester *et al.* 2009, Brandon and Thoburn 2008). Children who experience one or more return breakdowns have the worst outcomes (Wade *et al.* 2011, Farmer *et al.* 2011), but even those children whose reunifications endure have lower levels of well-being than those who have not gone home. *This is especially true for neglected and emotionally abused children* (Wade *et al.* 2011), so decisions to return such children need particularly careful consideration. Similarly, Brandon and Thoburn (2008), in an 8 year follow-up of 77 children from a consecutive cohort of 105 who had suffered significant harm, found that more of those who had remained at home throughout, or returned home and remained there, had poor outcomes (in terms of being again maltreated or having poor wellbeing) as compared with those who remained in care.

Biehal's (2006) review of the reunification research provides a range of other evidence about children's psychosocial outcomes. For example, she notes that a six year follow-up of 149 children in the US compared the emotional and behavioural outcomes of young people who were reunified with their families with those who remained in care. There were significantly more emotional problems, self-harming behaviour, substance misuse, risk behaviours and total behaviour problems among those who were reunified than among those who were not (Tausig *et al.* 2001). This echoes the findings of an earlier study by Lahti (1982).

Two other studies in Biehal's (2006) review throw light on some of the home conditions that are linked with poor outcomes. Quinton and Rutter's (1988) comparison of the psychosocial functioning of girls (aged 7–13) in residential care with their scores 14 years later, showed that those who went home, and experienced pervasive quarrelling and disharmony there, significantly more often had poor outcomes (in terms of their social functioning), compared with those who had remained in care. In addition, Sinclair and colleagues' study of foster care (2005) found that rejection following reunion was associated with deteriorating mental health by follow-up. Furthermore, the children of 11 and over in their study who returned home often had emotional and behavioural problems (including running away, self-harm, substance misuse,

and aggression), whereas these were significantly less common for children in long-term foster care or adoptive homes. The composite rating devised for this study (based on social worker and carer ratings) showed that overall children who returned home had worse emotional and behavioural outcomes than those who did not (Biehal 2006).

In addition, this study found that children's educational performance and participation were poorer for children who returned home than was the case for children who remained in care or were adopted (Sinclair *et al.* 2005). Similarly, Taussig and colleagues (2001) in the US found that 21% of the reunified children in their cohort attended school poorly or not at all, compared to only 9% of those who remained in care. Rates of offending were also higher among returned children in both the Taussig and Sinclair studies.

Whilst it can be argued that children who return to parents who are known to have difficulties might not be expected to do as well as children placed with specially recruited and trained foster or adoptive parents, these studies raise difficult questions about what standards are acceptable when children are returned home, how far services can offset some of the disadvantages of poor care and whether Children's Services are intervening soon enough when standards fall unacceptably low (see also Sinclair *et al.* 2005, Stein 2009, Davies and Ward 2012).

## 2 Re-abuse and neglect

Children are often returned to parents dealing with a range of difficulties. Three-quarters of the children (77 per cent) in one study (Farmer *et al.* 2011) were returned to parents who had previously abused or neglected them. Four fifths (82 per cent) went to parents with a history of domestic violence, alcohol or drugs misuse or exposure to inappropriate sexual activity<sup>6</sup>; whilst three-fifths (60 per cent) returned to a parent with mental health problems. Ten percent of the mothers and five percent of the fathers had learning difficulties. This is the context in which further maltreatment needs to be considered.

One UK study which followed up a cohort of 49 babies under one year old who returned home after placement in care found that 15 of them (31%) were re-abused or suffered neglect during the three year follow-up period. Twelve were returned home again after the subsequent abuse and three of these were re-abused yet again (Ellaway *et al.* 2004).

A three year follow-up of 596 English children in foster care found (as might be expected) that children who were returned home were significantly more likely to be abused than those who were not returned (Sinclair *et al.* 2005). There was strong evidence of re-abuse for 11% of those reunified with their families and some evidence in a further 31% of cases. These figures are similar to those in the study below.

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6 This included prostitution, open use of pornography or many changes of sexual partners

A study of 180 reunified children (excluding any who had been returned within six weeks of entry to care) showed that almost half of the children (46%) who returned home were re-abused or neglected within the two year follow up (Farmer *et al.* 2011). This study showed that poor parenting was the greatest predictor of child maltreatment after return, followed by parental drugs and then alcohol misuse. For example, 78% of substance (ie alcohol or drugs) misusing parents abused or neglected their children following return, as compared with only 29% of parents without these problems. Other predictors of re-abuse or neglect included domestic violence and maternal mental health problems.

In research from the US, 120 children for whom there were substantiated reports of maltreatment within 60 days of returning home were compared to 92 for whom no such reports were made during this period (Fuller 2005). Children under 12 years old were more likely to experience re-abuse than older children, with those under one year old at the greatest risk. Children who had experienced high placement instability (who it might be assumed were more likely to be those with significant emotional and behavioural problems) were 11 times more likely to be abused or neglected after return. Children returned to parents suffering from mental illness were nine times more likely to be re-abused, and re-abuse was also eight times more likely for those who had been in care for three years or more and five times more likely for those returned together with siblings to a lone parent. These findings suggest that past instability and current stress may trigger re-abuse and that young children are particularly at risk, indicating that more intensive follow-up support and monitoring is likely to be needed for these children to increase the chance of a safe return home.

### 3 Return breakdown and repeated returns

A considerable number of reunified children subsequently return to care. In a study of a sample of new entrants to care, 15% of the 133 children discharged home returned to care within two years (Dickens *et al.* 2007). Data from the Department of Education showed that of the 10,270 children who returned home from care in England in 2006–2007, 30% had re-entered care in the five years to March 2012 (DfE 2013b).

In a study of a cross-sectional sample<sup>7</sup> of children in foster care, 37% of the 162 children who returned home re-entered care within three years (Sinclair *et al.* 2005). Similarly, another study showed that over a third (35%) of the returns of maltreated children broke down within six months (Wade *et al.* 2011), whilst in Farmer *et al.*'s (2011) study almost half (47%) of the reunions broke down within two years.<sup>8</sup> Studies with longer follow-up periods show that breakdown rates continue to rise: to 59 per cent at the four-year follow-up stage (Wade *et al.* 2011) and 65 per cent in a five-year follow-up of neglected children who returned home (Farmer and Lutman 2012)<sup>9</sup>. By this five year follow-up point, not only had two thirds of the children's

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7 Cross-sectional studies include more children who have been in placement for a longer period and fewer recent entrants or short-term stayers than cohort or prospective studies

8 This study excluded children who returned home within six weeks of entry to care.

9 This research followed up children from the Farmer *et al.* (2011) study who had experienced neglect.

original returns broken down but also, when at home, rates of repeat abuse and neglect remained high.

But that was not the end of the story. After their returns broke down, many (62%) children were then returned home again, once or more (Farmer *et al.* 2011; see also Selwyn *et al.* 2003, Sinclair *et al.* 2005). A third of the children in this study experienced two or more failed returns and this was strongly related to further return breakdown and poor outcomes for children (Farmer *et al.* 2011; see also Wade *et al.* 2011). Sinclair *et al.* (2005) noted that repeated return breakdown can produce challenging behaviour and vice versa.

These findings highlight the need for proactive intervention to tackle children's and parents' difficulties and to ensure that there is evidence of change (and plans for how to sustain it) *before* any renewed attempt at return.

## 5 FACTORS RELATED TO RETURN BREAKDOWN AND RETURN STABILITY

In this section, the factors related to return breakdown/stability will be addressed. However, it should be noted that much of the relevant research makes no differentiation by age. Yet the issues for teenagers and younger at risk children can be rather different. It has been shown, for example, that somewhat different factors are related to return breakdown for older children (over 11) as opposed to younger children (under 11) (Farmer and Wijedasa 2013). Analyses by age showed, for example, the association between good informal support and return stability for *older* children. Such informal support may come from mentors, family friends, girlfriends or boyfriends or their partners' families.

### Return breakdown

#### Differences in local authority practice in the UK

There are differences by local authority in return breakdown rates (Dickens *et al.* 2007; Schofield *et al.* 2007; Sinclair *et al.* 2007). It has been found that these local authority variations in outcomes were particularly apparent for the *older* children (aged 11 or more), with some authorities taking insufficient action to address their parents' difficulties, protect teenagers at risk or provide services for challenging adolescents, who as a result sometimes returned repeatedly to abusing or neglectful parents who could not cope with them (Farmer and Wijedasa 2013).

Pine *et al.*'s (2009) five year programme evaluation in the US suggests that service delivery and social work practice are influential in relation to whether reunions break down. The variations in outcome by local authority in the UK similarly suggest that services and social work practice (including decision-making) have a considerable impact. It has been suggested that the collection of data by local authorities on their return breakdown rates (for voluntarily accommodated children as well as those on court orders) would be likely to assist managers in the UK to evaluate their reunification outcomes and the accompanying practice and thus help them in planning services to help make reunifications work (Wilkins 2015).

#### Children's characteristics

What else do we know about why returns do or do not work out? Children's characteristics which have been found to be related to return breakdown include physical and/or mental health problems, children with developmental disabilities, health or behaviour difficulties, offending, being a baby or over the age of 10 (Courtney 1995, Biehal 2006, Koh 2007, Thoburn 2009, Kimberlin *et al.* 2009, Farmer *et al.* 2011, Child Welfare Information Gateway 2011). Young people with behavioural difficulties who are aged 11 or more have been found to be the most likely to experience return breakdown (Wells *et al.* 2007), as are those returning from non-relative care (Courtney 1995, Wells and Guo 1999) and children with a sibling in care (Shaw

2006). In addition, children who experienced prenatal substance exposure have been found to be more likely to re-enter foster care (Frame 2002).

Problems with schooling, including truancy and school exclusion, also affect the success of reunion (Lahti 1982, Farmer and Parker 1991, Farmer *et al.* 2011). Disruption also appears to be more common for young people placed under a voluntary arrangement in the UK (Sinclair *et al.* 2007, Farmer *et al.* 2011)<sup>10</sup>. Reunification involving multiple children may be related to more breakdowns (Fuller *et al.* 2001) and return after a significant period of separation can be difficult for parents (Carlson *et al.* 2006; Cordero 2004; Hess and Folaron 1991), as it can be for children who are reunited with siblings who have remained with their parents (Wade *et al.* 2011).

We also know that return breakdowns are more likely when children have already had longer periods in care (Fein *et al.* 1983, Farmer 1992), multiple placement changes, placement in residential care, previous failed returns (Claburn 1977, Goerge 1990, Terling 1999, Wulczyn *et al.* 2000, Barth *et al.* 2007, Farmer and Wijedasa 2013, Wade *et al.* 2011 ) and when they have absconded home or have severe difficulties in relating to others (Farmer and Wijedasa 2013).

## Family characteristics

Family characteristics that are related to returns disrupting include unresolved parental problems, poverty, parents having continuing difficulties with substance misuse (Wells and Guo 1999, Frame *et al.* 2000, Shaw 2006, Wade *et al.* 2011; Child Welfare Information Gateway 2011, Farmer *et al.* 2011), especially parents with both alcohol and drugs misuse problems (Hess *et al.* 1992, Courtney *et al.* 1997, Jones 1998, Terling 1999, Brook and McDonald 2009). For example, in the *survey* sample in Wade *et al.*'s (2011) study, the only parent-level factor independently associated with re-entry to care was substance misuse. Where concerns about parental substance misuse had existed at the time of the reunification decision, 81 per cent of the children subsequently re-entered care. Other family factors that are associated with return breakdown are parental mental ill-health, domestic violence (Hess *et al.* 1992, Grella *et al.* 2009, Wade *et al.* 2011) and neglect as the main type of maltreatment (Hess *et al.* 1992, Davis *et al.* 1993, Courtney 1995).

Return breakdown is also linked to parental ambivalence about the parenting role, parents' lack of cooperation with service plans, a larger number of parental problems, single parents with financial worries (Biehal 2006, Thoburn 2009, Kimberlin *et al.* 2009, Honomichl 2009, Child Welfare Information Gateway 2011) or having a higher number of children living at home (Barth *et al.* 2008), especially if combined with being a single parent (Fuller 2005). Parents' inability to manage children's behaviour problems (Maluccio *et al.* 1994, Thomas *et al.* 2005, Biehal 2006), limited parental skill (Hess *et al.* 1992, Davis *et al.* 1993, Courtney 1995, Farmer *et al.* 2011) and lack of parental motivation for the child to return home (Bullock *et al.* 1998; Cleaver 2000; Harwin *et al.* 2001; Sinclair *et al.* 2005) are also associated with disrupted returns home.

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10 For further discussion of this issue, see under Legal Status in the Return Stability section, p15

## Social isolation

Other issues that are linked to return breakdown are lack of social support or social isolation (Festinger 1996, Terling 1999, Farmer *et al.* 2011), with some evidence that return breakdown is associated with lack of support from the extended family, friends and neighbours (Festinger, 1994).

## Service needs and issues

Other factors relating to return breakdown include unmet service needs at the time of return, lengthy previous involvement with Children's Services, poor previous planning and precipitate return with no support plan in place (Block and Libowitz 1983, Festinger 1996, Brandon and Thoburn, 2008, Thoburn 2012). In addition, lack of services for reunification has been linked to return breakdown (Courtney 1995, Ryan and Schuerman 2004). However, it also appears that high levels of formal support and service are not in themselves sufficient to maintain reunions. Much depends on the content and mix of services provided (Block and Libowitz 1983).

An American study, based on a review of 62 case files of children whose returns disrupted, highlighted problems arising from failure to allocate cases, lack of social work time to work with families, as well as poor social work assessment (Hess *et al.* 1992). In this study, Hess and her colleagues found that social work plans were poorly implemented or children were returned where parents did not comply with substance abuse treatments. Even where parents did comply with requirements, for example through attending parenting classes, this did not always result in behavioural change. There was widespread over-optimism about the degree of parental change and an assumption that reunification was best for children.

Both this study and others have found that children were returned home without sufficient resolution of the family problems that had led to their out-of-home care placement and consequently re-entered care (Fraser *et al.* 1996, Turner, 1984, Farmer *et al.* 2011). A UK study of children in foster placements found that repeated efforts were sometimes made to return children home, even when this was not in their best interests. Once they returned, the children rarely received further social work intervention or support (Sinclair *et al.* 2005).

## Return stability

Whilst some of the factors that relate to reunions lasting are the flipside of those linked to return breakdown, some additional factors stand out.

## Changes in family composition

A robust finding in the UK is that the likelihood of return stability is significantly higher when children return to the other parent (who generally has fewer problems than the parent from whom the child entered care) or when there has been a change in family composition. This could mean that a new, more positive partner (usually male) has joined the family or a former negative partner has left (Harwin *et al.* 2001, Wade *et al.* 2011, Farmer *et al.* 2011). It is critical

therefore to assess whether specific changes within the family to which children will go (such as the arrival of a new male partner) are likely to be better or worse for the returning child. Children often have clear views on this which need to be heard. The general message though is that changes in family membership are often positive.

## **Legal status**

In the UK, some studies found that the returns home of children on supervision or care orders were significantly more likely to last than those of children who had been in voluntary care (Sinclair *et al.* 2007, Farmer *et al.* 2011). Part of the explanation for these lower levels of return breakdown is likely to relate to the younger age of the children on care orders in these studies, when compared with those who were accommodated (older children tend to have more entrenched problems). It may also be related to the finding that those on court orders received more assessment and – linked to this – more services, were more often set conditions to fulfil before children returned and were more closely monitored. There was least assistance for the voluntarily accommodated young people, who were generally adolescents who had often experienced multiple adversities.

In contrast, in Wade and colleagues' (2011) *census* sample the children who went home on court orders tended to be *older* than those who had been in voluntary care and the returns of these older children on court orders were more likely to have ended by the 3 year follow-up (and being older was also separately associated with this return breakdown). These two samples were different (one of returned children excluding children only briefly in care and the other of all looked after children) which may have contributed to the difference in the age profile of children on court orders and thus to the findings. The contribution to return stability of age at return, severity of risk and legal status would merit further investigation.

## **Support from foster carers and residential workers**

As noted above (on p12), US, Australian (Thorpe 2007 cited in Thoburn 2009, Fernandez 2012) and UK research suggests the important part that foster carers and residential workers (placement caregivers) can play in reunification. When placement caregivers develop an exceptionally supportive relationship with the parents, there are significantly fewer return breakdowns (Farmer *et al.* 2011). Such exceptional support is particularly evident in foster placements (especially those for mother and babies) and occasionally after in-patient psychiatric treatment. In such placements, foster carers (or staff) worked closely with the parents and/or children to bring about change, to prepare and mentor them and they concerned themselves with how parents and children would manage after reunification, remaining available and at times involved after discharge. They sometimes also provided after-care services to assist the parents or children, such as respite care after children had returned home, which was highly valued by the children and their parents (Aldgate and Bradley 1999).

## Services before reunification and phased returns

Simms and Bolden (1991) in the US found that directed and intensive involvement by the service provider was a major predictor of return stability and this was also true for a sample of babies in another study (Barrick-Duerr *et al.* 2005). More specifically, services need to meet the individual needs of children and parents (Pinkerton 1994, Child Welfare Information Gateway 2011) and include a focus on improving the parent-child relationship (Kimberlin *et al.* 2009). Increasing the frequency of visits leading up to reunification and the use of trial visits during which services and supervision were provided has also been seen as reducing return breakdowns (Child Welfare Information Gateway 2011).

## Post-reunification services

Post-reunification services are also seen as important in reducing risks/maltreatment to children and return breakdown. In US studies, these included mental health counselling, parenting support, child care and practical services, such as help with housing and finances and again they needed to be at the appropriate level of intensity and duration. Services and monitoring are seen as needing to continue for some time after reunification (Child Welfare Information Gateway 2011). Similarly in the UK, returns have been found to be more stable when other agencies or professionals were involved in monitoring the returns and adequate support was provided by social workers and specialist services after reunification (Farmer and Wijedasa 2013). Nonetheless, 'much is still unknown about the types of post-reunification services that work best for the different kinds of families' (Fuller 2005, p1304).

## Proactive social work

Research in the UK has highlighted the important contribution that proactive social work, decisive planning – which includes enabling parental engagement with plans – and continuous social work involvement can make to stable reunification (Trent 1989, Farmer 1996, Miller *et al.* 2006, Farmer *et al.* 2011, Thoburn 2009, Thoburn *et al.* 2012). This also includes adequate preparation and service provision (Farmer and Wijedasa 2013; see also Trent, 1989, Farmer and Parker, 1991). Where workers have a positive working relationship with families and do not employ an authoritarian approach, returns are more likely to succeed (O'Neill 2005).

In addition, research suggests that when parents or children receive specialist help (as opposed to routine social work only) children have better outcomes (Barth *et al.* 2005, Farmer and Wijedasa 2013). This is likely to be because many parental difficulties such as alcohol/drugs misuse and mental illness generally require specialist help for improvement to take place.

## 6 SPECIFIC ISSUES IN REUNIFICATION PRACTICE

Whilst there is a need for more research on the key ingredients of good reunification practice, and the kinds of interventions and services that are useful in different circumstances, the research already suggests a number of ways in which practice can improve. These are addressed in the following section.

### 1 The need for early intervention and proactive planning

Research in the UK shows that opportunities for effective early intervention are sometimes missed. For example, most (3/4) of the neglected reunified children in Farmer and Lutman's (2012) study had been known to Children's Services *before* they started school, yet many went on to have poor outcomes five to ten years later (see also Lutman and Farmer 2013). Ward *et al.* (2012) found that a considerable group (43%) of three year olds who had remained at home since they were babies continued to be at risk of significant harm from parents whose situation had remained unchanged – or had worsened – and more than half of these children had developed speech difficulties or serious behavioural problems, including aggression. These and other studies (Davies and Ward 2012) showed that earlier, more decisive action had been needed.

When children go into care, assessment and decision-making about reunification needs to start from the time of entry to care (Thoburn 2009). Planning needs to be based on assessment of the issues which precipitated the placement, the family history and relationships and the environment in which the family live (Child Welfare Information Gateway 2011). Reunification should be seen as a *process* that includes maintaining family relationships while children are in care, careful assessment and the provision of pre- and post-reunification supports (Child Welfare Information Gateway 2011).

### 2 Robust assessments

It is recognised that making initial assessments early is vital to implementing plans that lead to return home or to alternative permanence options (Child Welfare Information Gateway 2011, Davies and Ward 2012). Good analytic assessments are required which clarify the key parental and family difficulties which need to improve before children can be returned and which build on family strengths (see eg. Turney *et al.* 2011, Turney 2012). It is suggested that these assessments should include information on the child's full history including pattern of attachment, a psycho-social history of the parents, information about their own experience of abuse and its impact on current parenting practices, attention to whether the parents have mental health, drugs or alcohol misuse problems, have experienced or are experiencing domestic abuse, attitudes to child rearing, their intellectual functioning and their ability to regulate their emotional state (Dawe and Harnett 2007, Ward *et al.* 2014). Information is also needed on help provided in the past – what worked and did not and why – on any failed returns

and on the motivation and wishes of the parents and children, with attention to the risk of 'false compliance' (Festinger 1996, Brandon *et al.* 2008, Thoburn 2009a, Honomichi 2009, Farmer *et al.* 2011). In addition, information is needed on stressful life events, external demands on the family and the availability of support in the short and longer term and at times of stress (Dawe and Harnett 2007, Harnett and Dawe 2008).

Assessments of parents may require consideration of the parents' ability to care both together or separately, and the ability of the parents to separate. When a child has suffered significant harm it is particularly important to distinguish between the capabilities of the abusing parent and the potentially protective parent (Barker *et al.* 2014). In addition, it is worth noting that members of BAME (Black, Asian and minority ethnic) communities may feel acute shame in admitting to difficulties and stigma is attached to seeking help (see eg. Qureshi *et al.* 2000).

Assessments also need to examine parents' capacity to change within the child's timeframe (Barlow *et al.* 2012, Davies and Ward 2012, Ward *et al.* 2014, Platt and Riches 2015), be realistic and take into account key research findings on factors related to return success and failure, on working with alcohol and drug addiction and on risk and protective factors for repeat maltreatment (Hindley *et al.* 2006, White *et al.* 2015; see also Wilkins and Farmer 2015). Such assessments need to be based on a sound knowledge of child development (see eg. RiP 2010, Brown and Ward 2013). Assessments also need to be clearly linked to intensive services which address the parental (and any child) difficulties that have been identified.

### **3 Standardised tools in assessment**

The use of standardised tools, other measures and the repeat use of tools to measure progress can assist in assessing parental capacity to change and the risk of future harm and can help in making well-informed decisions about whether or not a child can be reunified (see section on Using Standardised Tools in Appendix 1).

However, whilst structured decision-making using empirically validated tools may be helpful, the weight of evidence is that these *always* need to be used alongside social work assessments using professional judgement. In addition, research suggests that practitioners are often resistant to using such tools and even that they can impair professional judgement, unless careful attention is paid to how they are implemented (Gillingham and Humphreys 2010, Gillingham 2011, Barlow *et al.* 2012). When structured tools for assessment are introduced, there is a need for first line managers to be involved in the planning and implementation process (Gillingham 2011) and for there to be clarity about the role of such tools in relation to professional judgment.

### **4 Engagement with families**

Engaging parents and children in working towards reunification is key and Cheng (2010) found that self-reported social work engagement was positively associated with permanence outcomes for reunification. Engagement involves the family (and young people) participating in

identifying their own needs and developing a case plan together with the practitioner and may be facilitated by using a strengths-based approach that is family centred and involves team-based decision making (Department of Health 1994, Pine *et al.*, 2007, Honomichl *et al.* 2009). Providing material services early in a case has been found to assist engagement (Fraser *et al.* 1991).

Research on social work engagement suggests that social workers need to establish open, honest communication with parents (Yatchmenoff 2005) and request family participation and feedback during the planning process (Regional Research Institute for Human Services 1998). Trust in workers is needed for engagement (Yatchmenoff 2005) but parents may distrust social workers and so be unwilling to share information or establish a relationship with them (Kemp *et al.* 2009, Farmer and Parker 1991, Thoburn *et al.* 2012). Berry *et al.* (2007) found that it was important to work through parents' anger about the children's removal (and for this reason advocacy services have been suggested as useful) (Thoburn 2012). It has been found that parents value workers who show sensitivity and listen to them (Forrester *et al.* 2008, Ward *et al.* 2012), who offer practical support and advocacy (Dumbrill 2006), who are 'not afraid to break bad news' and are straightforward about what needs to change and the consequences of failing to do so (Ward *et al.* 2012). Wade *et al.* (2011) argue that trusting relationships are more likely to develop if targeted services of sufficient intensity are provided for as long as needed.

## 5 Consulting children

Involving children in planning for return is important. Overall, children's views are not well represented in research on reunification (but see eg. Morgan 2009). The young people consulted in The Who Cares? Trust project (2006) often felt that their views had not influenced the decision for return and would sometimes have preferred a more 'incremental' approach to reunion, involving increasing contact with their parent/s, more consultation with themselves and contingency planning which would allow them to return to care if the return did not work out. Another study found that children may harbour uncertainty about a return to parents who have abused, neglected or rejected them and may feel fearful that these difficulties will be repeated or angry about what has happened (Farmer *et al.* 2011).

It is clearly important to create opportunities for children to talk about their hopes and fears about reunification, what they would find helpful (Bullock *et al.* 1998, The Who Cares Trust 2006, Broadhurst and Pendelton 2007, Malet *et al.* 2010) and to discuss with them how they get on with any new members of their parents' household, for example their mother might have a new partner and his children could also have moved in (see eg Wade *et al.* 2011). Whilst it was noted earlier that research shows that returns are often more stable if there has been a change in the membership of the household to which they return (such as the arrival of a new positive partner), some children report major difficulties in relationships with their parent's new partner or feel that the presence of new children in the family is a threat (see eg Bullock *et al.* 1998).

Planning also needs to be sensitive to the child's timetable, such as at what stage in the school cycle/term a child might move home, especially if exams would be affected or a change of school is involved. At the same time, it should be noted that some practitioners advocate return during term time so that school staff can monitor the child's progress and so that the likely stresses in family relationships that result in getting to know each other again can be 'diluted' by time spent at school.

## **6 Ensuring that children have a confidante when they return home**

In one study although the reunified children said they had found things difficult at home, felt sad, confused or angry, a third of them had confided in no-one (Farmer *et al.* 2011). Given the continuing risks and difficulties for some children who return home it appears important for children to have a confidante – professional or otherwise – who they can talk to about the situation at home, with some children also needing direct services such as respite care or contact with a mentor. Since some children will not confide in their social worker because they are aware of the powers they have, consideration could be given to finding another trusted person in the child's network (Thoburn, 1980, Thoburn 2009, NSPCC 2012). Ideally, a confidante for the child should be identified early after entry to care and should be able to retain this role after reunification.

## **7 Social work approaches and services**

Writers suggest the importance of using a strengths-based approach that recognises families' capabilities and not just their needs and problems and one that is culturally responsive, that is that defines problems and solutions within the context of the family's culture and ethnicity (Child Welfare Information Gateway 2012). Crisis intervention theory to build on the impetus for change has been found to be useful (Thoburn 2012). Cognitive-behavioural models have been demonstrated to reduce physical punishment and parental aggression in less time than other approaches (Kolko 1996, cited in Corcoran 2000).

A number of studies (see Child Welfare Information Gateway 2011) have supported the use of interventions that have a behavioural, skill-building focus and that address family functioning across a range of areas, including home, school and community (Corcoran 2000, Macdonald 2001).

In line with this it is argued that the most effective treatment involves all family members and addresses not only parenting skills but also parent-child interaction and a range of parental life skills such as communication, problem solving, and anger control (Corcoran 2000, Dore and Lee 1999). Wade *et al.* (2011) also found that returns home were more likely to be continuing at six months if family-focussed social work interventions had been provided, parents had accessed more services and family problems had reduced. Both formal and informal supports are important (Warsh *et al.* 1994). Jones (1985) recommends making it easy after reunification for parents to regain services if problems recur.

Parents with chronic mental health problems or learning difficulties may need continuing support (and in the former case, treatment) to enable them to parent successfully (Ward *et al.* 2014). Having the support of a person without a learning disability is an important factor in parenting for the latter group (MacIntyre and Stewart 2011). Specialist services need to focus on parents' identified needs (Barth *et al.* 2005) and to be sufficiently intensive to make and maintain change (Wade *et al.* 2011). It is important to note that many families who have experienced the placement of one or more children in care require longer term intervention and support (Gaudin, 1993).

## **Barriers to effective social work practice in the UK**

In the UK it appears to be common for services to be unavailable to parents when their children are in care, which precludes the work with them which could lead to reunification (see eg. Farmer and Patsios 2016). Similarly, once voluntarily accommodated children are discharged home, they no longer have 'looked after' status and have therefore not been eligible for a range of services which could otherwise have assisted in ensuring that the return home was stable. (However, statutory guidance is now clear that a 'child in need' plan identifying the services the child and family requires should be drawn up for them<sup>11</sup>; see also p19 'The impact of legal status in England'). During the implementation project for which this literature review was written, managers worked hard to change this unhelpful situation, to fill gaps in services which could assist in reunification and to ensure that when commissioning services (like those for parents with alcohol and drugs misuse problems) their availability for reunification work was specified<sup>12</sup> (Wilkins and Farmer 2015, Farmer and Patsios 2016).

The social work task in arranging reunification is very considerable and depends on team manager support, particularly when cases require intensive services which need to be organised and co-ordinated (and may then be needed subsequently on a longer term less intensive basis or episodically). However in practice, in the UK at least, reunification is sometimes viewed as an area where resource savings can be made, with some cases quickly closed after reunion has taken place. This approach is counter-productive since reunification in cases which were

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11 Department for Education (2015a) *The Children Act 1989 guidance and regulations, Volume 2: care planning, placement and case review*, London, Department for Education, p.125 states:

5.4. Children who are accommodated under section 20 of the 1989 Act may be particularly vulnerable. They may be removed from accommodation by parents at relatively short notice, they may be returned to parents because of a placement breakdown and some will return to accommodation within a relatively short time. Unlike the return to parents for a child on a care order, the child loses looked after status and his/her accompanying entitlements to supports and services upon leaving the accommodation provided by the responsible authority.

5.5. Where a child who is not an eligible child ceases to be looked after because they return home, the child will be a 'child in need' and a plan must be drawn up to identify the supports and services which will be needed by the child and family to ensure that the return home is successful [regulation 39]. This should take into account the child's needs, the parenting capacity of those with parental responsibility and the wider context of family and environmental factors, reflecting the child's changed status. Where possible and appropriate, a review should be held in order to ensure that the plan to be drawn up will be appropriate and that all agencies concerned appreciate and act on their roles and responsibilities when the child is no longer looked after.

12 In addition, there are often tensions between adult and children's services, where one professional focuses on the adult to the exclusion of the child and the other does the reverse (see eg Ward *et al.* 2012) and managers at the local level need to try to resolve these issues.

closed despite on-going concerns have been found to be liable to break down (Farmer *et al.* 2011). Moreover, reunification breakdown and return to care has been shown to be very much more expensive for local authorities than providing adequate services to help make returns more stable (Holmes 2014) (see Appendix 3).

## **8 Using written agreements, assessing parental capacity to change, reviewing progress and making timely decisions**

Based on a full assessment of the parents' and child's functioning, intensive services need to be provided in order to address parental difficulties (and children's too when needed). A body of research demonstrates that services should be accompanied by written contracts which have been agreed with parents, setting out concrete goals for the changes they need to make before return is possible (see eg Biehal 2006). Goal setting needs to be meaningful to parents, collaborative and help them to be active participants in the change process. Setting smaller interim goals can help, as can providing feedback to parents about progress towards their goals (Harnett 2007, Dawe and Harnett 2007)<sup>13</sup>.

The written agreements should also include clear timescales for such change, which are appropriate to children's developmental needs (Brown and Ward 2013), and should spell out the consequences if changes are not made; including that the child will not be returned and outline plans for an alternative family or other long-term placement will be made (see also Biehal 2006, Farmer 2009). How far parents meet those goals is then assessed to show whether they do or do not make changes within a specific timeframe. The timeframe needs to be realistic in terms of the characteristics of the child, the changes to be made and the availability of necessary services.

Practitioners need good supervision to enable them to work purposefully with parents in this way and also clarity from team managers and Children's Services that if parents do not abide by the conditions set out in written agreements, the local authority will take action to protect children and plan for permanence away from their parents.

This approach to return is in line with findings from two studies of specialist reunification projects in the US which concluded that purposeful case planning for children's futures, working jointly with parents from the time of entry to care, combined with written contracts agreeing clear goals with parents, were vital ingredients of the projects (Stein and Gambrell 1977, 1979; Walton *et al.* 1993, Walton 1998). In the UK, Trent's action research project (1989), which used a practice model for achieving permanence with adoptive families as the model for reunification work, had promising results and again showed the importance of providing focused work within specified timescales combined with clarity about the consequences if goals were not achieved.

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13 These authors suggest Goal Attainment Scaling using a five point rating system to quantify change as a useful tool to monitor the change made (see also Kiresuk *et al.* 1994). Workers use pre- and post-intervention measures, structured observation of parent-child interaction and Goal Attainment Scaling to ascertain capacity to change. Their assessment model (see Ward *et al.* 2014 p.63) is derived from evidence-based models of child development and family functioning.

It is suggested that progress – or lack of progress – in improving parenting standards needs to be reported on in detail at every child's looked after review, child protection or child in need meeting, so that it is clear to practitioners, parents, review chairs<sup>14</sup>, and other participants whether or not the parents are making sufficient change for a child to remain safely at home or return there (Farmer and Lutman 2012). In doing so it is important to bear in mind the findings of Ward and her colleagues' (2012) small study that if Children's Services are involved during pregnancy because of concerns about likely risks after birth and the parents have not made substantial changes within 6 months of a baby's birth, real change is unlikely to occur.

This more authoritative approach to reunification is needed so that plans for long-term placement or alternative care outside the birth family can be made when necessary. Delay in taking the decision that a child cannot live safely with their parents and in planning for permanence means that children and young people may be exposed for so long to parental problems, such as substance misuse, neglect and abuse, that their development and adjustment is compromised by the time they come into care (Davies and Ward 2012, Ward *et al.* 2012 and 2012a)<sup>15</sup>. Thus such delay can seriously jeopardise children and young people's chances of settling in a care or permanent placement and also their future life chances (see eg. Hildyard and Wolfe 2002).

Moreover, this approach is what parents themselves want. When asked what help they had needed, parents prioritised: treatment for substance misuse combined with clarity about the consequences of their taking no action about their addiction and earlier recognition of their difficulties with their children. They also wanted monitoring of their progress to be combined with emotional warmth (Brandon and Thoburn, 2008; Farmer *et al.* 2011). Ward and her colleagues (2012) too found that parents appreciated a 'straight-talking' social worker who was open about the chance that their children would be removed.

## 9 Maintaining a clear perspective: respectful uncertainty

Engaging parents can be difficult. For example, there were difficulties in engaging over two thirds (69%) of the mothers and half (54%) of the father figures in Farmer and Lutman's (2012) study of neglected reunified children. In addition, in this study, parents actively resisted or attempted to sabotage work in as many as two-fifths of the cases (39%). Other parents are ambivalent or show disguised compliance. Ward *et al.* (2014) note that inadequacy of resources, staff turnover and staff experience have been shown to affect parents' willingness to engage with services (Farmer and Lutman 2012, Ward *et al.* 2012, Gladstone *et al.* 2012). In addition, it has been found that workers often adopt a very confrontational approach to parents in child protection work, which creates high levels of resistance (Forrester *et al.* 2008, Forrester and Harwin 2011). Sometimes a change of social worker following investigation of maltreatment can help to gain more parental cooperation (Thoburn 1980, Farmer and Parker 1991).

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14 Child Protection review chairs (if there is a formal protection plan) or Independent Reviewing Officers (if the child remains 'in care' or 'in care' placed with parents).

15 Delay is prejudicial for older as well as younger children. Adolescents have often experienced adverse circumstances with their parents for such a long time that it may be very difficult even to find placements which can contain and help them (see eg. Rees *et al.* 2011, Farmer and Lutman 2012).

Laming (2003) argues that workers should adopt a position of 'respectful uncertainty' keeping an open mind about information given by parents. Research has shown that superficial compliance by parents with case plan requirements is sometimes used as a proxy for engagement (Dawson and Berry 2002). Clearly practitioners need to remain clear-sighted about whether real progress has been made, especially as studies have shown that plans for maltreated children who return home from care are often unrealistic, with children frequently returning to parents who have been unable to overcome the behaviour patterns that precipitated the original removal (see eg. Wade *et al.* 2011, Davies and Ward 2012). This is exacerbated when workers do not have a strong grasp of child development (Davies and Ward 2012, Ward *et al.* 2014) and the impact of maltreatment on children's development.

Thoburn (2009, p31) captures well the demands on practitioners when she writes in her research review:

*The studies all point to the importance of the parent/social worker and child/social worker relationship and to the very high level of skill needed to maintain an empathic, professional relationship in which the family members can develop trust, whilst at the same time, monitoring the care and being willing, if necessary, to decide against return home, or remove a child who has been returned.*

## 10 Parental alcohol and drugs misuse

In the US the research base is stronger in relation to parental alcohol and drugs misuse and reunification than in some other areas. The research base in the UK is growing (see eg. Forrester and Harwin 2004, 2008, 2011, Harwin *et al.* 2011, 2013, 2014, 2016). However, it appears that (with the exception of FDAC, see below) there may be some lack of clarity in UK practice about the impact of alcohol and drugs misuse on reunification outcomes or the most effective approaches to intervention (see eg. Farmer *et al.* 2011, Farmer and Patsios 2015).

It has been cogently argued in the US that there is an urgent need to review and re-shape reunification practice in cases where parents misuse alcohol or drugs (Maluccio and Ainsworth 2003), in order to introduce clear expectations that parents will be required to undergo treatment (see Gossop *et al.* 2001) before children are returned to them and that their substance misuse is closely monitored and reviewed before and during return. This is especially crucial in view of the strong link between substance misuse and a range of parenting problems, including higher levels of abuse and neglect (see eg. Kelleher *et al.* 1994, Chaffin *et al.* 1996, Velleman and Orford 1999; Tunnard 2002 a and b; ACMD 2003; Kroll and Taylor 2003, Cleaver *et al.* 2011). Research in the US and the UK has also found that where drug or alcohol misuse contributed to the decision to admit the child to care, there is a higher risk of re-entry to care following reunification (see earlier p16 under 'Family Characteristics'). In addition, awareness is needed that parents with mental health problems are more likely than others to have alcohol and drugs misuse problems (Beckwith *et al.* 1999, Woodcock and Sheppard 2002).

Maluccio and Ainsworth (2003) describe a number of relevant American projects, including initiatives where alcohol and drugs specialists are co-located with Children's Services. They report on a three-stage model of practice to encourage compliance by drug using parents, with increasing levels of coercion at each stage, since without the imposition of requirements to become involved in treatment, many parents are unlikely to do so. Parental peer groups are also used as a device for achieving parental behaviour change. Moreover, this model introduces time limits for reunification when the time needed for parental recovery does not keep pace with children's developmental needs and with the requirement to safeguard them.

Harwin *et al.* (2001) in the UK found that planning the return of children is particularly difficult in cases where mothers misused drugs or alcohol, as in other respects these parents were often viewed positively. In a subsequent study Forrester and Harwin (2004, p129) pointed to the need for improved access to treatment resources for parental alcohol and drugs problems and much more training for social workers in the recognition of substance misuse and in making realistic assessments about prognosis that would not be overwhelmed by 'misplaced optimism'. Drug and alcohol workers who help parents with addictions need to keep the child's best interests central (Velleman 2002; Kroll and Taylor 2003).

The Family Drug and Alcohol Courts (FDAC) is a court-based family intervention in the UK (introduced from the US) that aims to achieve cessation of parental substance misuse, safe family reunification and swift placement with permanent alternative carers when reunification is not possible. It provides judicial continuity, a problem-solving approach provided through fortnightly court reviews and a multi-disciplinary team which works with the court and assists parents to engage and stay engaged with substance misuse, parenting and other services. FDAC's two stage evaluation (Harwin *et al.* 2011 and 2014) showed that, in comparison with a care proceedings with 'service as usual' group, FDAC helped more parents stop misusing substances and deal with their other problems and it harnessed their motivation to change. As a result, higher rates of reunification were achieved.<sup>16</sup> By the end of the study (Harwin *et al.* 2016) the research team had compared the outcomes for 140 FDAC mothers and their 201 children with those in the comparison group (100 mothers and 149 children) over a five year follow-up period. At the five year follow-up, significantly more of the FDAC reunified mothers were not misusing (58% v 24%) and these reunifications appeared to be more durable than those in the comparison group. The study found that the two years after care proceedings was the period of maximum risk for the recurrence of substance misuse difficulties, neglect and return to court. The findings suggest that more post-return multi-disciplinary support was needed to sustain reunifications and that support in these first two years post-proceedings was likely to be particularly beneficial. This model provides important pointers for practice (see eg. Tunnard *et al.* 2016) (see also 'Treatment for Alcohol and Drugs Misuse' section on p45).

It is important to note that in the FDAC study, in both the FDAC and 'service as usual' groups, by the end of proceedings, proportionately more children were placed in substitute care because their mother had not been able to overcome her substance misuse, than were returned home (Harwin *et al.* 2016).

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<sup>16</sup> However, it should be noted that the achievement of swifter permanency planning when reunification was not appropriate was shown at the Stage 1 but not the Stage 2 evaluation.

Ward *et al.* (2014) note that if parents relapse after treatment the impact on the children will vary depending on their age and other factors, but the longer children are exposed to any abuse or neglect, the greater the impact and the more difficult to overcome (see eg. Hildyard and Wolfe 2002, Rossman and Ho 2008). Relapse may mean that children experience repeated returns and readmission to care which are linked to poor outcomes (Farmer *et al.* 2011, Wade *et al.* 2011).

## 11 Assistance with contact

Contact can be used to assess and improve parental skills and structured to make the transition easier for the child, for example, including a greeting and goodbye ritual and planned activities for the parent and child to do together (Loar 1998). It has been suggested that social work help with contact needs to have a therapeutic focus and help to improve parent-child interaction (Haight *et al.* 2001, Fernandez 2012, Fernandez and Lee 2013). 'Visit coaching' where work and support is provided to parents before and after each visit may be helpful, although this approach has not been evaluated (Beyer 2008). As previously noted, increasing the frequency of visits before return home and the use of trial visits with accompanying services has been found to reduce return breakdowns (see p29).

## 12 Working with reunification as a transition

Bullock and his colleagues (1993) emphasised that the return of children to their families is not only a major transition but a process that is at least as complex and stressful as that of separation and intimately connected to it. Reconciliation involves facing up to the failures on either side which led to separation and after a period there is often a major row where all of the hurt feelings are expressed. They argued that overcoming this apparent crisis, when children need reassurance that they will not be sent away again, can lay the foundation for a successful return. They also emphasised that children need to retain a sense of belonging and their possessions at home should if possible remain untouched while they are away. This is especially important since family members (eg a new partner, the partner's children) may arrive in their absence or a key family member may have left.

It is well known that transitions are stressful and workers can assist children and their families with the major stresses accompanying reunification. They can play an important part in rebuilding parents' confidence and belief in themselves as parents (Marcenko and Striepe 1997). For example, the ENGAGE model in the US includes instilling hope when working with parents (Petras *et al.* 2002), and O'Neill (2005, p17) suggests that parents need 'their stories to be heard without blame; to be consulted about their children's future; and to be offered the possibility of meeting up with parents who have similar experiences'. Stress may also be reduced if children do not have to change day care or school when they return home, are prepared for what to expect when they get there (see under Preparation) and parents are prepared for what they should realistically expect when their children return to them. The interviews in Farmer and Parker's (1991) study revealed that many parents were taken by surprise by the difficulties that their children had in settling back with them. Regular visits and

stays before the return had not revealed what was to come. Once the 'honeymoon' period was over children tested out and showed their distress in a number of ways such as in temper tantrums, defiance, jealousy, nightmares and clinging behaviour. Children may be anxious that the return will not work, angry or jealous of siblings or newborn babies in the family and miss their foster carers (Thoburn 2009, Thoburn *et al.* 2012).

Practical help and advice on how to deal with these behaviours was needed from social workers and other professionals, as well as reassurance that such difficulties were to be expected. Some parents would have welcomed the opportunity to talk to others who had had similar experiences, for example in a parents' group. They had also wanted access to a crisis service so that they would know that they could telephone and get help from someone familiar at any time of the day or night (see also Trent 1989). However, in practice, parents had often concealed these problems from their social workers for fear that the children would be removed again (Farmer and Parker 1991, Farmer 1996).

### **13 Planning and preparation for the transition home**

Research has shown that there were fewer return breakdowns when adequate preparation of children and parents had been undertaken beforehand (Trent 1989, Farmer and Parker 1991, Farmer and Wijedasa 2013). Similarly in Wade *et al.*'s study the continuing reunions at six months had more often endured when planning for reunion had been purposeful and inclusive of children and birth families and when children had gone home slowly, over a longer period of time. There is therefore a need for careful preparation and planning for return, as there would be for any other major transition for children (Fahlberg 2004). Research has shown that a clear care plan aiming to achieve a staged return home, timely reviews and skilled care while the child is in placement improve the chances of return success (Thoburn *et al.* 2012). Some studies have found that fathers, who could have played a positive part, were left out of planning processes before and during care (Broadhurst and Pendleton 2007, Malm and Zielewski 2009).

When children have been in care for a long period, parents will need help to understand that behavioural difficulties are likely to be a reaction to the loss of foster carers rather than hostility to the parents (Trent 1989, Thoburn 1980, 2009). Children who have moved a lot in care may have behavioural difficulties and be vulnerable to further perceived rejection (Thoburn 2009).

### **14 Foster carer/residential worker involvement**

As previously noted, research in the UK, US and Australia shows the importance of foster carers mentoring parents, supporting contact and playing a supportive role after reunification (Child Welfare Information Gateway 2006 and 2011, Farmer *et al.* 2011, Fernandez 2012). Moreover, the development of a positive relationship between foster carers and parents may allow children to avoid the stress of divided loyalties. More involvement by foster carers and residential workers in preparing children and in providing follow-up support after reunification could therefore prove very helpful (The Who Cares? Trust 2006). In the US some agencies have initiated programmes with the explicit intention of developing the role of foster carers as role models and support

figures for parents and it has been shown that foster carers can play a positive role as parent counsellors, parent aides and parent educators (Simmons *et al.* 1981; Davies and Bland 1981). This is an area of practice that might usefully be further developed in the UK (see eg. Greenfields and Statham 2004; Cosis Brown *et al.* 2005; Thoburn 2009, Child Welfare Information Gateway 2011). Consideration needs to be given to foster carers' experience, maturity, communication skills and ability to handle these multiple roles and the possible need for additional training (Lewis *et al.* 1993, Sanchirico and Jablonka 2000).

## 15 Post-reunification services

Reunification is a time of readjustment, and families already under stress can find it hard to maintain safety and stability. The difficulty is compounded when children or parents have complex personal needs or when environmental factors, such as extreme poverty or a lack of social support, are present (Festinger 1996, Terling 1999). Research suggests that follow-up services that enhance parenting skills, provide social support (Freundlich and Wright, 2003), connect families to basic resources, and address children's behavioural and emotional needs must be provided if re-entry into foster care is to be prevented. Recommended services include: (a) housing assistance or respite care (see also ARCH 2007), information services and material services such as financial support (Freundlich and Wright, 2003) (b) "soft" services such as counselling; and (c) social worker assistance throughout the process of reunification and after (Wulczyn, 2004). Post-reunification services are especially important when parental drug or alcohol use is a concern (Festinger 1996, Terling 1999).

It has been suggested that post-reunification services need to continue for at least 12 months after return and should be planned before return takes place (Bronson *et al.* 2008, Child Information Gateway 2012). Promising post-reunification services designed to prevent re-entry to care include strategies that have been broadly linked to preventing foster care breakdown, but as yet there has been insufficient rigorous research to establish their impact conclusively (Carnochan *et al.* 2013a).

## 16 Review and taking action when return quality is poor

Many studies have shown that once children are back home, decision-makers are reluctant to remove them again (see eg Thoburn 1980, Farmer and Parker 1991, Brandon and Thoburn 2008) and this has also been shown in reviews of child death cases (see eg. Brandon *et al.* 2008). In the absence of a trigger incident of abuse, children may remain with their parents in adverse circumstances for very long periods (Thoburn 2009, Farmer and Lutman 2012). One study showed that a third of the returns home that did not break down were nonetheless of poor quality for the children, as rated by the researchers, where children were living with parents with serious mental health problems or substance misuse difficulties (sometimes combined with domestic violence) who were often also physically or emotionally abusing or neglecting them (Farmer *et al.* 2011; see also Wade *et al.* 2011). Deciding on the appropriate threshold for action appears to be particularly difficult in cases of neglect (see eg. Brandon and Thoburn, 2008; Brandon *et al.* 2008a).

The quality of ongoing returns therefore needs to be regularly reviewed and monitored, children's views listened to and additional services provided in a timely way if needed. There is also a need for increased clarity about when to end poor quality returns. Periodic visits with a second worker can be useful in providing a second pair of eyes and helping to maintain perspective (see also Laming 2009). In addition, it is important to note that Wade and colleagues (2011) found that problems evident in the early stages of return predicted poor well-being four years later. Such difficulties included behaviour problems at the six months follow-up, serious social work concerns about the child's safety or where the return had broken down or looked likely to do so at this early stage. Knowledge of the findings from such longitudinal studies could assist practitioners and managers to take the opportunity to intervene more decisively early on (Munro 2011, Davies and Ward 2012).

## **17 Making decisions that a child will not be reunified**

The overview of research on parental capacity to change by Ward *et al.* (2014) shows that some parents show such damaging behaviour that a long-term alternative placement is likely to be the only option. Examples are extreme domestic abuse where the abuser has an antisocial personality disorder and would continue to have a parenting role, substance misuse combined with violence (Gondolf 2002, Scott 2004, Forrester and Harwin 2008), children who are not protected from sexual abuse perpetrators or when parents systematically cover up deliberate maltreatment (Brandon *et al.* 2008). When there are multiple risk factors that are known to be associated with future harm, no mitigating protective factors and no active engagement or evidence of parental change, there is a strong possibility that children's life chances will be seriously compromised unless they are placed away from home (see Wade *et al.* 2011, Ward *et al.* 2012; Ward *et al.* 2012a). Although much of the research has focused on infants and toddlers, this can also be the case for older children and young people (Rees *et al.* 2011, Farmer and Lutman 2012, Department for Education 2015a and 2015b).

The identification of families where children are exposed to ongoing maltreatment with little prospect of change should occur as soon as possible. Jones (2009, p302) points out:

*We have to acknowledge that some situations cannot be changed for the better, and that some families are simply untreatable. These situations are major challenges for children's social care and other services, but must be faced and responded to by front-line workers and their supervisors. These cases do not represent failure, but in fact successful professional practice, to the extent that a sustained focus on child welfare has been achieved (cited in Ward et al. 2014).*

## **18 Families who experience multiple removals of their children**

There will be some families for whom the decision not to reunify will follow other children having been permanently removed. Some local authorities have particular strategies for trying to reduce the numbers of families experiencing repeat removals. One example of a specialist project is the 'Positive Choices' project (Cox 2012, Suffolk Children's Services 2015). It facilitates access to

family planning and specialist services for mothers who have had children removed previously on a compulsory basis. The project aims to support women to delay further pregnancies until they have addressed issues such as substance misuse or domestic violence. The project workers engage with mothers about long-acting reversible contraception (Broadhurst and Mason 2013).

Another example is Pause (<http://www.pause.org.uk>), a project which aims to break the cycle by giving women a chance to reflect, tackle unhelpful behaviour patterns and to develop new skills and responses that will help them in the future. The social workers and other professionals involved need to show great sensitivity at this stage, which takes account of parents' feelings of grief and loss, as well as anger towards Children's Services. In addition, parents as well as placed and any future children are likely to benefit from help in arriving at appropriate contact arrangements with a child/children already in alternative care (Neil *et al.* 2010).

## 7 MAKING CHANGES TO PRACTICE

From research and the experiences of a number of states in the US, some key elements have been identified which are important to achieving safe, stable reunification (Child Welfare Information Gateway 2012). These are:

- **Agency leadership** that demonstrates a strong commitment to reunification
- **Active collaboration** with the courts in working toward timely, stable reunification
- **Collaboration with related agencies and services** addressing financial need, substance abuse, mental health, and domestic violence
- **Broad-based, community-partnership involvement** by families, agencies, and community representatives
- **Systems change initiatives** and Programme Improvement Plans with detailed strategies for achieving timely, stable reunification
- **Policies and standards** that clearly define expectations, identify requirements, and reinforce social work practices that support reunification
- **Trained supervisors** who explain agency policies that support safe and timely reunification, offer coaching to practitioners, and provide support and feedback
- **Manageable caseloads and workloads** allowing social workers time to engage families
- **Availability and accessibility of varied out-of-home and post-reunification services** that can respond specifically to the family's identified needs and conditions
- **Data systems** that monitor and measure system-wide and case-level data on the timeliness of reunification and re-entry into foster care
- **External assistance** in the form of training, consultation, and technical assistance from recognized experts

### Services

More detail on the types of services which have been found to be helpful are provided in this section, with particular reference to the literature reviews provided by the Child Welfare Information Gateway.

#### Material Services

The provision of material services such as food, transport, and assistance with housing has been demonstrated to be an important aspect of family reunification services in the US (Cheng, 2010; Choi and Ryan, 2007). A US study reviewing effective family-centred service models found that material services were critical elements of practice (Wells and Fuller 2000). The most effective programmes not only provided services to meet material needs, but offered families instruction in how to access community resources so that they could do so independently in the future.

## Parent Education

Barlow and colleagues (2008) in the UK undertook a systematic review of studies evaluating the effectiveness of brief individual or group based parenting programmes designed to treat physical abuse or neglect in high risk families. Only seven studies were sufficiently rigorous to be included in their review. The findings suggest that 'parenting programmes that incorporate additional components aimed specifically at addressing problems associated with abusive parenting (e.g. excessive parental anger, misattributions, poor parent-child interaction) may be more effective than parenting programmes that do not' (Barlow *et al.* 2008, p.9). For example, some parenting programmes include modules that are specifically tailored to meet the needs of abusive or neglectful parents. These include the Triple P-Positive Parenting Programme (Triple P); The Incredible Years; and Parent-Child Interaction Therapy (PCIT) (see Ward *et al.* 2014).

Barth (2009) argues that, those elements of parent training programmes that emphasise the development of self-efficacy through learning the skills of sensitive, responsive parenting, can also have a positive impact on the types of parental problem that increase the risks of maltreatment. He suggests that a staged parenting programme such as Triple P might act as a filter, providing support for parents whose problems respond to increased self-efficacy, and identifying those who require additional specialist support alongside parenting interventions.

## Peer mentors or advocates

It has been argued that parents whose children have been removed in care proceedings can benefit from the involvement of a peer mentor or advocate to help them to understand and negotiate the relevant systems and focus on the changes they need to make to have their children returned. Such mentors can be foster carers or parents who have themselves achieved reunification (Romanelli *et al.* 2009, Marcenko *et al.* 2010). Berrick *et al.* (2011) found that parents who were paired with parents who had managed to navigate the system were more than four times more likely to achieve reunification than those in a comparison group.

## Mental health services

Research shows the importance of providing mental health services before and after return (Maluccio 2000, Risley-Curtiss *et al.* 2004). Mental health workers need to be fully aware that children are about to be returned home to the parent and maintain or increase their support accordingly. Research suggests that two of the most effective approaches to addressing mental health difficulties are: parenting-focused interventions and cognitive behavioural therapies (Bee *et al.* 2014). There is increasing focus on working with both the parent and the child (SCIE 2009, updated 2011, Siegenthaler *et al.* 2012).

## Treatment for alcohol and drugs misuse

The fact that parental substance (ie alcohol or drugs) misuse is often a factor in the placement of children in care shows the critical importance of resources for the assessment and treatment of addiction to be readily available. In a longitudinal study of 1,911 mothers in the US, Green *et*

*al.* (2007) found that those who entered substance misuse treatment faster after their children were placed in substitute care, stayed in treatment longer, and completed at least one course of treatment were significantly more likely to be reunified with their children. A few agencies in the US have established alliances with drug treatment centres or brought addiction professionals into the agency to ensure more effective assessment of drug-related needs, treatment planning, and monitoring of progress. Others have undertaken more intensive training of staff in addictions and the process of recovery (Hohman and Butt 2001, Maluccio and Ainsworth 2003).

Promising results with substance misusing parents in the US have been shown by three types of service: intensive case management, including 'recovery coaches' to help with assessment and access to treatment; treatment services designed to meet the needs of women with children, and harnessing strong social support in aid of recovery, including partners, and support from social workers and treatment providers (Child Welfare Information Gateway 2006 and 2011).

Expanding on this, Grella *et al.* (2006) noted the need to tailor substance misuse programmes to account for adults' role as parents in addition to their dependency issues. These include recognising that for parents whose children have been placed in foster care, processing emotions such as guilt, sadness and loss is integral to effective recovery from addiction. The authors of one qualitative study noted that mothers need good coping and parenting skills and access to formal and informal support in order to deal with the stress of working towards sobriety and reunification at the same time (Carlson *et al.* 2006).

More specifically, Choi and Ryan (2007) found that the likelihood of both substance misuse treatment completion and family reunification was improved when mothers also received matched services that addressed co-existing problems, such as mental health issues, housing, family counselling, and parenting skills. Similarly, in a study of 1,115 mothers, Grella *et al.* (2009) found that the likelihood of reunification was enhanced when mothers received a broad range of employment, educational, and family and children's services in addition to substance misuse treatment.

In addition, because social support appears to be an important factor in the successful treatment of addiction, assessment and intervention should involve the entire family, especially spouses or partners, and include consistent, ongoing support from workers and treatment providers (Gregoire and Schultz 2001).

Other research suggests that motivational interviewing may be helpful (Rollnick and Miller 1995, Forrester *et al.* 2008 and 2012, Miller and Rollnick 2013) and enhances treatment engagement amongst adolescents with substance misuse problems, because it reduces resistance to engagement in treatment (Tevyaw and Monti 2004, Stein *et al.* 2006). A Cochrane review (Smedslund *et al.* 2011) concluded that motivational interviewing can reduce the extent of substance misuse compared to no intervention.

In the UK, NICE guidelines indicate which interventions are most likely to be effective for people with different configurations of problems. For example, alongside a number of other effective interventions, detoxification programmes are recommended for substance misusers who 'have expressed an informed choice to become abstinent' (CG52 NICE, 2007, p7); these are

generally thought to be effective when offered for up to twelve weeks in a community setting, although up to four weeks detoxification in a residential setting is more effective for people who have significant co-morbid physical or mental health problems or who require concurrent or sequential detoxification from more than one substance. Following detoxification, six months continued treatment, support and monitoring should be offered, to avoid relapse (CG52 NICE 2007, p.7). Laudet and White (2010) also showed that achieving abstinence needs to be accompanied by help in other areas, such as housing and employment (see earlier).

## **Support from schools**

Schools are a very important part of the support system for stable returns home just as they are for foster care. For some children a return home involves a change of school. This entails a double transition: a change of home and school and these children may need additional support from practitioners and teachers. (There are also children who welcome the fresh start that a new school can afford). Other children have the advantage of continuity of school and friends when they move from care to their parents.

Where schools provide educational and emotional support to children, this can help to make returns home work (see eg. Taussig *et al.* 2001, Sinclair *et al.* 2005, Stein 2009). In Farmer and colleagues' study (2011) some schools provided considerable educational and sometimes emotional support to children and this could be helpful in maintaining returns. However, in the study, during reunification 42% of the children (on whom there was information) attended school poorly, whilst 20% were excluded (expelled) from school and both of these issues were significantly related to return breakdown. This suggests the importance of engaging schools and ensuring educational help is provided when needed. Moreover, schools can play an important part in monitoring children after return home.

## **Working with young people with behavioural and emotional difficulties**

The research provides much more information about services for parents in relation to reunification than to those needed by children and young people. Bronson and colleagues (2008, p78) note that in particular there is a paucity of research addressing the particular issues facing the families of young people with severe behavioural difficulties and their service needs.

Research suggests that for older children whose own behaviour is the reason for care, the emphasis should be on a targeted service to improve the behaviour of the young person, improve parental understanding and parenting skills and improve relationships within the family (Madden *et al.* 2009, Child Welfare Information Gateway 2011 and 2012). The evidence points to the importance of having trained and well supported foster or residential workers who work alongside social workers, therapists and family support workers as key members of the 'team around the child', modelling good parenting practice to the parents (Thoburn 2009).

The 'Child Protective Services Reintegration Project in Travis County, Texas' attempts to reintegrate difficult-to-place young people back into the community in a family setting. The project evaluation findings demonstrate that with the appropriate combination, intensity and duration of wrap-around services, including engagement by schools, and where the family

can access supports after return home, young people with complex mental and behavioural disorders who would otherwise face significant barriers to achieving reunification (and probably age out of care living in residential settings) may be able to live with their families (Madden *et al.* 2009). However the numbers in both phases of the programme were fairly small.

Services similar to those provided in the Multi-dimensional Treatment Foster Care programme from Oregon (Chamberlain and Smith 2003) and work with parents and foster carers to implement a consistent behaviour management program are also seen as important for the return of young people with behaviour problems, who have offended or have mental health problems (Thoburn 2009). It is also important to deal with parental ambivalence about having these young people home (Bronson *et al.* 2008, p77). In addition, it has been suggested that it is helpful to young people, who may return home where there is little chance of success, if their original care placement can be held open for them for a period (Thoburn 2012).

### **Working with neglected children**

There is a considerable literature on working with neglected children and their families (see eg Dubowitz 1999, Horwath 2007, Daniel *et al.* 2011, Rees *et al.* 2011, Davies and Ward 2012). It is clear that even in the face of persistent parental neglect, social workers often have difficulties in determining when to intervene to remove neglected children and sometimes face additional challenges if social work decisions are not endorsed by the courts (see eg Farmer and Lutman 2012). It is very important to note Wade *et al.*'s (2011) finding (see earlier) that children who have experienced chronic neglect or emotional abuse do significantly worse than others if returned home. This suggests that very careful consideration should be given to returning such children and that high levels of service and support over a considerable period are often likely to be needed post-reunification.

# CONCLUSION

Reunification lies at the intersection between different discourses and practice arrangements. Whilst it is explicitly the first permanence option for children in the UK, in reality (and unlike the situation in the US), debates, teaching and policy on permanence rarely include more than a cursory nod to reunification. It is usually not considered in the context of placements for children – where foster and kinship care, adoption and residential care rightly receive considerable attention. Rather it is more often seen as the cessation of a (care) placement. In addition, reunification is rarely mentioned when child protection/safeguarding is considered, even though child deaths have continued to occur after children have been returned to their parents, from that of Maria Colwell to the present day. Arguably, reunification spans all three of these areas but is clearly visible in none of them.

The lack of priority given to reunification in practice was demonstrated in a Department for Education-funded project on return home in eight local authorities, undertaken by Hyde-Dryden and her colleagues (2015). They found that only one had a policy on reunification. In addition, their study and our evaluation of the implementation of the Reunification Practice Framework (Farmer and Patsios 2015), showed that many of the research findings on return home were not well known to practitioners and managers and had not been widely disseminated. Reunification practice in the UK then has often developed on the basis of custom and practice, or even 'happenstance', with relatively little input from research findings.

It is to be hoped that the consistent finding of high levels of maltreatment after reunification and the high proportion of returns that break down (once or more often) will provide an impetus for reunification to be given greater priority. At the same time, the increased number of studies on reunification in the UK also provides a sounder basis than before from which to plan how practice can be improved. It has been found that there is considerable variation in children's reunification outcomes by local authority, especially in relation to how the return home of adolescents is handled. This suggests that whilst some of the factors that affect the outcomes of reunification are intrinsic to children and parents, such as the higher age of children and the levels of their behaviour difficulties, how local authority Children's Services approach reunification and the services that they deliver also has a considerable influence on children's outcomes.

Overall, the evidence suggests (as might be expected) that what is needed is more rigorous decision-making, planning and the provision of services closely tailored to the needs of parents and children (based on the best available research evidence) both before and after reunification. These need to be delivered in the context of skilled and purposeful relationship-based social work, where the needs and vulnerabilities of each child are robustly assessed, alongside the parents' capacity to change within the child's timescale. Practitioners need regular and evidence-informed supervision to enable them to work purposefully with parents and children and clarity from team managers and Children's Services that if parents do not abide by the conditions set out in written agreements the local authority will take action to protect children and plan for permanence away from their parents.

Recognising that return home for many children is a major transition suggests that the knowledge and skills applied to making out-of-home care placements need to be employed, including ensuring that returns home are subject to preparation, are gradual and are achieved within a time scale that is appropriate to the needs of each child. Moreover, foster carers and residential workers are a major but often untapped resource in preparing and supporting children and parents. Listening and taking seriously what children, their carers and their parents say about the risks and difficulties involved in reunion is also important, as well as ensuring that the child has a confidante before and after return home. If reunification is to be successful and the child protected, the qualitative studies conclude that it is essential that both child and parent/s develop a dependable and trusting relationship with a social worker or other professional member of the team around the family<sup>17</sup>.

Research shows that proactive and purposeful social work can make a considerable contribution to effective reunification work, but only in the context of suitable specialist services being provided. For example, research shows that services for alcohol and drugs misusing parents need both to be readily available for parents and also tailored to help them address their problems in the context of addressing their other needs, including their parenting skills and feelings of loss because their children are in care. However, at present, in the UK, with the exception of local authorities with access to FDAC, there appears to be some lack of clarity about how to address substance misuse in the context of reunification.

In many local authorities there are likely to be major gaps in a range of other services and the contribution of post-reunification services to reunification stability has not been well understood. The evidence shows that many parents will need continuing help and support for some time after reunification, if it is to last. Indeed, since there is now government recognition that adopted children and those with kinship carers on Special Guardianship Orders may need longer-term flexible or episodic services over a considerable time post-placement, it is important that the needs of reunified children and their parents are seen in this longer term perspective.

There is a great deal of other evidence about what is needed to make reunifications work.<sup>18</sup> However, it is also important to consider some of the barriers to good practice. During the implementation phase of the Reunification Framework, managers in the participating local authorities gave careful consideration to filling the considerable gaps in their services which could assist in supporting reunification and also to widening eligibility for these services. This included ensuring that when commissioning services (like those for parents with alcohol or drugs misuse problems) their availability for reunification work was specified (Wilkins and Farmer 2015, Farmer and Patsios 2016). At the same time, it was important to address wider structural barriers to providing services to assist reunification, since services were often unavailable to parents (including parenting programmes and housing assistance) when their

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17 Just as it is necessary for the child and the foster carers to have separate social workers, if the child has developed a trusting relationship with his or her social worker when in care, it may sometimes be appropriate for a different social worker to be appointed as the family social worker (Thoburn 1980, Trent 1989, Brandon and Thoburn 2008).

18 It is not the purpose of this literature review to consider the literature on family support and protective services for children and families in the community, but this research is also relevant to practitioners working with reunified families.

children were in care and eligibility for services was lost when voluntarily accommodated children were discharged home. This made it difficult for social workers to arrange work with parents that could lead to reunification or to provide support for these children after return home. Clearly, such barriers and service gaps need to be addressed. These changes require strong engagement with a range of services, agencies and professionals, including Independent Reviewing Officers, Principal Social Workers, schools, CAMHS, mental health services, Housing Departments, Employment services and the judiciary.

More generally, the preoccupation with legal status in England has proved unhelpful to reunification practice. The needs of Section 20 voluntarily accommodated children and adolescents have been shown to require more attention in terms of more proactive early intervention, safeguarding, services and review, and consideration of what kind of permanence arrangements can be made to ensure that they do not bounce between home and care. Department for Education guidance and regulations (DfE, 2015, 2015a, HM Government 2015) highlight that precipitate returns home for these young people should be assessed after return and their service needs and safety considered. In practice, however, social workers have often taken the view that there was nothing that they could do in these situations.

The research also identifies some of the particular challenges of reunification work. These include making difficult decisions about whether and when to return children to their parent/s, assessing parents' capacity to change within their children's timescales and, after reunification, carefully reviewing the risks to children and also their well-being, to ensure it does not fall below an acceptable threshold. Reunification practice can also involve (especially with adolescents) working with ambivalent parents and young people, dealing with pressures for a speedy return and managing precipitate unplanned returns home. Practitioners require skills in establishing positive relationships with parents and children, whilst also maintaining an overview of progress which will enable them if necessary to decide against return home or end a return which is unsatisfactory (Thoburn 2012). All this requires a structured approach which helps the practitioner hold fast to their plans in what can be a complex and changing situation. Arguably, the skills required are as great if not greater than those for workers in adoption and fostering who usually have additional training and work in specialist teams.

It is important that local authorities focus on achieving positive outcomes for individual children, measured in terms of child well-being, and not solely on service outcomes, such as rates of discharge from care (Biehal 2006). The evidence shows that providing more intensive services upfront before and after reunification (and tapering them gradually as families settle down) is likely to benefit children and increase stability. Not only that, but providing suitable services is likely to provide *very considerable cost savings* for local authorities further down the line, as more return breakdowns and placements in care are likely to be averted. Holmes (2014) calculated the costs of re-entry to care for children returned home and compared it to the costs of supporting children and their parents when they reunify.<sup>19</sup> She calculated that in England on average it costs £61,614 a year for each child who re-enters care after a disrupted return home, as compared with the much lower average annual figure of £5,627 to support a child to return home:

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<sup>19</sup> Holmes used accredited costs of care and support services based on research evidence about needs.

*A substantial amount of money is spent each year as a consequence of failed reunifications, which result in children re-entering care. These costs are particularly significant when compared with the lower cost of improving support to meet the needs of children and families when children return home from care (Holmes 2014, p5).*

(See Appendix 3 for more detail about cost savings).

The government in England has made changes to regulations and guidance which are intended to address some of the shortfalls in reunification practice, whilst its permanence agenda reinforces the need for 'effective and sustained interventions' for parents (Department for Education 2016 p.61)<sup>20</sup>. Further research is needed to consider how far these changes and the adoption of more structured models of practice make a difference to children's outcomes (considered in terms of good decisions not to return children as well as stable returns home). Research that focuses on innovative practice approaches and service arrangements for reunification (particularly with adolescents) would also be useful, with longer-term follow-up to allow children's outcomes to be assessed<sup>21</sup>. More studies which include parents', children's and young people's views of the reunification process and what helped them to make it work would also be useful.

Reunification needs to be made a strategic priority backed up by policy informed by research and linked to multi-disciplinary training (The Who Cares? Trust 2006). It is important to ensure that government guidance and local authority policies include reunification when permanence for looked after children is considered. The inclusion of reunification on the agenda of inspections by Ofsted at the time of writing has helped to bring this issue into greater prominence. The collection of data by local authorities on their return breakdown rates (for voluntarily accommodated children as well as those on court orders, and analysed in terms of age groups) would be likely to assist managers in UK local authorities to evaluate their reunification outcomes, to consider what approaches and services work best and help them in planning services to help make reunifications work and monitor if improvements take place (Wilkins 2015). Child level data on patterns of oscillation between home and care need to be discerned so that interventions can be provided to afford these children greater stability (Farmer *et al.* 2011). If local authority data on the duration of all returns, return breakdowns and numbers of breakdowns for each child were also published, then local authorities could use it to make comparisons (see also Hyde-Dryden *et al.* 2015).

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20 It also includes an investment in strengthening social workers' expertise in permanence planning

21 It is important to note that although there is much to be learned from best practice models and evaluations of practice when supporting families living in the community but whose children are 'on the edge of care', there are important additional considerations when working with reunified children and their families. For example there are special issues when a young child has developed an attachment to a foster carer or a teenager has a sense of loyalty to a parent but is ambivalent about returning home – each of which has been part of the analysis of more than one serious case review.

The resources currently available to support placements in out of home care are very much greater than those for reunification. Whilst some children cannot be returned safely to their parents, others could experience a safe and stable return home if reunification work was rigorous and more adequately resourced. Research shows the important part that reunification plays in children's lives, the major impact it has on whether other permanence options are made speedily or at all and the potential for good well resourced reunification practice to improve children's outcomes. Conversely, lack of attention to reunification has far-reaching consequences for children's future wellbeing and stability. It is therefore vital that research knowledge is used to inform and improve reunification practice.

## APPENDIX 1: USING STANDARDISED TOOLS

Assessments of whether or not to reunify children with their parents are often challenging. Ward *et al.* (2014) noted that research from at least 100 comparative studies of practice in several disciplines in the social sciences has found that professional observation and clinical judgments are *less* accurate in predicting future behaviour than the actuarial methods on which validated risk assessment tools are based (Dawes *et al.* 1989; Shlonsky and Wagner 2005). Similarly, Ward and her colleagues (2012) found that a proportion of babies, who had been considered by practitioners to be at low risk, were rated at high risk for further harm, using empirically based criteria (Jones 1991, 1998, Jones *et al.* 2006, Hindley *et al.* 2006, Jones 2010).

The use of standardized tools to aid assessment might therefore help to improve practice in considering whether children can return to their parents (Corcoran 1997, McMurtry and Rose 1998). As part of this, the repeat use of measures (where workers score domains of family functioning at the outset and at one or more follow-up points), could help practitioners to be clear about whether or not progress has been made by parents. However, whilst structured decision-making using empirically validated tools may be helpful, these *always* need to be used alongside social work assessments using professional judgement.

In addition, as previously noted, research suggests that practitioners are often resistant to using such tools and that they can actually impair professional judgement, unless careful attention is paid to how they are implemented (Gillingham and Humphreys 2010, Gillingham 2011, Barlow *et al.* 2012). When structured tools for assessment are introduced there is a need for first line managers to be involved in the planning and implementation process (Gillingham 2011) and for there to be clarity about the role of such tools in relation to professional judgment.

Not surprisingly, there are more tools which have general use in assessment than there are tools which have been developed specifically to aid assessment for reunification.

### UK systematic review of models of analysing significant harm

Barlow *et al.* (2012) undertook a systematic review of models or tools for analysing *significant harm*. They found that two UK tools, the Graded Care Profile (Srivastava and Polnay 1997) and SAAF (Safeguarding Assessment and Analysis Framework) (Bentovim *et al.* 2009, 2010) provided comprehensive descriptors alongside a comprehensive set of assessment domains and also assisted practitioners to make sense of the data they collected. For the one tool considered that is specific to reunification, the North Carolina Family Assessment Scale (NCFAS), the evaluations at that time were limited to data from non-child protection populations (Lee and Lindsey 2010) (see below). Barlow and her colleagues (2012) recommended that the most promising tools for analysing risk out of those that they reviewed should be piloted and developed for use in the UK (see also Fernandez 2012). However, it needs to be emphasised that they are not a replacement for skilled social work and multi-disciplinary assessment and

support services, but are helpful tools to be used alongside these services (Davies and Ward 2012, Rahilly and Hendry 2014).

## Other measures

In addition to the assessment tools that Barlow and colleagues (2012) identified, there are a range of screening and assessment instruments available to enable practitioners to make valid and reliable assessments in relation to a range of aspects of the functioning of children and families. A number of these tools were published alongside the Assessment Framework (Department of Health, Cox and Bentovim 2000) and they include, for example, the Strengths and Difficulties Questionnaire (Goodman 1997) and the General Health Questionnaire (Goldberg and Hillier 1979), both of which are easy to use and score and provide useful screening information about clinical levels of difficulty. Barlow and colleagues (2012) consider that at least one practitioner within each assessment team should have the skills to use such methods and their use should be included in basic and continuing training for social workers.

## The North Carolina Family Assessment Scale (NCFAS)

The North Carolina Family Assessment Scale for General Services and Reunification– NCFAS-G+R) (see NCFAS above) was developed by Ray Kirk, at the University of North Carolina at Chapel Hill and is designed to be a screening tool to aid decision-making about reunification. The NCFAS-G+R is an adaptation of the original North Carolina Family Assessment Scale used in family preservation and is used in assessing readiness for reunification and parent and child ambivalence (Kirk 2001, Kirk *et al.* 2005). It has good evidence of reliability and validity (Reed-Ashcraft *et al.* 2011) based on non-child protection populations and is widely used in parts of the US to assist in planning and decision-making at a number of levels from early case planning to court reports and is considered to be particularly relevant for cases of neglect.

NFCAS allows the worker to assess five key domains shown to be of particular relevance in neglect cases: Child Well-Being; Family Safety; Environment; Parental Capabilities; and Family Interactions. NCFAS-G+R also includes the domains of Social/Community Life, Self-Sufficiency; Family Health, Parent/Child Ambivalence and Readiness for Reunification. Each domain has a number of subscales. (The sub-scales are rated on a 6–point scale from a rating of Clear Strength at one end to Serious Problem at the end).

Johnson *et al.* (2006) in the US reviewed 85 assessment tools and found NCFAS and NCFAS-R to be ‘most promising’. The California Evidence-Based Clearing House for Child Welfare gave NCFAS its highest rating for assessment tools with demonstrated reliability and validity. However, in England the Department for Education-funded systematic review of tools for analysing significant harm (Barlow *et al.* 2012) reported, as above, that evaluation of NCFAS is limited to data from non-child protection populations (Lee and Lindsey 2010) and on this basis stated that it had not yet been assessed in terms of its reliability or validity for child protection populations. In addition, Barlow and her colleagues (2012 p.40) noted that NCFAS covered many key domains but importantly did not involve assessment of the parent, parent-child relationship, risk or family needs/intervention and the NCFAS/SSTD (Strengths and Stressors

Tracking Device) covers risk but does not address parental capacity to change. In addition, it had not been assessed in terms of its impact on children's outcomes.

Since then, Williams (2015) has provided a qualitative assessment of a project where NSPCC workers assisted local authority social workers in the assessment of neglect in a number of local authorities using the NCFAS-G. Results were mixed with workers benefiting from an increased focus on assessment of neglect and the help of the NSPCC co-workers, but some social workers considered that this tool took too long to fill in for more general use.

Fernandez and Lee (2011) in their study found that the use of NCFAS-G+R predicted actual return home and the speed of return but no data were provided on whether the returns were successful. Three risk groups were identified in their study: 37.5% of families fell into the high risk category, which indicates that they had lower than average scores on parental capabilities, family interactions and family safety, and the children in this risk group had a 73% lower speed of reunification than the medium and low risk groups (Fernandez 2012).

## **Risk assessment tool based on Jones' systematic reviews of risk factors for recurrence of maltreatment**

In their study 'Safeguarding Babies and Very Young Children from Abuse and Neglect', Ward *et al.* (2012) used a table of factors which are significantly associated with the recurrence of significant harm, derived from a systematic review and other reviews of the available evidence (Jones 1991, 1998, Jones *et al.* 2006, Hindley *et al.* 2006, Jones 2010; Baynes *et al.* 2013). On the basis of this table they recorded the level of risk of future significant harm to the babies in their study as being either low, medium or high.

This approach was developed further with the help of Rebecca Brown and Harriet Ward from the University of Loughborough for use in the first NSPCC reunification project which then trialled the use of this adapted risk assessment tool (NSPCC 2012a). It was further updated when a second systematic review of factors associated with the recurrence of significant harm was published (White *et al.* 2015) and is used in the 'Practice Framework for Reunification' developed by the NSPCC and the University of Bristol (Wilkins and Farmer 2015), for which this review was written.

The evaluations of the first and second phase of this reunification framework (Hyde-Dryden *et al.* 2015, Farmer and Patsios 2016) report very favourably on the acceptability of this tool but longer-term evaluations of its use have not been conducted. In the Practice Framework it is recommended that this tool is used alongside an in-depth assessment of the child and parents and their history, using structured professional judgement.

## APPENDIX 2: FINDINGS FROM SPECIALIST REUNIFICATION PROJECTS

### Specialist reunification projects in the US

Most specialist reunification projects have been conducted in the US. Of course, the context for these projects is somewhat different from that in the UK, for example, statutory workers in the US do not have a mandate to provide family support.

Biehal (2006) analysed the evidence from specialist reunification services in the US and found that features of the successful projects were intensity of services, purposeful case planning, goal-setting with parents and in some cases the use of behavioural interventions and/or contracts. However, there was little evidence as to which specific features of the service, or combination of features, were associated with their effectiveness, with the exception of the Alameda study which found that parents who signed written contracts were more likely to have their children restored.

Other American projects suggest that treatment models with low caseloads, short duration and intensive services and 24 hour a day availability may work best, with more intensive services achieving higher success rates. However, it should be noted that Jones and colleagues (1976 and Jones 1985) found, in contrast, that services of longer duration and lower intensity did better at keeping children out of care and successfully reuniting them with their families. In addition, it is noted that it is crucial to assess parental ambivalence to return and the family's readiness for reunification in terms of the resolution of their original and other emerging needs (National Family Preservation Network 2003).

Kirk and Martens (2014) examined four reunification programme sites in the US (see Child Information Gateway 2012). The study examined whether families progressed on the assessment domains of the NCFAS and investigated the relationship between placement outcomes and variables relating to services and to demographic and family circumstances. The most important findings were that reunifications appeared to be more durable when families had received material services as compared to those where families had not; when step-down services were provided for families who needed them and when fathers were involved in their children's lives during reunification. In addition, successful engagement with the parent was associated with higher reunification rates and a greater likelihood of service completion than when trust was not established.

A number of reunification projects in the US have been adapted from family preservation services. It is worth noting that there is some debate about the general efficacy of family preservation services in preventing foster care re-entry (see also Ward *et al.* 2014), with several studies finding that intensive family preservation services may not be effective at preventing foster care re-entry (Fraser *et al.* 1996).

For fuller information on specialist reunification projects see eg. Biehal (2006), Thoburn *et al.* (2012), Child Information Gateway (2012); see also Ward *et al.* (2014).

## Specialist reunification projects in the UK

Few specialist projects in the UK have addressed family reunification. This is in contrast to specialist projects in other areas, for example on early help and foster care. One notable exception is the Family Drug and Alcohol Courts (FDAC) which was discussed earlier (p38 under 'Parental alcohol and drugs misuse'). FDAC is a court-based family intervention in the UK (introduced from the US) that aims to achieve cessation of parental substance misuse, safe family reunification and swift placement with permanent alternative carers when reunification is not possible. As we have seen, in comparison with a 'service as usual' group, FDAC helped more parents stop misusing substances and deal with their other difficulties and increased their motivation to change. As a result, higher rates of reunification were achieved and these returns home appeared more durable. In addition, some years ago, Trent (1989) conducted a promising small reunification project using working towards adoption placement as her model.

More recently the NSPCC developed a practice framework for reunification based on research evidence on what works in reunion. The first version called 'Taking Care' was evaluated by the University of Loughborough (Hyde-Dryden *et al.* 2015) and the final version 'Reunification: An Evidence-informed Framework for Return Home Practice' (Wilkins and Farmer 2015) has been evaluated by the University of Bristol (Farmer and Patsios 2016). The evaluations report very positive findings about the acceptability and perceived usefulness of the framework for parents, practitioners and managers and increased knowledge of key research findings. It has been introduced in a considerable number of local authorities in England but it will be some time before it is possible to follow up a sizeable number of reunifications made using the framework to see how well they last and compare them with a sample of reunions where the framework was not used.

In addition, the New Orleans Intervention Model (NIM) was introduced in Glasgow in 2011 and subsequently in one London Borough. This approach involves a multidisciplinary team providing intensive assessment and treatment for the families of children (aged 0-5) who are in foster care. The approach involves attachment-based assessments of the relationship between the child and each parent as well as between the child and foster carer and also interventions using structured clinical tools. This work informs recommendations to the court about adoption or permanent return to birth families. It was developed by Professor Charles Zeanah of Tulane University, Louisiana in the late 1990s. The model has been adopted in various parts of the US, as well as in South Australia, although implementation has not always been consistent with the original model.

NIM is part of the NSPCC's services in Scotland, where it is known as the Glasgow Infant and Family Team (GIFT). This is subject to a randomised controlled trial (RCT) led by Professor Helen Minnis of the University of Glasgow. In addition, the NSPCC was funded by the Department for Education's Children's Social Care Innovation Programme to introduce the model in England. Working with the South London and Maudsley NHS Foundation Trust, the London Infant and

Family Team (LIFT) delivered a pilot service in Croydon for over a year. The evaluation report on the service (Baginsky *et al* 2017) identified and addressed the barriers and challenges to adopting an RCT that arose there. In practice, too few cases were referred to the LIFT project (or could be proceeded with) for an RCT to be undertaken. The evaluation suggests that while LIFT appears to be a feasible model for children in care aged 0-5, given the intensity of contact provided to families, a rigorous evaluation would be needed before recommendations could be made about wider implementation of the model. In the future it is hoped that the Glasgow RCT might be extended to include LIFT.

## APPENDIX 3: COST

The initial reaction of some practitioners and managers to the implementation project for the Reunification Practice Framework (Wilkins and Farmer 2015) was that they were being asked to do more work on reunification (assessment and support) and that time and resources might prevent them doing so. It is therefore important to note the cost implications of not improving reunification practice. Holmes (2014) calculated the costs of re-entry to care for children returned home and compared it to the costs of supporting children and their parents when they reunify. The team used accredited costs of care and support services based on research evidence about needs. They calculated that in England there is an average annual cost for each child who re-enters care from return home of £61,614 as compared with an average annual cost of supporting a child to return home of just £5,627.

*A substantial amount of money is spent each year as a consequence of failed reunifications, which result in children re-entering care. These costs are particularly significant when compared with the lower cost of improving support to meet the needs of children and families when children return home from care.*

*The total estimated current cost for all failed reunifications is **£300 million a year.***

*In contrast, it is estimated that the annual cost of providing support and services to meet the needs of **all** children and families returning home from care is **£56 million.** (Holmes 2014, p5).*

Whilst costs themselves continue to rise, the differential costs between support to reunification and costs in care are likely to remain much the same.

Local authorities which improve their reunification practice by providing more support can therefore expect to pay more in the short-term but make considerable savings in the longer-term, by helping to ensure that returns home receive sufficient support to last. The Implementation Checklist (Wilkins 2015) includes a spreadsheet enabling local authorities to customise their costs and project potential savings using local data.

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