Evaluation Report on Implementing the Reunification Practice Framework

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EXECUTIVE SUMMARY

Introduction

The Department for Education commissioned the University of Bristol, in partnership with the NSPCC, to test and evaluate the implementation of a Reunification Practice Framework, supported by an Implementation Guide, to explore whether this approach is likely to improve the success of the reunification of children with their parents after a child has been looked after. This evaluation of the introduction of the Practice Framework in three local authorities was undertaken by the University of Bristol. The project team delivered three learning sets to a group of senior managers and three to a group of practitioners in each local authority over a six month period, in order to introduce the Framework and assist managers and practitioners to implement it. The views that are expressed in this evaluation are those of the authors and do not necessarily reflect those of the Department for Education.

Aims and methods

The Evaluation aimed to find out

- how useful the participants had found the Practice Framework

- the barriers and facilitators to implementing it

- what changes, if any, were found in the skills, confidence, approach to practice/management and relevant research knowledge of participants – since it was too early to tell how far change had actually taken place in reunification practice in such a short project

- how likely it was thought that other local authorities would be able to implement the Practice Framework without outside help.

The evaluation was by means of interviews with a senior manager in each local authority and before and after questionnaires with practitioners and managers – that is before the first learning sets (Time 1) in December 2014 and at the end of the final learning sets (Time 2) in May 2015. Twenty seven Time 1 questionnaires were completed by practitioners and 28 by managers; 24 Time 2 questionnaires were completed by practitioners and 27 by managers.

Where change was being considered, comparisons between scores at Time 1 and Time 2 were tested using the non-parametric Wilcoxon Signed-Rank test because the scores were not normally distributed. However, due to the very small numbers who responded to questions at both Time 1 and 2 (14 practitioners and 20 managers), the findings about change should be treated with caution.

Limitations

As just noted, the numbers completing both Time 1 and 2 questionnaires were small so the findings about changes over time would need to be replicated in a larger sample to be considered robust. In addition, since this was a very short project covering only six months and three learning sets for participants, it was not long enough to be able to consider actual changes in practice.

The evaluation was conducted by Professor Elaine Farmer and Dr Demi Patsios at the University of Bristol. The statistical analyses were undertaken by Dr Demi Patsios who was independent of the project. In such a short project it was not possible for the remainder of the evaluation to be undertaken by an independent evaluator. Although Elaine Farmer was involved in the development of the Practice Framework, the information for the evaluation was mostly derived from questionnaire responses which were filled in anonymously and the numbers of given responses were reported for every question in earlier drafts of this evaluation report to help to minimise bias.

Findings

1 The Practice Framework and implementation

- All the practitioners and most of the managers thought that the Practice Framework had been needed to improve decision-making and outcomes for children returned to their parents. Managers were aware of shortcomings in reunification practice in their authorities, including lack of timely assessments, inconsistent practice, lack of access to services and lack of data on outcomes. Return home was commonly seen as '*a lesser option re permanence*'.

- The practitioners and managers were very positive about the Framework. They saw it as clearly set out, practical, evidence informed and showing how reunification could be managed. They considered that using it was likely to lead to more robust assessments of risk and tighter planning. They liked the emphasis on engaging families in the process.

- Practitioners considered that the Framework would be useful for all the key tasks involved in reunification. Most thought that the Framework would be very useful in assisting them to assess risks; assess parental capacity to change; undertake chronologies; make decisions about whether to reunify a child and engage parents fully in assessment and work towards return. Most also thought that the Framework would be very useful in helping them to involve foster carers in preparing and supporting children/parents for return; ensure parents and children were prepared and provide post-reunification support and monitoring. About three quarters of the practitioners thought that the Framework would be very useful for organising services and developing Written Agreements for parents and engaging children. In addition, most of the small number of practitioners who had used the Framework had found it very useful in performing these tasks.

- As a result of the project, nearly three quarters of the managers said that their authority was developing a policy on reunification and the rest said that the authority planned to do so.

- The factors which had helped to get the Practice Framework accepted included senior managers championing and supporting implementation and, in two authorities, the appointment of a dedicated reunification manager or team; the use of champions in key areas such as looked after children (LAC) teams and Independent Reviewing Officer (IRO) services and using Advanced Practitioners to support implementation.

- Barriers to implementation included capacity issues, lack of clarity about who would take on the role of chronologist (since it was suggested that a second worker do this), uncertainty about how the Framework fitted with other processes, lack of services and in some authorities unclear messages as to who was allowed to start to use the Framework. In addition, lack of buy-in from other key professionals or agencies was sometimes mentioned, such as from IROs, a Principal Social Worker or CAMHS. The complexity of ensuring that all the crucial stakeholders were involved and supportive was also noted. These barriers were being addressed by action groups which would continue to work on implementation.

- Most of the managers thought that the Framework would be implemented in their authorities in the next year, fully (three fifths) or partially (a third).

2 Changes made during the project

Practice and Management

- For practitioners the only statistically significant (positive) change between Time 1 and 2 was that an increased number of them now felt more confident that they had the skills to conduct an assessment of a parent's capacity to change; although more also expected to provide services for 6 to 12 months after children returned home.

- There were statistically significant increases in the proportion of managers who at Time 2 said that their authorities had by then established the data to improve reunification practice and were using it to monitor returns home and improve practice; who had a good understanding of the costs and cost savings associated with providing good support and work on reunification; and who said that cost savings were being tracked by the authority.

- In addition, at Time 2, significantly more managers thought that practitioners were now more confident about assessing risk and expected to provide post-return services for 6 to 12 months after return.

Knowledge of Research

- The learning sets did not directly address research findings on reunification. 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 success 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 reunification being successful.

- 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, the child's older age or behavioural difficulties and return breakdown; and the link between the provision of specialist services for parents/children and also changed household composition and return success. In addition, a considerable proportion of practitioners and managers were not aware that research shows that children are much more often maltreated 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 even when they were not getting treatment or making good progress.

- It was concluded that, when implementing the Practice Framework, local authorities would need to provide some direct teaching on key research findings. In the final published version, increased emphasis has been put on using the research findings provided in the Framework and some of the less well known findings have been highlighted.

3 Services

- At Time 2, nearly three quarters of the practitioners considered that there were not enough services locally to help parents (or children) make and sustain changes before and after return home.

- Practitioners thought there were particularly serious gaps in specialist support for children and young people with behavioural and/or emotional difficulties by CAMHS or other agencies, in services for adolescents, direct work on parent-child relationships and in adult mental health services.

- It was noted that drug and alcohol and mental health services tended to be targeted at high end substance misuse or mental illness, did not address underlying causes or parenting and that workers in drug/alcohol services often struggled with child protection cases and tended to be led by the needs of adults rather than those of children.

- In addition, it was common for participants to note that services were not well structured for reunification, for example often parenting support was not available to families when children were in care/accommodated, so work before return home could not take place. Often, too services were not available once children accommodated under Section 20 returned home, because of the resulting change in their legal status. This needs to be addressed as a priority by managers.

- 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, and domestic abuse, direct work on parent-child relationships and on adolescent difficulties and parenting programmes.

4 The learning sets

- Two fifths of the practitioners and just under half of the managers thought that the learning sets had been very useful and the remainder quite useful to them.

- The main things the practitioners had learned about were using the risk classification tool (*'It is a fantastic risk assessment tool'*), completing chronologies, the importance of working with other professionals and of regular communication with – and involving – parents and children, the crucial role of support services after children enter care/accommodation and that post-reunification support is as important as assessment and planning. One commented *'It goes back to "proper" social work.'*

- In addition to those mentioned above, the main things that the managers had learned were that reunification had to be given *'a higher profile'*, that return to parent/s should be considered from *'the beginning'*, the importance of providing training in using the Framework and the tools in it, which they saw as very useful to practice.

- Amongst the things that these managers would now do differently were ensuring that relevant data on reunification were being collected and that return breakdowns would be tracked, become *' reunification champions'*, use information from IROs (Independent Reviewing Officers) to identify children who might be suitable for return home, ensure that services included reunification as part of their remit, for example when commissioning them, develop the role of supervising social workers in helping foster carers with assessment and support for return home and supporting relevant services in the voluntary sector that could help with reunification support.

5 How easily practitioners and managers in another local authority would be able to understand and use the Practice Framework without outside help

- Over half of the practitioners and four fifths of the managers thought that it would be very or quite easy for practitioners or managers in another local authority to understand and use the Practice Framework without any outside help like the learning sets provided by the project. Several respondents noted that the Framework is accessible and clear.

- Under half of the practitioners thought that it would not be very easy to do this, a view shared by a fifth of the managers.

- The managers had a variety of ideas about what would have been essential to help to implement the Framework without having the learning sets. It was thought that there would need to be a clear project management approach, a working group to work on implementation and the involvement of relevant practitioners such as IROs. Organising training and peer mentoring; and having external input from another source were all suggested. It would also be important to involve other agencies in ensuring that relevant services were available for reunification. Information from a pilot authority on how they had taken forward implementation, including a named contact, was also seen as likely to be useful.

6 Ensuring that local authorities give reunification a higher profile

Acknowledging that reunification has often not been prioritised as a core area of child care work, we asked in the interviews with senior managers what would help to make it figure more strongly on the radar of local authorities, such that they would be more likely to address this area of practice.

- The managers thought that it was important that Ofsted now included reunification as an area for inspection. Local authorities need to know in advance that this is an area on which Ofsted will focus.

- They thought that the publication of national data on returns home and re-entry to care, broken down by local authority, would be helpful as long as confounding issues were taken into account, for example the age profile of children returned.

- It was also thought that ensuring reunification was discussed at LAC reviews would be helpful.

- They all considered that all qualifying and post-qualifying social work courses should include reunification in their programmes.

Conclusion

The evaluation findings show that the Practice Framework was welcomed by the practitioners and managers who found it clearly set out, practical, evidence informed and showing how reunification could be managed. They liked the emphasis on engaging children and parents in the process. The risk assessment tool was highly valued. They thought that the Framework would be useful for the key tasks involved in reunification and most of the few practitioners who had had a chance to use it in this short project had found it very useful in performing these tasks. By the end of the project, the practitioners felt much more confident about assessing parental capacity to change. They also showed an increased awareness of the crucial role that foster carers can play, the importance of parental motivation, of preparation and of knowing children's histories and of returns home being gradual. Amongst the managers there were significant increases in the proportion who said that their authorities had established the data to monitor returns home and that cost savings were being tracked. The managers also thought that the practitioners had become more confident at undertaking a number of tasks associated with reunification.

Having access to the Framework and – if they had managed to do so – reading it had not increased awareness of some key research findings on reunification. It is therefore suggested that when implementing the Framework some direct teaching on the key research findings is provided, rather than assume that they will be picked up by participants reading the Framework.

All of the local authorities were developing policies on reunification and had taken action to increase services to support return home. This was important as there were often barriers to parents and children receiving the services needed for reunification, such as when the criteria for access to parenting services excluded the parents of looked after children and the common situation that eligibility for a range of services ceased after children accommodated under Section 20 returned home.

All the authorities had good buy-in from senior management for the project and most had task and finish groups to carry on the process after the final learning sets. Nonetheless, it was recognised that implementing the new Framework requires considerable effort over a period and more work would be needed to embed the Framework into everyday practice. In addition, views were fairly positive about how easily the Framework could be used without input from outside, such as the learning sets provided by the project.

The findings of this evaluation were fed back to the project team and consequently revisions have been made to the final published version of the Practice Framework.

The Practice Framework[1], Implementation Checklist[2] and the full report of this evaluation[3] are published online[4].

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1 Wilkins M. and Farmer E. (2015) *Reunification: An Evidence-Informed Framework for Return Home Practice*, London, NSPCC

2 Wilkins M. (2015) *How to Implement the Reunification Practice Framework: a Checklist for Local Authorities,* London, NSPCC.

3 Farmer E. and Patsios D. (2016) *Evaluation Report on Implementing the Reunification Practice Framework,* Bristol, University of Bristol.

4 http://www.bristol.ac.uk/sps/research/projects/completed/2016/returninghome/ and www.nspcc.org.uk/returninghome

MAIN REPORT

Introduction

Return to parents is the most likely outcome for looked after children, but it is much riskier for children than remaining in care or accommodation (Wade *et al* 2011). Research shows that there is a high risk of return breakdown and repeat abuse or neglect when children are reunified (see eg. Wade *et al* 2011, Thoburn *et al* 2012, Davies and Ward 2012, Department for Education 2013). In addition, as many as a third of the returns home that did not break down in one study were considered by the researchers to have been of poor quality for the children (Farmer *et al* 2011). In response to these research findings, the NSPCC developed 'Taking Care' which is a Practice Framework for reunification and introduced it in nine local authorities using an NSPCC practitioner to co-work reunification cases with the local authority social worker.

Building on this previous work the University of Bristol, in partnership with the NSPCC, took part in a project, commissioned by the Department for Education, which developed, tested and evaluated the implementation of a new revised Reunification Practice Framework (which did not use NSPCC co-workers), supported by an Implementation Guide. The objective was to explore whether this approach is likely to improve reunification practice. This new Practice Framework builds on a detailed literature review on reunification by the University of Bristol, which is being published separately (Farmer forthcoming)[5]. It also builds on information from the 'Taking Care' evaluation (Hyde-Dryden *et al* 2015) and consultation with local authority managers, practitioners and academics.

The new Practice Framework (like 'Taking Care') includes a risk classification table based on Hindley *et al's* (2006) and White *et al's* (2015) systematic reviews of studies on the factors associated with substantiated child maltreatment recurrence. The risk classification table was developed by researchers in response to findings from three major studies which were all part of the *Safeguarding Children Research Initiative* (Davies and Ward 2012). These were *Caring for Abused and Neglected Children: Making the Right Decisions for Reunification or Long-term Care* (Wade *et al.* 2011), *Effective Working with Neglected Children and their Families: Linking Interventions to Long-term Outcomes* (Farmer and Lutman 2012), which builds on their earlier study of reunification *Achieving Successful Returns from Care: What makes reunification work?* (Farmer *et al* 2011) and *Safeguarding Babies and Very Young Children from Abuse and Neglect* (Ward *et al* 2012, see also Ward *et al* 2012a). In addition, 'Taking Care' drew on a study and review of research on reunification undertaken by the NSPCC *Returning Home from Care: What's Best for Children?* (NSPCC 2012).

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5 See footnote 4 for website address

This new Practice Framework (like 'Taking Care') is an evidence-informed risk assessment and planning framework for use by local authority social workers when deciding whether a child can be returned home, and informing their work with families throughout the reunification process and once the child returns home. It does not require a worker from another agency and is intended to be readily accessible in approach, so that any local authority can use it to improve their reunification practice.

The Practice Framework covers gathering data about a case, using it to compile a chronology or case history to inform an assessment of risk (with the suggestion that this is done by a second worker from within the team or authority), analysing the data and classifying the level of risk to the child (considering both risk and protective factors) in order to make a decision on whether reunification is possible. It goes on to address identifying the changes that need to be made by the parents (and if appropriate child), engaging the support required to make them, using Written Agreements with parent/s to set goals and timescales for change and reviewing these in order to assess whether the parent/s have shown a capacity to change. The Framework also covers preparing the child and parents if the child is returning home and providing continuing services and monitoring after reunification.

Working with three local authorities, the project team delivered three learning sets to senior managers and three to practitioners in each local authority over a six month period (December 2014-May 2015), in order to introduce the Framework and assist managers and practitioners to implement it. This report by the University of Bristol is an evaluation of the introduction of this new Practice Framework on Reunification in these local authorities.

The findings will be relevant to practitioners, managers, researchers and policy makers with an interest in improving social work practice and in the implementation of the Practice Framework in their local authorities.

The views expressed in this evaluation report are those of the authors and do not necessarily reflect those of the Department for Education.

Definition of Reunification

Reunification is defined in the Practice Framework and here as when a child who has been accommodated or has been in care – that is any looked after child- returns home to the parent s/he had previously lived with or when a child who had been living with one parent 'returns' from care or accommodation to the other.

The Implementation Project

1 Sample selection and recruitment of local authorities

Data on the number of children returning home each year, from the SSDA903 return, were used to help identify local authorities who might be interested in the project. For the purposes of the research, the Department for Education provided additional analysis of the SSDA903 data on the number of these children who had re-entered care at least once by the end of March 2013. The project team knew from previous experience that it was important to recruit local authorities that 'had a problem to solve' whilst being stable enough to work with the team to try and solve it. The team therefore selected authorities which had both a higher than average rate of re-entry to care for children returned home in 2009-2010, and at least 75 children returned home between 2012-2013. The latter criterion was to ensure that the numbers would be sufficiently high to provide enough cases for practitioners to work on during the project. The team then disregarded any of these authorities already involved with the other funded reunification project that was in place at the time, conducted by the National Children's Bureau and the University of Loughborough[6]. The project methodology involved working intensively with local authorities in their areas over a relatively short period. A pragmatic decision was therefore taken to disregard authorities which would have necessitated overnight stays, in order to meet these requirements.

After this initial filtering, 18 local authorities were left. The team wrote to the Director of Children's Services for each of these authorities inviting them to apply to the project. The application form required applicants to provide some initial analysis about their reunification cohort and practice, and to demonstrate commitment to working with the team to implement the Practice Framework. Eleven authorities expressed an interest in the project and five completed an application. Three authorities were selected based on their strengths in meeting the following criteria:

• Demonstrable commitment to improving outcomes for children in relation to return home from care

• Senior management (Director of Children's Services and Assistant Director) support for the project

• Readiness to move swiftly on the project.

This means that the local authorities participating in the project were not and were not intended to be representative of local authorities in England as a whole. Nonetheless, many of the issues that arose during the implementation of this project are likely to be familiar to any local authority attempting to introduce changes in its practice.

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6 The report, *Improving practice in respect of children who return home from care: research report* (Hyde-Dryden *et al* 2015a) can be found at **www.lboro.ac.uk/research/ccfr**

2 Project set up meetings and preparation

Members of the project team met with the core strategic staff in the local authorities who were leading on the project. At a minimum this included the Assistant Director, Head of Service for Looked After Children, Head of Service for Children in Need and/or Family Support Services.

The agenda for these set up meetings comprised:

- **Shared Vision**: What are we all trying to achieve?

  – Headlines from research about children experiencing abuse and neglect on return home from care/accommodation
  – Theory of change and how this project fits into wider work around return home
  – Local authority aims for the project and how it fits with wider strategic objectives

- **Expectations:** What does the project team expect from the local authority (LA) and what does the local authority expect from the team?

  – Governance and accountability for the project
  – Named contacts
  – Written agreement
  – Sustaining implementation beyond the project

- **The Learning Sets**

  – Membership
  – Outline content of each learning set
  – Expected actions before the first learning set and in between sets – protecting staff time

- **The Evaluation**

  – What's involved?
  – Dissemination of findings to other local authorities

Tasks to be completed prior to the learning sets

A discussion document was also sent to the core leadership group asking them to work on the following tasks before the start of the learning sets:

1 Senior leadership endorsement of the project

  Assistant Director to send a note to staff involved in the learning sets explaining:

  – The rationale for the LA taking part in the project
  – The outcomes that the LA hope will be achieved
  – The expectations of learning set members, including attendance, participation and work in between sets, and
  – How the project will be reviewed

2 Senior manager to produce data and analysis of children returned home from care/ accommodation before the first learning set (see p.19 and Annex 2 of the Implementation Checklist, details of which are on page 23 of this report).

3 Senior managers to prioritise practice areas for learning sets to focus on

4 Senior managers to state their position on resources and collect data on costs

Senior management were asked to set clear parameters within which the learning sets could operate, ie. should participants only develop ideas that use existing resources, or is there scope to consider additional resource allocation?

Senior managers were asked to develop mechanisms for calculating the cost of implementing the Practice Framework and potential savings associated with reducing re-entry to care[7].

5 Reading the Practice Framework

All learning set members were asked to set aside 2-3 hours to read *The Reunification Practice Framework* before the first learning sets.

3 The Learning Sets

Membership

In each of the three local authorities, there was a learning set for managers (here called the strategic set) and another for practitioners. Each learning set met three times over a period of six months from December 2014 to May 2015. Membership of the learning sets varied across the authorities although there were some commonalities.

Each strategic (manager) set included

• Assistant Director / Chief Officer

• Head of Service Looked After Children

• Head of Service Children in Need

• Head of Service Family Support

• IRO (Independent Reviewing Officer) manager

• Local authority legal representative

• Fostering manager

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7 See Holmes L. (2014) *Supporting Children and Families Returning Home from Care: Counting the Costs,* Loughborough University and NSPCC.

Some strategic sets also included

- CAFCASS

- Senior clinical psychologist

- Principal social worker

- Manager of residential care services

- Performance manager

- Head of Service Safeguarding

- Manager of Child Protection conferences

- Commissioner of children's services

- Commissioner of adult services

- Multi Systemic Therapy manager

- Family Group Conference manager

- Project management support

- Court proceedings manager

- Children with disabilities manager

The practice learning sets all included

- Looked after children team managers

- IROs

- Advanced Practitioners

Some also included

- Social workers

- Safeguarding team managers

- Children with disabilities managers / workers

- Family Group Conference worker

- Multi Systemic Therapy worker

- CAMHS staff

- Reunification Manager

- Targeted family support services manager

- Training and development manager

Learning set methodology and content

Each set lasted about four hours. The methodology used was a mix of learning sets and workshops. The sets aimed to support participants to identify and analyse the problems in their area in relation to reunification, and to devise locally and personally relevant solutions. The sets also contained information sharing from the facilitators about messages from reunification research relating to the practice they were learning about and the NSPCC's experience of implementing 'Taking Care' (which, as previously noted, is the earlier version of the Practice Framework) in other local authorities.

Each learning set began by going around the group, allowing each participant time to reflect on their experiences, motivations and expectations for the session. Throughout each learning set, a 'postcard' was written to the other learning set in the authority. This detailed the individual and group actions that participants had committed to and listed questions or requests for the other set to consider. Participants examined the postcards from their counterpart group, and reflected on their own actions from the previous set.

The sets ended by going around the group again, allowing time for reflection, with each participant committing to actions they would take forward, whilst asking other participants to take forward particular actions.

The workshop elements of the learning sets used a variety of techniques. For example, in the first practitioner set, elements of good practice suggested by the Practice Framework were written up on large sheets of paper around the room. Participants were asked to stand by the practice which they felt most confident about, and then again where they felt there were weaknesses. Participants were asked for feedback about their choices, based on particular case studies from their own experiences. This exercise provided an opportunity to show that the Practice Framework relies on good social work practice, and that within the group there was confidence about most aspects of the Framework. It helped to sharpen the groups' focus on the areas of practice that most needed attention. Other techniques used were case scenario discussions, road map action planning and visioning exercises.

Facilitation

Each set was facilitated by two people. The NSPCC project lead facilitated every learning set. For the strategic sets she was accompanied by Elaine Farmer, University of Bristol, for the learning sets in one local authority (to familiarise her with the methodology) and by members of the NSPCC central management team for the others. The practice sets were co-facilitated by NSPCC team managers and consultant social workers, all of whom had three years' experience delivering the previous Practice Framework in local authorities. These staff members wove in their experience to illustrate key points throughout the learning sets.

More detail of the content of the learning sets is set out in 'How to Implement the Reunification Practice Framework. A Checklist for Local Authorities' (Wilkins 2015) which is published on the following websites:

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

and

www.nspcc.org.uk/returninghome

In between the learning sets

There were at least six working weeks (not including holidays) between each learning set. Participants were expected to progress their actions between the learning sets, including starting to use the Practice Framework. The postcards with the action lists were circulated to both groups within two days of the learning sets. The NSPCC project lead and the local authority strategic lead held a mid-way phone call between each set to reflect on progress and plan the next stages. In addition, the NSPCC project lead shared relevant additional information with participants between each set.

What the learning sets aimed to achieve

The ultimate measure of success for the whole project was that children would be returned home when it was safe for them to do so and that they would then remain stable and well cared for at home. (Alternatively if a decision was made that it was not safe – or a child's well-being would not be promoted by reunification – success would be seen when permanence plans had been implemented for them without delay, so that they would be in a stable placement with the wider family or elsewhere). The short timescales of the project meant that the project team were unable to track child level outcomes, although the team encouraged local authorities to do so themselves. Instead, the project focused on the implementation of the Practice Framework, which it was considered would lead to better outcomes for children. The 'success' of the whole project was therefore considered in terms of how far the Practice Framework had been understood and embraced by the key stakeholders in the local authorities, and the extent to which it appeared likely to be implemented. By the end of the third learning set, the team wanted authorities to be in a strong position to continue to implement the Framework.

Evaluation Aims and Methods

Aims of the evaluation

Specifically then, the objective of the project evaluation was to examine how the Practice Framework had been implemented in the three local authorities and how useful it was considered to be.

In order to meet this objective, a number of research questions were identified. These were:

1 What were the barriers and facilitators to implementing the Practice Framework?

2 How useful had managers and practitioners found it?

3 What changes, if any, were found in the skills, confidence, approach to practice/management and relevant research knowledge of the managers and practitioners involved in the project?

4 How likely is it that other local authorities will be able to implement the Framework without outside help?

The results of the evaluation were intended to allow the project team to consider the main lessons for introducing the Practice Framework in other local authorities and allow the team to modify the Practice Framework before it was made widely available to all local authorities on the University of Bristol and NSPCC websites[8].

Methodology

The evaluation collected data to address these research questions by using questionnaires at baseline (Time 1) before the learning sets and again at the end of the final learning set about 6 months later (Time 2). The questionnaires contained both pre-coded questions and open responses. In addition, an in-depth telephone interview was conducted with a senior manager in each of the three local authorities a few weeks after the project had ended.

The Time 1 and Time 2 self-completion questionnaires

Four separate questionnaires were developed, one each for practitioners and managers at Time 1 (T1) and one each for practitioners and managers at Time 2 (T2) (see Appendix 1). These reflected the different roles played by each group but also had some questions in common for comparison across groups. Participating staff filled in the Time 1 questionnaires before the first learning set began and completed the Time 2 ones at the end of the final learning set. At Time 1 respondents could use either a PC-adapted or hard copy version.

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8 Wilkins M. and Farmer E. (2015) 'Reunification: An Evidence-Informed Framework for Return Home Practice' has been published on the following websites:
http://www.bristol.ac.uk/sps/research/projects/completed/2016/returninghome/
and
www.nspcc.org.uk/returninghome

For the practitioners at Time 1, 'self-efficacy' questions were included (Holden *et al*, 1999), incorporating a 7 point Likert-style scale (from Strongly Agree to Strongly Disagree), intended principally to measure their perceptions of their reunification practice knowledge, skills and confidence. For example, practitioners were asked how confident they were about conducting robust assessments of risks, whether there was much they could do about children who had been accommodated under Section 20 returning home against social work advice and so on. They were asked about their knowledge of key research findings and for their views on whether a range of named services relevant to reunification were sufficient to help parents and children in their authority.

At Time 1 the managers were asked many of the same questions, including their views about practitioners' skills, confidence and practice in reunification and about whether key services were sufficient. They were also asked how well they thought reunification was working in the local authority and whether they had core data on return outcomes.

The Time 2 questionnaires repeated many of the questions in the Time 1 questionnaires and the responses were compared to identify if any changes had been made between Times 1 and 2. We focused, in particular, on respondents' self-assessment of issues such as knowledge, skills and confidence since it was too early to tell how far change had actually taken place in reunification practice in the local authorities in such a short project.

In addition, in the Time 2 questionnaires a range of other questions were asked, including how helpful the Practice Framework had been to the practitioners and managers; how it could be improved and how readily they thought other local authorities might adopt the Framework without outside help.

Administration of the questionnaires and participation rates

Table 1 Numbers of Completed Time 1 (T1), Time 2 (T2) and both T1 and T2 Evaluation Questionnaires

Practitioner Learning Sets	T1 (N)	T2 (N)	T1+T2 (N)
LA 1	6	5	3
LA 2	11	12	6
LA 3	10	7	5
Total	**27**	**24**	**14**
Manager Learning Sets	**T1 (N)**	**T2 (N)**	**T1+T2 (N)**
LA 1	7	8	4
LA 2	9	10	8
LA 3	12	9	8
Total	**28**	**27**	**20**

As can be seen from Table 1 above, 27 practitioners filled in the Time 1 evaluation questionnaires and 24 practitioners filled in those at Time 2. However, between the first and final learning set, the composition of the groups had changed somewhat, so that for example some practitioners filled in a Time 1 form but were not there for Time 2 or vice versa.

There had also been a dilemma about when to ask participants to fill in the Time 1 questionnaires. The evaluators had expected this would be at the start of the first learning set to maximise response rates. However, once a plan had been developed to encourage participants to read the Practice Framework before the first learning set, it was decided that the Time 1 questionnaires would be sent to participants in advance of the first learning set, since it was important to get their initial views on reunification <u>before</u> reading the Framework. This had the unfortunate consequence that a few Time 1 questionnaires were not filled in by busy practitioners and managers. Questionnaires which for any reason had not been filled in were chased up by the local administrators with variable success. The Time 2 questionnaires were filled in at the end of the final learning set and collected, so there was scarcely any loss of Time 2 data.

As a result it was found that 14 practitioners had filled in Time 1 <u>and</u> 2 questionnaires (of whom, 9 had attended all three learning sets and 5 the first and last). For most of the key statements in the questionnaires – used to compare responses at Times 1 and 2 – there were only 13 sets of matching Time 1 and 2 questionnaires. The corresponding figures for the managers in the strategic learning sets (see table above) are that 28 managers filled in Time 1 and 27 managers completed Time 2 questionnaires, but only 20 filled in both (of whom, 15 had attended all three learning sets and five had attended two). Of the 20, 18 or fewer had completed the key statements used to compare Time 1 and 2 responses.

This small number of T1 and 2 responses for practitioners and managers limits what can be said about changes over time. Nonetheless, we sought their views on a range of other issues, such as their experience of introducing the Practice Framework, its usefulness, how it could be improved and how helpful they had found the learning sets and for these questions all the Time 1 or 2 responses can be reported.

The interviews with senior managers

In addition to the T1 and T2 questionnaires, telephone interviews with one key senior manager in each authority were undertaken a few weeks after the completion of the final learning set. The most senior manager who was actively involved in this implementation project (all of whom by definition were members of the strategic group) was selected. In these interviews, in-depth consideration was given to how much change had taken place since the project began, what had facilitated change, what had been the main barriers to it and how they thought the Practice Framework could be improved. The interviews were conducted with Heads of Service for Looked After Children or Safeguarding and lasted between 30 minutes and over an hour. The interview schedule is in Appendix 2.

Analysis

The interviews with senior managers and the open responses in the questionnaires were analysed qualitatively. All the remainder of the T1 and T2 questionnaire responses were analysed using SPSS v22.

Self-efficacy and practice-related items

The number of responses to the seven point (Likert-type scale) self-efficacy and practice items (see earlier section) was too small for an assessment of the internal reliability of these sub-scales and for exploratory and/or confirmatory factor analysis. Comparisons were made between scores at Time 1 and Time 2 and the differences in the distribution of responses were tested using the non-parametric Wilcoxon Signed-Rank test because the ratings (ordinal scoring) were not normally distributed. The Wilcoxon Signed-Rank test made it possible to check the extent to which the same variables measured at two time points were scored differently (ie. positive, negative) as well as accounting for the magnitude of the observed differences for the same populations (ie. practitioners and managers). Paired differences on each measure were established by looking at the ranks (and sums of all ranks) of observed differences from Time 1 and 2 for practitioners and managers separately. Median responses are provided in the results tables and it should be noted that it is possible, although not very common, for paired samples to have different rank sums and yet have equal or nearly equal median responses. As SPSS does not automatically calculate effect sizes[9] for the Z statistic, these were calculated in MS Excel using the following formula: $r=Z/\sqrt{N}$, where N=the total number of observations that were made. A 95% confidence interval was used to determine statistical significance. However, due to the small numbers who responded to questions at Time 1 and 2, the findings should be treated with caution, that is where the test showed that the results were significantly different in this small sample, these results might not be corroborated by a larger sample.

Knowledge of research

Statements that related to knowledge of research were analysed using the McNemar exact significance test (2-sided) (chi-square) in order to show changes from agreement to disagreement (or vice versa) on a series of knowledge-related items for both practitioners and managers. The McNemar test[10] is used for non-parametric paired dichotomous data and has been used in this study to test for equality of proportions between practitioners' and managers' responses at Time 1 and Time 2. McNemar's Exact Test is suitable for small cell numbers and samples totalling less than 25 matched subjects. Fisher's Exact Test (used where there are

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9 Effect sizes are used to describe the strength or magnitude of a research result, such as the size of associations or the size of differences, with a larger absolute effect size indicating a stronger effect. Cohen (1988) provided rules of thumb for interpreting effect sizes using the following intervals for *r*: <.1: no effect, .1 to .3: small effect; .3 to .5: medium effect; .5 and higher: large effect. Cohen, J. (1988). *Statistical power analysis for the behavioral sciences (2nd ed),* Hillsdale, NJ: Erlbaum.

10 For a short overview of the McNemar test in SPSS, see Adedokun, O.A. and Burgess, W.D. (2012) 'Analysis of Paired Dichotomous Data: A Gentle Introduction to the McNemar Test in SPSS', *Journal of Multi Disciplinary Evaluation*, Vol 8, No 17: 125-131. Available online at: http://journals.sfu.ca/jmde/index.php/jmde_1/article/view/336/337

fewer than 5 responses in a cell or 25 in total) is not a suitable test to use given that the aim was to establish the extent to which there were discordant pairs (ie. agreement vs. disagreement) on a series of knowledge-related items for matched respondents at two time points; in other words, the measurements at both time points are not independent of each other.

Ethics

Before the start of the evaluation, the approval of the University of Bristol Ethics Committee was obtained. The evaluation participants signed forms consenting to their involvement in the evaluation (in relation to completing the questionnaires and where relevant the interviews). The questionnaires were anonymised with only minimal information supplied (eg part of birth dates) to allow the evaluators to match questionnaires at Time 1 and 2. The telephone interviews were digitally recorded with the consent of the interviewees.

Limitations

The questionnaires were completed by most but not all members of the learning sets at Time 1. However, for the reasons noted, the numbers completing both Time 1 and 2 questionnaires were very small, so the findings about changes over time must be treated with caution and would need to be replicated in a larger sample. In addition, since this was a very short project covering only six months and three learning sets for participants, it was not long enough to be able to consider actual changes in practice or the long-term retention of knowledge of research in this field.

The evaluation was conducted by Professor Elaine Farmer and Dr Demi Patsios at the University of Bristol. The statistical analyses were carried out by Dr Demi Patsios who was independent of the project. In such a short project it was not possible for the remainder of the evaluation to be undertaken by an independent evaluator. Although Elaine Farmer was involved in the development of the Practice Framework, the information for the evaluation was mostly derived from questionnaire responses which were filled in anonymously and the numbers of given responses were reported for every question in earlier drafts of this evaluation report to help to minimise bias. Some of the numbers remain in the final report, whilst others are now reported as fractions, such as half or a third.

Acknowledgements

Marsha Wood created the SPSS databases for the evaluation and Melanie Tomlin undertook the inputting of the questionnaire data. Our grateful thanks to both.

Thanks too to Dr Dendy Platt who was involved in putting in the first research application for this project and who provided advice throughout the project, particularly in relation to the evaluation.

THE FINDINGS OF THE EVALUATION

The evaluation findings are presented in two parts, first those from the questionnaires filled in by the practitioners and second those from the questionnaires and interviews with the managers.

In this first part of the report on practitioners, Section One explores the barriers and facilitators to implementing the Reunification Practice Framework in the three local authorities; Section Two examines how useful the practitioners found it and Section Three considers the availability of services in these local authorities to support returns home. Section Four looks at whether any changes had occurred in practitioners' skills, practice or research knowledge by the end of the project, Section Five considers the learning sets and Section Six how likely it is that other local authorities will be able to adopt the Reunification Practice Framework without outside help.

(1) THE PRACTITIONERS

Demographics

Twenty seven practitioners filled in the Time 1 evaluation form, four fifths of whom were women. There was an even spread in age and most were white British. The majority were social work qualified, although two had other professional backgrounds and managed family support teams. Fifteen were practitioners and the remainder were team managers. All but 4 had been qualified as social workers for over 5 years and most much longer and more than half had a post-qualifying or advanced award social work qualification. The practitioners worked in intake, looked after children, children in need, IRO, leaving care and child and family support teams.

Experience of reunification

At Time 1, over half of the 27 practitioners considered themselves as not or not very experienced at reunifying children with their parents and two fifths as quite experienced. No-one rated themselves as very experienced in this area of practice.

1 THE PRACTICE FRAMEWORK AND IMPLEMENTATION

1.1 Whether the Practice Framework had been needed in these local authorities

At Time 2, all the practitioners thought that the Practice Framework had been needed in their authority to improve decision-making and outcomes for children returned to their parents.

1.2 Factors which had facilitated getting the Practice Framework accepted

When asked at Time 2 whether there had been factors in their authority which had helped to get the Practice Framework accepted and would be likely to assist in getting it used in practice, a number of ideas were put forward. These included:

- Senior managers championing, owning and supporting the implementation of the Framework, with one worker saying that there was: '*Real drive and commitment to improve reunification practice to improve [the] lives of children and ultimately save the LA money*'.

- The development of a reunification team with a dedicated Manager.

- Taking things forward using Steering Groups or practitioner-led fora.

- The development of training for supervising social workers to further their understanding of the role of foster carers in reunification.

1.3 Barriers to getting the Practice Framework accepted

The practitioners considered that the actual or potential barriers to getting the Framework accepted and implemented across their authorities were:

- high caseloads and resulting time constraints, illustrated by the comment that an authority had experienced a '*huge increase in referrals and numbers of looked after children*'.

- the time needed to embed the Framework as a practice tool, supported by training

- resistance to change on the part of some workers and managers.

- the very large size of one authority's workforce

For implementation to succeed, practitioners thought that there was a need for:

- buy-in across services

- improved multi-agency support

- closer working with other professionals

- a consistent approach to timing, that is when to start to use the Framework

- getting the timing right for rolling out the Framework more widely across the authority.

1.4 Barriers that might stop these practitioners from using the Practice Framework

Most of the practitioners (17) did not think that there was anything that might stop them putting the Framework into practice, but 7 noted barriers, such as time to use the Framework and staffing capacity in the team. For example, one wrote:

Busy diary means I can't implement it and oversee it as much as I would like to.

1.5 Timetable for implementation

More than half of the practitioners thought that the Framework would be fully implemented in their authority in the next year or so, whilst over a third thought that it would be implemented in part.

2 THE USEFULNESS OF THE PRACTICE FRAMEWORK

2.1 Overall views of the Practice Framework at Time 2

All the practitioners thought that the Framework would be very useful to them. None of them identified anything that could be cut out of the Framework, responding to a question about this by comments such as *'Nothing could be cut out'.*

2.2 The main advantages of having or using the Practice Framework

When asked at Time 2 about the advantages of using the Practice Framework, several (9) practitioners mentioned that it provided a clear framework for practice, had clear stages, showed how reunification could be managed and that the classification of risk assessment tool was good. They thought that it was '*A clear simple guide that can be used by practitioners'*, giving '*hands on information/guidance'* that was practical. They considered that it would lead to more robust assessments of risk and tighter planning. They particularly liked the fact that the Framework is evidence-informed, with one considering that this made their work '*auditable'.* They also thought that using it would lead to more consistency in decision-making between teams. Comments included:

> It is a practical tool with real relevance to the lives of children.

> The Practice Framework offers a very clear way in which to consider risk in line with protective factors and encourages workers to consider the plan for reunification in terms of a clear plan of support for the family/child throughout the process.

They also liked the emphasis on engaging families in the process, ensuring that every opportunity had been given to families and then returning children home if it was safe to do so. One worker considered that the Framework '*consolidates existing good practice'.*

2.3 The main drawbacks of having or using the Practice Framework

In terms of drawbacks to using the Framework, time constraints were noted at Time 2, in particular that social workers needed time to do the chronologies and they considered that developing chronologies was a skill that not all the workers had. Practitioners noted that there was sometimes uncertainty in their authority about who would undertake chronologies (colleagues in the same or another team or a family support worker). A few practitioners were concerned that there would be inconsistency in the use of the Framework, and one worker saw the Framework as '*a bit lengthy*'. Others who responded to this question said that they could see no drawbacks to using the Framework.

2.4 Usefulness of the Practice Framework in undertaking the key tasks involved in reunification

A set of questions sought the views of the practitioners on the usefulness of the Framework in helping them to undertake specific tasks related to reunification. Just over a third (9) of the 24 practitioners who filled in the Time 2 questionnaires had by then had a chance to use the Framework in from one to three cases.

The results are shown in Table 2 below. The first 5 columns include all the practitioners, whilst columns 6 and 7 record the small number who had used it.

As can be seen in Table 2 below, most practitioners saw the Framework as very or fairly useful for undertaking the key tasks involved in reunification. When the very small number of practitioners who had had a chance to use the Framework for these tasks was considered, most reported that the Framework had been very useful to them. None of the practitioners who used the Framework reported that it was either 'Not very' or 'Not at all' useful.

Table 2 Practitioners' Views at Time 2 on the Usefulness of the Practice Framework in Assisting them to Undertake Specific Tasks in Relation to Reunification

Specific Tasks		Used and Not used				Used	
		Very useful	Fairly useful	Not very useful	Not at all useful	Very useful	Fairly useful
	Total N	N	N	N	N	N	N
Using the Risk Classification framework to assess risks and assist in decision-making on return	21	20	1	–	–	8	–
Ensuring parents and children were adequately prepared for return	21	19	2	–	–	4	1
Undertaking chronologies using case files as part of an assessment of parental capacity to change	21	18	3	–	–	2	1
Making a joint decision with a colleague about risks and the decision to reunify a child	21	18	3	–	–	6	2
Assessing parental capacity to change	21	18	3	–	–	5	2
Providing post-reunification support and ensuring children are monitored	21	18	1	1	1	4	–
Engaging parents fully in assessment and work towards return	21	17	3	1	–	3	3
Involving foster carers in preparing and/or supporting children or parents for return	21	17	2	2	–	3	1
Organising services for parents and children to enable them to make and sustain the changes needed for the child to return	21	16	1	3	1	5	–
Developing Written Agreements with parents setting out the goals and services to be provided and reviewing whether parents make these agreed changes	20	15	4	1	–	5	–
Engaging children and understanding their wishes and feelings	21	15	5	1	–	4	3
Supervising other workers' cases using the Practice Framework	20	14	5	1	–	3	–

3 SERVICE AVAILABILITY

3.1 Sufficiency

Clearly, implementing the Practice Framework needs to be accompanied by sufficient services to assist parents (and sometimes children) to make the changes required of them. For this reason, practitioners were asked about the adequacy of specific services in their local authorities. The responses of the practitioners who answered these questions at Time 1 are shown in Table 3 below.

Table 3 Practitioners' Views at Time 1 on Whether Services were Sufficient to Make Reunification Work

Specific Services	Total	Number of Practitioners who Considered that these Services were 'Not Sufficient'	Number of Practitioners who did not have a view – ie. responded 'Don't know'
	Total	N	N
Work with adolescents on difficulties such as aggression, self-harm, risk-taking behaviours etc	27	23	1
Specialist support for children and young people with behavioural and/or emotional difficulties by CAMHS or others	27	21	2
Adult mental health services	27	19	2
Direct work on parent-child relationships	27	17	4
Foster carers who will support children and parents to work towards reunification	27	12	5
Social work support for children and families	27	11	1
Domestic abuse services	27	9	3
Parenting programmes and services	26	9	2
Alcohol and drugs misuse services	27	8	4

As can be seen in Table 3, (and including respondents at Time 1 who did not have a view either way, ie. those who answered 'Don't know'), the practitioners thought there were particularly severe gaps in work with adolescents and in specialist services for children and young people with behavioural and/or emotional difficulties, adult mental health services and direct work on parent-child relationships. Many also considered that there were gaps in other services too. The pattern of gaps identified in services was fairly similar at Time 2.

3.2 Quality

When asked about the quality of these services, 7 practitioners thought the quality was good enough and 5 saw it as variable. But a considerable number of workers took the opportunity to comment that the real issue was not quality but the lack of availability of services, particularly in relation to work with young people (for example on their aggressive or risk-taking behaviour) and for children with behavioural or emotional difficulties, who did not have a specific mental health diagnosis. Moreover, they noted that young people were often reluctant to engage in help unless they were in crisis. Other difficulties were the criteria for accessing services, with mention that the criteria for accessing parenting support excluded parents with children in care/accommodation. This meant that 'pre-reunification' work could not take place. It was also noted that there was a need for more foster carers who would be able to understand the complexities of reunification. Lack of availability of services could mean that parents could not show that they were engaged with appropriate services in order to evidence change. Moreover, waiting could serve to escalate parents' difficulties.

3.3 Use of voluntary agencies

A fifth of the practitioners had used voluntary agency services to help support reunification. These included Homestart, Rooftop, MST (Multisystemic Therapy) and FAST (Families and School Together), parenting support from a voluntary organisation and charities for soft furnishing.

4 CHANGES BY THE END OF THE PROJECT

4.1 Changes in practitioners' views of their confidence, skills and practice in reunification work

The third research question was intended to examine what changes, if any, were found in practitioners' self-perception of their confidence, skills and methods of practice by the end of the project (see Methods section). In order to address this question practitioners were asked at Times 1 and 2 how far they agreed with a series of statements relevant to reunification practice. Some related to confidence in their skills, others to actual practice, one to workload capacity and others to service sufficiency or self-efficacy.

Table 7 which shows the results, and the accompanying discussion, are reported in full in Appendix 3. A summary of the key findings is provided below.

In terms of practitioners' confidence in their own skills, the only statistically significant increase between Time 1 and Time 2 had to do with *"the skills and knowledge to conduct a full assessment of a parent's capacity to change"*. Here 8 out of 13 practitioners reported higher levels of agreement with this statement at Time 2 compared with Time 1 (the median scores increased from 5 to 6 on the 7-point Likert scale). (No differences were found by the end of the project in either practitioners' confidence that they have the *"skills and knowledge to conduct a robust assessment of the risks associated with return home that will help me make sound*

decisions about whether or not to reunify" or that they (or their colleagues) *"have the ability to identify concrete achievable goals for the changes parents need to make prior to reunification".*)

In relation to actual practice by practitioners, there was a statistically significant decrease in the number of practitioners agreeing with the statement *"Before making a decision about reunification I/my colleagues read a child's case files to get full information about their history and family in order to write a chronology"*. At Time 2, 12 out of 13 practitioners reported lower levels of agreement compared with Time 1 (with median scores falling from 7 to 5 by the end of the project). This is likely to be because they were keen to implement the suggestion in the Framework about using a second worker to do this, for example a practitioner from their own or another team. No other statistically significant changes were found in practitioners' ratings of their actual practice between Time 1 and Time 2.

As previously noted, the focus was on practitioners' self-perceptions of these issues since, in an implementation project of only six months, it was too early to investigate changes in practice. At this stage of the project, only a small number of participants had had the opportunity to use the Framework and if they had done so, they might still be using it mainly for the early stages of reunification work. Moreover, given the small sample sizes, the results need to be treated with caution.

It was also noted at Time 2, that one in five of the practitioners still did not think much could be done if a child accommodated under Section 20 returned home from care of their own accord. Amendments to regulations and guidance[11] address how local authorities must deal with any unplanned returns home of children accommodated under Section 20 and detail local authorities' duty to safeguard and promote the welfare of children who return home in an unplanned way[12]. Given that a minority of practitioners still held the view that little could be done for these children, this issue has been given added emphasis in the final version of the Practice Framework.

4.2 Changes in research knowledge

Part of the remit of the evaluation was to consider how well key findings from reunification research were known to practitioners. This was also part of the third research question.

The evaluation addressed this question in three ways:

- Practitioners were asked to rate their level of awareness of research on reunification at Times 1 and 2

- Practitioners were also given a number of statements about research findings and asked if they agreed with them at Times 1 and 2

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11 The Care Planning and Fostering (Miscellaneous Amendments) (England) Regulations 2015; The Children Act 1989 Framework and regulations, Volume 2: care planning, placement and case review June 2015; Working Together to Safeguard Children, March 2015.

12 Further detail about this is provided on p. 9-10 and Appendix 10 of the Practice Framework

- Practitioners were asked to write down up to four key factors that related to successful returns home and up to four key factors that related to returns home breaking down at both Time 1 and 2.

4.2.1 General level of awareness of research on reunification

When at Time 1 the practitioners were asked how aware they were of the research on reunification, only one said s/he was 'very aware' of the research, 10 saw themselves as quite aware, whilst 16 were not very or not at all aware of the research literature. Of the 13 respondents who answered this question at Time 1 and 2, most (10) thought their awareness had increased. When the four possible responses are combined, the practitioners' views about their knowledge of research findings changed significantly between Time 1 and Time 2 (McNemar test, $p<.01$). At Time 2, participants were more likely to say that they were 'Quite' (15 out of 23) or 'Very aware' (6 out of 23 participants) compared with 'Not very' or Not at all aware'.

4.2.2 Changes in practitioners' responses to statements relating to research

The learning sets did not directly address the general research findings on reunification which are presented in the Framework but it was hoped that reading the Practice Framework (if they had had time to do so) would have alerted practitioners to key research findings. Some learning was evidenced, but perhaps not surprisingly this generally arose from specific practice issues covered in the learning sets, rather than absorbing other research findings from the Framework.

Practitioners were asked at Time 1 and Time 2 how far they agreed or disagreed with three statements in the questionnaires related to research. They were:

- *Universal services are sufficient to support the vast majority of children post-reunification, and specialist services are rarely needed*

- *The parents of children who have had previous failed returns are no more likely to need extra help to make reunification work than others*

- *Research shows that children are much more often maltreated if they return to parents who have alcohol or drugs misuse problems*

The McNemar (chi-square) Test was used to investigate any changes from agreement (responses 5-7) to disagreement (responses 1-3) with these statements or vice versa. Since it is only meaningful to agree or disagree with whether a research finding is true, response 4 'neither agree nor disagree' was coded as not knowing the relevant research finding. The results showed that none of the small changes that emerged were significant using this test.

It was evident from the analysis that for a minority of practitioners some important research findings about reunification were not known and remained so. These related to the relationship between return stability and the use of specialist services for parents and the risks associated both with repeat returns home and with parental alcohol and drugs misuse difficulties (see eg. Child Welfare Information Gateway 2011, Wade *et al* 2011, Davies and Ward 2012, Farmer and Wijedasa 2013). Reading the Practice Framework and being involved in the learning

sets appeared not to have led to greater awareness of these research findings. In the light of these findings the project team put increased emphasis on these issues in the final version of the Framework.

4.2.3 Knowledge of research findings

In addition, at Time 1 and Time 2, after rating their level of awareness of research on reunification the practitioners were asked to write down up to four examples of key factors related to successful returns and four examples of factors relating to returns breaking down. The analysis of these open responses and accompanying research references are reported in full in Appendix 4.

In summary, it was found that practitioners were aware at both stages of the importance of assessment, planning and support in reunification practice, all of which are central to much child care practice. However, the importance of change by parents before children return to them was less often noted.

The practitioners also showed an increased awareness at Time 2 of the link between return stability and preparation and support by foster carers (or residential workers) for parents and children before reunification; the importance of parental motivation, of preparing children and parents for return home, of knowing children's histories and of returns home being gradual. These research findings underpinned the areas of practice which the learning sets addressed.

However, some research findings which are specific to reunification were less well known and remained so. This included key issues such as the relationship between return breakdown and: previous failed returns home, the child's older age or children's behavioural difficulties; the relationship between the provision of specialist services and return stability; the link between changed household composition and return success and the relationship between parental alcohol and drugs misuse and children being maltreated after they have returned home.

In addition, it was suggested (here and elsewhere) that 'return within six months' was related to return success. However, returning within six months of becoming looked after relates to the *likelihood* of a child being returned at all and not to whether the return home succeeds (see Biehal 2006 for a discussion of this issue)[13]. In fact, research shows that returns home need to be gradual and when they happen without enough time to support parents to change, they are more likely to be unstable and break down (see eg. Wade *et al* 2011, Thoburn *et al* 2012). The Framework emphasises the importance of gradual returns after evidence that parents have made significant progress in relation to their difficulties. It is interesting that occasionally a research finding such as this proves so memorable.

It was concluded that a specific workshop or training session on key research findings would be useful when implementing the Framework to ensure that the less well known findings become better known and can therefore be taken into account when assessments for reunification are undertaken.

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13 This misunderstanding which occurred several times in responses to the questionnaires has been addressed directly in the final version of the Practice Framework.

5 THE LEARNING SETS

Sections 5 and 6 address the fourth research question on how likely it is that other local authorities would be able to implement the Practice Framework without outside help. It starts by looking at how well the learning sets worked.

5.1 The usefulness of the learning sets

More than a third of the practitioners thought that the learning sets had been very useful and two thirds quite useful. They had appreciated hearing the reunification experiences of workers from other teams and examples of positive return practice. When asked how the learning sets could have been changed to make them more useful to them, 14 practitioners shared their ideas. These included providing more case examples and examples of how the tools could be used in practice. They also wanted more case discussions. One commented that the examples provided had given an insight into how an 'unsuccessful' return home could have a positive outcome for a child because he or she had been moved to a permanent alternative placement, whilst another considered that the sets '*were interesting and provided thoughtful and reflective discussion'.* One wanted more learning sets, but another practitioner thought that two would have been sufficient '*as [the] Framework [is] very self explanatory'.*

5.2 The main things the practitioners had learned about reunification practice from the learning sets

The practitioners noted the main things they had learned about reunification practice from doing the learning sets. These included, for nearly half, using the risk classification tool and doing risk assessments with it, with one saying '*It is a fantastic risk assessment tool'*. They noted that it is evidence-informed and backed by research information on the factors associated with future harm. Over a quarter mentioned completing chronologies. A number (6) commented on the importance of working with other professionals, and one noted that clear timescales for return home were important.

Others noted that they had learned about the importance of knowing the research on reunification and regularly communicating with – and really involving – parents and children in return planning. The need for co-working, planning well in advance and using SMART targets with parents were also noted. In addition, there was mention of the importance of measuring outcomes; an appreciation that post-reunification support is as important as assessment and planning; the practice implications for foster carers, and the need to prepare parents and children for the ups and downs to be expected after reunification. One respondent wrote:

It goes back to "proper" social work.

Another commented

More focus and resources on reunification would improve the lives of the most vulnerable children.

5.3 What these practitioners would do – or do differently – since reading the Practice Framework and doing the learning sets

Most practitioners said that, since doing the learning sets, they were using the Framework and would share it with colleagues and encourage them to use it. In particular, they were keen to undertake assessments of risk and protective factors and parental capacity to change – including using Written Agreements with parents, ensuring continued assessment and monitoring after return home and making sure that support plans were in place. They also wanted to get a second worker to produce detailed chronologies.

Some said that they would revisit the Framework during children's reviews. One was going to deliver training to social workers, foster carers and supervising social workers, whilst another was planning to arrange for chronology training for all practitioners and a third would embed reunification practice in their ASYE (assessed and supported year in employment)[14] work.

5.4 Areas in which more information was needed

The issues on which participants wanted more information included how the Framework fitted with their local processes and how, in their local authority, cases deemed suitable for using the Framework would be identified. A few also wanted to know more about: using the templates[15], whether the key worker had to be a social worker, how to support children and parents if reunification was not successful and legal issues when assessments were completed during care proceedings. There was also a wish to know more about their authority's statistics on returned children.

5.5 What was most helpful to learning

The approaches which had most helped practitioners' learning included simply reading the Framework, putting it into practice – including using the tools – getting practical advice, discussing case examples and case discussion. Some had particularly valued the opportunity to share their experiences of using the Framework with other workers, including examples of what worked well and what did not. Two had found that planning their work in more detail, being proactive and using a structured approach had been beneficial. One commented that the *'facilitator from NSPCC was very good'*.

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14 The assessed and supported year in employment or ASYE is a twelve month programme for assessing newly qualified social workers (NQSWs). It supports the NQSWs during their first year in employment, helping them to develop their skills, knowledge and professional confidence.

15 For example, the templates for Return Home Assessment Reports and for Written Parental Agreements.

5.6 Other forms of training or learning help that the practitioners would have liked

Nine practitioners suggested additional forms of training that they would have welcomed, including more workshops, a training day, on-line resources and a video. The learning help suggested was considering a case in relation to the stages in the Framework and having someone to consult when using it for the first time. Two commented on the parallel managers' learning set, with one wishing for joint discussion with them and the other disliking receiving comments from the group on a postcard. In this context, it is interesting that one local authority had had a meeting between the two learning sets. Perhaps this would be a useful model for other authorities and, at the least, there is a need to maximise clarity about the respective roles of the practitioners' and managers' learning sets.

All but one of the practitioners thought that they would find it useful to attend additional training that the project workers might provide, for example to boost their confidence and reinforce learning from the groups. In addition, all would make use of any training materials that the project workers might provide in the future and almost all would use such training material to train others.

6 HOW EASILY LOCAL AUTHORITIES COULD IMPLEMENT THE PRACTICE FRAMEWORK WITHOUT OUTSIDE HELP

6.1 How easily did the practitioners think that other local authorities would be able to use the Practice Framework without outside help

Since the plan was to make the Practice Framework and Implementation Checklist freely available to all local authorities, the practitioners were asked how easily they thought the Framework could be picked up and used by other authorities without outside help, like the learning sets provided by the project.

Over half (13) of the practitioners thought it would be very or quite easy for practitioners in other local authorities to understand and use the Practice Framework without any outside help. This group mentioned that the Framework was clear and easy to understand and provided tools which were easy to use, with good use of pictorial guides and examples.

On the other hand, under half (11) of the practitioners thought that it would not be very easy for practitioners in another authority to understand and use the Practice Framework without any outside help. Amongst those who took this view, practitioners emphasised that the learning sets had been very useful in terms of making staff at all levels think about the actions needed to implement the Framework and they thought that they had greatly benefitted from the learning sets. One noted that it would be difficult without this to get consistent use and buy in across services.

6.2 What would have been essential to help to implement the Framework without having the learning sets

The practitioners were asked what would have been essential to help them to implement the Framework if they had not had the learning sets. Several thought that they would have needed examples of assessments, chronologies or support plans that had been developed using the Framework. Another group stressed the need for training or workshops to guide workers through it. Others noted the need for clear guidance from senior managers as to how they wanted the Framework to be implemented, a nominated lead person in the authority and clarity about which cases to use it for. A few mentioned the importance of having a mentor (within or outside the authority) or named worker (or peer group) who could offer them support. Some workers simply noted the importance of having time to read and digest the Framework.

Final comments from the practitioners

In final comments, practitioners noted that they had enjoyed the learning sets and that their confidence in undertaking reunification had increased. The comments included:

The Reunification Framework provides a positive and useful structure to the reunification process which fits in with our authority's assessment process.

Very good training. Framework excellent and easy to follow. Reunification tool useful.

Now that the practitioners' views have been considered, the views of the managers from their questionnaires and the three interviews with senior managers will be covered.

(2) THE MANAGERS

The second part of the evaluation, which follows, covers the findings from the questionnaires and interviews with the managers. Section One looks at what the managers thought had needed to change in reunification practice in their local authorities and what they hoped the project would achieve; Section Two explores the barriers and facilitators to implementing the Reunification Practice Framework in the three local authorities and Section Three examines how useful the managers found it. Section Four considers the services in these local authorities that support returns home and any work being undertaken to improve services and Section Five looks at whether any changes had occurred in reunification practice, related management activities and the research knowledge of participants by the end of the project. Finally, Section Six considers how the learning sets went and Section Seven how likely it is that other local authorities will be able to adopt the Reunification Practice Framework without outside help.

Terminology

In this section the managers' learning sets are sometimes called the 'strategic group' or the 'strategic learning sets'.

Demographics

As was shown in Table 1, 28 managers completed the Time 1 evaluation form. Most (17) were women and three fifths were aged over 40. All but three were white British. The membership of the managers' learning sets was covered in the earlier section on 'The Implementation Project' on page 18. Given the diverse roles of the managers, including for example, some who commissioned services or were performance managers, it is not surprising that over a quarter (8) were not social workers.

As previously noted, although 27 managers filled in the Time 2 questionnaires, only 20 had completed both Time 1 and 2 questionnaires and 18 or fewer completed the key statements which we used to compare responses at Time 1 and 2. (The reasons for this attrition were discussed in the methods section). This small number limits what can be said about changes over time. Nonetheless, the views of the managers had been sought on a range of other issues including introducing the Practice Framework and how it could be improved and for these questions all the responses can be reported.

Experience of reunification

At Time 1, in their role as managers, well over half of the strategic group members had had quite a lot of experience of reunification (that is overseeing 11 or more cases), whilst most of the others had considerably less experience.

1 SHORTCOMINGS IN REUNIFICATION PRACTICE BEFORE THE PROJECT AND WHAT THE MANAGERS HAD HOPED WOULD BE ACHIEVED

1.1 Shortcomings in reunification practice

The managers were asked at Time 2 for their views on the key shortcomings in reunification practice in their local authority and what had needed to change. Several mentioned the need for more timely assessments and more consistent practice. There was mention of drift for children and of inexperienced social workers, some of whom lacked the confidence to challenge parents.

It was also noted that the local authorities had often had no data on the outcomes of reunification and that return home was seen as '*a lesser option re permanence*'. Another stumbling block was a reduction in spend on family support so that insufficient early help was available. Another somewhat different issue was that the courts had sometimes '*overruled*' the evidence provided by the local authority in care proceedings, such that reunification occurred against local authority advice.

1.2 What needed to change

In terms of what needed to change, several managers mentioned that what was needed was a clear strategy to implement the Practice Framework, which had sign-up by the relevant parties, including other agencies. (For large authorities, this was a particularly challenging task). The strategy needed to identify clearly which children the Framework would be used for and to make links to schools, health and mental health support services. Training across the authority and reflective supervision were needed to underpin the introduction of the Framework.

1.3 Why the local authorities had participated in the project and how far their hopes had been met

When asked what they had hoped would come out of participating in the project, the three senior managers who were interviewed all mentioned that they had been aware of inconsistent and poor reunification practice. They wanted to improve children's outcomes and reduce the numbers of looked after children in their authorities. One added:

> *I've always thought [of it as] being one of the key areas of work that we miss out on actually.*

One manager had known of the original Framework used by the NSPCC (called 'Taking Care') and had wanted to use it in a previous authority which had not been possible. This manager made this comment on the revised Practice Framework:

> *I think it's even better now than it was two years ago. ... I think when I looked at the NSPCC model again I think I was really just impressed in terms of the evidence behind it, in terms of particularly the risk analysis parts of it. But also I just think it feels like a piece of work that families actually can get a lot from, and will understand in really simple terms.*

When asked how far their hopes had been met, all the managers were positive, although each authority was at a somewhat different stage of implementation. One local authority was preparing to implement the Framework. In another authority the manager considered that the project had led to a '*significant improvement in practice*'. The third manager said:

We're really pleased with the work so far... we feel as though we're doing well at the moment and I think we've been very impressed with it.... We've had quite a few follow up meetings with people who have been on both the strategic group and the practitioner group, and the feedback has been really positive... So I think we're really pleased for the moment. We're recognising we've got quite a long way to go to actually get to a point where we actually formally launch it and implement it and it's embedded as well.

This manager added:

We've also taken a couple of cases, where we've started to do the reunification work, through to permanence panel, and one of the things that actually people have said is the quality of the paperwork has improved significantly and quality of the recording, the quality of the assessment, and the quality of the care planning behind it is really improved.

In terms of knowing if the project had been successful, the managers thought they would use their data to examine if their numbers of returns home had increased (or decreased) and the impact on the numbers of looked after children if reunification levels rose; they planned to gain information from close monitoring of cases worked with using the Framework and by following up reunifications which broke down. They also planned to monitor the numbers of children not returned home because it was not safe to do so and the permanence plans made for them.

1.4 Whether the local authorities had developed a policy on reunification

In the questionnaires, managers commented that there had been a need for a clear policy on reunification in their local authorities and that the project had driven the development of such policies. By the end of the project, over three fifths of the managers reported that their authorities were in the process of developing a policy on reunification (with one actually developed), while the rest said that their authority was planning to do so.

2 THE PRACTICE FRAMEWORK AND IMPLEMENTATION

2.1 Whether the Practice Framework had been needed in these local authorities

At Time 2, almost all the managers thought that the Practice Framework had been needed. The one who did not think it necessary commented '*But it will sharpen up practice and offer greater consistency – win win.*'

2.2 Factors which had facilitated getting the Practice Framework accepted

The managers were asked at Time 2 how implementation had progressed. First their views on what had facilitated getting the Practice Framework accepted were sought. Two fifths of

the managers thought that the Framework fitted very well with existing practice and a third quite well. The remainder did not know. The managers suggested a range of factors that had facilitated getting the Practice Framework accepted and would help to get it implemented. These included:

- having good strategic leadership and vision

- being in a local authority which was prepared to innovate

- the appointment of a coordinator or manager for reunification

- the use of champions in key service areas such as LAC teams and IRO services

- using Advanced Practitioners to support implementation

- fitting well with existing work, for example linking with practice developments, such as an emphasis on restorative practice, the use of Family Group Conferences or a good parental assessment service

- having the learning sets and the NSPCC facilitator ('*a fantastic facilitator and enthusiastic'*)

- the motivation and keenness of the practitioners' learning set

- ensuring that the managers' and practitioners' learning sets communicated well with each other

- briefing other fora like the Corporate Parenting Board, the Multi-agency Looked After Partnership (MALAP), the Children's Trust Board and Safeguarding Board about implementation plans.

2.3 Barriers to getting the Practice Framework accepted

They considered that the actual or potential barriers to getting the Framework accepted and implemented in their authorities were:

- capacity issues, including increases in referrals and caseloads and staff turnover.

- the need to embed practice, particularly with team managers

- size and scale were again noted in larger authorities, although it was also clear that the project was not yet always widely known about throughout smaller authorities

- the need for clarity on how the Framework fitted with other processes; for example the importance of being clear how the Framework sat alongside or replaced existing assessments

- the need for clarity about how implementing the Framework fitted with other initiatives being undertaken by a local authority, with one manager noting that s/he felt '*frustrated by this being seen in isolation from other initiatives and changes under way'*.

- the need for clarity on the chronologist's role (who, when and how)

- the need for clarity on the timescales for rolling out the Framework more widely

- the need to help courts and CAFCASS to understand the Framework

- making changes to commissioning of services so that sufficient appropriate services to support reunification are in place. It was noted that the timescales for changes to service contracts can be quite long

- for some authorities, but not others: lack of buy-in (and/or attendance at learning sets) from key practitioner groups such as IRO team members, the Principal Social Worker, CAMHS, children's guardians or more rarely representatives from schools. (Schools were well represented on some of the strategic groups).

2.4 How these barriers could be dealt with

The managers suggested a range of ways to deal with these barriers. These included training, supervision, maintaining senior management buy in and leadership, discussion at court meetings and more generally sharing the main messages with key partners. Several mentioned implementation action groups or task and finish groups which would continue to work on implementation after the six month project finished and one noted the importance of '*developing a network of champions across the city*'. It was also suggested that Local Safeguarding Children Boards (LSCBs) and Children and Families Boards could assist. Engaging schools early in the process was also emphasised.

2.5 Timetable for implementation

Three fifths of the managers thought that the Framework would be fully implemented in their authorities in the next year and a third thought partial implementation more likely. In one authority almost all the managers thought that full implementation would take place within the year.

2.6 Adjustments needed to use the Practice Framework

At Time 2, most of the managers thought that practitioners would need extra support or training to use the Framework. Some planned to provide mentoring, peer support or supervision groups, whilst support or training from Advanced Practitioners was considered invaluable. It was considered that such assistance would build up skills and confidence in using the Framework. In one authority the workforce development group was going to develop an action plan to address this. Others thought support champions would assist.

Two thirds of the managers thought that team managers would also need extra help or training in order to supervise workers to use the Framework.

Two fifths of the managers did not think staff needed more room on their caseloads – or the authority more staff – to implement the Framework. More than a quarter took the opposite view, with some authorities planning to use their family support services to implement the Framework, noting that time would be required to complete the assessments. Another strand of opinion was that the Framework recommends what social workers should be doing anyway and that time should be freed up in the longer term.

2.7 Cherry-picking parts of the Practice Framework

Most strategic group members thought that current practitioner caseloads were manageable, although one manager thought that workers with high caseloads might simply use the risk matrix alone. In other parts of the questionnaire for managers and in practitioner responses, 'cherry picking' the Framework emerged again. For example, one manager thought that practitioners could decide which elements were required for each family; another suggested that practitioner or strategic groups could negotiate which parts of the Framework would be the minimum to work sufficiently well and a third wondered if there could be mandatory and optional sections.

It should be noted that the intention is that practitioners will use the whole of the Practice Framework in order to improve reunification practice. The Risk Assessment Tool is seen as helpful, but the intention is that its use is within the whole context of the Framework, including engaging children and parents, making decisions about risk categories, providing tailored services and methodically using written agreements with parents to ensure parental change occurs before return home takes place and providing services and monitoring to sustain reunification.

2.8 File read and chronology

Two fifths of the managers planned to get a second worker to do the file read and chronology whilst a quarter would not do this. (Others did not know what their authority would do). Some managers expected that this responsibility would be shared within teams, but others thought there was insufficient capacity to do this.

2.9 Which cases the Framework would be used for

In the interviews, one manager said that the authority would be using the Framework for looked after children where reunification was seen as a possibility, for example due to a change in family circumstances, and they were also considering whether to use it for all children from the time that they become looked after. Another manager identified the same two groups, adding that they would use the Framework at an early point for newly looked after children where there was concern about neglect or abuse, in order to examine if reunification was likely to be viable. These managers also saw the potential for using the Framework with teenagers and with children aged 8-12 who had been looked after for some time and where, without a clear plan, the child was drifting. However, in practice, they planned to focus on one of the other groups first.

Another of the managers planned to use the Framework with children in care proceedings where there was discussion about the long-term plan for the child; and also for children on the edge of care (that is children with a high likelihood of becoming looked after) or at the start of an episode in care/accommodation. This manager explained:

> *The bits that we're keenest to get into practice are that upfront assessment in the first place – is this or isn't this… high risk, medium risk, low risk in terms of the potential for the*

reunification working? And trying to frontload that into social workers' assessments. So it's at the point even that children are coming into care they're already doing an assessment of [this]… but also then building in ... what support needs to be around that family to make it work [for the child to go home].

3 THE USEFULNESS OF THE PRACTICE FRAMEWORK

3.1 Overall views of the Practice Framework at Time 2

Most (four fifths) of the managers at Time 2 thought that the Framework would be very useful and the remainder quite useful. The responses in the Time 2 questionnaires showed that none of the managers thought that any part of the Framework could be omitted. One thought that, although all the Framework was essential, it might be daunting for some workers and another that certain elements could be moved to an Appendix, for example the factors associated with future harm and some of the examples. Another manager went further, noting:

The framework is very long. It might be helped by having the supplementary detail at the end to allow easier navigation of the framework. Move anything of reference to the end. Keep the Framework action sections as brief as possible to allow easier overview.

In the interviews, the managers were very positive about the Practice Framework in terms of its contents, presentation and accessibility and said that their practitioner groups had also been very positive. One said:

From a practitioner point of view and from a strategic point of view I think [the Framework] makes you think well actually you can see the real clear rationale of this, and the level of research I think was really good, really high level of research. And I just think it was a really well presented document really, and I think it does really stand up to quite a lot of scrutiny as well.

They thought that the tools in the Framework were very useful and said that practitioners had found it easy to use. The importance of having robust assessments was noted, with one saying:

That's why I like the model. I think that risk, the red, amber, green model is a really good model. It's really easy for practitioners to understand, it's really easy for parents to understand.

They saw the core elements of the Framework as the approach to conducting risk assessments (*'a really good tool'*) and making decisions about return home, and also making support plans and reviewing progress. Goal-setting and working with Written Agreements were also core. One authority was providing support plans for Special Guardianship Orders (SGOs) and wanted to consider the commonalities between support plans for adoption, SGOs and reunification.

3.2 The main advantages of having or using the Practice Framework

At Time 2, many of the managers thought that a key advantage of using the Practice Framework was the consistency it brought to practice. They also welcomed having evidence informed tools to support decision-making and a tested model which provides information that is clear, useable and accessible. They considered that it helped practitioners organise their thoughts and efforts, encouraged early consideration of return home and that the research base and templates helped social workers to be '*seen as an expert*'. They liked the fact that it encouraged transparency and openness with parents and children and provided '*equity of service for children*'. They also thought that using the Framework would lead to better outcomes for children.

3.3 The main drawbacks of having or using the Practice Framework

When asked at Time 2, what they thought were the main drawbacks to using the Framework, managers noted that not all staff had the skills to use it, that some had '*not bought into*' the project or felt daunted, seeing it as '*another set of requirements*'. Two managers thought it was a '*disproportionate response to a relatively straightforward issue*', although one of these thought it should be prioritised for suitable cases.

One manager thought that the Framework was quite detailed and that practitioners might 'skip' the bits they did not like. Another wondered if it was too prescriptive, but thought this unlikely. It was noted that it needed to be seen as neither (too) time consuming nor as what practitioners did already. Most other comments were about helping workers get used to a new approach and the assessment tool and it was thought that its use would depend on the quality of the social work behind it.

3.4 Usefulness of the Framework in practice

At Time 2 two thirds of the managers had not yet managed any cases using the Framework, but three had managed a single case, three had overseen 2 cases and another three had managed 3 cases using it. We asked all the managers (whether or not they had used the Framework) how useful they thought it would be in assisting the workers they managed to undertake a range of relevant tasks. The results can be seen in Table 4.

Table 4 Managers' Views at Time 2 on the Usefulness of the Practice Framework in Assisting with Specific Tasks in Relation to Reunification

Reunification Task		Very useful	Fairly useful	Not very useful	Not at all useful
	Total N	N	N	N	N
Assessment and decision-making for reunification	23	20	2	–	1
Developing Written Agreements with parents and evidencing changes in parents before return home	23	17	5	–	1
Ensuring parents and children are adequately supported pre and post return home	25	17	8	–	–
Involving foster carers in preparing and/ or supporting children or parents for return home	23	13	10	–	–
Supervising other workers' cases using the Practice Framework	21	12	8	–	1
Multi-agency working on reunification	25	14	9	2	–
Monitoring children post return home	24	12	8	4	–

As can be seen from Table 4 above, overall the Framework was seen as likely to be very useful for many of the major tasks associated with reunification, although it was seen as slightly less useful in relation to monitoring children post return home, involving foster carers, multi-agency working and supervising the cases of other workers who were using the Framework.

The managers' open comments as they rated each area of practice included that the Framework helped to involve parents more than had been the case previously and that delivering support was a potential problem once children were no longer looked after, as services would not then be available. There were varying views on monitoring, from '*[our authority is] not very good at monitoring*' to an explanation from another authority that it would be providing a clear framework for how monitoring should be managed, with schools seen as playing a vital role.

3.5 The likely influence of the Framework on practice

We asked the managers at Time 2 for their views of the influence that the Framework was likely to have on practice (see Table 5).

Table 5 Managers' Views at Time 2 on Whether the Practice Framework was Likely to Have an Influence on Particular Areas of Practice[16]

Area of Practice		Very positive influence	Quite positive influence	Neither positive nor negative influence
	Total N	N	N	N
Improving decision making (i.e. making the right decision about reunification)	24	17	7	–
Improving *confidence* in decision making	24	17	7	–
Effectively establishing the views of children and young people and involving them where possible	24	12	11	1
Improving parents' understanding of what needs to change	24	9	14	1
Improving children and young people's well-being whether returned home or needing permanent placements because return is not possible	26	10	15	1
Working with Section 20 cases	23	8	13	2
Increasing parental uptake of support services	25	7	12	6
Meeting legal timeframes	22	6	11	5
Reducing drift and delay in permanence planning	23	6	16	1

It can be seen that most managers thought that using the Framework would have a particularly positive influence on decision-making and establishing the views of children; and a generally positive influence on improving parents' understanding of what needs to change, improving children's wellbeing and working with children accommodated under Section 20. Fewer managers again thought that its influence would be "very positive" on increasing parental uptake of support services, meeting legal timeframes or reducing drift and delay in permanence planning.

4 SERVICE AVAILABILITY

4.1 Sufficiency

Given the importance of having adequate services if returns home are to succeed, managers were asked about this.

As can be seen in Table 6 below (and including in the calculations respondents who did not have a view), at Time 1 the managers thought that there were particularly severe gaps in: mental health services, direct work on parent-child relationships, specialist help for children with behavioural or emotional problems (from CAMHS or other agencies) and work with adolescents.

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16 These factors were considered in the evaluation of 'Taking Care' (Hyde-Dryden *et al* 2015).

A considerable number also thought that there were gaps in other services too. Managers wrote that there were few parenting programmes for the parents of teenagers or the parents of looked after children; and that CAMHS services were always stretched and only accepted cases when a child was settled, so services were rarely available for reunifying (or reunified) children. Overall, managers commented that services needed to be refocused onto reunification.

Table 6 Comparison of Practitioners' and Managers' Views on Sufficiency of Services to Make Reunification Work at Time 1 and whether Changes were Identified and/or Made by Time 2 (Unmatched Samples)

	Time 1		Time 2				
	Managers who considered that services were **insufficient**	**Practitioners** who considered that services were **insufficient**		Managers Reporting **Changes Made** to address Gaps	Gaps Identified by Managers and **Changes needed**	Managers Reporting **No changes needed**	Managers Reporting **Don't know**
	N (Total N)	N (Total N)	Total N	N	N	N	N
Adult mental health services	20 (28)	19 (27)	25	2	14	–	9
Direct work on parent-child relationships	18 (28)	17 (27)	25	10	9	1	5
Specialist support for children and young people with behavioural and/or emotional difficulties by CAMHS or others	18 (28)	21 (27)	25	6	15	1	3
Work with adolescents on difficulties such as aggression, self-harm, risk-taking behaviours etc	18 (28)	23 (27)	25	9	12	–	4
Domestic abuse services	13 (28)	9 (27)	26	10	8	1	7
Social work support for children and families	12 (28)	11 (27)	25	13	8	2	2
Foster carers who will support children and parents to work towards reunification	17 (28)	12 (27)	25	6	14	1	4
Parenting programmes and services	7 (28)	9 (26)	25	7	9	1	8
Alcohol and drugs misuse services	6 (28)	8 (27)	26	10	7	2	7

4.2 Comparison of managers' and practitioners' views on service sufficiency

As can be seen in Table 6, slightly more practitioners than managers at Time 1 considered there to be insufficient services for adolescents in relation to their difficulties. In relation to other services, there was considerable agreement about where the major gaps were. Most respondents in both groups considered that mental health services were insufficient.

A minority (about a fifth) of practitioners and managers thought that there were insufficient alcohol and drugs misuse services. It may be that all the authorities had good alcohol and drugs misuse services or possibly that they did not routinely refer parents to these services, since research has suggested that the use of treatment services for parents where children are to be reunified is low (Farmer *et al* 2011). However, it is possible that the issue may be that too few services are appropriate. In open comments, managers noted that drug and alcohol and mental health services tend to be targeted at high end substance misuse or mental illness, did not address underlying causes or enable better parenting; and that workers in drug/alcohol services were frequently adult needs-led as opposed to being child centred and that they often struggled with child protection cases.

4.3 Quality

Many of the managers thought that the key issue was capacity rather than quality, although some commented that it was difficult to know about quality or that quality was variable.

4.4 Services and changes to them by Time 2

By the end of the project, 18 managers had commented at both Time 1 and 2 on whether there were sufficient services. More than twice as many managers at Time 2 thought that there were plenty or just enough services than had taken this view at Time 1 (13 versus 6 managers respectively). Due to the small sample sizes, this difference was not statistically significant using the Wilcoxon Signed-Rank test, but is qualitatively large enough to warrant comment. This increase in the view that there were plenty or just enough services is likely to be because some of the managers had been involved in commissioning services to fill the known gaps or were aware of the steps being taken to improve services. In contrast the number of practitioners who thought that there were insufficient services for reunification (ie. not enough or not nearly enough) had risen from half (7 out of 14) at Time 1 to two thirds (10 out of 14) at Time 2.

At Time 2, the managers were asked whether any changes had been made, or were planned, to address gaps in services. Excluding those who said that they did not know, over half of the managers reported that changes had been made to address gaps in social work support for children and families, alcohol and drugs misuse services and those for domestic abuse. Two fifths to half the managers said changes had been made to address shortfalls in direct work on parent-child relationships, work on adolescent difficulties and parenting programmes. Over a quarter of the managers reported changes to the supply of foster carers who could support parents and children to work towards reunification and also in specialist support for children with emotional and behavioural difficulties. Many managers reported that gaps had been identified in all these services but that changes had not yet been made (see Table 6 above).

Changes to adult mental health services were reported by only two managers, perhaps because this was a service which it was hard for managers to influence. In the interviews, the senior managers said that parental engagement with services and having good support plans were central, but that children's social care to some extent depended on what other agencies were able to provide:

I think .. one of the bits that actually most of us are going to struggle with is the support post reunification... the biggest [implementation working] group we've got actually is around [this], because ..if we get that bit right I think we could really push this on...If we get it wrong we are going to end up in that scenario where young people go back home, they bounce back in because the support isn't right... So ..out of all of that, support is possibly the most critical bit, and it's ... probably something that's not just within children's social care's grasp.

A few managers added other comments, for example explaining that the authority had set up a reunification team or that other services, such as a residential unit or a Family Group Conference service, were supporting reunification in their authority.

4.5 Services the managers would have liked to have

A few managers noted other services to which they did not have access, but which they thought would help achieve reunification, such as additional support for adolescents within the home and help for parents to manage children's and young people's behaviours. More family support, early help, systemic family therapy and out of hours services were also mentioned.

4.6 Use of voluntary agencies

Most managers said that voluntary agencies could be used to help to support reunification, including parent support organisations, NSPCC, Homestart, Sure Start, activities for young people, BARCA, Young Lives, Forward LA 2 (drugs and alcohol service), a local domestic violence service, Women's Aid and advocacy.

One local authority in particular hoped to engage support from the voluntary community sector, much as they were trying to achieve for children who became the subject of Special Guardianship Orders.

4.7 Joint working

At Time 2, just over half of the managers (14 out of 27) thought that joint working with other agencies on reunification was working quite well, but four thought this did not work very well and the remainder (9) did not know. Several managers commented that it was still '*early days*' for this and more work was needed on it. Two respondents noted that better links to schools were needed.

5 CHANGES BY THE END OF THE PROJECT

5.1 Changes in the managers' views of practitioners' confidence, skills and practice and changes in their management of reunification

The third research question was intended to examine what changes, if any, were found at the end of the project in the managers' views of practitioners' confidence in their skills and approach to reunification practice and in their own management of returns home. One statement concerned manager self-efficacy, whilst managers' views of workload capacity in their local authority were also explored.

Table 8 which shows the results, and a full discussion of the findings, are reported in Appendix 5. A summary of the key findings is provided below. Given the small sample sizes, the results need to be treated with caution.

Managers' views of practitioners' confidence, skills and practice

In terms of managers' views of practitioners' confidence in their skills, there was a significant increase (with a 'medium' effect size) from Time 1 to Time 2 in the number of managers (7 out of 9) who now agreed with the statement that the social workers in the services they manage *"are confident about using their assessments to determine the level of risk to children and thus about making decisions to reunify or not to reunify children".* Managers were also significantly more likely (again, with a 'medium' effect size) at Time 2 as compared with Time 1 to agree (9 out of 18 managers) that "*Most of the front line staff and their managers in this area have the core skills and knowledge needed in order to deliver good practice when reunifying children with their parent/s".*

However, no significant differences were reported in terms of managers' agreement between Time 1 and Time 2 on whether the social workers in the services that they manage *"are confident that they have the skills and knowledge to conduct a full assessment of a parent's capacity to change when deciding whether or not a child can be returned to their parents".* In contrast, when similar statements are compared, practitioners themselves had only shown a significant increase in confidence (8 out of 13 practitioners) in assessing parental capacity to change (see Table 7 in Appendix 3).

When managers' views of actual practice are considered, it was found that managers were significantly more likely at Time 2 to agree (10 out of 17) that *"Practitioners expect to provide post-reunification services for six to 12 months after children are returned home in most cases"* and the difference showed a medium effect size*.*

Management of reunification

Several statistically significant positive changes occurred between Time 1 and Time 2 in terms of the management of reunification. At Time 2, 15 out of 18 managers reported higher levels of agreement with the statement that the *"costs and cost savings are being tracked by the authority"* than they had at Time 1. For this item, the median scores increased from 4 to 6

(on the 7-point Likert scale) and the effect size was large. Half of the managers (9 out of 18) reported higher levels of agreement at Time 2 in relation to having *"a good understanding of the costs associated with providing good support and work on reunification, and the potential cost savings for the authority of doing this with the aim of preventing children re-entering care after they return home"*. Here it was found that the median scores increased from 5 to 6 with a medium effect size. In addition, significantly more managers at Time 2 (12 out of 16) thought that their "local authority is monitoring return breakdowns and repeat breakdowns" (median scores increased from 3 to 5, with a medium effect size). At the end of the project, more than half of the managers (11 out of 17) reported higher levels of agreement with the statement that their local authority *"has established the core data needed to improve reunification practice – such as return breakdowns, number of repeat return breakdowns, time at home before return breakdown – and can use these to analyse and understand what changes to practice are needed"* (median scores increased from 3 to 5 and the effect size was medium). Finally, although not reaching the level of statistical significance used in the data analyses (p<.05), there was a clear indication that the majority of managers at Time 2 (10 out of 17) had higher levels of agreement that their *"local authority is monitoring how often children are abused and/or neglected after return home from care"*.

It can therefore be seen that at the end of the project the managers thought that the practitioners had gained in confidence and knowledge about return home practice. Managers also considered that there had been significant improvements in the use of their local data on reunifications and how they planned to use it to monitor children's outcomes.

This chimes with another finding showing that at Time 1, over half of the managers did not know if the outcomes for reunified children in their authority had improved or worsened over the previous three years (although one Reunification Team had started to track children's progress after return home)[17]. In contrast, at Time 2, over two thirds of the managers considered that they had more information about the outcomes of reunification than before the project started.

5.2 Changes in research knowledge

Part of the remit of the evaluation was to consider how well key findings from reunification research were known to managers. This was also part of the third research question.

The evaluation addressed this question in three ways:

- Managers were asked to rate their level of awareness of research on reunification at Times 1 and 2

- Managers were given two statements about research findings and asked if they agreed with them at Times 1 and 2

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17 At the outset, managers acknowledged that they had no data on the longer term health, education or social outcomes of reunified children and noted that the data which they had mostly related to re-entries to care and discharge of care orders. (However, it should be noted that it is not always possible for local authorities to collect data on children who have ceased to be looked after; engagement from their parents is needed for them to do this.)

- Managers were asked to write down up to four key factors that related to successful returns home and up to four key factors that related to returns home breaking down at Times 1 and 2.

5.2.1 General level of awareness of research on reunification

At Time 1, none of the 28 managers considered that they were very aware of the research on reunification, but three fifths saw themselves as quite aware of it. The remainder considered that they were not very aware (7) or not at all aware of it (4). At Time 2, of the 19 managers who answered this question at Time 1 <u>and</u> 2, all but five thought that their awareness had increased (from quite to very aware (8), from not very to quite aware (3), from not at all to not very aware (1) or to quite aware (2). Five managers considered that they were quite aware of the research at both stages.

When the four possible responses were combined, there was a non-significant increase in awareness of research findings between Time 1 and Time 2 (McNemar test, p=0.063). Participants were more likely to say that they were 'Quite' or 'Very aware' compared with 'Not very' or Not at all aware' (18 out of 19 at Time 2 versus 6 out of 19 at Time 1).

5.2.2 Changes in managers' responses to statements relating to research

Managers were asked how far they agreed or disagreed with two statements in the questionnaires related to research. They were:

- *The parents of children who have had previous failed returns are no more likely to need extra help to make reunification work than others*

- *Research shows that children are much more often maltreated if they return to parents who have alcohol or drugs misuse problems*

McNemar's test was used to investigate any changes from agreement (responses 5-7) to disagreement (responses 1-3) or vice versa. The results showed that there were no significant changes using this test. For a detailed discussion of the findings and comparison with the equivalent statements for practitioners, see Appendix 6.

It was evident from the analysis that, at Time 2, 6 of the 17 managers were not aware that research shows that children are much more often maltreated if they return to parents who have alcohol or drugs misuse problems, (although this research finding was better known to the managers than to the practitioners). This relates to a finding on views about social work practice (see Table 8 in Appendix 5) where 8 out of 15 managers at Time 1 and 2 thought that practitioners return children to parents with alcohol or drugs misuse problems, even if they are not getting treatment for these problems or making good progress (although fewer practitioners said that they did so). Thus, over half of the managers at both stages thought children were returned home in these potentially problematic circumstances.

In a separate section of the questionnaire, the managers were asked in more detail about the research knowledge that they had or used and this is considered in the next section.

5.2.3 Knowledge of research findings

At Times 1 and 2, after rating their level of awareness of research on reunification, the managers were asked to write down up to four examples of key factors related to successful returns and four examples of factors relating to returns breaking down. The analysis of these open responses and related research references are reported in full in Appendix 7.

In summary, it was found that managers were aware at both stages of the importance of assessment, planning and formal and informal support – which are central to most child care work. Some also mentioned the importance of parents making changes before children are returned to them. The managers showed an increased awareness at Time 2 of the importance of returns home being gradual, the importance of engaging parents and understanding the child's history (via chronologies) and the risks associated with parental isolation and parental ambivalence. A number also mentioned the link between return breakdown and unresolved parental problems, such as alcohol and drugs misuse and mental health difficulties and the importance of parents receiving help or treatment for these.

However, some research findings which are specific to reunification appeared to be less well known and remained so, such as that return breakdowns are associated with lack of monitoring, with previous failed returns home (although this did get a mention), with children having emotional and behavioural difficulties and being older. In addition, the link between changed household composition and return success was not mentioned.

As was noted for the practitioners, some specific input on key research findings is likely to be useful for managers when implementing the Practice Framework.

6 THE LEARNING SETS

Sections 6 and 7 address the fourth research question on how likely it is that other local authorities would be able to implement the Practice Framework without outside help. It starts by looking at how useful the managers had found the learning sets and how well they had worked.

6.1 The usefulness of the learning sets

Just under half of the managers had found the learning sets very useful and just over half quite useful. Several made positive comments such as:

> *I actually found them really helpful*

> *Gave me a good overview of the process*

> *Good forum to discuss and consider how to address challenges*

When asked how they could have been changed to make them more useful, one manager thought it would have been useful to have had *'greater focus on role of [the] current placement'*. A small number of comments were about group membership, such as a wish for more

consistency in attendance, a desire for attendance by a broader range of partner agencies or regret that an influential member of staff had barely attended. In addition, one manager noted that as a local authority they had not planned in enough time to progress things between learning sets.

6.2 The main things the managers had learned about reunification strategy, management, policy or practice from the learning sets

The managers were asked at Time 2 what they had learned from the learning sets about strategy, management or practice in relation to reunification. Overall, the managers now thought that reunification had to be given '*a higher profile'.* A number commented on the need for senior management buy in or strategic ownership of a project like this, the importance of having a systematic approach to rolling out this way of working and that a whole system approach was needed, including buy in from practitioners across a variety of teams. At the same time, the complexity of ensuring that all the crucial stakeholders were involved and supportive was noted. It was considered important for the managers' learning set to find out what the practice learning set wanted. It was also noted that it is helpful if the benefits from changes in reunification practice can be evidenced and that using the Framework provides the opportunity to '*spend to save'*. The importance of providing training, being clear about how the Framework fits with current procedures and working towards consistency of practice were highlighted.

Several managers commented on the benefits of the approach and tools provided in the Framework, for example using a structured assessment based on research findings on the factors associated with child maltreatment recurrence. It was thought that reunification should be considered from '*the beginning'*, that the Framework would help with achieving timely decision making and that it highlighted the importance of: using a separate chronologist, involving parents and children, robust consideration of the support needs of parents and continuing to provide services after children enter care or accommodation.

Managers also commented that the Framework '*is quite straightforward'* and will help in *'evidencing social workers' professionalism'*. Overall, it was considered that using the Framework would improve outcomes for children.

6.3 What these managers would do – or do differently – since reading the Practice Framework and doing the learning sets

The managers planned to take the work from the learning sets forward in a variety of ways, according to their roles and interests. Many said that they would share the Framework with colleagues and partner agencies, work with other managers on embedding it in practice, ensure that the risk assessment tools were widely used and highlight cases that had gone well. One identified himself/herself as *'a reunification champion'*. Others noted that they would drive the project forward and ensure action plans were developed. Some managers were going to ensure that relevant data on reunification were being collected by their authority, that return breakdowns would be tracked or would be developing quality assurance for reunification and ensuring clear governance structures were set up.

Some mentioned that they would use information from IROs (or team managers) to identify children who might be suitable for return home, that IRO champions would ensure that reunification remains on practitioners' agendas and planned to follow up with IROs how it was being used. Service commissioners planned to refocus the commissioning of independent fostering agencies and residential units towards reunification and ensure that the necessary services were provided to underpin reunification work. Importantly, commissioners would be ensuring that all relevant services included reunification as part of their remit.

In addition, two managers planned to work with foster carers and supervising social workers in helping foster carers develop their role in terms of assessment and support; another would ensure that education was formally involved in reunification work and a fourth was going to use the Framework to support activity in the voluntary sector.

6.4 Areas in which more information was needed

When asked what other information the managers still needed, they mentioned that they wanted to collect baseline figures on the numbers of children reunified in their authority and their outcomes, against which to consider progress using the Framework. They also planned to analyse in detail the outcomes of cases where the Framework has been applied to see how it worked out in practice. They were interested in the longer term outcomes for reunified children in their authorities and how educational input could be shaped to contribute to the success of reunification. More generally, they sought to clarify how they could best evaluate what they were doing, so that they could improve. A number of managers voiced concerns about how they could ensure that other agencies would provide support for returns home.

6.5 What was most helpful to learning

The managers said that reading and re-reading the Framework had been helpful as it was *'clear and concise with good background information (for non-practitioners)'*. Also important was listening to the views of others and discussing and sharing ideas in the learning sets. Listening to front line staff including those from the practitioners' learning set, discussing cases with team managers and monitoring the use of the Framework in particular cases, had also been important. Managers had enjoyed the *'protected time'* of the learning sets, appreciated the range of professionals who had attended them and *'working across hierarchies'* and commented that *'the facilitation was very good'*.

6.6 Other forms of training or learning help that the managers would have liked

The managers were asked 'What other forms of training or learning help would you have liked?' The responses mostly revolved around providing information on exactly how to undertake the tasks suggested in the Framework, for example more information on: how to complete the assessment tool or what exactly to say to parents if a decision is made that a child should not return to them. Providing an example of an assessment report or chronology was also suggested. Two managers would have liked an 'Idiot's Guide' or summary of the Framework. There was interest in *'a "meet up" with other [learning] sets from different local authorities*

to share experiences, good practice etc.' and in multi-agency training for rolling out the Framework.

In terms of how the Framework could be improved, one manager mentioned that the language in the Framework about 'decisions' does not sit well with children accommodated under Section 20, where parental responsibility rests with the parent/s and another wanted the Framework to be available on the internet. The first point has been addressed in the final version, which has been made available as a download on the internet.

More than three quarters of the managers thought that they would find it useful to attend training that the project workers might provide and there was interest in training on undertaking chronology audits and maximising the use of local authority data relating to reunification. One manager wanted the commissioned services on Domestic Abuse and Drugs and Alcohol in his/her local authority to engage in such training and another thought a Training the Trainers approach would be useful. Most of the managers said that they would make use of any training material that was made available after the project finished and almost all would use any such materials to train others.

7 HOW EASILY LOCAL AUTHORITIES COULD IMPLEMENT THE PRACTICE FRAMEWORK WITHOUT OUTSIDE HELP

7.1 How easily did the managers think that other local authorities would be able to use the Practice Framework without outside help

Since the plan was to make the Practice Framework and Implementation Checklist freely available to all local authorities, the managers were asked how easily they thought the Framework could be used by other authorities without outside help.

One in five thought that other authorities would be able to use the Framework very easily without outside help, whilst three fifths thought it would be 'quite easy' to use without assistance and fewer than one in five thought this would not be very easy at all. Several respondents noted that the Framework is accessible and clear.

Participants commented that the support provided by the learning sets had been very much valued or was seen as essential, that thinking time was needed, including to work out how the Framework would best fit with their existing processes. The general view was that the Framework was not hard to understand – it was implementation that was the challenge. Managers noted that it was important to link its use with other services in children's social care, including legal departments and the IRO service, as well as with adult social care and colleagues who commissioned services for adults. One commented:

> *[Without the learning sets] I think we wouldn't have understood so well how it fitted into our own systems, or been able to gain the hearts and minds as well. Having the strategic learning sets was a bit of a lightbulb moment for some of our adult colleagues in commissioning, and that's been useful, because we were talking to them, and coming to the action learning set just helps them actually understand.*

7.2 What would have been essential to help to implement the Framework without having the learning sets

When asked what would have been essential for implementation of the Framework without the learning sets, it was thought that there would need to be a clear project management approach with dedicated staff to support the lead, or a working group to consider the processes needed for implementation. Other ideas in a similar vein were having a champion at a senior level to drive implementation forward; creating a learning group; having a lead who would provide training and information for key staff; multi-agency training; peer mentoring and having external input and support. One manager thought that even one meeting with a facilitator would be helpful: '*In hindsight we did need some independent support input'.*

Information from a pilot authority on how they had taken forward implementation, including a named contact, and information about what other authorities had found worked well were also seen as likely to be useful by a number of participants. Others mentioned that it would help to have city wide briefings, a simplified version with case studies and a web based step by step implementation guide. (The Implementation Checklist is now available on the University of Bristol and NSPCC websites).

7.3 Influencing local authorities to give reunification a higher profile

Acknowledging that reunification is not yet recognised as a core area of child care work in many areas, the three senior managers were asked in the interviews what would help to make it figure more strongly on the radar of local authorities, such that they would be more likely to improve their practice.

They all thought that reunification practice should be part of basic social work training. Ensuring reunification was discussed at LAC reviews was also seen as helpful. There was a positive view of changes to guidance and regulations, which have strengthened the provision of assessment and review for children returning home and include, for example, approval by a nominated officer for decisions to cease to look after a child (in certain circumstances)[18]. It was thought this would ensure that these decisions were carefully considered and recorded. Nonetheless, there was a wish for '*more emphasis on reunification as a permanence option'*, just as there is now for long-term foster care in the amended care planning regulations and Framework[19] and a hope this would happen in future guidance and regulations.

The fact that Ofsted now includes reunification as an area for inspection was commended. Two managers had recently had Ofsted inspections and found that their practice on reunification was inspected:

We were only inspected in January, I think I was quite surprised that Ofsted were quite interested in reunification this time. My previous experience- I've been through quite a number of inspections in different settings -it never appeared that much actually... in our

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18 Where a child has been looked-after for at least 20 working days, the decision to cease to look after her/him must not be put into effect until it has been approved by a nominated officer [regulation 39(4)].

19 The Care Planning and Fostering (Miscellaneous Amendments) (England) Regulations 2015

feedback, in our report it does mention the fact that we are taking part in reunification work which I think obviously they see it as important, because they put it into our report... Again I don't get the sense that initially in terms of how important that will be or what the focus will be in the future but it does feel hopeful that… because they ask for specifics for what's our data on reunification very early on in the inspection, and we had to provide data for the last three years I think it was. Now we didn't even have that data so it was all done manually. But I think … if people know that the inspectors are going to be asking that, it will make them look at reunification work if nothing else.

There was a more complex response to whether national publication of data from each local authority on returns home and re-entry to care/accommodation would be helpful. The managers were not against it and commended the Adoption score cards[20]. However, they thought that if local authority data on returns home were published nationally it would be important to ensure that the characteristics of the children returned home in each local authority were made clear, including their age and whether they were accommodated under Section 20 or not, so that the degree of comparability between the outcomes of different local authorities was clear. (There are more return breakdowns for older children and local authorities have more control over the returns home of children on care orders than those who have been voluntarily accommodated). Apart from this caveat and one about the time needed to produce the data, it was thought to be helpful to have national data on reunification and data from comparator authorities.

Final comments from the managers

A number of the managers took the opportunity to express their appreciation for the project. Comments included:

Just thank you. This project has changed our practice for the better.

This has been a positive experience and well illustrates how an evidence based approach can be adopted, adapted and embedded within a large local authority.

Project a successful example of change/influence offer. The combination of learning sets and materials and our buy in has made it work. Pleased re academic partnership. Pleased to be working in a different way with large national provider.

I have really enjoyed this approach to reunification and feel it will really benefit the city.

Looking forward to developing services within the fostering sector which promote reunification.

Really appreciated the support, advice and Framework. Very useful and informative and has given us tools to progress this project and to further launch and embed this across the whole service.

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20 Adoption score cards were introduced as part of an approach to address delays in the adoption system, set out in 'An action plan for adoption: tackling delay' (DfE 2011). The scorecards allow local authorities and other adoption agencies to monitor their own performance and compare it with that of others.

SUMMARY AND CONCLUSION

The evaluation findings show that the Practice Framework was welcomed by practitioners and managers and both groups found it to be clearly set out, practical and showing how reunification could be managed. The risk assessment tool was highly valued and they liked the emphasis on engaging children and parents in the process. They rated highly the fact that the Practice Framework is evidence informed and thought that this enabled practitioners to be seen as expert and to gain expertise. In a couple of cases which had been taken to a permanence panel, practitioners had received feedback that the quality of their assessments and care planning was much improved. The managers and practitioners thought that the Framework would be useful for the key tasks involved in reunification and most of the relatively small number of practitioners who had had a chance to use it in this short project had found it very useful in performing these tasks.

Both the managers and practitioners thought that using the Framework would bring greater consistency to practice. There were occasional comments about whether parts of the Framework might be 'cherry picked' by busy practitioners, although the intention is that it is used as a whole to assist practitioners through all the stages involved in decision-making, supporting and reviewing returns home.

By the end of the project, the practitioners felt significantly more confident about assessing parental capacity to change. They also showed an increased awareness of the crucial role that foster carers can play, the importance of parental motivation, of preparation, of knowing children's histories and of returns home being gradual. Amongst the managers there were significant increases in the proportion who said that their authorities had established the data to monitor returns home and that cost savings were being tracked. In addition, they thought that the practitioners had become more confident in undertaking a number of the tasks involved in reunification work. All of the authorities were developing policies on reunification.

As the project progressed there appeared to be an increasing recognition of the importance of providing services not only before reunification but also for 6-12 months after children had returned home. However, there were often barriers to parents and children receiving the assistance they needed to make reunification possible. For example, the criteria for accessing services to improve parenting frequently excluded parents with children in care/accommodation, so that work before return home could not take place. Often too, once children accommodated under Section 20 returned home their eligibility for a range of services ceased. It was therefore positive that as a result of the strategic learning sets, managers were working towards increasing or reorienting services towards reunification and efforts were being made to ensure that service contracts included reunification in their remit. Nonetheless, there was recognition that it was difficult to influence the provision of some services, including mental health services and CAMHS. By the end of the project about half of the managers reported that changes had been made to address gaps in alcohol and drugs misuse services and those for domestic abuse, as well as in parenting programmes, direct work on parent-child relationships and services that could address adolescent difficulties. A considerable number of other gaps were also being addressed. It was seen as very important to involve other agencies in ensuring that

services to support reunification were provided and to work with voluntary organisations to maximise their contribution.

By the end of the project the practitioners and managers showed an increased awareness of the research findings which underpinned the practice changes they were making. However, other key research findings on reunification, which are in the Framework and specific to reunification, were not well known and remained so (see also Hyde-Dryden *et al* 2015a*).* This includes key issues such as the relationship between previous failed returns home, the child's older age or behavioural difficulties and return breakdown; the link between specialist services and also changed household composition and return success and the strong link between parental alcohol and drugs misuse and child maltreatment during return. The latter finding, for example, has important implications for practice as children may be returned to parents with these difficulties even when they are not getting treatment or making good progress. It was concluded that when implementing the Framework it would be important to provide some direct teaching on key research findings rather than assume that they would be picked up by participants reading the Framework.

Three fifths of the managers thought that the Framework would be fully implemented in their authorities in the next year. All the authorities had good buy-in from senior management for the project and most had task and finish groups to carry on the process after the final learning sets. Nonetheless, it was recognised that implementing a new practice approach requires considerable effort over a period and more work would be needed to embed the Framework into everyday practice. Views were overall fairly positive about how easily the Framework could be used by other local authorities without input from outside, such as the learning sets provided by the project.

The findings of this evaluation were fed back to the project team and consequently revisions have been made to the final published version of the Practice Framework.

REFERENCES

Biehal, N. (2006) *Reuniting looked after children with their families: A review of the research,* London, National Children's Bureau.

Bullock R., Gooch D. and Little M. (1998) *Children Going Home: The Re-unification of Families,* Aldershot, Ashgate.

Child Welfare Information Gateway (2006) *Family Reunification: What the Evidence Shows,* Washington DC, U.S. Department of Health and Human Services.

Child Welfare Information Gateway (2011) *Family Reunification: What the Evidence Shows,* Washington DC, U.S. Department of Health and Human Services.

Cleaver, H. (2000) *Fostering Family Contact*, London, The Stationery Office.

Davies C. and Ward H. (2012) *Safeguarding Children Across Services: Messages from Research,* London, Jessica Kingsley.

Department for Education (2011) *An action plan for adoption: tackling delay*, London, Department for Education.

Department for Education (2013) *Data Pack: Improving permanence for looked after children*, London, Department for Education.

Department for Education (2015) *The Children Act 1989 Framework and regulations, Volume 2: care planning, placement and case review,* London, Department for Education.

Farmer E. (forthcoming) *Reunification: A Research Overview of Good Practice*, Bristol, University of Bristol.

Farmer, E. and Parker R. (1991) *Trials and Tribulations: Returning Children from Local Authority Care to their Families*, London, HMSO.

Farmer, E., Sturgess W., O'Neill T. and Wijedasa D. (2011) *Achieving Successful Returns from Care: What makes reunification work?* London, BAAF.

Farmer, E. and Lutman E. (2012) *Effective Working with Neglected Children and their Families: Linking Interventions to Long-term Outcomes,* London, Jessica Kingsley**.**

Farmer, E. and Wijedasa D**.** (2013) 'The Reunification of Looked After Children with Their Parents: What Contributes to Return Stability?', *British Journal of Social Work,* Vol. 43, Issue 8, pp. 1611-1629.

Fein E., Maluccio A., Hamilton V. and Ward D. (1983) 'After foster care: outcomes of permanency planning for children', *Child Welfare,* LXII, pp. 485-558.

Festinger T. (1994) *Returning to care: Discharge and re-entry into foster care,* Washington DC, Child Welfare League of America.

Harwin, J., Owen, M., Locke, R. and Forrester, D. (2001) *Making Care Orders Work. A study of care plans and their implementation*, London, The Stationery Office.

Hindley, N., Ramchandani, P. and Jones, D. (2006) 'Risk factors for recurrence of maltreatment: a systematic review.' *Archives of Disease in Childhood 91*, 9, pp. 744-752.

Holden, G., Barker, K., Meenaghan, T. and Rosenberg, G. (1999) 'Research Self-efficacy: A new possibility for educational outcomes assessment', *Journal of Social Work Education*, **35**(3), pp. 464-476.

Holmes L. (2014) *Supporting Children and Families Returning Home from Care: Counting the Costs,* Loughborough University and NSPCC.

Hyde-Dryden G., Holmes L., Lawson D. and Blackmore J. (2015) *Taking Care Practice Framework for Reunification, Evaluation Report,* Loughborough, University of Loughborough.

Hyde-Dryden, G., Gibb, J., Lea, J., Buckley, E., Holmes, L., Wallace, E., Lushey, C. and Lawson, D. (2015a) *Improving practice in respect of children who return home from care: research report,* London, Department for Education.

Kimberlin, S.E., Anthony, E.K. and Austin, M.J. (2009) 'Re-entering foster care: trends, evidence, and implications', *Children and Youth Services Review*, vol 31, no 4, pp. 471–481.

Lahti J. (1982). 'A follow-up study of foster children in permanent placements', *Social Service Review*, 56, pp. 556-71.

National Family Preservation Network (2003) *Intensive Family Reunification Services Protocol* , Buhl, ID.

NSPCC (2012) *Returning Home from Care: What's Best for Children?* London, NSPCC.

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

Taussig, H. N., Clyman, R. B. and Landsverk, J. (2001) Children who return home from foster care: a 6-year prospective study of behavioral health outcomes in adolescence, *Pediatrics,* 108, 1, 10.

Thoburn, J. (2003) 'The Risks and Rewards in Adoption for Children in the Public Care', *Family Law Quarterly*, 15.4, pp. 391-402.

Thoburn J. (2009) *Reunification of children in out-of-home care to birth parents or relatives: A synthesis of the evidence on processes, practice and outcomes,* Munchen, Deutsches Jugendinstitut.

Thoburn, J., Robinson, J. and Anderson, B. (2012) *SCIE Research briefing 42: Returning children home from public care*, Social Care Institute for Excellence. http:// www.scie.org.uk/ publications/briefings/briefing42/

Wade, J., Biehal, N., Farrelly, N. and Sinclair, I. (2011) *Caring for Abused and Neglected Children: Making the Right Decisions for Reunification or Long-term Care,* London, Jessica Kingsley.

Ward, H., Brown, R. and Westlake, D. (2012) *Safeguarding Babies and Very Young Children from Abuse and Neglect*, London, Jessica Kingsley.

Ward, H., Brown, R. and Maskell-Graham, D. (2012a) *Young Children Suffering, or Likely to Suffer Significant Harm: Experiences on Entering Education*, London, Department for Education.

Wells, S., Ford, K. and Griesgraber, M. (2007) Foster care case types as predictors of case outcomes, Paper presented at the Conference of the Society for Social Work and Research (SSWR), San Francisco, CA.

White, O. G., Hindley, N. and Jones, D. P. H. (2015) 'Risk factors for child maltreatment recurrence: an updated systematic review', *Medicine, Science and the Law*, Vol. 55 (4), pp. 259-277.

APPENDICES

Appendix 1 – Questionnaires for practitioners and managers at Time 1 and Time 2

Four separate questionnaires were developed, one each for practitioners and managers at Time 1 and one each for practitioners and managers at Time 2. They are appended here.

Time 1 Evaluation Questionnaire for Practitioners

DEVELOPING AND IMPLEMENTING A NEW PRACTICE FRAMEWORK ON RETURN HOME FROM CARE

Introduction

The NSPCC and the University of Bristol have developed evidence-based Practice Guidance to support assessment, decision making, service provision and monitoring for returning children home from care (or reunification).

The aim of this outset questionnaire is to find out how confident you are about your knowledge and skills in returning children from care to their parents. When you complete our second questionnaire at the last Learning Set we will also seek your views about the merits, drawbacks and usefulness of the Practice Guidance and what changes should be made to it. This evaluation is being conducted by the University of Bristol.

Please answer all the questions. Please do not do any research or ask anyone what they think about the questions – we want to know what **your** immediate response to these questions is.

Please note that we are not asking for your name but instead are asking you two questions which will help us to identify and match your responses on the two occasions you are asked to complete the questionnaire.

The information about your personal details will be stored securely on a password protected server at the University and will be anonymously processed by the researchers.

Q1 leave blank ☐☐☐ *Participant number*

Q2 leave blank ☐ *Time 1*

Q3	What is the first letter of the local authority you work in? *Please put the appropriate number in the box on the right*	☐ 1 E 2 L 3 W
Q4	What are the first two letters of your first name and the last two letters of your surname eg If your name is JAne SmiTH, you should write JATH	☐☐☐☐
Q5	What is the day and month of your birthday? Eg if you were born on 19 April, this is 19 (day) 04 (month) so you write 1904	☐☐☐☐
Q6	What is your gender? *Please put the appropriate number in the box on the right for this and the following questions*	☐ 1 Male 2 Female

Q7	How old are you?	☐
		1 21-30
		2 31-40
		3 41-50
		4 51+
Q8	How would you describe your ethnicity?	☐
		1 White
	If other, please specify..	2 African-Caribbean
		3 African
		4 Asian
		5 Chinese
		6 Dual/mixed
		7 Other
Q9	What is your job title?	
	....	
Q10	How long is it since you qualified as a social worker (in years)?	☐☐
		00 Not a social worker
Q11	Do you have a Post-Qualifying or Advanced Social Work qualification?	☐
		0 n/a not a social worker
		1 Yes
		2 No
Q12	What type of team are you in?	☐
		1 Intake team
	If other, please specify	2 Intake and long-term
		3 Multi-agency safeguarding hub (MASH)
	....	4 Children in Need team
		5 Long-term or Looked After Children team
		6 Children with Disabilities team
		7 IRO
		8 Leaving Care Team
		9 Other
Q13	Are you a social worker, IRO or manager?	☐
		1 Social worker
	If other, please explain...	2 Advanced social work practitioner
		3 Team Manager
		4 IRO
		5 IRO Manager
		6 Other

Q14	How much experience have you had of reunifying children with their parents in this or any previous local authority?	☐ 0 None 1 A little [1-5 cases] 2 A fair amount [6-10 cases] 3 Quite a lot [11 or more cases]
Q15	How experienced do you feel you are at reunifying children with their parents?	☐ 1 Not at all experienced 2 Not very experienced 3 Quite experienced 4 Very experienced
Q16	How aware are you of research on reunification? *Please put a number in the box on the right and note below which factors relating to success or breakdown (if any) come to mind.*	☐ 1 Very aware 2 Quite aware 3 Not very aware 4 Not at all aware
Q17	Examples of key factors related to successful returns are: 1... 2... 3... 4...	
Q18	Examples of key factors which are related to returns breaking down are: 1... 2... 3... 4...	
Q19	What do you see as the most important features of social work practice which are likely to lead to the best outcomes for children who are being considered for or are being returned from care to their parents? 1... 2... 3... 4...	
Q20	Do you think that **overall** this local authority and partners have enough of the kinds of services that parents (and sometimes children) need to help them make and sustain changes before and after return takes place and that these are accessible and effective?	☐ 0 Don't know 1 Yes, plenty 2 Yes, just enough 3 No, not enough 4 No, not nearly enough

	Specifically, are there sufficient of the following services?	0 Don't know 1 Yes, sufficient 2 No, not sufficient
Q21	Alcohol and drugs misuse services..	☐
Q22	Mental health services...	☐
Q23	Domestic abuse services..	☐
Q24	Parenting programmes and services..	☐
Q25	Direct work on parent-child relationships.....................................	☐
Q26	Specialist support for children and young people with behavioural and/or emotional difficulties by CAMHS or others	☐
Q27	Work with adolescents on difficulties such as aggression, self-harm, risk-taking behaviours etc...	☐
Q28	Social work support to children and families..................	☐
Q29	Foster carers who will support children and parents to work towards reunification	☐
Q30	Are these services of good enough quality? Please comment	

The following sections ask you to rate your agreement with a series of statements about various aspects of your work with children and families, particularly about reunification. After reading each statement/question, **please circle the appropriate number** indicating your level of agreement with the statement.

We have sometimes given the alternative of I/my colleagues so that Team Managers, IROs and others who are not doing direct work can answer the question. If you are a practitioner, please respond about **your** practice, not that of your colleagues.

Strongly disagree   **Strongly agree**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

		Strongly disagree		Neither agree nor disagree			Strongly agree	
Q31	Currently, workers from children's services - and other agencies involved in reunification - have caseloads that enable them/us to undertake the intensive work involved in reunification	1	2	3	**4**	5	6	7
Q32	Before making a decision about reunification I/my colleagues read a child's case files to get full information about their history and family in order to write a chronology	1	2	3	**4**	5	6	7
Q33	I am confident that I have the skills and knowledge to conduct a robust assessment of the risks associated with return home that will help me make sound decisions about whether or not to reunify	1	2	3	**4**	5	6	7
Q34	I feel confident that I have the skills and knowledge to conduct a full assessment of a parent's **capacity to change** when deciding whether or not a child can be returned to their parents	1	2	3	**4**	5	6	7
Q35	I am confident that I/my colleagues have the ability to identify concrete achievable goals for the changes parents need to make prior to reunification	1	2	3	**4**	5	6	7
Q36	When working towards reunification, I/my colleagues make sure that parents are clear how they need to change and I put this in a Written Agreement, so that their progress towards the goals set can be regularly reviewed	1	2	3	**4**	5	6	7
Q37	I/my colleagues don't have any difficulty in leveraging the services that parents (and sometimes children) need to make and maintain changes before reunification	1	2	3	**4**	5	6	7
Q38	Universal services are sufficient to support the vast majority of children post-reunification, and specialist services are rarely needed	1	2	3	**4**	5	6	7
Q39	I/my colleagues do not return children to parents with alcohol or substance misuse problems unless they are getting treatment for these problems and making good progress	1	2	3	**4**	5	6	7
Q40	Research shows that children are much more often maltreated if they return to parents who have alcohol or drugs misuse problems	1	2	3	**4**	5	6	7
Q41	There is not much that can be done if a child on Section 20 returns home from care of their own accord, even if we are not happy about it	1	2	3	**4**	5	6	7
Q42	I/my colleagues find out and review the child's wishes and feelings about return home throughout the process	1	2	3	**4**	5	6	7

Q43	I/ my colleagues expect to provide post-reunification services for six to 12 months after children are returned home in most cases	1	2	3	**4**	5	6	7
Q44	I am confident that arrangements can be made to ensure that the appropriate agencies monitor children after reunification	1	2	3	**4**	5	6	7
Q45	The parents of children who have had previous failed returns are no more likely to need extra help to make reunification work than others	1	2	3	**4**	5	6	7
Q46	I feel confident to offer mentoring support to a colleague who is considering or working on reunification for a child	1	2	3	**4**	5	6	7

Q47	The areas of practice relevant to reunification which I would particularly like to learn more about are- 1.. .... 2.. .... 3.. .... 4.. .... 5..	
Q48	Is there anything else you would like to say?	

Time 2 Follow-up Evaluation Questionnaire for Practitioners

DEVELOPING AND IMPLEMENTING NEW PRACTICE GUIDANCE ON RETURN HOME FROM CARE

Introduction

As you know the NSPCC and the University of Bristol have developed evidence-informed Practice Guidance to support assessment, decision making, service provision and monitoring for returning children home from care.

The aim of this **follow-up questionnaire** is to find out how confident you are about your knowledge and skills in returning children from care to their parents. In this second questionnaire we are also seeking your views about the merits, drawbacks and usefulness of the Practice Guidance and what changes should be made to it. We also want to understand how the Guidance can best be implemented in other local authorities. This evaluation is being conducted by the University of Bristol.

Please answer all the questions.

Please note that we are not asking for your name but instead are again asking you two questions which will help us to identify and match your responses on the two occasions you are asked to complete the questionnaire.

The information about your personal details will be stored securely on a password protected server at the University and will be anonymously processed by the researchers.

Q1   leave blank ☐☐☐ *Participant number*

Q2   leave blank ☐ *Time 2*

Q3	What is the first letter of the local authority you work in? *Please put the appropriate number in the box on the right*	☐ 1 E 2 L 3 W
Q4	What are the first two letters of your first name and the last two letters of your surname eg If your name is JAne SmiTH, you should write JATH If you have changed your name since completing the questionnaire at the first Learning Set – please fill in letters from the name you were using then	☐☐☐☐
Q5	What is the day and month of your birthday? Eg if you were born on 19 April, this is 19 (day) 04 (month) so you write 1904	☐☐☐☐
Q6	How many of the Learning Sets have you attended?	☐ 1 One learning set 2 Two learning sets 3 Three learning sets
Q7	What are your views on any shortcomings/problems with reunification practice in your local authority and what needs to change to improve reunification outcomes? 1.. 2.. 3.. 4..	

Q8	Do you think the Practice Guidance is needed in your local authority to improve decision-making and outcomes for children returned to their parents? If you don't think it is needed, can you explain what (if anything) you think is needed?	☐ 0 Don't know 1 Yes 2 No
Q9	What do you see as the main advantages of having/using the Practice Guidance?	
Q10	What do you see as the main drawbacks of having/using the Practice Guidance ?	
Q11	Have there been factors in your local authority (or area) which have facilitated getting the Practice Guidance accepted and are likely to help in getting it implemented and used in practice? Please note these here 1... 2... 3... 4...	☐ 0 Don't know 1 Yes 2 No
Q12	Are there barriers in your local authority (or area) which are likely to make it more difficult to get the Practice Guidance accepted, implemented and used in practice ? Please note these here 1... 2... 3 .... 4	☐ 0 Don't know 1 Yes 2 No
Q13	And for you, is there anything that might stop you implementing the Practice Guidance yourself? Can you expand?	☐ 1 Yes 2 No
Q14	Do you think the Guidance will be implemented here in the next year or so?	☐ 0 Don't know 1 Yes fully 2 Yes partially 3 No

Q15	How easily do you think practitioners in another authority would be able to understand and use the Practice Guidance without any outside help (like without the learning sets)? Please comment	☐ 1 Very easily 2 Quite easily 3 Not very easily 4 Not at all easily
Q16	What do you think would have been essential to help you to implement the Guidance if you had not have been offered the learning sets? 1 .... 2 .... 3 .... 4	
Q17	What could be cut out or could you have managed without that's in the Practice Guidance?	
Q18	Have you worked on any cases using the Practice Guidance? Give **actual number**	☐ 0 No 1 yes one case 2 yes two cases 3 yes three cases **etc**

	Please indicate whether **during this project you have undertaken each of the tasks below** AND **how useful** you think the Reunification Practice Guidance (PG) has been/ or will be in assisting you to do them. Please fill in box at the side. Then write below each one how the **Practice Guidance could be improved to support practitioners better in undertaking these tasks**	**1 Yes done this &** PG <u>very useful</u> 2 **Yes done this &** PG <u>fairly useful</u> 3 **Yes done this &** PG <u>not very useful</u> 4 **Yes done this &** PG <u>not at all useful</u>	**10 NO NOT done this** but see PG as <u>very useful</u> for this **20 NO NOT done this** but see PG as <u>fairly useful</u> for this **30 NO NOT done** this but see PG as <u>not very useful</u> for this **40 NO NOT done this** but see PG as <u>not at all useful</u> for this
Q19	1 Undertake a chronology using the case files, as part of an assessment of parental capacity to change	☐☐	
Q20	2 Use the Risk Classification framework (traffic light table) to assess risks to children and assist decision-making on return	☐☐	
Q21	3 Make a joint decision with a colleague about risk and the decision to reunify a child	☐☐	
Q22	4 Assess parental capacity to change	☐☐	

Q23	5 Develop Written Agreements with parents setting out the goals and services to be provided - and (if there has been time) review whether parents do make these agreed changes	☐☐
Q24	6 Organise services for parents and children / young people to enable them to make and sustain the changes needed for the child to return	☐☐
Q25	7 Engage parents fully in assessment and work towards return	☐☐
Q26	8 Engage children and understand their wishes and feelings	☐☐
Q 27	9 Ensure parents and children are adequately prepared for reunification	☐☐
Q28	10 Involve foster carers in preparing and/or supporting children or parents for return	☐☐
Q29	11 Provide post-reunification support and ensure children are monitored	☐☐
Q30	12 Supervise other workers' cases using the Practice Guidance	☐☐
Q 31	How confident do you feel now to train other workers to use this Guidance?	☐ 1 Very confident 2 Quite confident 3 Not very confident 4 Not at all confident
Q32	How aware are you now of research on reunification? *Please put a number in the box on the right and note below which factors relating to return success or breakdown come to mind.*	☐ 1 Very aware 2 Quite aware 3 Not very aware 4 Not at all aware
Q33	Examples of key factors related to successful returns are: 1.. 2.. 3.. 4..	

Q34	Examples of key factors which are related to returns breaking down are: 1... 2... 3... 4...	
Q35	What do you see as the most important features of practice with children and families which are likely to lead to the best outcomes for children who are being considered for or are being returned from care to their parents? 1... 2... 3... 4...	
Q36	Do you think that **overall** this local authority and partners have enough of the kinds of services that parents and children/young people need to help them make and sustain changes before and after return takes place and that these are accessible and effective? Are there any issues about accessing these services or their effectiveness?	☐ 0 Don't know 1 Yes, plenty 2 Yes, just enough 3 No, not enough 4 No, not nearly enough
	Specifically, are there sufficient of the following services?	0 Don't know 1 Yes, sufficient 2 No, not sufficient
Q37	Alcohol and drugs misuse services..	☐
Q38	Adult mental health services...	☐
Q39	Domestic abuse services...	☐
Q40	Parenting programmes and services..	☐
Q41	Direct work on parent-child relationships.................................	☐
Q42	Specialist support for children and young people with behavioural and/or emotional difficulties by CAMHS or others..	☐
Q43	Work with adolescents on difficulties such as aggression, self-harm, risk-taking behaviours etc...	☐
Q44	Social work support to children and families............................	☐
Q45	Foster carers who will support children and parents to work towards reunification..	☐

Q46	Are there other services which you don't have access to which would help you achieve successful reunification? Please specify	☐ 0 Don't know 1 Yes 2 No
Q47	Have you used any voluntary agencies to help support return? If so, please note which ones below	☐ 1 Yes 2 No

	The following sections ask you to rate your agreement with a series of statements about various aspects of your work with children and families, particularly about reunification. After reading each statement/question, **please circle the appropriate number** indicating your level of agreement with the statement. We have sometimes given the alternative of I/my colleagues so that Team Managers, IROs and others who are not doing direct work can answer the question. If you are a practitioner, please respond about <u>your practice</u>, not that of your colleagues. **Strongly disagree** **Strongly agree** **1 2 3 4 5 6 7**	

		Strongly disagree		Neither agree nor disagree			Strongly agree	
Q48	Currently, workers from children's services - and other agencies involved in reunification - have caseloads that enable them/us to undertake the intensive work involved in reunification	1	2	3	**4**	5	6	7
Q49	Before making a decision about reunification I/my colleagues read a child's case files to get full information about their history and family in order to write a chronology	1	2	3	**4**	5	6	7
Q50	I am confident that I have the skills and knowledge to conduct a robust assessment of the risks associated with return home that will help me make sound decisions about whether or not to reunify	1	2	3	**4**	5	6	7
Q51	I feel confident that I have the skills and knowledge to conduct a full assessment of a parent's **capacity to change** when deciding whether or not a child can be returned to their parents	1	2	3	**4**	5	6	7
Q52	I am confident that I/my colleagues have the ability to identify concrete achievable goals for the changes parents need to make prior to reunification	1	2	3	**4**	5	6	7
Q53	When working towards reunification, I/my colleagues make sure that parents are clear how they need to change and I put this in the form of a Written Agreement, so that their progress towards the goals set can be regularly reviewed	1	2	3	**4**	5	6	7
Q54	I/my colleagues don't have any difficulty in leveraging the services that parents (and sometimes children) need to make and maintain changes before reunification	1	2	3	**4**	5	6	7

Q55	Universal services are sufficient to support the vast majority of children post-reunification, and specialist services are rarely needed	1	2	3	**4**	5	6	7
Q56	I/my colleagues do not return children to parents with alcohol or substance misuse problems unless they are getting treatment for these problems and making good progress	1	2	3	**4**	5	6	7
Q57	Research shows that children are much more often maltreated if they return to parents who have alcohol or drugs misuse problems	1	2	3	**4**	5	6	7
Q58	There is not much that can be done if a child on Section 20 returns home from care of their own accord, even if we are not happy about it	1	2	3	**4**	5	6	7
Q59	I/my colleagues find out and review the child's wishes and feelings about return home throughout the process	1	2	3	**4**	5	6	7
Q60	I/my colleagues expect to provide post-reunification services for six to 12 months after children are returned home in most cases	1	2	3	**4**	5	6	7
Q61	I am confident that arrangements can be made to ensure that the appropriate agencies monitor children after reunification	1	2	3	**4**	5	6	7
Q62	The parents of children who have had previous failed returns are no more likely to need extra help to make reunification work than others	1	2	3	**4**	5	6	7
Q63	I feel confident to offer mentoring support to a colleague who is considering or working on reunification for a child	1	2	3	**4**	5	6	7

Q64	My overall view of the Reunification Practice Guidance is that it is likely to be:	☐ 1 Very useful 2 Quite useful 3 Not very useful 4 Not at all useful
Q65	The main things I have learned about reunification practice from doing the learning sets are: 1 .... 2 .... 3 .... 4	
Q 66	The main things I will do - or do differently - since reading the Practice Guidance and doing the Learning Sets (including taking forward the learning for others) are: 1 .... 2 .... 3 .... 4	

Q67	The main things I still need more information about in relation to reunification practice are: 1... 2 .... 3 .... 4	
Q68	How useful were the learning sets? Please code your answer in the box How could the learning sets have been changed to make them more useful to you?	☐ 1 Very useful 2 Quite useful 3 Not very useful 4 Not at all useful
Q69	What has helped you most with your learning? 1 .... 2 .... 3 .... 4	
Q70	What other forms of training or learning help would you have liked?	
Q71	Would you find it useful to attend training we might provide? Please comment	☐ 1 Yes 2 No
Q72	Would you make use of training materials for yourself if we provided them?	☐ 1 Yes 2 No
Q73	Would you make use of training materials to train others if we provided them?	☐ 1 Yes 2 No
Q74	Is there anything else you would like to say?	

THANK YOU VERY MUCH FOR COMPLETING THIS

Time 1 Evaluation Questionnaire for Managers/Strategy Group

DEVELOPING AND IMPLEMENTING A NEW PRACTICE FRAMEWORK ON RETURN HOME FROM CARE

Introduction

The NSPCC and the University of Bristol have developed evidence-based Practice Guidance to support assessment, decision making, service provision and monitoring for returning children home from care.

The aim of this questionnaire is to find out how confident you are about your knowledge, skills, management and local strategy in relation to returning children from care to their parents. When you complete our second questionnaire at the last Learning Set we will also seek your views about the merits, drawbacks and usefulness of the Practice Guidance and what changes should be made to it. This evaluation is being conducted by the University of Bristol.

Please answer all the questions. Please do not do any research or ask anyone what they think about the questions – we want to know what **your** immediate response to these questions is.

Please note that we are not asking for your name but instead are asking you two questions which will help us to identify and match your responses on the two occasions you are asked to complete the questionnaire.

The information about your personal details will be stored securely on a password protected server at the University and will be anonymously processed by the researchers.

Q1   leave blank ☐☐☐ *Participant number*

Q2   leave blank ☐ *Time 1*

Q3	What is the first letter of the local authority you work in? *Please put the appropriate number in the box on the right*	☐ 1 E 2 L 3 W
Q4	What are the first two letters of your first name and the last two letters of your surname eg If your name is JAne SmiTH, you should write JATH	☐☐☐☐
Q5	What is the day and month of your birthday? Eg if you were born on 19 April, this is 19 (day) 04 (month) so you write 1904	☐☐☐☐
Q6	What is your gender? *Please put the appropriate number in the box on the right for this and all the following questions*	☐ 1 Male 2 Female
Q7	How old are you?	☐ 1 21-30 2 31-40 3 41-50 4 51+
Q8	How would you describe your ethnicity? If other, please specify...	☐ 1 White 2 African-Caribbean 3 African 4 Asian 5 Chinese 6 Dual/mixed 7 Other

Q9	What is your job title?	
Q10	If you are a social worker, how long is it since you qualified as a social worker (in years)?	☐☐ 00 not a social worker
Q11	Do you manage a team of workers? *Please fill in box on the right* What kind of workers?	☐ 1 Yes of social workers 2 Yes of other kind of workers 3 No
Q12	How much experience of reunifying children with their parents have you had as a practitioner or manager in your career?	☐ 0 None 1 A little [1-5 cases] 2 A fair amount [6-10 cases] 3 Quite a lot [11 or more cases]
Q13	How aware are you of research on reunification? *Please put a number in the box on the right and note below which factors relating to return success or breakdown (if any) come to mind.*	☐ 1 Very aware 2 Quite aware 3 Not very aware 4 Not at all aware
Q14	Examples of key factors related to successful returns are: 1... 2... 3... 4...	
Q15	Examples of key factors which are related to returns breaking down are: 1... 2... 3... 4...	
Q16	How well do you think reunification is working at the moment in this authority?	☐ 0 Don't know 1 Very well 2 Quite well 3 Not very well 4 Not at all well
Q17	Do you think there is a need to improve reunification practice (assessment, decision-making, support, services and monitoring) in this authority?	☐ 0 Don't know 1 Yes 2 No

Q18	What (if anything) more specifically would you like to see changed? 1.. 2.. 3.. 4.. 5..	
Q19	Do you have any way of tracking or finding out what happens to reunified children in this authority? *Please fill in box on right* Please describe these and say what this data tells you	☐ 0 Don't know 1 Yes 2 No
Q20	Do you think that outcomes for reunified children in your authority have improved / stayed the same / got worse over the past 3 years? *Please fill in box on right* Why is this?	☐ 0 Don't know 1 Improved 2 Stayed the same 3 Got worse
Q21	Apart from Practice Guidance, what other ways are there to improve outcomes for children where reunification is a consideration (eg. other ways to improve practice, monitoring data, auditing cases, measuring outcomes, training, Ofsted inspections, lead member involvement etc)?	
Q22	Do you think that **overall** this local authority and partners have enough of the kinds of services that parents (and sometimes children) need to help them make and sustain changes before and after return takes place and that these are accessible and effective?	☐ 0 Don't know 1 Yes, plenty 2 Yes, just enough 3 No, not enough 4 No, not nearly enough
	Specifically, are there sufficient of the following services?	0 Don't know 1 Yes, sufficient 2 No, not sufficient
Q23	Alcohol and drugs misuse services...	☐
Q24	Mental health services..	☐
Q25	Domestic abuse services..	☐

Q26	Parenting programmes and services...	☐
Q27	Direct work on parent-child relationships.....................................	☐
Q28	Specialist support for children and young people with behavioural and/or emotional difficulties by CAMHS or others	☐
Q29	Work with adolescents on difficulties such as aggression, self-harm, risk-taking behaviours etc..	☐
Q30	Social work support to children and families................................	☐
Q31	Foster carers who will support children and parents to work towards reunification	☐
Q32	Are these services of good enough quality? Please comment	

	The following sections ask you to rate your agreement with a series of statements about various aspects of the work here with children and families, particularly about reunification. After reading each statement/question, **please circle the appropriate number** indicating your level of agreement with the statement. **Strongly disagree** **Strongly agree** **1** **2** **3** **4** **5** **6** **7**	

		Strongly disagree		Neither agree nor disagree				Strongly agree
Q33	I have a good understanding of the costs associated with providing good support and casework for reunification, and the potential cost savings relating to preventing children re-entering care after they return home	1	2	3	**4**	5	6	7
Q34	Costs and cost savings are being tracked by the authority	1	2	3	**4**	5	6	7
Q35	This local authority has established the core data needed to improve reunification practice - such as return breakdowns, number of repeat return breakdowns, time at home before return breakdown - and can use these to analyse and understand what changes to practice are needed	1	2	3	**4**	5	6	7
Q36	This local authority is monitoring return breakdowns and repeat breakdowns	1	2	3	**4**	5	6	7

Q37	This local authority is monitoring how often children are abused and/or neglected after return home from care	1	2	3	**4**	5	6	7
Q38	Most of the front line staff and their managers in this area have the core skills and knowledge needed in order to deliver good practice when reunifying children with their parent/s	1	2	3	**4**	5	6	7

Q39	If you do not think most staff have these skills, does the LA have mechanisms for ensuring staff acquire these skills? Please comment	☐ 0 Not applicable since I think they have these skills 1 Yes 2 No

Q40	Currently, workers from children's services - and other agencies involved in reunification - have caseloads that enable them to undertake the intensive work involved in reunification	1	2	3	**4**	5	6	7
Q41	The social workers in the services that I manage are confident about using their assessments to determine the level of risk to children and thus about making decisions to reunify or not to reunify children 0 Do not manage social workers	1	2	3	**4**	5	6	7
Q42	The social workers in the services that I manage are confident that they have the skills and knowledge to conduct a full assessment of a parent's **capacity to change** when deciding whether or not a child can be returned to their parents 0 Do not manage social workers	1	2	3	**4**	5	6	7
Q43	When working towards reunification, practitioners make sure that parents are clear how they need to change and put this in a Written Agreement, so that their progress towards the goals set can be regularly reviewed	1	2	3	**4**	5	6	7
Q44	Practitioners do not return children to parents with alcohol or substance misuse problems unless they are getting treatment for these problems and making good progress	1	2	3	**4**	5	6	7
Q45	Research shows that children are much more often maltreated if they return to parents who have alcohol or drugs misuse problems	1	2	3	**4**	5	6	7
Q46	There is not much that can be done if a child on Section 20 returns home from care of their own accord, even if children's services are not happy about it	1	2	3	**4**	5	6	7
Q47	Practitioners expect to provide post-reunification services for six to 12 months after children are returned home in most cases	1	2	3	**4**	5	6	7
Q48	The parents of children who have had previous failed returns are no more likely to need extra help to make reunification work than others	1	2	3	**4**	5	6	7

Q49	The areas of management, strategy, policy and practice relevant to reunification which I would particularly like to learn more about are - 1... 2... 3... 4... 5...	
Q50	Is there anything else you would like to say?	

Time 2 Follow-up Evaluation Questionnaire for Managers/Strategy Group

DEVELOPING AND IMPLEMENTING NEW PRACTICE GUIDANCE ON RETURN HOME FROM CARE

Introduction

The NSPCC and the University of Bristol have developed evidence-based Practice Guidance to support assessment, decision making, service provision and monitoring for returning children home from care.

The aim of this **follow-up questionnaire** is to find out how confident you are about your knowledge, skills, management and local strategy in relation to returning children from care to their parents. In this second questionnaire we are also seeking your views about the merits, drawbacks and usefulness of the Practice Guidance and what changes should be made to it. We also want to understand how the Guidance can best be implemented in other local authorities. This evaluation is being conducted by the University of Bristol.

Please answer all the questions.

Please note that we are not asking for your name but instead are again asking you two questions which will help us to identify and match your responses on the two occasions you are asked to complete the questionnaire.

The information about your personal details will be stored securely on a password protected server at the University and will be anonymously processed by the researchers.

Q1 leave blank ☐☐☐ *Participant number*

Q2 leave blank ☐ *Time 2*

Q3	What is the first letter of the local authority you work in? *Please put the appropriate number in the box on the right*	☐ 1 E 2 L 3 W
Q4	What are the first two letters of your first name and the last two letters of your surname eg If your name is JAne SmiTH, you should write JATH If you have changed your name since completing the questionnaire at the first Learning Set – please fill in letters from the name you were using then.	☐☐☐☐
Q5	What is the day and month of your birthday? Eg if you were born on 19 April, this is 19 (day) 04 (month) so you write 1904	☐☐☐☐
Q6	How many of the Learning Sets have you attended?	☐ 1 One learning set 2 Two learning sets 3 Three learning sets
Q7	What are your views on any shortcomings/problems with reunification practice in your local authority and what needs to change to improve reunification outcomes? 1 .... 2 .... 3 .... 4	

Q8	Do you think the Practice Guidance is needed in your local authority to improve decision-making and outcomes for children returned to their parents? If you don't think it is needed, can you explain what (if anything) you think is needed?	☐ 0 Don't know 1 Yes 2 No
Q9	Has your authority developed a policy on reunification? Please comment	☐ 0 Don't know 1 No, but we plan to 2 We are developing one 3 Yes we have developed one recently 4 Yes we already had one
Q10	What do you see as the main advantages of having/using the Practice Guidance?	
Q11	What do you see as the main drawbacks of having/using the Practice Guidance?	
Q 12	How well does / could the Practice Guidance fit with existing practice?	☐ 0 Don't know 1 Very well 2 Quite well 3 Not very well 4 Not at all well
Q13	Have there been factors in the local authority or area which have facilitated getting the Practice Guidance accepted and are likely to help in getting it implemented and used in practice? Please note these here 1 .... 2 .... 3 .... 4	☐ 0 Don't know 1 Yes 2 No

Q14	Are there barriers in the local authority or area which are likely to make it more difficult to get the Practice Guidance accepted, implemented and used in practice ? Please note these here 1 .... 2 .... 3 .... 4	☐ 0 Don't know 1 Yes 2 No
Q15	How might these barriers be dealt with?	
Q16	Do you think the Guidance will be implemented here in the next year or so?	☐ 0 Don't know 1 Yes fully 2 Yes partially 3 No
Q17	How easily do you think another authority could understand and use the Practice Guidance without any outside help (like the learning sets)? Please comment	☐ 1 Very easily 2 Quite easily 3 Not very easily 4 Not at all easily
Q18	What do you think would have been essential to help to implement the Guidance if you had not have been offered the learning sets?	
Q19	What could be cut out - or you could have managed without - that's in the Practice Guidance?	
Q20	Have you managed or been involved in any cases using the Practice Guidance – even if for only part of the process? Give **actual number**	☐ 0 No 1 yes one case 2 yes two cases 3 yes three cases **etc**

	Please indicate how useful you think the Reunification Practice Guidance (PG) will be in assisting you - or the workers locally or who you manage - to do each of these tasks by putting a number in the box AND please note below each issue how the **Practice Guidance could be improved to support practitioners better in undertaking these tasks**	☐ 0 Don't know 1 very useful 2 fairly useful 3 not very useful 4 not at all useful
Q21	1 Assessment and decision-making for reunification	☐
Q22	2 Developing Written Agreements with parents and evidencing changes in parents before return	☐
Q23	3 Involving foster carers in preparing and/or supporting children or parents for return	☐
Q24	4 Ensuring parents and children are adequately supported pre and post return	☐
Q25	5 Multi-agency working on reunification	☐
Q26	6 Monitoring post return	☐
Q27	7 Supervising other workers' cases using the Practice Guidance	☐
	Do you think the Practice Guidance is likely to have a positive or negative influence on practice in relation to:	1 Very positive influence 2 Quite positive influence 3 Neither positive nor negative influence 4 Quite negative influence 5 Very negative influence
Q28	a) Reducing drift and delay in permanence planning Please comment..	☐

Q29	b) Improving decision-making (i.e. making the right decision about reunification)...	☐
Q30	c) Improving *confidence* in decision making..............................	☐
Q31	d) Meeting legal timeframes..	☐
Q32	e) Improving parents' understanding of what needs to change	☐
Q33	f) Effectively establishing the views of children and young people and involving them where possible....................................	☐
Q34	g) Increasing parental uptake of support services........................	☐
Q35	h) Working with Section 20 cases...	☐
Q36	i) Improving children and young people's well-being (whether returned home or needing permanent placements because return is not possible)...	☐
Q37	How aware are you now of research on reunification? *Please put a number in the box on the right and note below which factors relating to return success or breakdown come to mind.*	☐ 1 Very aware 2 Quite aware 3 Not very aware 4 Not at all aware
Q38	Examples of key factors related to successful returns are: 1 .... 2 .... 3 .... 4	
Q39	Examples of key factors which are related to returns breaking down are: 1 .... 2 .... 3 .... 4	
Q40	Has collecting data on reunification cases, tracking and monitoring outcomes for children who return home changed since before this project began?	☐ 0 Don't know 1 Yes improved 2 No change

Q41	The Practice Guidance suggests that the file read and chronology is undertaken by a second worker who does not have a relationship with the family. Will you do this? If not, explain why not	☐ 0 Don't know 1 Yes 2 No
Q42	Do you think practitioners will need extra support/help/training to use the Practice Guidance? Please comment	☐ 0 Don't know 1 Yes 2 No
Q43	Do you think Team Managers will need extra help or training in order to supervise workers using the Practice Guidance?	☐ 0 Don't know 1 Yes 2 No
Q44	Do you think that staff need more room on their caseloads - or that more staff are needed - to implement the Practice Guidance? If so, how do you plan to deal with this? *Please explain*	☐ 0 Don't know 1 Yes 2 No
Q45	How well is joint working with other agencies on reunification working out? Please comment on this and say how you will deal with any problems	☐ 0 Don't know 1 Very well 2 Quite well 3 Not very well 4 Not at all well
Q46	Do you think that **overall** this local authority and partners have enough of the kinds of services that parents (and sometimes children) need to help them make and sustain changes before and after return takes place and that these are accessible and effective? Are there any issues about accessing these services or their effectiveness?	☐ 0 Don't know 1 Yes, plenty 2 Yes, just enough 3 No, not enough 4 No, not nearly enough

	Specifically, have any changes been made to address identified gaps in the services below? *Please put a number in each box below*	0 Don't know 1 Yes, changes made to service - addressed identified gaps 2 No, changes not made to service - but gaps identified and change is still needed 3 No, changes not made to service - because service sufficient and no change was needed
Q47	Alcohol and drugs misuse services..	☐
Q48	Adult mental health services..	☐
Q49	Domestic abuse services..	☐
Q50	Parenting programmes and services...	☐
Q 51	Direct work on parent-child relationships......................................	☐
Q52	Specialist support for children and young people with behavioural and/or emotional difficulties by CAMHS or others	☐
Q53	Work with adolescents on difficulties such as aggression, self-harm, risk-taking behaviours etc..	☐
Q54	Social work support to children and families in relation to reunification..	☐
Q55	Foster carers who will support children and parents to work towards reunification..	☐
Q56	Other changes made, please explain	☐
Q 57	Are there other services which you don't have access to which would help the authority achieve successful reunification? Please specify	☐ 0 Don't know 1 Yes 2 No
Q 58	Are there any voluntary agencies which could be used to help support return? If so, please note which ones below	☐ 1 Yes 2 No

The following sections ask you to rate your agreement with a series of statements about various aspects of the work here with children and families, particularly about reunification. After reading each statement/question, please circle the **appropriate number** indicating your level of agreement with the statement.

Strongly disagree					Strongly agree	
1	**2**	**3**	**4**	**5**	**6**	**7**

		Strongly disagree		**Neither agree nor disagree**			Strongly agree
Q59	Costs and cost savings are being tracked by the authority	1	2	3	**4**	5	6	7
Q60	I have a good understanding of the costs associated with providing good support and work on reunification, and the potential cost savings for the authority of doing this with the aim of preventing children re-entering care after they return home	1	2	3	**4**	5	6	7
Q61	This local authority has established the core data needed to improve reunification practice - such as return breakdowns, number of repeat return breakdowns, time at home before return breakdown - and can use these to analyse and understand what changes to practice are needed	1	2	3	**4**	5	6	7
Q62	This local authority is monitoring return breakdowns and repeat breakdowns	1	2	3	**4**	5	6	7
Q63	This local authority is monitoring how often children are abused and/or neglected after return home from care	1	2	3	**4**	5	6	7
Q64	I have more information now about the outcomes of reunification in this authority than before I started the Learning Sets	1	2	3	**4**	5	6	7
Q65	Most of the front line staff and their managers in this area have the core skills and knowledge needed in order to deliver good practice when reunifying children with their parent/s	1	2	3	**4**	5	6	7
Q66	Currently, workers from children's services - and other agencies involved in reunification - have caseloads that enable them to undertake the intensive work involved in reunification	1	2	3	**4**	5	6	7
Q67	The social workers in the services that I manage are confident about using their assessments to determine the level of risk to children and thus about making decisions to reunify or not to reunify children 0 Do not manage social workers	1	2	3	**4**	5	6	7
Q68	The social workers in the services that I manage are confident that they have the skills and knowledge to conduct a full assessment of a parent's **capacity to change** when deciding whether or not a child can be returned to their parents 0 Do not manage social workers	1	2	3	**4**	5	6	7
Q69	When working towards reunification, practitioners make sure that parents are clear how they need to change and put this in a Written Agreement, so that their progress towards the goals set can be regularly reviewed	1	2	3	**4**	5	6	7
Q70	Practitioners do not return children to parents with alcohol or substance misuse problems unless they are getting treatment for these problems and making good progress	1	2	3	**4**	5	6	7
Q71	Research shows that children are much more often maltreated if they return to parents who have alcohol or drugs misuse problems	1	2	3	**4**	5	6	7

Q72	There is not much that can be done if a child on Section 20 returns home from care of their own accord, even if children's services are not happy about it	1	2	3	**4**	5	6	7
Q 73	Practitioners expect to provide post-reunification services for six to 12 months after children are returned home in most cases	1	2	3	**4**	5	6	7
Q74	The parents of children who have had previous failed returns are no more likely to need extra help to make reunification work than others	1	2	3	**4**	5	6	7

Q75	My overall view of the Reunification Practice Guidance is that it is likely to be:	☐ 1 Very useful 2 Quite useful 3 Not very useful 4 Not at all useful
Q76	The main things I have learned about reunification management, strategy, policy or practice from doing the learning sets are: 1.. 2 .... 3 .... 4	
Q77	The main things I will do - or do differently - since reading the Practice Guidance and doing the Learning Sets (including taking forward the learning for others) are: 1.. 2 .... 3 .... 4	
Q78	The main things I still need more information about in relation to reunification about reunification management, strategy, policy or practice are: 1.. 2 .... 3 .... 4	
Q79	How useful were the learning sets? Please code your answer in the box How could the learning sets have been changed to make them more useful to you?	☐ 1 Very useful 2 Quite useful 3 Not very useful 4 Not at all useful
Q80	What has helped you most with your learning? 1 .... 2 .... 3 .... 4	

Q81	What other forms of training or learning help would you have liked?	
Q82	Would you find it useful to attend training we might provide? Please comment	☐ 1 Yes 2 No
Q83	Would you make use of training materials for yourself if we provided them?	☐ 1 Yes 2 No
Q84	Would you make use of training materials to train others if we provided them?	☐ 1 Yes 2 No
Q85	Is there anything else you would like to say?	

THANK YOU VERY MUCH FOR COMPLETING THIS

Appendix 2 – Schedule for Interviews with Senior Managers

DEVELOPING AND IMPLEMENTING A NEW PRACTICE FRAMEWORK ON RETURN HOME FROM CARE

Thank you very much for participating in the Reunification Project. And thanks for filling in the Evaluation forms.

The idea of this phone call is to get your views more broadly on how the project worked in your local authority.

Section A: Improving Reunification Practice

1. What did you hope would come out of participating in the Reunification Project?

2. How far have those hopes been met?

3. How will you know if this project has been successful – what are your indicators of success and how will you measure them?

4. You had already identified a need to look into reunification in your local authority:-

   a) What do you think you would have done without the learning sets? ie, if you had received the Practice Framework, but not the face to face sessions

   b) What do you think local authorities need in order to improve outcomes for children returning home from care?

5. We think there's a bit of a problem in that Reunification isn't yet recognised as a key area of child care work in many areas. What would help to make it figure more strongly on the radar of local authorities do you think, such that they would be more likely to improve their practice?

   [Get free response]

   a] Do you think including it as an area for inspection by Ofsted has helped? Could / should this be strengthened?

   b] Would the Department for Education publishing data on re-entry to care (ie return breakdown) rates make a difference?

   c] Should reunification practice be included as part of basic qualifying training for social workers?

Section B: The Practice Framework and its Implementation

6. Do you have any comments on the Practice Framework itself –

   – Is it needed?
   – Its contents
   – Its presentation
   – Its accessibility

7. How could it be improved? Are there other things you'd like included, eg examples of assessment reports and chronologies? Or would it be better for local authorities to create their own?

8. What do you see as the core elements of it which you are keenest to get into practice?

9. Is the idea of the file read and chronology being undertaken by a second social worker helpful or unnecessary do you think?

10. What are the things that are likely to facilitate getting the Practice Framework used in your local authority do you think?

11. What barriers are there to getting the Practice Framework used in your local authority?

12. Do you think the Practice Framework will be implemented here? In full or part? How long is it likely to take?

13. Which cases will you use it for?

14. Do you have any other thoughts on how the Practice Framework might be embedded into practice in your local authority?

15. We're interested in thinking how the Practice Framework can be rolled out to other local authorities without any input from the project team. We will produce an implementation guide for local authorities to follow themselves (based on the content of the learning sets)

    How well would that be likely to work?

    What extra help would be essential if any do you think? Who would you go to for extra help and would you be willing / able to pay for it?

Section C: The Learning Sets

16. What worked well with the learning sets do you think?

17. What worked less well?

18. Do you think the learning sets:-

    A] Helped you understand the key elements of the Practice Framework itself?

    B] Helped you think about how to implement the Practice Framework in your local authority?

    C] Moved forward the planning to implement the Framework?

    D] Assisted the local authority to improve the data it collects on reunification?

    E] Assisted you to better understand this cohort of children and their outcomes

    F] Helped you think about the costs associated with failed reunifications / potential savings?

    G] Did they do anything else?

19. What did not get achieved through the learning sets that you wanted?

    ie what is left still to do?

    Are you confident that you can do this without external help?

    Did the learning sets do enough to start you off?

20. Do you still need any external help? If so, for what?

    If so, what kinds of organisations would you look to for help with these things?

    Would you be willing / able to pay for it?

21. Would some kind of follow-up be useful eg a Training Event, help to launch the Framework, or more strategic level consultation?

22. Using learning sets is a relatively new idea. If there is work with other local authorities, what mix of inputs would be most useful do you think? Would training be helpful alongside discussions or learning sets? What else is needed?

THANK YOU VERY MUCH FOR YOUR HELP

It's much appreciated

Do you have any questions or comments?

Appendix 3 – Changes in practitioners' views of their confidence, skills and practice in reunification work

In order to see if there were any changes by the end of the project, practitioners were asked at Times 1 and 2 how far they agreed with a variety of statements relevant to reunification practice. Some related to confidence in their skills, others to actual practice, one to workload capacity and others to service sufficiency or self-efficacy.

Practitioners rated each statement from a 1 showing strong disagreement, through to 4 neither agree nor disagree to 7 showing strong agreement. Thirteen (and for some questions 12 or 14) practitioners completed these statements at both Time 1 and 2. Given the skewed nature of the data and ordinal scale (7-point Likert), Wilcoxon's Signed-Rank test was used to compare changes in the responses of the group from Time 2 (T1) to Time 2 (T2). However, the small sample size means that the results need to be treated with caution. The results are shown in Table 7 below.

Table 7 Practitioners' Ratings for Statements at Time 1 and 2 (Matched Sample)

	– Rank	+ Rank	Ties	T1 Median	T2 Median	Paired cases	Z score	Asymp. Sig. (2-tailed)
Sub-scale 1 **Workload capacity in the local authority**								
Workers from children's services – and other agencies involved in reunification – have caseloads that enable them/ us to undertake the intensive work involved in reunification	3	4	6	3	2	13	.000	NS
Sub-scale 2 **Practitioners' confidence in their skills**								
I am confident that I have the skills and knowledge to conduct a robust assessment of the risks associated with return home that will help me make sound decisions about whether to reunify	3	6	4	6	6	13	–.921	NS

	– Rank	+ Rank	Ties	T1 Median	T2 Median	Paired cases	Z score	Asymp. Sig. (2-tailed)
I feel confident that I have the skills and knowledge to conduct a full assessment of a parent's capacity to change	0	8	5	5	6	13	–2.588	0.010
I am confident that I/my colleagues have the ability to identify concrete achievable goals for the changes parents need to make prior to reunification	2	5	6	6	6	13	–1.265	NS
Sub-scale 3 **Actual practice by practitioners**								
Before making a decision about reunification I/my colleagues read a child's case files to get full information about their history and family	12	1	0	7	5	13	–3.008	0.003
When working towards reunification, I/my colleagues make sure that parents are clear how they need to change and put this in a Written Agreement, so that their progress towards the goals set can be regularly reviewed	3	5	5	6	6	13	–.647	NS
I/my colleagues do not return children to parents with alcohol or substance misuse problems unless they are getting treatment	7	2	4	6	6	13	–1.513	NS
I/my colleagues find out and review the child's wishes and feelings about return home throughout the process	4	3	7	6	6	14	–.378	NS

	– Rank	+ Rank	Ties	T1 Median	T2 Median	Paired cases	Z score	Asymp. Sig. (2-tailed)
I/my colleagues expect to provide post-reunification services for six to 12 months after children are returned home in most cases	3	5	6	6	6	14	−.640	NS
Sub-scale 4 **Service sufficiency and skills**								
I/my colleagues don't have any difficulty in leveraging the services that parents (and sometimes children) need to make and maintain changes before reunification	4	5	3	3	4	12	−.787	NS
I am confident that arrangements can be made to ensure that the appropriate agencies monitor children after reunification	5	4	5	5	5	14	−.060	NS
Sub-scale 5 **Practitioner self-efficacy**								
There is not much that can be done if a child on Section 20 returns home from care of their own accord, even if children's services are not happy about it	4	4	6	2.5	2	14	−.144	NS
I feel confident to offer mentoring support to a colleague who is considering or working on reunification for a child	3	6	5	6	6	14	−1.095	NS

Note:
- Rank denotes number of respondents who rated specific item at Time 2 lower than at Time 1
+ Rank denotes number of respondents who rated specific item at Time 2 higher than at Time 1
Ties denotes number of respondents who rated specific items the same at Time 2 and Time 1
NS = not significant

Workload capacity in the local authority (Sub-scale 1)

No statistically significant change was found in terms of the one question on workload capacity which was "*Workers from children's services – and other agencies involved in reunification – have caseloads that enable them/us to undertake the intensive work involved in reunification*". (Here results show that practitioners were most likely at Time 2 (6 out of 13) to report the same level of agreement with this statement as they had done at Time 1. Only 4 out of 13 practitioners increased their level of agreement with this statement at Time 2, whilst 3 out of 13 reported a lower level of agreement at Time 2).

Practitioners' confidence in their skills (Sub-scale 2)

There was one significant change at Time 2. A Wilcoxon Signed-Rank test showed that significantly more practitioners (8 out of the 13) who answered at both Times 1 and 2 now felt confident that they had the skills to conduct an assessment of a parent's capacity to change (T1 $Md=5$; T2 $Md=6$, $Z=-2.588$, $p=0.01$) and this effect size was large ($r= -0.51$). There had also been an increase in practitioners' confidence in undertaking some of the other tasks associated with reunification, although the remainder of the changes were not statistically significant.

Actual practice by practitioners (Sub-scale 3)

In relation to practice, there was one significant change by the end of the project. This was that significantly more practitioners (12 out of 13) now disagreed with the statement that before making a decision about reunification they (or if a manager, their colleagues) read a child's case files to get full information about the child's history in order to write a chronology (T1 $Md=7$; T2 $Md=5$, $Z=-3.008$, $p=0.003$; large effect size $r=-0.59$). This is likely to be because they were keen to implement the suggestion in the Framework about using a second worker to do this, for example a practitioners from their own or another team. It was also noted that although the number who expected to provide post-reunification services for 6 to 12 months after return did not change significantly, the number who *strongly* agreed with this latter statement at Time 2 had doubled.

Service sufficiency and skills (Sub-scale 4)

No statistically significant changes were found in terms of the two statements on service sufficiency and skills. However, there was some indication that practitioners (and their colleagues) do not view themselves as finding it difficult to leverage the services that parents (and sometimes children) need to make and maintain changes before returning home.

Practitioner self-efficacy (Sub-scale 5)

Similarly, there were no significant changes in the rating of the two items related to practitioners' self-efficacy, although there was a slight increase in the number of practitioners who were confident at Time 2 about offering mentoring support to a colleague who was working on reunification.

It is worth noting that despite a slight decrease in the number of practitioners who did not think much could be done if a child accommodated under Section 20 returned home from care of their own accord (T1 *Md=2.5*; T2 *Md=2*, *p>*.05 2-tailed), a minority (about a fifth) of the practitioners remained of this view. Amendments to regulations and guidance[21] address how local authorities must deal with any unplanned returns home of children accommodated under Section 20 and detail local authorities' duty to safeguard and promote the welfare of children who return home in an unplanned way[22]. Since local authorities now have new duties in relation to unplanned returns by Section 20 accommodated children and given the fact that a minority of practitioners still held the view that little could be done for these children, this issue has been given added emphasis in the final version of the Practice Framework.

In summary, the two significant findings about change suggest that there was some impact from the learning sets. However, these findings are based on a very small number of respondents. In addition, it should be noted that at Time 2 practitioners had had limited time to use the Framework.

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21 The Care Planning and Fostering (Miscellaneous Amendments) (England) Regulations 2015; The Children Act 1989 Framework and regulations, Volume 2: care planning, placement and case review June 2015; Working Together to Safeguard Children, March 2015.

22 Further detail about this is provided on p. 9-10 and Appendix 10 of the Practice Framework

Appendix 4 – Practitioners' knowledge of research findings at Times 1 and 2

At Time 1 and Time 2, after their self-assessment on awareness of the research on reunification, the practitioners were asked to write down up to four examples of key factors related to successful returns and up to four examples of key factors related to return home breakdown.

In this appendix the more detailed analysis of practitioner responses is given.

Factors relating to successful returns home at Time 1

In noting key factors relating to return success at Time 1, over half of the practitioners mentioned the importance of good assessment; three fifths planning and most support, although there were fewer references to the key part played by specialist services. Five of the 27 practitioners mentioned the importance of preparation for return home and none noted that the involvement of foster carers or residential workers in preparation (and support) can be crucial (see eg. Child Welfare Information Gateway 2006 and 2011). A few mentioned the importance of the child and/or parents wanting reunification to happen or of social work being purposeful and three practitioners noted the importance of monitoring the child after return home, all of which are supported by research.

One respondent was clearly well read on the literature and all her four factors were well evidenced in the research. However, one of these: 'return within six months' relates to the *likelihood* of a child being returned at all and not to whether the return home succeeds (see Biehal 2006 for a discussion of this issue)[23]. In fact, research shows that returns home need to be gradual and when they happen without enough time to support parents to change, they are more likely to be unstable and break down (see eg. Wade *et al* 2011, Thoburn *et al* 2012). The Framework emphasises the importance of gradual returns after evidence that parents have made significant progress in relation to their difficulties. It is interesting that occasionally a research finding such as this proves so memorable.

Most of the factors noted by the practitioners were very relevant to successful returns, although the issue of parents needing to make changes before return home takes place was not prominent. (It is well supported by research and crucial to return success in most cases). There were six references to it, for example *'ensuring that the reason why the child became looked after are still not present in the home'*. Thus, assessment and support were quite often noted without mention of the importance of change by parents. However, this issue was more often noted as important when workers were asked about factors related to return breakdown (see later section).

A number of factors that research shows are related to return success were not mentioned at all. These include children being younger (see eg Wells *et al* 2007, Thoburn 2009), returning to

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23 This misunderstanding which occurred several times in responses to the questionnaires has been addressed directly in the final version of the Practice Framework.

their family where there has been a change in the household composition (see eg. Harwin *et al* 2001, Wade *et al* 2011) and foster carers or residential workers supporting and working with parents and children towards return home (Child Welfare Information Gateway 2006 and 2011). A couple of practitioners mentioned informal support networks, which the research shows are especially important to return success for adolescents (see eg. Farmer and Wijedasa 2013).

Factors relating to successful returns home at Time 2

Twelve practitioners gave examples of key factors related to successful returns at <u>both</u> Time 1 and 2. At Time 2 these workers often mentioned practice issues which are emphasised in the Practice Framework. Thus, at Time 2 more practitioners mentioned chronologies (suggesting an increased awareness of the importance of knowing children's histories) and more also noted the importance of timescales, for example, saying that returns should be gradual and not rushed, which suggests an awareness of this research finding. Overall, there was an increased emphasis on involving and engaging children and parents, finding out children's wishes and feelings, that parents and children should want to be reunified and the importance of explaining things to the parents. Knowledge of the role of foster carers and residential workers in providing support was also now evident.

Making SMART plans and goals with parents and the importance of having clear evidence of positive change – and that it needs to be sustained – were both mentioned, as was the need to review risks and the importance of preparation. Other issues such as assessing risk, planning and providing support were noted as important at both Time 1 and 2.

As at Time 1 a number of factors that research shows are related to success were not mentioned at all (see above), although two of those not noted at Time 1 – that is the importance of foster carers and residential workers supporting return home and of knowing children's histories – were mentioned this time, showing an increased awareness of these issues.

Factors relating to <u>return breakdown</u> at Time 1

Practitioners were also asked to write down up to four examples of key factors related to returns home breaking down. These factors are now considered.

At Time 1, over half of the workers accurately noted that lack of, poor or unrealistic assessments were related to return breakdown and the same proportion mentioned the well-evidenced influence of poor planning. Far fewer (4) noted that inadequate preparation is linked to returns breaking down. Many practitioners mentioned (20) that lack of support was related to return breakdown, as has also been well evidenced in research. The importance of parental drugs and alcohol misuse being addressed before reunification was mentioned by three workers, the same point was made in relation to domestic violence by one and parental mental health problems by another. These and especially parental drugs and alcohol misuse are highly related to return breakdown (see eg Wade *et al* 2011).

A lack of change by the parents was noted as related to return breakdown by eight workers, whilst seven practitioners saw children returning home too quickly as a risk factor, both of which are well evidenced by research. Another relevant factor, lack of monitoring of the reunification, was noted by five workers.

A number of other relevant practice issues were noted, such as the difficulty of disguised compliance or parents who do not ask for help. Poor parent-worker relationships were also noted as a problem.

Factors from research which received little or no mention were the child's age at return home (more breakdowns for those over 10 at return) (see eg Wells *et al* 2007, Thoburn 2009), that those children with previous failed returns home (Farmer and Wijedasa 2013, Wade *et al* 2011) or behavioural and/or emotional problems (Kimberlin 2009, Thoburn 2009) are more liable to experience another disruption, and the links with return breakdown where there is a lack of knowledge of the child's history (see eg. Child Welfare Information Gateway 2011) or where parents are isolated (Festinger 1994, Farmer and Wijedasa 2013) or ambivalent about reunification (National Family Preservation Network 2003, Biehal 2006). In addition, recent research (Wade *et al* 2011) has shown that children who have experienced chronic neglect or emotional abuse do significantly worse than others if they are returned home and return breakdown rates vary greatly by local authority, especially for older children (Wade *et al* 2011).

Factors relating to return breakdown at Time 2

Twelve practitioners gave examples of key factors related to return breakdowns at both Time 1 and 2. The importance of timescales figured more highly this time, with return breakdown being linked with rushed plans and children moving home too quickly and a new emphasis on parents and children being ready for reunification. As with the Time 2 factors relating to successful returns home, there was an increased emphasis on the difficulty where there was little focus on involving and engaging children and parents or on ascertaining children's wishes and feelings or where unrealistic or unclear expectations were made of parents. Lack of contingency plans or chronologies, lack of preparation and monitoring and foster carers not agreeing or supporting the move were all noted as problems. Other issues such as lack of robust assessment, planning and support were noted as important at both Time 1 and 2.

As at Time 1 a number of factors that research shows are related to return breakdown were not mentioned at all (see above), although two of those not noted at Time 1 were now mentioned, namely the connection between return breakdown and lack of knowledge of children's histories (through the mention of chronologies) and lack of support by foster carers.

Summary of knowledge of research findings

To sum up, practitioners were aware at both stages of the importance of assessment, planning and support to reunification practice, although the central importance of change by parents was less often noted. However, some research finding which are specific to reunification were less well known and remained so. This includes key issues such as the relationship between previous failed returns home, the child's older age or behavioural difficulties and return breakdown, the importance of specialist services for return stability, the link between changed household composition and return success and the link between parental alcohol and drugs misuse and child maltreatment after children have returned home.

On the other hand, there was an increased awareness of the importance of the role that foster carers can play, the importance of parental motivation, preparation and knowing children's histories and of returns home being gradual. These research findings underpinned the areas of practice they had worked on in the learning sets.

Thus, by Time 2 the practitioners showed more familiarity with the research findings which were integral to the practice changes which the learning sets had addressed. It is perhaps not surprising that they had not absorbed other key findings which are provided in the Framework. It was concluded that some additional training or a workshop on key research findings might be useful at the time of implementation of the Practice Framework.

Appendix 5 – Changes in managers' views about reunification practice and related management practice

In order to explore if there were any changes by the end of the project, managers were asked at Times 1 and 2 how far they agreed with a variety of statements related to workload capacity (sub-scale 1), their view of practitioners' confidence in their skills (sub-scale 2) and actual practice (sub-scale 3), their management of practice (sub-scale 4) and self-efficacy (sub-scale 5).

Managers rated each statement from a 1 showing strong disagreement, through to 4 neither agree nor disagree to 7 showing strong agreement. Eighteen or fewer managers completed these statements at both Time 1 and 2. Given the skewed nature of the data and ordinal response scale (7-point Likert), Wilcoxon's Signed-Rank test was used to compare changes in the responses of the group from Time 2 (T1) to Time 2 (T2). However, the small sample size means that the results need to be treated with caution. The results are shown in Table 8 below.

Table 8 Managers' Ratings for Statements at Time 1 and 2 (Matched Sample)

	– Rank	+ Rank	Ties	T1 Median	T2 Median	Paired cases	Z score	Asymp. Sig. (2-tailed)
Sub-scale 1 **Workload capacity in the local authority**								
Currently, workers from children's services – and other agencies involved in reunification – have caseloads that enable them to undertake the intensive work involved in reunification	1	13	4	4	5	18	–3.090	0.002
Sub-scale 2 **Managers' views of practitioners' confidence in their skills**								
The social workers in the services that I manage are confident about using their assessments to determine the level of risk to children and thus about making decisions to reunify or not to reunify children	1	7	1	5	5	9	–2.157	0.031

	– Rank	+ Rank	Ties	T1 Median	T2 Median	Paired cases	Z score	Asymp. Sig. (2-tailed)
The social workers in the services that I manage are confident that they have the skills and knowledge to conduct a full assessment of a parent's capacity to change when deciding whether or not a child can be returned to their parents	1	5	3	5	5	9	−1.730	NS
Most of the front line staff and their managers in this area have the core skills and knowledge needed in order to deliver good practice when reunifying children with their parent/s	3	9	6	4	5.5	18	−1.992	0.046
Sub-scale 3 **Managers' views of actual practice by practitioners**								
When working towards reunification, practitioners make sure that parents are clear how they need to change and put this in a Written Agreement, so that their progress towards the goals set can be regularly reviewed	3	8	4	4	4	15	−1.923	NS
Practitioners do not return children to parents with alcohol or substance misuse problems unless they are getting treatment for these problems and making good progress	7	7	1	4	4	15	−0.193	NS

	– Rank	+ Rank	Ties	T1 Median	T2 Median	Paired cases	Z score	Asymp. Sig. (2-tailed)
Practitioners expect to provide post-reunification services for six to 12 months after children are returned home in most cases	1	10	6	4	5	17	–2.676	0.007
Sub-scale 4 **Actual practice by managers**								
I have a good understanding of the costs associated with providing good support and work on reunification, and the potential cost savings for the authority of doing this with the aim of preventing children re-entering care after they return home	2	9	7	5	6	18	–2.431	0.015
Costs and cost savings are being tracked by the authority	1	15	2	4	6	18	–3.331	0.001
This local authority has established the core data needed to improve reunification practice – such as return breakdowns, number of repeat return breakdowns, time at home before return breakdown – and can use these to analyse and understand what changes to practice are needed	4	11	2	3	5	17	–1.983	0.047
This local authority is monitoring return breakdowns and repeat breakdowns	2	12	2	3	5	16	–2.524	0.012
This local authority is monitoring how often children are abused and/ or neglected after return home from care	2	10	5	3	4	17	–1.906	NS

	– Rank	+ Rank	Ties	T1 Median	T2 Median	Paired cases	Z score	Asymp. Sig. (2-tailed)
Sub-scale 5 **Manager self-efficacy**								
There is not much that can be done if a child on Section 20 returns home from care of their own accord, even if children's services are not happy about it	4	3	10	2	3	17	−0.512	NS

Note:
- Rank denotes number of respondents who rated specific item at Time 2 lower than at Time 1
+ Rank denotes number of respondents who rated specific item at Time 2 higher than at Time 1
Ties denotes number of respondents who rated specific items the same at Time 2 and Time 1
NS = not significant

Workload capacity in the local authority (Sub-scale 1)

As can be seen in Table 8, at Time 2 significantly more managers (13 out of 18) thought that children's services practitioners had caseloads that enabled them to undertake the intensive work involved in reunification (Time 1 *Md*=4; Time 2 *Md*=5, *Z*=-3.090, *p*=0.002; large effect size *r*=-0.52). It is not clear why this should be the case. It is possible that familiarity with the Framework by Time 2 meant that managers were clearer about what was involved in reunification work and concluded that it was feasible within current caseloads. However, it should be noted that many more managers (11 of 18) than practitioners (2 of 13) at Time 2 thought this was the case (see earlier).

Managers' views of practitioners' confidence in their skills (Sub-scale 2)

In relation to managers' views of practitioners' confidence in their skills, significantly more managers at Time 2 (7 out of 9) thought that social workers were now confident about undertaking assessments of risk (*Z*=-2.157, *p*=0.031), and this had a large effect size (r=-0.51). (More agreed that social workers were confident about assessing parental capacity to change, but this did not reach significance). In addition, significantly more managers at Time 2 (9 out of 18) thought that most of the front line staff and their managers in their authority had the core skills and knowledge needed in order to deliver good practice when reunifying children with their parent/s (Time 2 *Md*=5.5; Time 1 *Md*=4, *Z*=-1.992, *p*=0.046; medium effect size r=-0.33). As noted earlier, practitioners themselves had only shown a significant increase in confidence in assessing parental capacity to change, although they had shown some smaller increase in confidence in other areas too (see Table 7 in Appendix 3).

Managers' views of actual practice by practitioners (Sub-scale 3)

In terms of actual practice in their local authorities, significantly more managers at Time 2 (10 out of 17) thought that practitioners expected to provide post-reunification services for 6 to 12 months after children were reunified (Time 2 *Md*=5; Time 1 *Md*=4, *Z*=-2.676, *p*=0.007; medium effect size *r*=-0.46). Although more managers at Time 2 (8 out of 15) thought that practitioners now make sure that parents are clear how they need to change and put this in a Written Agreement, this finding was not statistically significant.

Actual practice by managers (Sub-scale 4)

In relation to management practice, significantly more managers at Time 2 (15 out of 18) thought that costs and cost saving were being tracked by the authority than had been the case at Time 1 (Time 2 *Md*=6; Time 1 *Md*=4, *Z*=-3.331, *p*=0.001), a finding which shows a large effect size (r=-0.56). Similarly, significantly more managers at Time 2 (9 out of 18) reported having a good understanding of the costs associated with providing good support and work on reunification, and the potential cost savings for the authority of doing this (Time 2 *Md*=6; Time 1 *Md*=5, *Z*=-2.431, *p*=0.015; medium effect size *r*=-0.41). In addition, significantly more managers (11 out of 17) believed that their local authority had established the core data needed to improve reunification practice, such as return breakdowns, number of repeat return breakdowns and time at home before return breakdown (Time 2 *Md*=5; Time 1 *Md*=3, *Z*=-1.983, *p*=0.047; medium effect size r=-0.34). Significantly, more of the managers at Time 2 (12 out of 16) thought that their authority was now monitoring return breakdowns and repeat breakdowns (Time 2 *Md*=5; Time 1 *Md*=3, *Z*=-2.524, *p*=0.012; medium effect size r=-0.45). (Although a majority of managers (10 out of 17) now thought that their local authority was monitoring how often children were abused and/or neglected after return home from care, this was not a statistically significant finding.)

Manager self-efficacy (Sub-scale 5)

Finally, there was no difference in the proportion of managers at Time 2 (10 out of 17) who thought that something could be done if a child accommodated under Section 20 returns home from their placement of their own accord, even if children's services were not happy about it. So it should be noted that, as with the practitioners, a minority did not think anything could be done of a child returned home in these circumstances in spite of the local authority's duties under new regulations.

Thus, it can be seen that there were statistically significant changes in the management of reunification, in relation to establishing the data to improve practice, using it to monitor children's experiences and understanding cost savings. By Time 2, significantly more managers also thought that practitioners had the core skills for practice in reunification and were now more confident at assessing risk and expected to provide post-return services for 6 to 12 months after return home. In contrast, the practitioners themselves had only shown a significant increase in confidence in assessing parental capacity to change, although they had shown some smaller increase in confidence in other areas too.

Appendix 6 – Changes in managers' responses to statements relating to research

Managers were asked how far they agreed or disagreed with two statements in the questionnaires related to research. They were:

- *The parents of children who have had previous failed returns are no more likely to need extra help to make reunification work than others*

- *Research shows that children are much more often maltreated if they return to parents who have alcohol or drugs misuse problems*

McNemar's test was used to investigate any changes from agreement (responses 5-7) to disagreement (responses 1-3) or vice versa. Since it is only meaningful to agree or disagree about research findings, response 4 'neither agree nor disagree' was coded as not knowing the relevant research finding. As was done for practitioner's knowledge of research, 'Not knowing the research finding' was coded as 0, whereas 'Knowing the research finding' was coded as 1. Results showed, however, that none of the changes were significant using this test.

Examining these responses in more detail, it was found that there was no difference in the proportion of managers at Time 2 who thought that the parents of children who had had previous failed returns home are more likely to need extra help to make reunification work than others. Most respondents were aware at both stages that these children's parents would need additional help (14 out of 17 at both Time 1 and at Time 2). Managers had more awareness of this finding than practitioners. Fairly similar numbers of managers (13 of 17 at Time 1 and 11 of 17 at Time 2) agreed with the statement that research shows that children are much more often maltreated if they return to parents who have alcohol or drugs misuse problems, which is a very important research finding. This research finding was better known to the managers than to the practitioners (see earlier section). This relates to another finding on views about social work practice (see Table 8) which is that 7 out of 15 managers at Time 1 and 2 thought that practitioners do not return children to parents with alcohol or substance misuse problems unless they are getting treatment for these problems and making good progress. However, it is of some concern that over half of the managers at both stages thought children were returned home in these circumstances. (In contrast, more of the practitioners at Time 1 and 2 said that they did not return children home in these circumstances).

Appendix 7 – Managers' knowledge of research findings at Times 1 and 2

At Times 1 and 2, after rating their level of awareness of research on reunification the managers were asked to write down up to four examples of key factors related to successful returns and four examples of factors relating to returns breaking down. The analysis of these open responses is reported here

Factors relating to successful returns home at Time 1

At Time 1, when asked what they saw as key factors related to successful returns home, more than a third (9 of 23) of those who responded mentioned assessment, often pointing to the need for thorough or robust assessments which were connected to plans. There was no mention of the importance of having good case histories. Ten noted the importance of careful planning, including that both the parent and child need to have had time to rebuild relationships before the child returns home. Almost all the respondents (20 out of 23) mentioned the importance of support, including (in a number of cases) that from the wider family or community pre and post return. There were fewer references to the key part played by specialist services (see eg Child Welfare Gateway 2011), although this was implied in the mentions of inter-agency support and engaging partner agencies. Support for parents to manage their children's behaviours was noted as crucial, as was the quality and intensity of support and that it should continue as long as needed.

There were a few mentions of assessment of adequate parental capacity or of the importance of the motivation of the parent and child (see eg. Cleaver 2000, Sinclair *et al* 2005), of returns home needing to be gradual (Wade *et al* 2011) and also ensuring that the family system remains open for the child to return to (Bullock *et al* 1998). One manager noted that children needed to be engaged with their schools (Farmer and Parker 1991, Taussig *et al* 2001). No-one specifically mentioned the importance of monitoring or of purposeful social work (Child Welfare Information Gateway 2011, Farmer *et al* 2011, Farmer and Wijedasa 2013), although it was implied in other responses. Ten managers mentioned the crucial issue that there had to be evidence of change for reunification to be successful, sometimes adding that parents needed to accept that they had caused the child harm, that interventions needed to address the problems that had led to care and the importance of parental motivation to change. One noted that there had to be clear expectations about change that are agreed with parents (which is well supported by research).

A number of practice issues were noted, for example that successful reunifications were related to open and honest engagement by professionals and parents (and one mentioned building trust), careful management of risk, awareness of risk and of protective factors and positive attachment between the child and parent. Some noted the usefulness of learning lessons from case reviews, ensuring that the training needs of key staff are met or that children needed to have a voice and be involved in the decision about reunification. The importance of early work was mentioned once.

Most of the factors mentioned were very relevant to successful returns home and the importance of parents making changes before reunification (which is well supported by research) was noted by some. There was one mention of 'time/delay' and another of returns home needing to be gradual, which implies that children should be returned to their parents only after sufficient time has elapsed for their problems to have been addressed (Wade *et al* 2011). Five respondents mentioned informal support networks which the research shows are especially important to return success for adolescents (Farmer and Wijedasa 2013).

As with the practitioners' responses, a number of factors that research shows are related to reunification success were not mentioned at all. These include children being younger, going to a changed household composition, setting conditions for parents before return (although the latter was implied in one response), and foster carers or residential workers supporting and working with parents and children towards reunification. Preparation for reunification was mentioned only twice, although research has shown this to be very important.

Factors relating to successful returns home at Time 2

Sixteen managers gave examples of key factors related to successful returns home at Time 1 and 2. Many of them noted at Time 2 that parental commitment/engagement and lack of ambivalence were important and that parents and children needed to want to be reunited (which had more rarely been noted at Time 1) and it was noted that decision-making should be transparent. Several mentioned the role of understanding the child's history by means of undertaking chronologies (which had not been noted at Time1). Preparation was noted by two respondents who had taken this on board since Time 1 (when two different managers had mentioned this issue). The ability of parents to make and sustain change was noted by six (as compared with seven in this group at Time 1). Two managers noted that how long the child had been looked after made a difference which had not been mentioned at Time 1 and the importance of not rushing reunification was again noted. There was also mention of the importance of attention to the child's needs and behaviour, and of treatment for parental mental health and parental drug and alcohol misuse problems, offending and domestic abuse. In addition, one manager noted that there needed to be a belief that reunification could be successful and that work should be strengths-focused

As at Time 1, one manager mentioned the importance of engaging schools and early help services early on, of children having stable school places and making progress with their learning. Research shows that problems with schooling, including truancy and school exclusion, do affect the success of reunion (see eg. Lahti 1982, Farmer and Parker 1991).

Other issues which had also been noted at Time 1 were the importance of robust assessment, good planning and support (formal and informal and the importance of its quality), with mention of the key role played by specialist services.

As at Time 1 a number of factors that research shows are related to return success were not mentioned at all, although one of those not noted at Time 1, the importance of getting the child's case history, was mentioned this time.

Factors relating to return breakdown at Time 1

At Time 1, 6 respondents mentioned that lack of or poor quality assessments (including after reunification) contribute to return breakdowns, with a seventh noting this in relation to lack of chronologies and family history, three noted inadequate preparation and seven poor planning as relevant factors (all of which are well evidenced). Connected with poor planning, 5 saw children returning home too quickly as a risk factor, with one noting that this could occur if there were pressures to move a child out of care, whilst in contrast, one mentioned that children could be left too long in care. Poor decision-making about return home was noted once.

Sixteen managers (out of 23 responding) noted correctly that lack of (or inconsistent) support was influential in breakdowns, with further detail being given that CAMHS services or extended family support can be lacking, that sometimes supporting the parents takes precedence over meeting the child's needs, that assistance with managing children's challenging behaviour may be lacking, that support may be withdrawn too early and that the services might not match the needs of the family or might not change sufficiently fast in relation to changing needs. Lack of cooperation (or information sharing) with other agencies was also noted. The difficulties of parents with alcohol or drugs misuse problems or mental health issues were mentioned by one respondent, family conflict and parent relationship problems by two others and domestic abuse by one, all of which – and especially alcohol or drugs misuse problems – research has shown are related to return disruption.

Eight managers (a third) noted the important finding that lack of change by parents is related to return breakdown, seeing this as sometimes related to lack of insight or understanding by parents or lack of analytic assessment and one mentioned the increasing difficulties for parents as children get older. The length of time away from the family was noted once – research shows this is related to whether children return or not and also that sudden or precipitate returns home more often break down. One respondent knew the important research finding that previous return breakdown predict further breakdown (see eg Wade *et al* 2011) (and another spoke of placement moves), one knew the risk when cases were closed too quickly (Farmer *et al* 2011) and another noted that reunification could fail when children realised that home was not as they had thought or dreamed it would be (see Fein *et al* 1983, Thoburn 2003). One manager noted the difficulty if children were (in their words) very "emotionally damaged".

A number of other relevant practice issues were noted, including further risks emerging, risks not having been addressed, parents being unable to maintain change, children being unsafe or maltreated, protective factors not being apparent, continuing difficulties in the parent/child relationship, young people returning to a negative peer (or community) group, relationship breakdown or lack of engagement with professionals, inadequate supervision and work not being based on evidence about what will work or what needs to change. Over optimism by professionals was noted twice and disguised compliance by parents once.

Some research findings were rarely mentioned. These include that reunification breakdown is associated with: children being over the age of 10 (with one mention relevant to this), with previous failed returns home (mentioned once), children having emotional and /or behavioural problems (implied at least once), lack of knowledge of the child's history (one mention) and

parents being ambivalent about the reunification (one mention in relation to lack of parental commitment/motivation) or isolated. Lack of monitoring was not mentioned. As previously noted, recent research has shown that children who have experienced chronic neglect or emotional abuse do significantly worse than others if they are returned home and return breakdown rates vary greatly by local authority, especially for older children.

Factors relating to return breakdown at Time 2

Sixteen managers gave examples of key factors related to return breakdown at Time 1 and 2. At Time 2 a number mentioned unresolved parental issues including parental alcohol and drugs misuse, domestic abuse, offending, mental health problems, poor parenting skills, parental ambivalence (or lack of motivation) and parental relapse. Previous failed returns home was mentioned by two managers, one of whom had noted this at Time 1 and lack of preparation three times, of whom one had mentioned this at Time 1. Parental social isolation, over-optimism, premature case closure, lack of contact with education and health services, rushed returns and lack of involvement by parents were also noted.

At Time 2, as at Time 1, most mentioned lack of support and poor or insufficient assessment of the prospects of reunification or risk analysis. Lack of parental change was noted by similar numbers at Time 1 and 2.

As at Time 1 a number of factors that research shows are related to return breakdown were not mentioned at all.

Summary of knowledge of research findings

In summary, it was found that managers were aware at both stages of the importance of assessment, planning and formal and informal support – which are central to most child care work- and there was some mention of the importance of parents making changes before children are returned to them. Some research findings which are specific to reunification appeared to be less well known and remained so, such as that return breakdowns are associated with lack of monitoring, with previous failed returns home (although this did get a mention), with children having emotional and behavioural difficulties and being older. The link between changed household composition and return success was not mentioned. However, there was increased awareness at Time 2 of the importance of returns home being gradual, the importance of engaging parents and understanding the child's history (via chronologies) and the risks associated with parental isolation and parental ambivalence. A number also mentioned the link between return breakdown and unresolved parental problems, such as alcohol and drugs misuse and mental health difficulties and the importance of parents receiving help or treatment for these.