

# **Reunification Practice Framework**

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# Messages from the research



# Children looked after in Wales

- The rate and number of children in care in Wales have been increasing in recent years.
- The impact of the pandemic on children and their families, especially the most vulnerable, is expected to have increased the risks to children's wellbeing.
- There are variations across local authorities in Wales, with some seeing significant increases, while in other areas numbers have remained steady or dropped.
- There tends to be a greater emphasis in Wales on finding permanent placements for children rather than achieving reunification with birth families.



Wales Centre for Public Policy  
Canolfan Polisi Cyhoeddus Cymru



Evidence briefing paper

## Children looked after in Wales

This evidence briefing paper summarises some of the key issues related to children looked after in Wales; and reflects upon issues that we expect the incoming Welsh Government to face after the 2021 Senedd election. The paper looks specifically at the growing number and rate of children in care, and variation among local authorities. It also considers the four key factors that affect children's experiences and outcomes - reunification of children and birth families; the involvement of children and birth families in decisions about care; the joined-up provision of services for children and families; strategic commissioning, and the provision of children's care placements.



# Children looked after in Wales

- Children and birth families have the right to be involved in decisions about their care.
- A range of agencies provide services for children and families at risk, and improved working practices can facilitate better experiences, and outcomes, for those who come into contact with those services.
- Better data collection, as well as more regionally-based commissioning, could alleviate challenges with placement provision.



## Evidence briefing paper

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# Returning Children home from care



**A third of children leaving care return home.**

DfE (2015) Table D1 in National tables: children looked after in England (including adoption and care leavers) year ending 31 March 2015 (xls)



**And a third of those who return home are back in care within five years.**

Department for Education (DfE) (2013) Data pack: improving permanence for looked after children (PDF)



**The cost of failed reunification of children returning home from care.**

Holmes, L. (2014) Supporting children and families returning home from care: counting the costs

**£300 million a year**

# The cost to children

Elaine Farmer and colleagues 2011 study of **180 return home cases from across England:**

- **90%** maltreated before being taken into care.
- **46%** abused or neglected in the 2 years after they returned home from care.
- **1/3** experienced 2 or more failed returns.

Sinclair and colleagues in 2005 longitudinal study of **596 children in foster care:**

- **42%** re-abused/neglected within 3-year period post reunification.

Ellaway (2004) similar study of **49 babies returned home:**

- **31%** re-abused/neglected during the 3 year follow up period.

# The cost to authorities

Lisa Holmes 2014 report:

- **£61,614 per child per year:** average cost of a child re-entering care for another year.
- **£5,627 per child per year:** average cost of a package of support for a family when re-unifying them.
- **£300 million a year:** The average annual cost of failed reunification of children returning home from care.
- **£56 million a year:** the cost of providing appropriate support and services to families where children are returning home from care.

# Failed Reunification – Why?

## Poor assessment and planning

Shortfalls in social care case management and a lack of planning and support for children and families to address their issues both pre and post reunification have been highlighted as significant drivers for reunification breakdown

- Research indicates that provision of support correlates with stable returns and vice versa. (Wade, 2011; Farmer, 2011).
- If local authorities spend money on supporting children and families, they can alter the probability of a child returning to care.



# Introduction to the framework



**NSPCC**

## Reunification

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An Evidence-Informed Framework for  
Return Home Practice

Mandy Wilkins and Elaine Farmer

EVERY CHILDHOOD IS WORTH FIGHTING FOR

In partnership with  
 University of  
BRISTOL

# What is the framework?

## Key features

**Staged approach** to assessment and decision making

**Ongoing analysis** of risk and protective factors

**Analytical chronology**

**Relationship based** social work

**Written agreements** and **SMART** goals

**Multiagency support** – **Pre and Post** reunification

**Aligns with statutory guidance**

**Gathering robust evidence to enable structured professional judgement around safe permanency decisions**

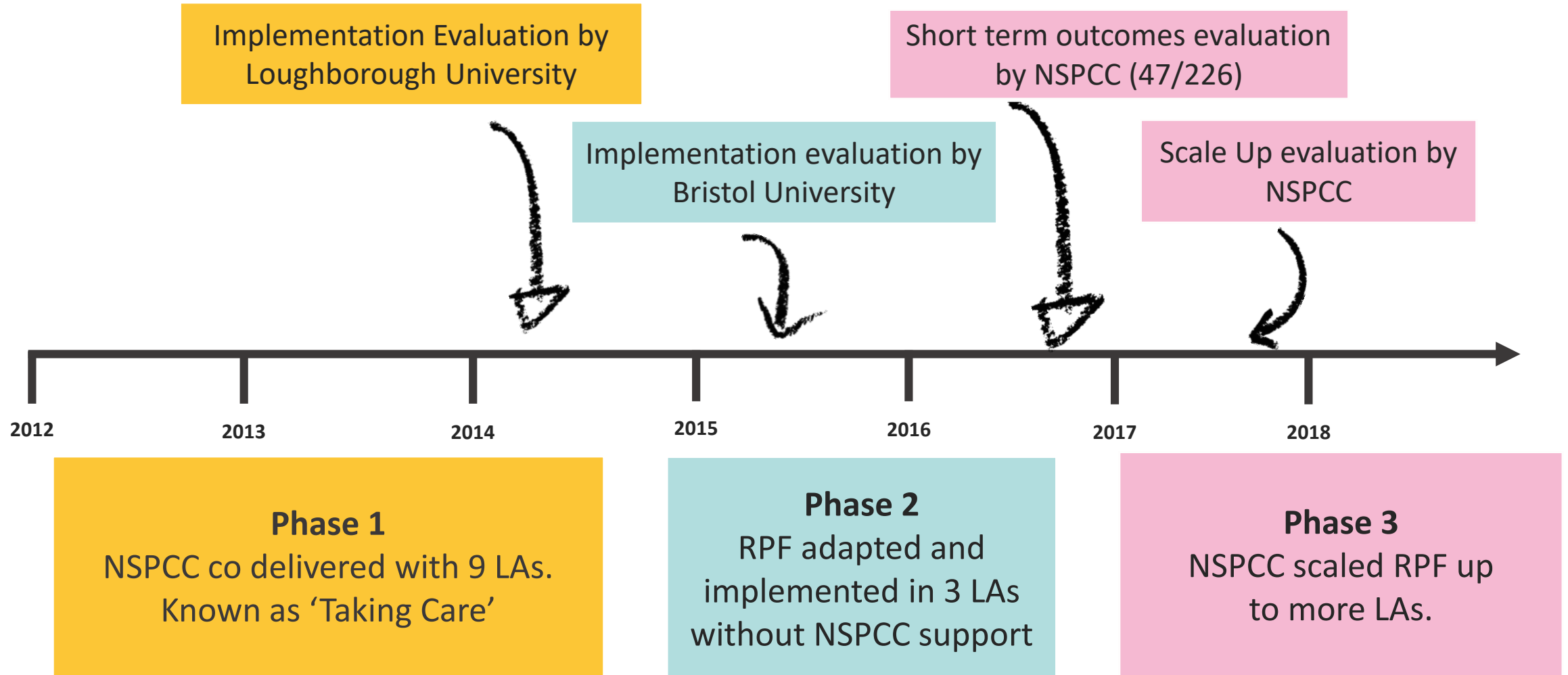


Risk Classification Table

Low risk	Medium risk	High risk	Severe risk
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Parents and child both want return home	Parents and child both want return home	Ambivalence by parent and/or child re return home	Ambivalence by parent and/or child re return home
Unlikely that abuse will recur if child returned home	Some possibility that abuse will recur if child returned home	Strong possibility that abuse will recur if child returned home	Very strong possibility that abuse will recur if child returned home
Return child home following preparation with reunification plan, parental agreement, support for child and parents and monitoring (Child in Need Plan/Placed with Parents)	Return child home following preparation with reunification plan, parental agreement, support for child and parents, services to reduce risks and increase protective factors and regular monitoring (Child in Need Plan/Child Protection Plan/Placed with Parents)	Further interventions and evidence of parental ability to engage and change required before child returned home. Detain Care Order. Begin concurrent planning for possibility of permanent separation	Child remains Looked After. Legal proceedings instigated if required. Plan for permanent separation within timescale appropriate to child's development, needs and wishes
If parents can maintain 'low risk' for a period of at least six months the case can close.	If parents address all risk factors and maintain the change for at least six months the case can move to 'low risk' where it should remain for a further six months before closing.	If parents develop a capacity for actual change and begin to address risk factors, and protective factors remain apparent this should be sustained for at least six months before the case can move to 'medium risk' where it should remain for a further six months before moving to 'low risk'.	If protective factors become apparent and/or parents begin to address risk factors within timescale appropriate to child's needs, this should be sustained for at least six months before moving to 'high risk'.
If new risk factors emerge/previous risk factor re-emerge and parents are able to show demonstrable capacity for change and protective factors are apparent the case will move to 'medium risk' for further interventions and monitoring.	If parents are unable to address all risk factors but are making use of interventions to address them and protective factors are apparent the case should remain 'medium risk'. As long as no new risk factors emerge or previous risk factors re-emerge that had previously been addressed.	If parents remain 'high risk' for six months without addressing risk factors the case should move to severe risk with plan for permanent separation.	
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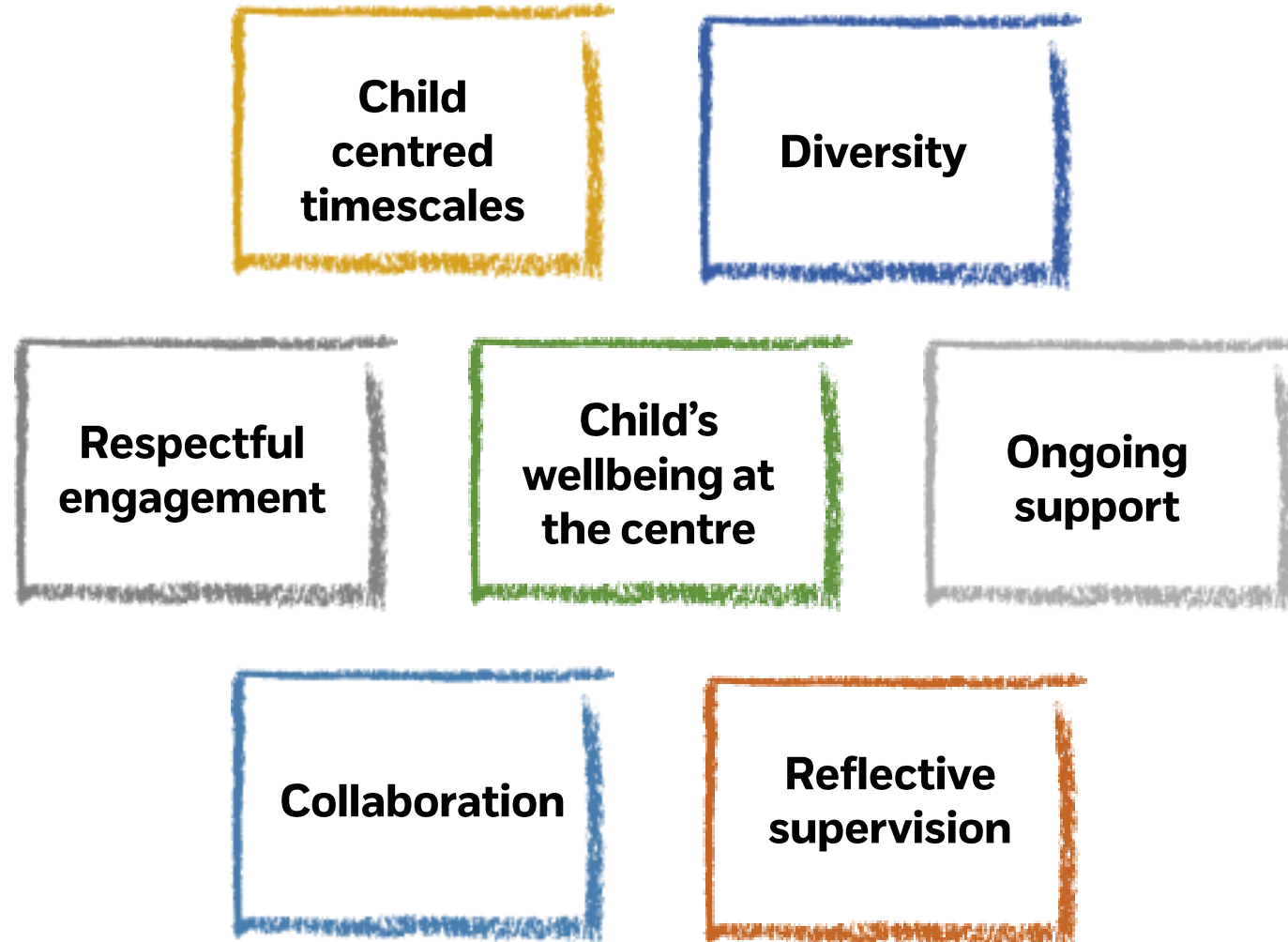
Developed by Rebecca Brown, Loughborough University.  
Adapted by NSPCC for reunification of looked after children.

# An evidence-informed framework



# Underlying principles

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# Links with statutory guidance

RPF sits with...

**Existing local authority practice and procedures** in relation to care and permanence planning for Looked After Children.

Existing statutory guidance for children supported as **Children in Need, children subject to Child Protection Plans** or **children classified as care leavers**.

Principles of the **Social Services and Wellbeing (Wales) Act 2014**.

It's included as a **recommended option** for return home practice in the **2015 NICE paper on attachment for children/young people in the care system (in care, adopted from care, at risk of going into care)**

Also included in the **Care Crisis Review: options for change (2018)** as the **recommended approach** to **improve reunification practice across England and Wales**.

# Social Services and Wellbeing (Wales) Act 2014

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**Proportionate  
assessment**

**New statutory  
partnership**

**Preventative  
approach**

**Access to  
information  
& advice**

**Safeguarding  
powers are  
stronger**

**Equal  
partnership**

**Carers’  
rights**

# Who is the framework for?

## Return home scenarios

Children in care under  
**Section 76**

Children subject to **S31 or 38** of  
the **Children's Act 1989**

Children who have been  
**looked after for longer**

Children who have **recently**  
**become looked after**

Children on the **edge of care or**  
**in pre proceedings**

**The Framework can be used  
with all looked after children  
and young people up to  
the age of 18 who have  
experienced, and/or may be  
at risk of experiencing,  
abuse or neglect.**

# Five stage model for practice

1. Initial assessment	2. Risk classification	3. Parental agreements	4. Classify risk again	5. Return home
<ul style="list-style-type: none"><li>• Assessment of risk &amp; protective factors</li><li>• Assessing parental capacity to change</li><li>• Analytical case history</li><li>• Trusted adult for child</li></ul>	<ul style="list-style-type: none"><li>• Risk classification</li><li>• Initial decision on reunification</li></ul>	<ul style="list-style-type: none"><li>• Goal setting and parental agreements</li><li>• Coordinate support and services</li></ul>	<ul style="list-style-type: none"><li>• Re-classification of risk</li><li>• Reunification planning (if appropriate)</li></ul>	<ul style="list-style-type: none"><li>• Prepare for imminent return home</li><li>• Continue support package</li><li>• Monitoring post return</li><li>• Reclassify risk at set intervals</li></ul>

**Applying key  
messages  
from the  
research**

+

**Using  
professional  
judgement**

+

**Core social  
work skills**



# Stage 1: Initial assessment

**Aim:** To engage the parents and the child in the assessment of the risk and protective factors if the child were to return home, and begin to assess the parent's capacity to change.

The following tasks will be completed:

- ☐ **Task 1:** Produce an **analytical case history** and **genogram**
- ☐ **Task 2: Engage children and parents** in the assessment process
- ☐ **Task 3:** Conduct the **assessment** with parents and children
- ☐ **Task 4:** Identify a **trusted adult for the child** to talk to
- ☐ **Task 5: Write up the assessment.** Annex 5 provides a template with areas to cover in the report that can be used and adapted

# Definitions of risk & protective factors

- **Risk factors present** = Future significant harm **more** likely.
- **Protective factors present** = Future significant harm **less** likely.
- **Strengths and positives** can be noted but they do not necessarily counter balance risk factors or protect a child from harm.

*Key material – White et al, 2015 (Annex 1 - pg. 72)*

## Annex 1 Definitions of risk & protective factors

Source: Jones et al (2006) adapted by Rebecca Brown and Harriet Ward (see Ward, Brown and Westlake, 2012), further adapted by the NSPCC in 2015 to reflect White et al (2015)

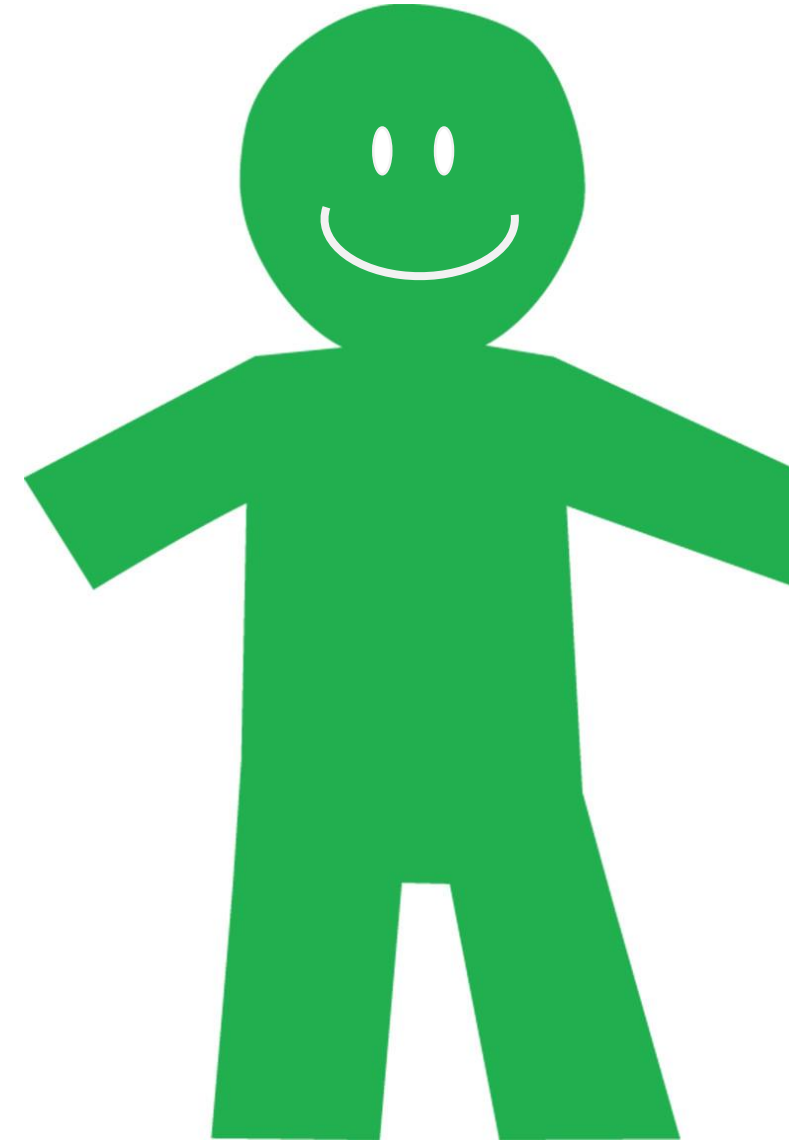
Factors	Future significant harm more likely	Future significant harm less likely
Abuse	<b>Severe physical abuse including burns/ scalds</b> Severe injury caused to child to warrant hospital admission/medical treatment. Examples include; broken bones, head injury. The terminology of 'rough handling' may mask the risks of physical injury or death (Brandon et al, 2009). See also section on defining maltreatment below.	<b>Less severe forms of abuse</b> Defined in terms of harm, duration and frequency. Physical abuse which does not warrant hospital admission/medical treatment. Note: If severe, yet parent shows compliance with child protection plan and does not deny abuse occurred or their part in it, success is still possible.
	<b>Neglect</b> See section on defining maltreatment in the table below.	
	<b>Severe growth failure</b> Stunted growth and failure to thrive without evidence of a medical reason. Examples include parents forgetting to feed an infant and thus causing failure to thrive.	
	<b>Multiple types of maltreatment</b> Evidence that more than one type of abuse is being experienced by child, including combinations of physical abuse, neglect and witnessing intimate partner violence. See also section on defining maltreatment below.	
	<b>More than one affected child in household</b>	
	<b>Previous maltreatment</b> If either or both parents (if have some responsibility in caring for child) have previously had a child permanently removed, or a child who has been subject to a child protection plan.	
	<b>Sexual abuse with penetration or a long duration</b> Sexual abuse or sexual grooming that the child's primary caregiver(s) were responsible for or compliant with. See also section on defining maltreatment below.	
	<b>Fabricated/induced illness</b> Evidence from a medical practitioner that the child has been subject to a fabricated or induced illness and that their primary caregiver(s) had been responsible or compliant.	

Writing the case history involves **systematically gathering and analysing** data from sources such as local authority case files/records and health or education services on the following inter-related areas:

- Assessments already completed
- Parents' history, incl. their own experiences of abuse/neglect, if available
- Abuse, neglect and other adversities experienced by the child and siblings (incl. abuse experienced by the children outside the home)
- Risk factors and protective factors that mitigate those risks
- Existing evidence of parental capacity for change
- Support and services that have been tried/ completed in the past and their success or failure and how well the parent/s engaged with services
- Previous failed returns home and what went wrong
- Attachment of child to parents, carers, siblings and other relatives
- Any special needs of each child.

# Why complete an analytical chronology

- Importance of good chronology frequently **highlighted in child death reviews/inquiries**
- Allow identification of **patterns**
- Allows reader to **easily see progress**
- Supports identification of **cause-effect**
- Evidences **parental motivation** and **capacity to change**
- Useful in **neglect** and other chronic cases to show **cumulative impact of abuse**
- Can help in cases that are '**stuck**'





# Assessing parental capacity to change

It is important to assess parental capacity to change, in addition to exploring parents' ability to meet their children's needs.

**Positive indicators of capacity to change** include:

- The ability to end a violent relationship / relationship with person who posed a risk to the child
- Acknowledgement of the damaging effect of their previous behaviour
- The ability to overcome difficulties
- Having come to terms with the removal of an older child (if applicable).

Sufficient information should be obtained to determine if there is **no evidence / some evidence / substantial evidence of parental capacity to change in time to meet the child's needs.**

# Remain child centered

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During the initial assessment, the worker should **see child alone** to explain the next stage and gather their views on:

- Their **hopes and fears** about returning home, and the best timing for them
- The **support they need** to prepare for a return home
- What **changes they think their parents need to make** for it to be safe for them to return home
- **Different approaches** for different **age groups** and **developmental stages**



# Stage 2: Risk classification

**Aim:** To classify the risks associated with return home and make a decision about whether or not reunification will be possible at this time.

The following tasks will be completed:

- ☐ **Task 1: Classify risk** using the **Risk Classification Table** (Traffic Light Tool) and **make decision** on the **potential for reunification**
- ☐ **Task 2: Decision on the potential for reunification**
- ☐ **Task 3: Communicate** the decision **to children, parents, foster carers/residential workers and all relevant professionals**
- ☐ **Task 4:** Work with children and parents where **reunification is not possible**

# Risk classification

- Guides and structures **decision-making (though not prescriptive)**
- As a basis for drawing up **agreements with Parents**
- As the basis for **planning services and interventions**
- To **communicate with parents and children** and explain decisions and plans to them
- To **monitor and review progress** after the child has been returned home
- Used **throughout** the case

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Developed by Rebecca Brown, Loughborough University. Adapted by NSPCC for reunification of looked after children.



# Stage 3: Parental agreements & goal settings

**Aim:** To set clear goals with parents on what needs to be achieved before their children can return home, and to put in place services and support to assist them to meet these goals.

The social worker will complete the following tasks:

- ☐ **Task 1: Communicate with children** about the aims and activities of this stage
- ☐ **Task 2:** Draw up **written agreements** with parents (and children where appropriate) including **SMART goals** that need to be achieved (Specific, Measurable, Agreed with parents, Realistic, Timely) and the timescales in which to achieve them
- ☐ **Task 3:** Provide direct **relationship-based social work support** to children and parents
- ☐ **Task 4:** Create a **team around the child and family**, with **packages of services** for parents and children
- ☐ **Task 5:** Create **contingency plans** and share them with the parents

## A written agreement includes:

- **Overall objectives**
- **SMART goals** (Specific, Measurable, Agreed with parents, Realistic and Timely)
- What you both **expect to be achieved** and the **timescales**
- How the goals will be **reviewed**
- The **consequences of 'no change'** or breach of the agreement

**Annex 7:  
Page 93**

## Tips for reviewing goals:

- Regularly **monitor progress**
- Keep the **barriers** in mind
- **Support** and **encouragement**
- **Review the effectiveness** of the support and services offered to parents
- **Compliance does not equate to readiness** to change or behaviour change itself
- **Flexibility**
- This **may take longer** than required

**Annex 8:  
Page 96-97**

- **A combination of support from child's social worker, support worker, specialist services and informal support is key** to successful reunifications
- **Purposeful social work** combined with **listening** and **emotional warmth** enhances the chances of successful return home
- The **involvement of specialist services (alcohol/drugs/mental health) is essential**. Parents with these problems have higher level of return home breakdown
- **Senior managers and commissioners remove barriers** that prevent parents and children from accessing services
- Services need to be **started as early as possible**



# Stage 4: Reclassification of risk

**Aim:** To use the evidence gathered in Stage 3 to re-classify risk, make a decision about reunification and plan for return home where relevant.

The social worker will complete the following tasks:

- ☐ **Task 1: Reclassify risk** and decide **on reunification** (with the team manager)
- ☐ **Task 2:** Update the **parental agreements, goals and support plans**
- ☐ **Task 3:** Agree a **multi-agency reunification plan**
- ☐ **Task 4: Prepare** children and parents for return home

# Possible outcomes

With the evidence gathered over stage 3, the social worker and their manager (with input from foster carers, residential staff and other key members of the TAF) will agree a reclassification of risk using the Traffic Light tool

Initial	Reclassification	Progress	Next steps
High	Severe	No sufficient change	If reunification no longer possible – refer to stage 2
High	Medium	Sufficient progress (reduce risk and increase protective factors)	If timeframe allows, with support reunification could be considered
Medium	Low	Sufficient evidence of change	Plans for reunification can continue/begin
Medium	High	Not sufficient evidence of change	Worker to decide whether to allow more time, or escalate the risk

# Stage 5: The return home

**Aim:** To support parents and children in the immediate reality of return home.

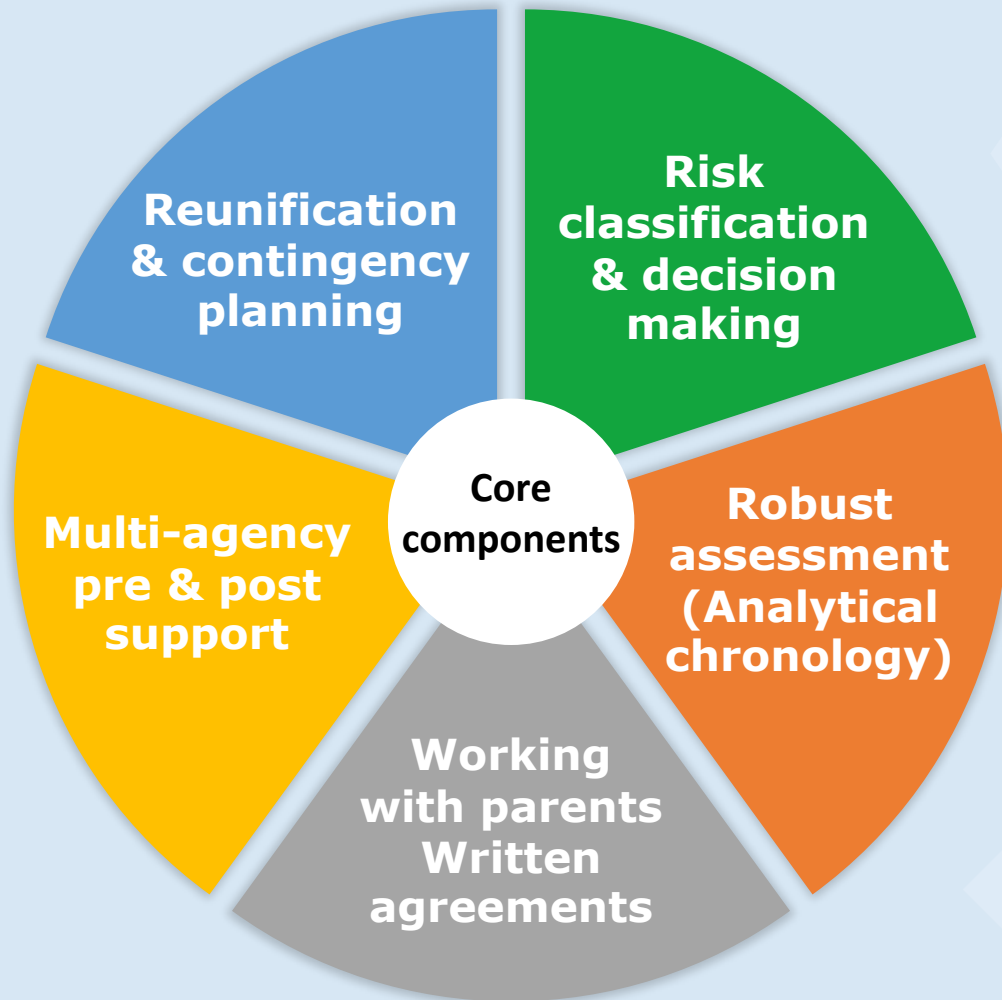
The social worker will complete the following tasks:

- ☐ **Task 1:** Increase **contact** and **gradual return home**
- ☐ **Task 2:** Coordinate **support and services** as detailed in the **reunification plan**
- ☐ **Task 3: Monitor and review** post return
- ☐ **Task 4: Re-classify risk**



- Prevailing view that adolescents will be *more resilient* is now being **challenged**
- Return home to be **gradual**
- Involve IRO and other professionals
- **Preparing children and parents**
- The Reunification Plan to be completed and will need to be **monitored** with **timescales agreed** for it to be **reviewed**
- Ensure that **parents understand that the risk classification can change** and action will be taken if they are unable to sustain changes

# Core components vs Adaptation



## **Process**

Referral pathways, Case review, Feedback mechanisms, Supervision arrangements, Quality assurance

## **Systems**

Data monitoring, Case management

## **People**

Team structure, Training (initial & ongoing), Leadership, Governance arrangements, Partnership, Comms plans, Motivation & Confidence

- [Reunification from Out-of-Home Care: A Research Overview of Good Practice in Returning Children Home from Care](#)  
(Farmer, E., 2018)
- [https://www.frg.org.uk/images/Care\\_Crisis/CCR-FINAL.pdf](https://www.frg.org.uk/images/Care_Crisis/CCR-FINAL.pdf)
- [Inspecting local authority children's services - GOV.UK](#)
- <https://www.nice.org.uk/guidance/ng26>
- <https://learning.nspcc.org.uk/research-resources/2015/reunification-practice-framework>

## Thank you

If you have any questions please contact:



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