

Looked After Children Returning Home to Their Parents: Making a Success of Reunification

In recent years Bristol University has carried out extensive studies into outcomes for looked after children who have returned home. Based on their cumulative research findings they have together with the NSPCC, published a new Practice Framework with the aim of filling the gap in current practice guidance for practitioners who are working with children and families either in, or on the edge of the care system. The framework is based on research evidence around four key areas: firstly factors associated with future harm, secondly the messages from research on reunification, thirdly the capacity of parents to change and finally, lessons from serious case reviews. It can be used at any point where reunification is being considered. Wilkins & Farmer E. (2015) <https://www.nspcc.org.uk/globalassets/documents/research-reports/reunification-practice-framework-guidance.pdf>

The underpinning rationale behind the practice framework is that children should only return home from care in the first instance once it is safe to do so; going into care, returning home, and then re-entering care is very destabilizing and has negative consequences for children. The need for robust assessments to decide whether or not return home would be in a child's best interests is clearly highlighted together with proactive case management and support services for those children who do return (Farmer et al., 2011; Wade et al., 2011).

Returning home is the most common outcome for children who are accommodated or in care, but although on average a third of looked after children go home every year it is also true that at least a third of these children come back into care again. Studies with longer follow up periods report even higher rates of breakdown and re entry to care (Farmer et al 2011). In addition Farmer's study highlighted that even for those children who remained at home, almost a third had poor quality experiences with only just over a quarter of good quality returns, 14% borderline and almost half of poor quality.

The problems experienced by children and families coming into care include substance misuse and parental and child mental health problems and if families do not receive the support they need before and after their children return, further breakdowns are very likely. Over 75% of children in Farmer's study went home to parents with a history of domestic violence, alcohol or drugs misuse or exposure to inappropriate sexual activity and many parents also had mental health problems. Very few parents with alcohol or drugs problems received any help for their substance misuse.

Outcomes in local authorities differ widely and there is a wide variation in the priority and resources given to reunification with breakdown rates ranging from a high of 75% to a low of 32% and success rates and the quality of the return home varying just as widely. Difference in reunification practice and outcomes are very apparent, especially when it comes to older children, where practice appears to be very variable across authorities. Holmes (2014) calculates the total estimated current cost for all failed reunifications at £300 million a year and the annual cost of providing support and services to meet the needs of all children and families returning home from care at £56 million.

Why Do So Many Reunifications Break Down?

A range of factors are behind the high rates of reunification breakdown such as poor and often reactive case management, a lack of, or poor quality assessments on whether or not the child should return home, and a lack of planning, monitoring and case review. While poor parenting was found to be the greatest predictor of child maltreatment after return, insufficient support is available for children and families to address their problems.

There is often pressure to effect a return home within six months, but if it takes place without adequate support and planning children are more likely to experience further abuse and neglect and come back into care. Social work that is purposeful and planned, which includes children and birth families, and allows children to go home slowly, over a longer period of time results in more successful returns home (Wade et al, 2011).

Key Findings

Farmer and colleagues have been following a sample of looked after children who all went back to live with their parents (Farmer et al, 2008, 2011, 2012). At the time of their return 30% of the children were under 5, 21% were between 5 and 10 and 49% were aged 10-14.

Before Return

Some 60% of children were voluntarily accommodated and they were generally much older than those who were on Supervision, Interim or Care Orders. Not surprisingly most of the children whose initial plan was 'return home' (41%) were accommodated and most of these returned within 6 months, whereas most younger children were on Care Orders and took twice as long to get home. A few children spent much longer in care, on average three years, but went home eventually because permanence plans outside the birth family had not materialized.

The Children's Pathways Home

The main reason for a planned return home is usually an improvement in the family situation or in the child's behaviour, but a key factor can be pressure from the parent, the child, the placement or the court. When children themselves are keen to go home their return is often speeded up because of placement problems or difficult behaviour such as absconding back home, but it is not unusual for further breakdowns to occur once back home with their parents. A few children were removed soon after placement by parents who were unhappy with care arrangements and nearly half of these returns went home without any in-depth assessment.

It's clear that careful preparation beforehand leads to far fewer breakdowns especially when carers are able to work closely with the parents and children and remain available afterwards. However, in practice, most children go back to their families with ongoing hidden or unresolved problems, especially parental drug or alcohol problems or relationships with violent partners and these jeopardise the success of their return. Factors related to return breakdown include:

- Substance misuse, which is linked higher levels of abuse and neglect;
- Poor parenting and domestic violence during return;
- Parental ambivalence, social isolation or previous failed returns;
- Older children and those with previous difficult behaviour.

Services

Although over two fifths of the parents and children received specialist services during the returns, this was most likely to happen when children were on Care or Supervision Orders. Returns home work much better when:

- Specialist help for the parent or child is provided;
- Reunification work by the social worker is proactive and purposeful;
- Other services, such as day care, are provided;
- Support is offered by schools.

However many other children returned home without the support they needed and some parents were caring for very disruptive or emotionally troubled children, especially challenging adolescents and were trying to manage difficult behaviour without any help.

Once Home

Almost half of the children were abused or neglected during the process of return; this was especially the case for children of substance misusing parents who were at higher risk of re-abuse. Some of these children remained at home despite ongoing maltreatment. Children's behaviour was often difficult and disruptive and many parents continued to experience financial difficulties and social isolation.

By the end of the two-year follow-up period, almost half of the returns had broken down and, of those still at home, a third appeared to be living in poor quality family situations. Many children who had come into care again were then returned home again and of these, half also failed a second or third time. In total, two-thirds of the children experienced at least one failed return and a third had oscillated in and out of care twice or more. Even after reunification, a third of the children were not close to either parent and many of them said that they found things difficult at home, and they felt sad, confused or angry. They found going backwards and forwards between home and care a very negative experience and one that it was hard to talk to anyone about.

Factors Associated with Return Stability

The stability and success of a return home is dependent on:

- A thorough assessment and preparation beforehand;
- All prior problems have been addressed;

- Clear conditions are set out on all sides;
- The children are monitored & reviewed before and during return;
- Formal and informal support is available, especially for adolescents.

These factors were most in evidence when children returned on Care Orders.

Implications on Practice

Children who have been accommodated appear to do less well on their return home, their plans are less structured, their parents get less support and they get less help with behaviour management.

The concerns that lead to care need to be addressed, assessments and case plans need to specify from the start what needs to change and over what timescales before return is possible, and how this is to be supported and monitored. More focus is needed on preparation for return and providing follow-up support to children and to their parents afterwards.

Young people with behavioural and emotional problems need targeted work and tailored support during their placements and their parents need help to make the return homework. Respite care and informal support for parents and young people can be very helpful.

Parents who misuse alcohol or drugs require clear expectations that they need to address their substance misuse before children are returned to them and to understand that this will be closely monitored and reviewed before and during return.

Key Points

- Use a written contract which agrees clear goals with parents and is regularly reviewed;
- Involve foster carers and residential workers before, during and after return;
- Provide tailored services that address parents' and children's difficulties;
- Agree and review expected standards of care;
- Spell out the consequences if changes are not achieved;
- Have a contingency plan;
- Take action if the children's quality of life at home is poor or they are in and out of care.

References

Practice Framework:

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