Herefordshire Council

Reunification Practice Guidance

Contents

Introduction

Outcomes – The most common outcome for a child who has left the care system is to return back home to a parent or relative. Without the right assessment and support however, many of these children end up back in care. Failed attempts at returning children home from care seriously affect how soon and how successfully children go on to be placed in long term foster care, connected person arrangements or adoption.

Practice commitment – Herefordshire Council is committed to securing legal, physical and emotional permanence for children and ordinarily this is best provided by their parents/relatives in their family home. We will therefore aim to support more families to maintain care of their own children by preventing children coming into care wherever possible, reducing the number of days they remain in our care if this is necessary and we will always review care plans over time to progress reunification whenever it is safe to do so. Determining the children who are 'potentially suited' to successful reunification with their birth family should be an active consideration for all staff, carers and partners. Children in care and birth parents/relatives should be actively engaged in meaningful and purposeful assessment, planning and review processes to enable this to happen.

Regulation and guidance – The Department for Education has published amended Care Planning, Placement and Case Review Regulations (2010) and Working Together (2018) statutory guidance. These provide the statutory guidance and regulatory framework within which the local authority looks after children and young people.

Reunification Tools – Tools referred to in this framework have been adopted from the NSPCC Reunification Framework (2015) or designed to help practitioners and managers meet statutory duties and deliver best practice in relation to care planning with children and young people in care who are reunified with their birth families. The tools include:

- a five stage reunification process setting out recommended best practice
- a reunification risk classification tool
- a reunification flow chart outlining the process
- a research informed summary outlining factors associated with reunification successes and breakdowns

Implementation and approach

Initially, this guidance will be launched as part of a 6 month pilot project to test our ways of working and make sure this fulfils our intention to demonstrate improved ways of working 'with' families. Where necessary, based on practice informed feedback, we will make adjustments to fine tune and calibrate our approach accordingly. Our approach will be open and collaborative to engage families, realise their strengths, provide appropriate support and maximise opportunities for children and young people to be reunified in a safe and supported way. We acknowledge that for some families this will require restorative conversations to rebuild and develop more trusting relationships. We will offer Family Group Conferences to enable and facilitate family based solutions and leadership.

Our commitment to reunification sits within the overarching Permanence Policy and development of our ECHo Service which includes a more explicit focus and some additional resources to develop our practice with children in care and their families. In addition to the statutory reviewing process, we will track children in care with a plan of reunification through our Permanence Panel to ensure that plans are progressed in a timely manner.

We are seeking to address the feedback and criticism that has been received from those who have felt 'done to' in the past. Whilst we will continue to adhere to the paramountcy principle and place children 'first and foremost' we will actively seek to identify children who are 'potentially suited' to reunification, work restoratively and in partnership with their birth families and together with our partners to achieve lasting impact and improved outcomes.

Why is reunification important?

Children need to have a sense of belonging so they feel well cared for and enjoy emotional stability. There will be occasions when children are at risk of significant harm at home and need to come into the care of the Local Authority. This might be for a short time or a long time, and for some they will never return home. For those who do return to their family however, this is something that needs to be done well otherwise it can result in considerable difficulties for the child.

When a return home is not undertaken well it often leads to further breakdown in family relationships and in some instances this causes further harm for the child. This can lead to a return into care with considerable impact on the child; such as, how they perceive themselves, how they see their place in a family as well as having to live with the consequences of any further harm that they may have suffered in the care of their parent/carer whilst at home. Furthermore, unsuccessful attempts at returning children home from care seriously affect how soon and how successfully they go on to be placed in long-term foster care, connected person arrangements, or adoption (Thomas, 2013).

We know that with good practice and the right support children can, and do, return home successfully. For this reason, this guidance sets out the expectations of good practice when children in Herefordshire reunify with their families. This

reunification practice guidance should be applied to all children and young people returning to the care of their parents who have been out of the family home for four months or more and who are not subject to on-going court care proceedings that have yet to be concluded.

Reunification - The most common outcome for a child who has left the care system is to return

The 5 Stages of Reunification

When considering reunification it is important that the following stages are followed:

Stage 1: Identification of children for whom reunification is a permanence option

Whilst maintaining the principle that reunification should always be a primary aim in working towards permanence for children, this must be consistent with the child's best interests and achievable within the time scale of the child. Children must not be left adrift in care as a result of vague open ended commitments to reunification. Reunification should, where appropriate, be revisited by Social Workers, Team Managers and Independent Reviewing Officers (IROs) when assessments and reviews are undertaken, and this should also be considered during supervision. The child in care review and planning processes will identify those children whose care plan should consider reunification. All care plans for reunification should be discussed and confirmed with the Team Manager and include additional oversight and recorded agreement at Head of Service/Service Manager level prior to formal ratification at a Child in Care review chaired by the IRO.

Stage 2: Assessment of Risk and Reunification Viability

a) When it is believed that reunification is a possible option to be explored through care planning processes, the Social Worker will undertake direct work with the child (in line with their age and understanding) to ascertain their views, wishes and feelings about reunification. The Social Worker will also have a separate discussion with the parents/adults with parental responsibility for the child to ascertain their views, wishes and feelings about reunification. Consideration should be given to the use of an Advocate to provide additional support for the child or young person and the parent/those with parental responsibility.

b) Subject to a positive outcome of these discussions, it is important to determine the viability of a return home with the completion of a thorough single assessment that:

- Works directly with the child/young person and their parent/those with parental responsibility to obtain their views, wishes and feelings.

- Analyses potential risks and protective factors using the NSPCC risk classification tool as well as practice principles, including the Risk and Anchor principles. The child protection and risk element of the single assessment must reference the NSPCC risk classification tool and include an analysis of the assessed risk of harm.

- Details any housing, financial or education issues for the family.

- Includes a Police check for all members of the household aged 16 years and over, any extended family members and any visitors known to visit the family home regularly. Assessment of other members of the household will be undertaken in collaboration with any other relevant partner agencies that are involved.

- Analyses parenting skills, support needs and the capacity of the parent(s) to make and sustain changes. This must include a review of the chronology and genogram/socio-gram plus a review of significant events, any barriers to change, periods where change has been made and sustained, and instances of 'relapse' relating these to present conditions. If the level of risk arising from the NSPCC risk classification tool is Low or Medium, then a decision can be made to progress with reunification.

Where this applies and there are no obvious contra-indications, a Reunification Viability Consultation should be undertaken between the allocated Social Worker, Team Manager, Head of Service and IRO to agree that the child is 'potentially suited' to a plan of reunification. The decision and rationale from this consultation should be recorded on the child's Mosaic record by the Team Manager as a management oversight.

If the level of risk is confirmed as High or Severe, then the child will need to continue to be looked after in a safe care placement without progressing a plan for reunification. Where this applies we will continue to work with the child and family members to discuss and explain this outcome and the rationale not to pursue reunification. Established care planning and review arrangements will be maintained throughout.

Stage 3: Support & Planning

Based on an affirmative viability decision, planning and support for the child's return home will need to be developed.

A Reunification Planning Meeting should be convened with all relevant people at the earliest possible point when the outcome of the Reunification Viability Consultation indicates that a child is 'potentially suited' for a plan of reunification. In line with established practice standards, principles the care planning will be undertaken 'with' the child and the family and will involve collaboration to agree actions together. The Team Manager should lead this meeting, and the following people should be engaged and consulted with the:

- Child/young person (where appropriate, according to their age, understanding and developmental needs)
- Parents/Family and Friends Carers
- Foster carers/Residential key workers
- Advocate/independent person/trusted adult (for the adult and the child)
- Independent Reviewing Officer
- Social Worker
- Health representatives (e.g. Child in Care Nurse, Paediatrician, CAMHS, Health Specialist/Therapist)
- Education representatives (e.g. School Teacher, Virtual School, SEN Lead Professional)
- Guardian (if one is appointed by the court)
- Edge of Care (ECHo) practitioner / Family Group Conferencing Co-ordinator / Family Support Worker

The following are key considerations to support an effective return home and should be discussed and agreed as part of the Reunification Planning Meeting:

- Direct work – A programme of direct work sessions with the child/young person and the same with the parent(s)/relative(s), to establish the conditions for the child/young person's return. This will include work with the child and their family to help strengthen their relationship and should include a restorative meeting between the child/young person and their parent/carers to enable the child's journey into care to be heard and for their experience of being in care to be understood and appreciated from their perspective.

- Family Group Conferencing (FGC) is strongly recommended to activate support for the reunification through the family's system. Agree with the parent(s)/family and friend's carers what needs to happen before, during and after the child returns home and prepare a child-focused SMART plan. This should be informed by the FGC.

- Siblings - Consider the impact on sibling relationships, including where brothers/sisters are placed elsewhere or not looked after.

- Family Time and Return Home Arrangements - the child's return home should be undertaken by gradually increasing the frequency and duration of family time arrangements, with consideration of the follow:

- Overnight family time with parents/carers (over 24 hours) will be a stage within the increasing contact schedule. (If the child is accommodated under Section 20 Children Act 1989, Placement with Parent Regulations do not apply.)

- For children who are subject to an interim or full Care Order, the Social Worker will need to complete the necessary process to seek approval from the Service Director (Safeguarding and Family Support) for the child to be placed with their parent/s under the Placement with Parent Regulations.

- Contingency and safety planning will need to determine what will happen if arrangements don't go according to plan and if difficulties arise. As part of the programme of direct work, the social worker will undertake safety planning session(s) with the child/young person, and parent(s)/relative(s) to build safety for the child and explore "what if..." scenarios. The role of the carers will be clearly defined within these plans. The FGC should also inform the safety and contingency planning.

- Team Around the Child & Family – The TAC/F will need to involve multi-agency, multi-disciplinary and informal support from a variety of people and organisations. These arrangements need to be explored, clarified and agreed.

- Specialist adult practitioners – These will need to assess and support parents with additional needs to resolve or manage any evidence of concern about domestic abuse, substance misuse, mental ill health, learning difficulties, disabilities and/or illness.

- Life Story work - Provide relationship-based direct work focusing on life story or progress any planned therapeutic work with the child/young person as identified in the single assessment.

Should any significant differences and disagreements arise, early resolution should be sought through immediate and direct communication; if this is not possible then these are to be addressed constructively through the Dispute Resolution Process (DRP) or Herefordshire Children's Safeguarding Partnership Escalation of Professional Concerns Procedure, as required.

Stage 4: Confirmation of Reunification Decision

At the conclusion of the initial reunification programme a further Reunification Viability Meeting should be held with the previous participants to review the progress of the planning to date, including any changes to identified risks with reference to the NSPCC risk classification tool. If risks are seen to have escalated to high or severe reunification plans should not proceed until further work is undertaken and reviewed or a decision is made to change the care plan away from that of reunification. If any identified risks remain and are considered to be manageable with support a date can be confirmed for the child or young person to return home.

Stage 5: Return Home

The first review meeting should be convened within one month of the child or young person returning home. Where they remain subject to a full Care Order this will take the form of a statutory child in care review chaired by the IRO. If the care episode has ended as a result of the section 20 arrangement coming to an end the meeting should take the form of a Child in Need Review Meeting or Pathway Planning Review Meeting if the young person has relevant status as a care leaver. The IRO should be invited to attend this meeting to provide continuity and ensure oversight. Where a child or young person has left care, support should continue within the framework of the Child in Need or Pathway Planning framework for a minimum of six months. Evidence indicates that reunification can usually be considered to be a secure arrangement when a child has been successfully at home for two years and so it is likely that some continuing support will be required. Where the child or young person remains subject to a full Care Order they will continue to be reviewed within the statutory child in care reviewing process and if progress is sustained legal advice should be obtained to consider returning the matter back to the Court for the discharge of the Care Order.

REFERENCES

"Reunification: An Evidence-Informed Framework for Return Home Practice" Mandy Wilkins and Elaine Farmer in partnership with University of Bristol, NSPCC (2015)

"Care Planning, Placement and Case Review Regulations" DfE (2010)

"Working together to safeguard children - a guide to inter-agency working to safeguard and protect the welfare of children" DfE (2018)
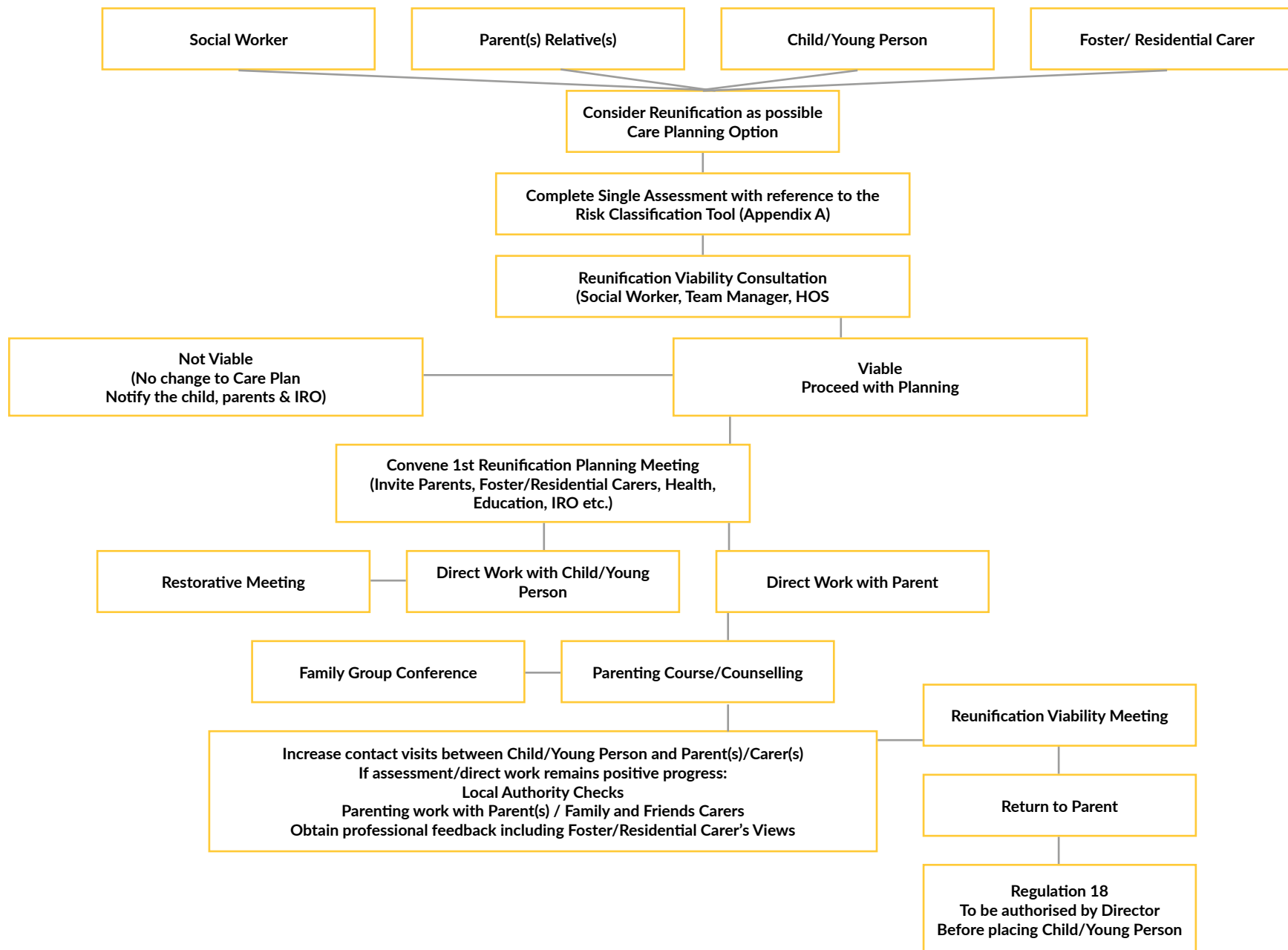
"Adoption for looked after children: messages from research" C. Thomas, London BAAF (2013)

Appendix A: REUNIFICATION RISK CLASSIFICATION TOOL

Low risk	Medium risk	High risk	Severe risk
Previous risk factors fully addressed. Any other risks are at a low level which can be safely managed.	Risk factors apparent (or not all risk factors fully addressed)	Risk factors apparent (and risk factors not being addressed)	Risk factors apparent (and risk factors not being addressed)
Protective factors apparent	Protective factors apparent	Protective factors apparent	No protective factors apparent
Parents ABLE to demonstrate sustained capacity for actual change	Parents ABLE to demonstrate sustained capacity for actual change	Parents UNABLE to demonstrate sustained capacity for actual change	Parents UNABLE to demonstrate sustained capacity for actual change
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 agreements, 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. Retain 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 risks' 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 reemerge 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.	
If new risk factors emerge/previous risk factors reemerge and parents are unable to show demonstrable capacity for change yet protective factors are apparent the case will move to 'high risk', for further interventions and monitoring.	If new risk factors emerge/previous risk factors reemerge and parents are unable to show demonstrable capacity for change yet protective factors are apparent the case will move to 'high risk' for further monitoring.	If protective factors are no longer apparent the case should move to severe risk with plan for permanent separation.	
If new risk factors emerge/previous risk factor re-emerge and parents are unable to show demonstrable capacity for change and no protective factors are apparent the case will move to 'severe risk' and child will return to care with legal proceedings instigated if necessary.	If new risk factors emerge/previous risk factor re-emerge and parents are unable to show demonstrable capacity for change and no protective factors are apparent the case will move to 'severe risk' and child will return to care, with legal proceedings instigated if necessary.		

Adapted by NSPCC (2015) for reunification of looked after children.

Appendix B: REUNIFICATION FLOW CHART

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│  Social Worker  │  │ Parent(s)        │  │ Child/Young      │  │ Foster/ Residential  │
│                 │  │ Relative(s)      │  │ Person           │  │ Carer                │
└─────────────────┘  └──────────────────┘  └──────────────────┘  └──────────────────────┘
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Consider Reunification as possible Care Planning Option

Complete Single Assessment with reference to the Risk Classification Tool (Appendix A)

Reunification Viability Consultation (Social Worker, Team Manager, HOS

Not Viable (No change to Care Plan Notify the child, parents & IRO) — **Viable Proceed with Planning**

Convene 1st Reunification Planning Meeting (Invite Parents, Foster/Residential Carers, Health, Education, IRO etc.)

Restorative Meeting — **Direct Work with Child/Young Person** — **Direct Work with Parent**

Family Group Conference — **Parenting Course/Counselling**

Increase contact visits between Child/Young Person and Parent(s)/Carer(s)
If assessment/direct work remains positive progress:
Local Authority Checks
Parenting work with Parent(s) / Family and Friends Carers
Obtain professional feedback including Foster/Residential Carer's Views

Reunification Viability Meeting

Return to Parent

Regulation 18 To be authorised by Director Before placing Child/Young Person

Appendix C Evidence Summary

Factors associated with successful reunification	Factors associated with reunification breakdowns
Children went to a changed household	
	Children were over the age of 10
	Children have had previous failed returns home - additional help will be needed for these children and families
	Children have behavioural or emotional problems - additional help will be needed for these children and families
Thorough assessment, including case history	Insufficient assessment and workers lacked knowledge of the child's history
Adequate preparation for return home had been provided for parents and children	Weak planning, particulalry evident when returning home children accommodated under Section 20 - who were then left for too long in abusive circumstances without services to safeguard them. Children may then miss out on the chance of achieving pemanence away from home, if that is needed
Specialist services were provided for the parent/child	Service provision was inadequate - either services were insufficent, or provided too late, or were not intensive enough, or ended too soon to meet the severity of the parents; needs in order to make and sustain change.
	Parents' problems had not been addressed or remained unresolved or hidden, especially alcohol or drug problems which were highly related to repeat maltreatment - 78% of alcohol or drug misusing parents abused or neglected their children after return home, as compared with only 29% of parents without these problems.
Foster carers or residential workers supported and worked with the parents and children towards return home and were available to help afterwards	
Parents and older children had informal support from wider family, friends or people in their communities	
Children returned to parents only after sufficient time had elapsed for the problem that led to the original admission to have been addressed. So, returns home which happen gradually over longer periods of time have most success	
There was consistent and purposeful social work and monitoring with the child and parent's	
Conditions were set for parents before return home	
There was clear evidence of parental change	Parents were ambivalent about the return and/or isolated

Biehal (2006), Thoburn (2009), Wade et al (2011), Child Welfare Information Gateway (2011), Davies and Ward (2012, Thoburn et al (2012)

29 i.e. removed form one parent and returned to the other separated parent or went to the same family where the parent had a new partner or a former partner had left