# Reunification Practice Guidance

**Reunification -** 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**: Gloucestershire is committed to securing legal, physical and emotional permanence for children and ordinarily this is provided by their family in the 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 in care if this is necessary and always reviewing 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 & 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**: These tools have been adopted from the NSPCC Reunification Framework or designed to help practitioners and managers meet statutory duties and deliver best practice in relation to care planning for children in care who may cease to be looked after and reunified with their birth families. The tools include a 5 stage reunification process outlined in section 2 of this guidance, a reunification risk classification tool (Appendix A), a reunification flow chart (Appendix B) and an evidence summary (Appendix C) outlining factors associated with reunification successes and breakdowns.

## 1. Why is reunification important?

Children need to feel a sense of belonging - so that they are well cared for, feel cared about 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 not return home.

For those who do return to their family this is something that needs to be done well otherwise it can result in considerable difficulties for the child. That is, when a return home is not undertaken well it often leads to further breakdown in family relationships and in some cases causes further harm for the child. This can lead to a return into care with a considerable impact on the child; such as, how they perceive themselves, how they see their place in a family, and living with the consequences of any harm that they might have suffered in the 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 Gloucestershire 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.

**'The child's best interests and voice must be central to decision-making and planning'**

## 2. The Stages of Reunification

When considering reunification it is important that the following steps 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 IROs when assessments and reviews are undertaken, and during supervision. The child in care review and planning processes will identify those children whose care plan should consider reunification. Any care plan 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 Viability

a) Once reunification has been agreed as an option through care planning processes the social worker will then 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 those 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 from our commissioned advocacy service to provide additional support to the child or young person.

b) Subject to a positive outcome from 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 to obtain their views, wishes and feelings.
   - Analyses potential risks and protective factors using the NSPCC risk classification tool (see Appendix A) as well as the Essentials 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/sociogram 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 a **Reunification Viability Meeting** should be held to involve the allocated social worker, team manager, Head of Service and IRO to confirm the progression of this plan. The decision and rationale from this consultation should be recorded on the child's file by the team manager as a management oversight using the Essentials Programme framework and principles.

   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. Where this applies we will work with the child and family 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 held with all relevant people at the earliest possible point if the outcome of the Reunification Viability Consultation indicates that a child is 'potentially suited' for a

plan of reunification. In line with our Practice Fundamentals and established practice standards the care planning will be undertaken 'with' the child and the family and will involve collaboration about agreeing 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. CIC Nurse, Paediatrician, CAMHS, Health Specialist/Therapist)
- Education representatives (e.g. School Teacher, Virtual School, SEN Lead Professional)
- Guardian (if in court)
- Edge of Care practitioner / FGC Co-ordinator / Family Support Worker

The following are key considerations to support an effective return home:

- **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 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 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 supports 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 a FGC.
- **Siblings -** Consider the impact on sibling relationships including where brothers/sisters are placed elsewhere or not looked after.
- Return the child home by gradually increasing frequency and duration of contact.
    - ➢ Overnight contact with parents (over 24 hours) will be a stage within this increasing contact. 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 Director of Safeguarding and Care 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. Again, the FGC should 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.
- **Specialist adult practitioners** – These will need to assess and support parents with additional needs to resolve or manage any evidence of 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 therapeutic work with the child/young person as identified in the single assessment.

Should differences and disagreements arise, early resolution should be sought through immediate communication; if this is not possible then these are to be addressed constructively through the **GSCE Escalation of Professional Concerns** or **Dispute Resolution Process (DRP)** 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 plan 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 should not proceed until either further work is undertaken or alternatively a decision is made to change the care plan away from that of reunification. If risks remain at a manageable level 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 ensure continuity.

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)
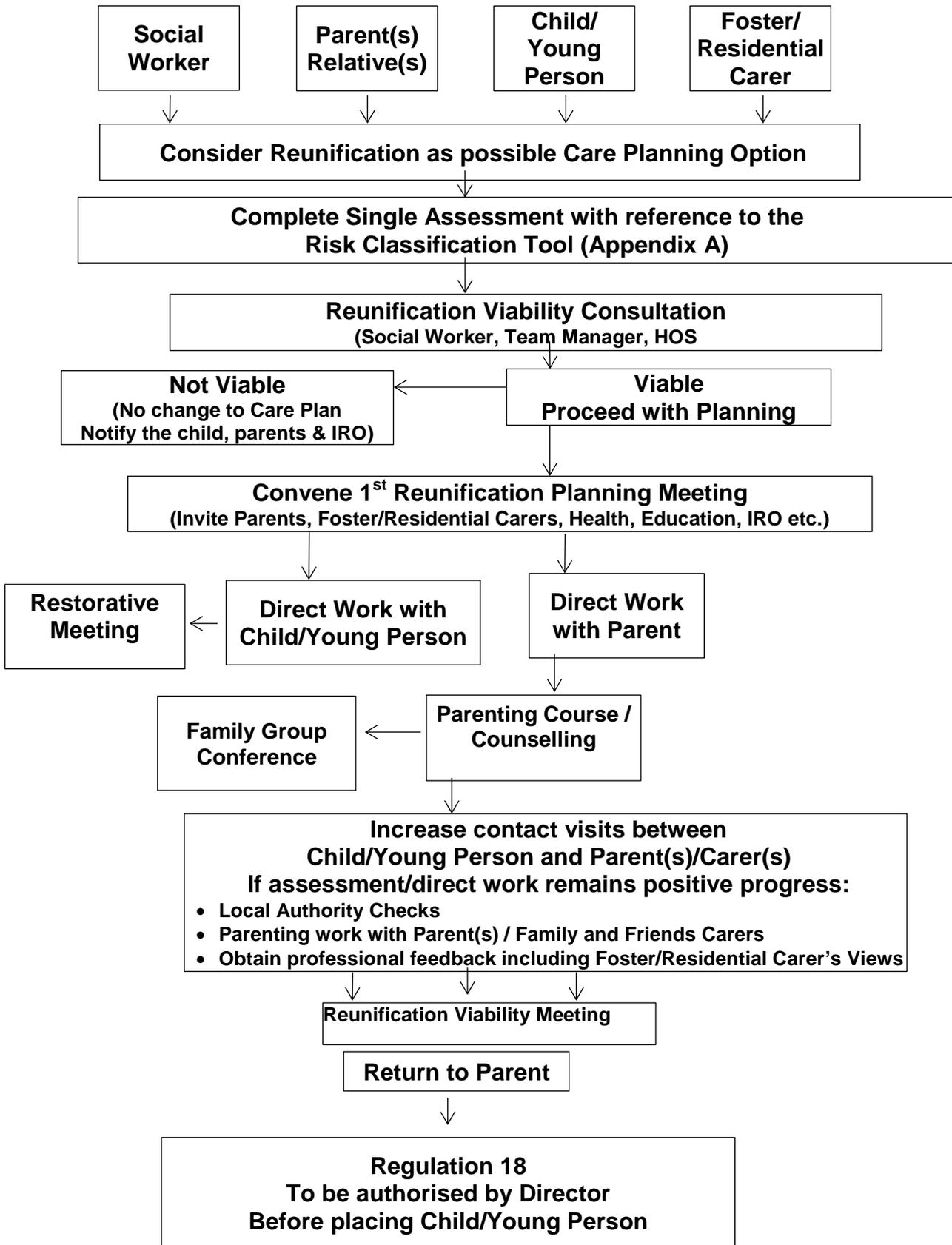
"Adoption for looked after children: messages from research" C. Thomas, London BAAF (2013)

## 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 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. | |
| If new risk factors emerge/ previous risk factors re-emerge 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 re-emerge 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

**Social Worker** → **Consider Reunification as possible Care Planning Option**

**Parent(s) Relative(s)** → **Consider Reunification as possible Care Planning Option**

**Child/ Young Person** → **Consider Reunification as possible Care Planning Option**

**Foster/ Residential Carer** → **Consider Reunification as possible Care Planning Option**

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

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**Reunification Viability Consultation (Social Worker, Team Manager, HOS**

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

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

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

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

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**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**

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**Reunification Viability Meeting**

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**Return to Parent**

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

## Appendix C Evidence Summary

| Factors associated with successful reunifications[27] | Factors associated with reunification breakdowns[28] |
|---|---|
| Children went to a **changed household**[29] | |
| | **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 a **case history** | **Insufficient assessment** & workers **lacked knowledge of the child's history** |
| Adequate **preparation** for return home had been provided for parents and children | **Weak planning,** particularly 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 permanence away from home, if that is needed. |
| **Specialist services were** provided for the parent/child | **Service provision was inadequate** – either services were insufficient, 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 lef