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|  Background pattern  Description automatically generated with medium confidence **Reunification Pathway**  |   |

Introduction

The aim for all children in Care should be reunification, wherever this is safe and achievable for the child. Reunification could be to a birth parent, other adult with parental responsibility, or another relative, and should be considered as the preferred permanence option for children from the time they enter Care, and at regular intervals throughout their time in Care, using established mechanisms such as Supervision, Child *Looked After* Reviews, and discussions that take place at Care and Placement-related panels.

Children who are safely and successfully supported to be reunified home, and remain at home, are likely to have better outcomes than children who remain in Care, enabling children to maintain meaningful relationships with their family network, supporting a sense of heritage, cultural identity and sense of belonging within their family and wider community, and providing children with meaningful connections and relationships which they will take forward into adulthood.

Principles of Assessment and Planning

Parental risk factors, protective factors, family’s circumstances and the degree of children's vulnerabilities change over time and as children get older.  With the right support, many of the factors impacting upon the quality and consistency of parental care can be adequately addressed. Reunification assessment involves determining static and dynamic risk factors and understanding the support needs of children and families to give reunification the best chance of success.

Whilst national research and data show that reunification is the most frequent form of permanence outside of Care (27% of all children leaving Care), the likelihood of children re-entering Care is also significantly higher, compared to other permanence options: 12% of children reunified home return to Care within the first 3 months, increasing to 20% within one year, and 35% within six years. Therefore, the quality of assessment and support is critically important to ensuring children can be reunified safely, and successfully remain at home.

Responsibilities

BCP has established a bespoke resource to more effectively support more children to be reunified home from Care. The team sits within the Targeted Support Service and the child’s allocated Social Worker remains responsible for the child’s plan until the child is no longer *looked after* and no longer a *child in need*, meaning that the child’s case can be closed to statutory children’s social work services.

When children supported by the Keeping Families Connected team are not prevented from coming into Care but could return home soon after, the support plans for these children remain the responsibility of the Keeping Families Connected team.

All professionals should feel encouraged and able to ask curious questions about whether there is no option other than for a child to remain in Care, and to identify children who could be reunified home. This includes the child’s allocated Social Worker and Team Manager, the Reunification Team, the child’s Independent Reviewing Officer, the Virtual School, Supervising Social Workers, and members of Care and Placement-related panels.

The child’s Social Worker is responsible for completing the Reunification Identification Tool, to determine whether a Reunification Assessment should be completed. The child’s Social Worker is responsible for completing the Reunification Assessment, including gaining the views of the child and all significant parties. The case responsible Team Manager will determine, from the Reunification Assessment, whether a request will be made to start Reunification support.

The child’s Social Worker is responsible for referring to reunificationteam@bcpcouncil.gov.uk and providing details of all relevant documents which can be found, clearly labelled, on the child’s Mosaic records. As a minimum this includes the Reunification Assessment, Genogram, Ecomap and Impact Chronology. The Social Worker also details any other documents that would be helpful for the Reunification Team to read (eg evidence of the child’s voice, direct work, family time observations of note, any other relevant multi-disciplinary assessments).

From the point of allocation, the Reunification Team becomes responsible for providing direct support to the child and family, and co-ordinating a multi-agency Reunification Support Plan which focuses on supporting the child and their family towards a successful reunification, including establishing regular multi-agency review meetings and Family Network Meetings. However, the child’s allocated Social Worker retains overall responsibility for the child and their Care Plan, and importantly, the ongoing assessment and analysis of risk, including arrangements for family time (and other forms of indirect contact) as the plan progresses.

If the child is the subject of a Care Order and is being reunified to a person with parental responsibility, the child’s Social Worker is responsible for completing a Placement with Parents Assessment and seeking approval of the plan for the child to be Placed with Parents from the Agency Decision Maker. If the child is subject of a Care Order and is returning to other family members, the child’s Social Worker is responsible for completing a Viability Assessment jointly with the Fostering Service, and ensuring appropriate referrals are progressed for Kinship / Special Guardianship Assessments.

If the child is accommodated voluntarily under Section 20, the child’s Social Worker is responsible for completing a Reunification Risk Assessment prior to the child returning home.

The Reunification Team are responsible for developing and co-ordinating the Reunification Plan (arrangements for increasing levels of family time, including overnight / weekend stays, how the actual return home will be facilitated, and managing positive endings with foster carers).

When the child has returned home, the child’s Social Worker is responsible for making relevant notifications to ensure that previous placements and associated costs are ended and that the child’s Mosaic record is updated to reflect the change of placement status, legal status (if s20) and the child’s address, contact details and significant relationships.

The Reunification Team continues to be responsible for co-ordinating multi-agency reviews of the Reunification Support Plan after the child has returned home, leading towards an exit plan which focuses upon support from community / universal services and the wider family.

The child’s Social Worker and Team Manager are responsible for referring to a Legal Gateway Meeting at the appropriate time for legal advice and decision making regarding an application to discharge a Care Order, and the preparation of evidence for Court

The child remains a ‘child in need’ for a minimum of 3 months following reunification / discharge of the Care Order (not including SGO). Following a multi-agency review and decision to end statutory involvement, the child is no longer a ‘child in need’ and the involvement of the allocated social worker will end.

Pathway

The Reunification Pathway for children to access support from the Reunification Team is detailed below.

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| **Stage 1: Identification and assessment** | 1.1 | Identification of child / young person to be reunified home, using the Reunification Identification Tool. Children are identified through established processes including case supervision, *looked after* children’s reviews, or Care planning and placement-related panel processes. |
| 1.2 | Building upon the information provided in the identification tool, a Reunification Assessment is completed by the allocated social worker: analysing static and dynamic risk factors and needs of the child and relevant adults, and recommendations about how these risks will be managed / reduced and how the family will be supported, on a multi-agency basis.The assessment includes the views of the child, relevant adults who will be caring for the child, and wider family members and friends who can offer support. The views of the child’s foster carer are included, particularly in relation to their role in supporting a successful reunification. A family network meeting is an essential part of the assessment and planning process. |
| 1.3 | Management Oversight with rationale as to whether to progress a plan of reunification. The decision is shared with the child’s IRO, Virtual School, Children’s Commissioning and the Contact Service. If there are specific housing needs relating to the plan, early involvement of Housing services is essential. A *Looked After* Review is required to endorse the change to the child’s Care Plan to one of reunification. This should be convened as soon as the decision is made that the child and family should receive reunification support. |
| **Stage 2: Pre-reunification support (3 - 4 months)** | 2.1 | Referral for reunification support and allocation of Reunification support worker to begin collaborative development of a multi-agency Reunification Support Plan. The plan includes clear and specific tasks, measurable progress milestones, timescales and desired outcomes. The plan is owned by the family and their natural support network, supported by multi-agency professionals.The plan focuses on the importance of rebuilding relationships and includes a clear trajectory for increasing family time (frequency and duration), building towards overnight stays as the return home date approaches. Depending upon the child’s individual needs, the plan identifies how family time will be supervised / facilitated, and how this will be resourced, including from within the family’s natural support network and drawing upon the capacity, responsibilities and experience of the child’s foster carer. |
| 2.2 | 3 - 4 months’ intensive reunification support offered to the child / young person and their family, with 3 weekly multi-agency review points, and including the child (where age appropriate), their proposed care givers, and other people within the family’s support network involved in delivering the plan. Involvement of the Virtual School is essential if the plan involves a change of educational setting. |
| 2.3 | 3-4 weeks before the child is due to return home, a Reunification Plan is developed, setting out the arrangements for increased family time, including overnight stays / weekend visits, how the actual move will be facilitated, and a planned positive ending with the child’s current carers. The child’s foster carer should be involved in developing the Reunification plan, including how they can best support increasing levels of contact. |
| 2.4 | If the child is subject of a Care Order, the allocated social worker completes a Placement with Parents Assessment, including the ongoing plan of support, and this requires ADM approval.In some instances when children are being reunified to family members who do not hold parental responsibility for them, a Special Guardianship Assessment may be appropriate. If the child is subject of a Care Order or will continue to be looked after under Section 20, assessment and temporary approval as foster carers (Regulation 24) will apply. Connected Carers should be offered initial legal advice paid for by the local authority in line with the relevant financial policy.If the child is *looked after* voluntarily under Section 20, a Reunification Risk Assessment is completed which sets out how any ongoing risks or needs should be supported (instead of a Placement with Parents Assessment).The Placement with Parents Assessment and Reunification Risk Assessment (section 20) are designed to build upon the information included in the Reunification Assessment. |
| **Stage 3: Return home** | 3.1 | By 3-4 months the child returns home, supported by a renewed plan for ongoing multi-agency support, and including ongoing support from the family’s wider support network. The plan should start to build upon the resources that exist universally and within the family’s local community.If the child was accommodated under s20, the child ceases to be *looked after* at this point and the child becomes a ‘child in need’.If the child is subject of a Care Order, the child remains a *looked after* child who is ‘Placed with Parents’.In all instances, placement costs cease at the point the child returns home, unless an arrangement for respite or retaining the child’s placements has been agreed on a temporary basis as part of their reunification plan. |
| **Stage 4: Post-reunification support (6 - 9 months)** | 4.1 | The Reunification Support Plan continues for a minimum of 6 months (maximum 9 months), providing support to the child / young person and their family, with ongoing regular multi-agency progress review.  |
| 4.2 | If the child is subject of a Care Order, the child is presented to a Legal Gateway Meeting for legal advice and a decision regarding an application to discharge the Care Order, and preparation of evidence. Evidence will primarily consist of the assessment, planning and review work already undertaken within Reunification Pathway. Historical information regarding the previous Care Proceedings should be included in the evidence and Legal Services can assist in gathering this information if it is not available on the child’s Mosaic record. |
| **Stage 5: Exit planning** | 5.1 | An application is made to discharge the Care Order (and in some instances, this may include the making of a Special Guardianship Order). In these instances, Special Guardianship assessments must be completed prior to the application is made to discharge the Care Order. When proceedings conclude and the Care Order is discharged, the child is no longer ‘*looked after*’ but is deemed a ‘child in need’. |
| 5.2 | The child remains a ‘child in need’ for a minimum of 3 months following the reunification / discharge of the Care Order (not including SGO). Following a multi-agency review and decision to end statutory involvement, the child is no longer a ‘child in need’ and the involvement of the allocated social worker will end.Specialist support concludes with a planned and managed transition to targeted / universal services, and a newly identified Lead Professional, drawing upon the resources available within family’s community, and the strengths of their natural family support network. |