Achieving positive outcomes for children in relation to return home from care

Mandy Wilkins, NSPCC
Camelia Borg, NSPCC
Elaine Farmer, University of Bristol
Steve Walker, Leeds City Council

EVERY CHILDHOOD IS WORTH FIGHTING FOR
“Return home from care hasn't received the attention it deserves, and we welcome the spotlight being turned on it”

Andrew Christie, Executive Director of Tri-Borough Children’s Services and chair of the ADCS health and social care policy committee
What we will cover today

- **Return home from care from the child’s perspective:**
  Camelia Borg to share her story

- **Why is return home from care such an important issue?**
  Elaine Farmer to present research findings about outcomes for children who return home from care

- **Developing a Practice Framework and influencing drivers of change**
  Mandy Wilkins to outline practice and policy improvements

- **Leeds City Council’s approach**
  Steve Walker to describe why and how Leeds City Council are improving reunification practice

- **Learning from local authorities for local authorities**
  Elaine Farmer to highlight evaluation findings about the implementation of new Practice Framework

- **Discussion**
Questions to consider as we talk

• Think about children and families you have worked with – those who have returned home and those who have not.

• What resonates with your experience? / What surprises you?

• Are there areas of local practice / service provision / systems that you want to improve in relation to reunification?

• Imagine this: The Community Care Best Practice Award for Reunification – how will we get there?
Returning Home from Care: What it was like for me
Professor Elaine Farmer

Outcomes for Reunified Children
Messages from research

School for Policy Studies
University of Bristol
The Evidence Base – Recent Research on Reunification


Research Messages - outcomes of returning children home from care

**High breakdown rates**

- 2 years after return 47% of the returns had broken down (Farmer et al 2011) mainly because of parental difficulties or children’s behaviour;
- 5 years after return 65% of the returns home had broken down (Farmer and Lutman 2012)

**Repeated returns**

A third of children had 2+ failed returns and this relates to poor outcomes: ‘I felt very disturbed…I just didn’t cope any more…It was just very confusing for me…Coming home again was very, very difficult…I just felt really depressed.’ (Farmer et al 2011)
Research Messages - outcomes of returning children home from care

• Return breakdown rates - and the quality of returns - vary greatly by LA (especially for older children), showing that variations in practice make a major contribution to children’s outcomes (Wade et al 2011, Farmer et al 2011)

• A third of children who remained at home after reunification were in circumstances likely to be detrimental to their wellbeing (Farmer et al 2011) - eg children were living with parents with serious mental health issues or alcohol or drugs misuse difficulties (sometimes combined with domestic violence), who were often also physically or emotionally abusing their children.
Research Messages - re-abuse rates

- **High re-abuse rates** - 2 years after return 46% of the children had been re-abused or neglected (Farmer *et al* 2011)

- **Parental alcohol misuse and drug misuse** are highly related to children being abused or neglected during the return - 78% of substance misusing parents maltreated their children compared with 29% of other parents.

- Our evaluation showed that many practitioners and managers are not fully aware of this finding.
Research Messages on practice

- After maltreatment, 41% of children remained at home for too long, or without sufficient intervention or investigation of the alleged maltreatment; & 16% of children remained at home even though they were being maltreated (Farmer et al. 2011)

- Attempts to support parents continued too long – in 38% of cases professionals gave parents ‘too many chances’ to show they could care for their children (Farmer and Lutman 2012)

- Practice not consistent for children once they were 6+ (more care taken to protect younger children)
Research Messages on involving children

- Children not consulted about their wishes re return (Who Cares Trust? 2006)

- Work did not take account of children’s timescales (eg in relation to school exams etc) and children’s needs were overlooked
Research Messages - factors associated with return stability

- **Thorough assessment** on whether child should return home, including case history

- **Services** provided, at a sufficiently intensive level to meet the severity of the assessed needs in order to make and sustain change, including specialist services

- **Sufficient change** by parents/s before children returned - [eg in one study for only $\frac{1}{4}$ had all parents’ problems been addressed (Farmer et al 2011)].

- Note: Often parents’ problems remained unresolved and sometimes hidden- esp drug or alcohol problems/continuing relationships with violent partners
Research Messages factors associated with return stability

- Adequate preparation (for children and parents)

- Foster carers/residential workers supported and worked with parents & children towards return

- Consistent and purposeful social work with child and parents and monitoring post return

Note: Children with previous failed returns more likely to experience another return breakdown
Research Messages – planning

- Careful planning leads to better outcomes for children
- Weak planning was especially evident when returning accommodated children (eg Wade et al 2011). When planning is weak:
  - Reunification may occur by default eg parents removing children from placements without clear arrangements for how children are safeguarded in the future. (Social workers often think there is nothing they can then do)
  - Drift - children left for too long at home in abusive circumstances without appropriate services to protect them
  - Children miss out on their chance of achieving permanence away from home
Reunifications more likely to last when:

- Children return to a *changed household* (parent has different partner or return to the other parent) - then the odds of being in a stable placement increased by 3.5
- Children return to parents only after sufficient time has elapsed for the problems that led to entry to care to have been addressed
- Where there is clear evidence of parental change

**Note:** children who have experienced chronic neglect or emotional abuse do worse than others when returned home (ie they do better if they remain in care) (Wade et al/2011)
NSPCC

Developing a Practice Framework and influencing drivers of change
Reunification Practice Framework

• Partnered with academic and practice experts to create evidence-informed practice framework, initially known as ‘Taking Care’.

• Supported 14 local authorities to implement framework

• Revised framework to reflect learning from evaluations and real world implementation

• Aim of practice framework is to assist practitioners to improve assessment, decision-making, planning and support.

• Framework promotes structured professional judgement
RETURNING HOME FROM CARE

In the year up to 31 March 2014, there were 6,840 children in care in England.

30,430 CHILDREN LEFT CARE*

10,300 children returned home, the most common outcome.

5,060 of those were adopted.

Up to half of children return to care because their move home breaks down.

A third of these children experienced two or more failed returns home.

Safe or unreported as suffering abuse or neglect.

A third of those who remain at home continue to receive poor standards of care.

*Children and young people leave care for a range of other reasons including, for example, residence orders, special guardianship and independent living.
<table>
<thead>
<tr>
<th>Factors associated with successful reunifications</th>
<th>Factors associated with reunification breakdowns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thorough assessment, including an analytical case history</td>
<td>Insufficient assessment &amp; lack of knowledge of the child’s history</td>
</tr>
<tr>
<td>Adequate <strong>preparation</strong> for return for parents and children.</td>
<td><strong>Weak planning,</strong> particularly when returning accommodated children.</td>
</tr>
<tr>
<td>There was consistent and purposeful <strong>social work and monitoring</strong> with the child and parent/s</td>
<td><strong>Service provision was inadequate.</strong> Children had unmet behavioural or emotional problems</td>
</tr>
<tr>
<td><strong>Specialist services were</strong> provided for the parent/child</td>
<td></td>
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<tr>
<td>Children returned to parents only after <strong>sufficient time</strong> had elapsed for the <strong>problem</strong> that led to the care admission to have been <strong>addressed.</strong></td>
<td>Parents’ problems had not been adequately addressed – <strong>78% of alcohol or drugs misusing parents abused or neglected their children after return, compared with 29% of parents without these problems.</strong> (Farmer et al, 2011)</td>
</tr>
<tr>
<td><strong>Conditions</strong> were set for parents before return.</td>
<td></td>
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<tr>
<td>There was clear <strong>evidence of parental change</strong></td>
<td></td>
</tr>
<tr>
<td>Children went to a <strong>changed household</strong></td>
<td><strong>Children had previous failed returns</strong></td>
</tr>
<tr>
<td>Parents and older children had <strong>informal support</strong> from wider family, friends or communities</td>
<td>Parents were <strong>ambivalent</strong> about the return and/or isolated</td>
</tr>
<tr>
<td><strong>Foster carers or residential workers</strong> supported parents and children pre and post return</td>
<td><strong>References:</strong></td>
</tr>
</tbody>
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## Risk Classification Tool

<table>
<thead>
<tr>
<th>Low risk</th>
<th>Medium risk</th>
<th>High risk</th>
<th>Severe risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No risk factors apparent (or previous risk factors fully addressed)</td>
<td>Risk factors apparent (or not all risk factors fully addressed)</td>
<td>Risk factors apparent (and risk factors not being addressed)</td>
<td>Risk factors apparent (and risk factors not being addressed)</td>
</tr>
<tr>
<td>Protective factors apparent</td>
<td>Protective factors apparent</td>
<td>Protective factors apparent</td>
<td>No protective factors apparent</td>
</tr>
<tr>
<td>Parents ABLE to demonstrate sustained capacity for actual change</td>
<td>Parents ABLE to demonstrate sustained capacity for actual change</td>
<td>Parents UNABLE to demonstrate sustained capacity for actual change</td>
<td>Parents UNABLE to demonstrate sustained capacity for actual change</td>
</tr>
<tr>
<td>Parents and child both want return home</td>
<td>Parents and child both want return home</td>
<td>Ambivalence by parent and/or child re return home</td>
<td>Ambivalence by parent and/or child re return home</td>
</tr>
<tr>
<td>Very unlikely that abuse will recur if child returned home</td>
<td>Some possibility that abuse will recur if child returned home</td>
<td>Strong possibility that abuse will recur if child returned home</td>
<td>Very strong possibility that abuse will recur if child returned home</td>
</tr>
<tr>
<td>Return child home following preparation with children in need plan, support for parents and child to manage change and monitoring.</td>
<td>Return child home following preparation with child protection plan, parental agreement, support for child and parents, interventions to reduce risks and increase protective factors and regular monitoring.</td>
<td>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.</td>
<td>Child remains in care. Legal proceedings instigated if required. Plan for permanent separation within timescale appropriate to child’s development, needs and wishes</td>
</tr>
<tr>
<td>If parents can maintain ‘low risks’ for a period of at least six* months the case can close.</td>
<td>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.</td>
<td>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’.</td>
<td>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’.</td>
</tr>
<tr>
<td>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.</td>
<td>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 remerge that had previously been addressed.</td>
<td>If parents remain ‘high risk’ for six months without addressing risk factors the case should move to severe risk with plan for permanent separation.</td>
<td>If protective factors are no longer apparent the case should move to severe risk with plan for permanent separation.</td>
</tr>
<tr>
<td>If new risk factors emerge/previous risk factors remerge 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.</td>
<td>If new risk factors emerge/previous risk factors remerge 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If new risk factors emerge/previous risk factor remerge 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.</td>
<td>If new risk factors emerge/previous risk factor remerge 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.</td>
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### Annex 7

Implications of risk classification for reunification of children in out of home care

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

- Assessment of risk and protective factors, and of parental capacity to change
- Use of research evidence
- **Analytical case history**
- Use of risk classification tool (traffic light)
- Reflective case supervision
- **Relationship-based work with children and families**
- Child / young person has trusted adult
- **Written agreements and SMART goals** created with parents to support sustained changes
- Support and services for children and families pre and post return (including foster / residential carers, schools and informal support)
- **Written multi-agency reunification plans** for gradual returns, and with contingency plans
- Assessments completed on **Section 20 children and young people** (including cases where the child/young person and/or the parent end the S20 arrangement).
- **Outcomes of cases are tracked and reviewed**

@NSPCCPro | #NCASC15 | nspcc.org.uk/returninghome
Evaluation Findings:

Families’ and Professionals’ Views of the Framework
Families’ views

• Reunification **would not have been considered** without framework.

• Where the decision was made that a child could *not* return home, parents described the decision being **handled sensitively**

• “It’s different from past assessments...a lot better....gives you more of a chance”.

• “All the questions I asked was answered as truthfully as possible, not sugar coated. She said it would be hard...... Always kept in the loop by regular visits, phone calls, reports.”

@NSPCCPro | #NCASC15 | nspcc.org.uk/returninghome
Front-line Professionals’ views

“The Guidance is excellent and easy to follow - It is a practical tool with real relevance to the lives of children.” (Social Worker)

‘It is a fantastic risk assessment tool’ (Practitioner)

“It goes back to ‘proper’ social work” (Social Work Team Manager)
Managers’ views

“This Guidance is exactly what we were looking for – gives an understanding of best practice and what should happen with a step by step ‘how to’ guide” (Principal Social Worker)

“The Guidance has really raised the bar in the standard of evidence presented to the courts – barristers and judges in our area now expect to see this level of rigour on all cases ” (CAFCASS manager)

“The quality of assessment, care planning, recording and paperwork has improved significantly”. (Head of Service)

“really high level of research; really well presented document, and I think it really does stand up to a lot of scrutiny” (Senior Manager)
Influencing Change
Policy changes

• Important changes in the recent amendments to the
  • Care Planning Regulations,
  • new Statutory guidance on permanence, long-term fostering placements and ceasing to look after a child, and
  • Changes to Working Together.

• Ofsted inspection samples include a reunified child and a child for whom reunification is being considered.

• To support this the NSPCC has trained all senior inspectors (HMI) on research messages about good practice in reunification.
Calculating the costs

- Commissioned University of Loughborough to calculate costs of re-entry to care vs costs of support based on research evidence about needs.

- Methodology using published, accredited costs of care and support services.

- **Average annual cost** for each child that **re-enters care** from home of **£62,000**.

- Compared with an **average annual cost** of **supporting a child** to return home of just over **£5,500**.

- **Implementation Checklist** includes a spreadsheet enabling LAs to customise costs / project potential savings using local data.
Achieving positive outcomes for children in relation to return home from care

Leeds story

Steve Walker – Deputy Director Children’s Services Leeds
Leeds

- Leeds is the second largest metropolitan district in the UK.
- It extends 15 miles from east to west, and 13 miles from north to south;
- Has some of the most affluent areas of the UK but also some of the areas of greatest social deprivation
- The population of Leeds is 715,404 making it the third biggest city in the UK after London and Birmingham;
- 183,000 children and young people
Leeds Improvement Journey

- July 2009 poor outcome of inspection of contact, referral and assessment arrangements
- November/December 2009 poorer outcome of unannounced inspection of safeguarding and looked after children services
- Subject of Improvement Notice January 2010 to January 2012
- February 2015 Unannounced Inspection found ‘
- The local authority leads effective services that meet the requirements for good’. 
Making Leeds a child friendly city

One vision
One partnership
One Plan
Five outcomes
12 priorities
3 obsessions
25 clusters
3 behaviours
75,000 people

180,000 Children
Making Leeds a child friendly city

What’s it like to be a child growing up in Leeds?
Why Reunification?

• Investing in evidence based approaches:
  – Restorative Practices
  – Prevention and Early Intervention
    • Early Start Centres
    • Targeted Services Leaders
  – Family Group Conferencing;
Why Reunification?

• Investing in evidence based approaches:
  – Social Work
  – Care Planning;
  – Multi Systemic Therapy
  – Kinship and Foster Care
  – Care Leavers
Why Reunification?

- 1,085 casefile audits were carried out in 2011/12
- Key learning points included a need to improve the quality of assessment and care planning
- Develop a framework of evidence Based practice to support us in improving practice:
  - Professors Mike Stein and Nina Biehal - Social Policy Research Unit University of York and
  - Dr Emily Munro Institute of Education
  - Assessment, care planning, kinship & care leavers
The approach in Leeds?

- Strategic and Practice Learning Sets were held to identify what needs to happen in Leeds to implement the reunification framework by April 2016 with the NSPCC.

- Four groups have been established to develop and implement actions plans. Together these plans form the overall implementation plan.

- Piloting the framework with small group of practitioners in looked after children’s teams to inform full implementation.

- MST Fit.
4 Groups

• Communication and Workforce Development;

• Process, Systems and Procedures;

• Data, Monitoring and Evaluation;

• Support Planning
Overall Implementation Plan

• The group leads report on progress of the action plans to the Assistant & Head of Looked After Children’s service who reports to Multi-Agency Looked After Partnership (MALAP).

• MALAP act as the steering group to the reunification project.

• By April 2016, Leeds will have implemented the reunification framework and increased the number of children who return home.
Progress to date?

Communications group

- Produced one minute guide
- Short Briefings LSCB; third sector; children’s workforce
- Briefed Strategic boards
  - corporate parenting board; MALAP; Children’s trust board.
- Developing training programme for social workers
- Pursuing briefings for wider children’s services
Process, Systems and Procedures Group

• Identified children & young people potential for reunification
• Agreed workflow & decision points
• Piloting documentation & templates
• Agreed changes needed to system to support workflow
Data, Monitoring and Evaluation:

- Looked at existing available baseline data & specified requirements for reporting
- Agreed reunification tracker as an interim
- Identified goal based outcome tool and measure for use with children & families and at what points this will be reviewed.
Support Planning

- Identified all services that may support families
- Developing pathways into services
- Raising profile of reunification with targeted services
- Discussing priority given to families in this process by services
- Trialling pathways and effective routes with mental health and adult services through the pilot.
Professor Elaine Farmer

Evaluation of the Practice Framework for Reunification

School for Policy Studies

University of BRISTOL
Evaluation of the DfE-funded project testing the implementation of the Practice Framework in 3 LAs

- Completed Evaluation Forms

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<th>Time 1</th>
<th>Time 2</th>
<th>Both Time 1 and 2</th>
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<tbody>
<tr>
<td>Practitioners’</td>
<td>27</td>
<td>24</td>
<td>14</td>
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<td>Managers’</td>
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<td>forms</td>
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Evaluation Findings

- The practitioners and managers were very positive about the Framework. They saw it as:
  - clearly set out
  - practical
  - evidence-based
  - showing how reunification could be managed
  - likely to lead to more robust assessments of risk and tighter planning.
- They liked the emphasis on engaging families in the process.
Evaluation Findings – how useful is the Practice Framework?

- Practitioners considered that the Framework would be useful for all the key tasks involved in reunification:
- 80% - 95% thought that it would be very useful in assisting them to assess risks; assessing parental capacity to change; undertake chronologies; making decisions about whether to reunify a child; engaging parents fully in assessment and work towards return; involving foster carers in preparing and supporting children/parents for return; ensuring parents and children were prepared; and providing post-reunification support and monitoring.
What is needed to implement the Practice Framework?

- **Senior managers championing and supporting implementation**
- In 2 LAs the appointment of a dedicated reunification manager or team
- The use of champions in key areas such as LAC teams and IRO services
- Using Advanced Practitioners to support implementation eg to support and train workers
Changes made by practitioners and managers during the brief 6 month project

• Significantly more practitioners now felt more confident that they had the skills to assess a parent’s capacity to change, and more also expected to provide services for 6 to 12 months after return

• Statistically significant increases in the proportion of managers who at Time 2 said that their LAs had established the data to improve reunification practice & were using it to monitor returns and improve practice; who had a good understanding of the costs and cost savings associated with providing good support and work on reunification; and who said that cost savings were being tracked by the authority.
Service changes

- About half of the managers reported that, since the start of the project, changes had been made to address gaps in services for alcohol and drugs misuse services (53%), and domestic abuse (53%), direct work on parent-child relationships (50%) and on adolescent difficulties (43%) and parenting programmes (41%).
Other comments

• Managers had learned were that reunification had to be given ‘a higher profile’, that return should be considered from ‘the beginning’ and the importance of providing training in the use of the approach
Implementation

• All the authorities had good buy-in from senior management for the project and most had task and finish groups to carry on the process after the final learning sets.

• Nonetheless, it was recognised that implementing a new Framework requires considerable effort over a period and work would be needed to embed the Framework into everyday practice.
How easily could the Framework be used without outside help?

- Views were fairly positive about how easily the Framework could be used without outside input.
- Most participants saw the Framework as readily accessible and self-explanatory but noted that if LAs wanted to introduce it, they would need to have project management mechanisms to involve relevant practitioners (including IROs) and managers to introduce the Framework and embed it into practice.
- They noted that it is important to involve other agencies in ensuring that relevant services are available for reunification.
Neglect of Reunification

- ‘Reunification is an area of practice that is poorly articulated in policy, has been much neglected in research and suffers from a lack of clear guidelines and ideas for practice’ (Farmer 2009, p.83)

- This is no longer true
Is there enough momentum for change?

- Changes by DfE to regulations and guidance (incl. Working Together)
- Ofsted now include reunification in their inspections
- Support from ADCS
- Imminent publication of Practice Framework, Implementation Checklist for LAs and the evaluation – free to all
Next Steps
Keeping the spotlight on
Next steps
Disseminating the Practice Framework

By the end of October the following will be published:

• Revised Practice Guidance
• Implementation Checklist
• University of Bristol evaluation
How you can get involved

- Download and use the materials when they go live. Please go to: www.nspcc.org.uk/returninghome

- We have designed a **menu of support packages** based on our work supporting 14 local authorities with reunification and key messages from research about what works when implementing practice improvements.

- Each package contains **strategic consultancy and training the trainers**.

- Each authority will receive **bespoke, locally specific support**. Participants will examine current policy, practice, spending and outcomes in relation to reunification, and will design and implement locally relevant solutions.

- LAs are invited to **express interest by December 1st**
  
  Email: reunification@NSPCC.org.uk
What support is on offer?

Strategic Consultancy

• One of the clearest messages from both evaluations of our work with local authorities has been the need for **strong strategic leadership** to drive a successful programme of improved practice.

• We have designed a consultancy offer to support Assistant Directors, Heads of Service and other key managers to think through systems changes and to articulate your vision for improvement in your local area.

Training the trainers

• Skilled, informed and supported staff make all the difference to outcomes for children and families.

• We have therefore designed a training the trainer programme to support your practice leads to roll out a programme of learning and skills development to all relevant staff in the authority.
Local authorities views of our support

“Just thank you. This project has changed our practice for the better.”

“This has been a positive experience and well illustrates how an evidence based approach can be adopted, adapted and embedded within a large local authority.”

“Really appreciated the support, advice & guidance. Very useful and informative and has given us tools to progress this project and to further launch & embed this across the whole service.”
1. What do you know about children who return home from care in your area?

2. Are there areas of local practice / service provision / systems that you want to improve in relation to reunification?
For more information please contact Mandy.wilkins@nspcc.org.uk

NSPCC @ stand G18

www.nspcc.org.uk/returninghome