**PRACTICE TIPS – REUNIFICATION – FACTORS TO CONSIDER MARCH- 2019**

**Introduction**

These Tips have been put together to help practitioners reflect upon the complex issues when considering or undertaking a reunification of a child back to its family, and the different stages that will accompany this.

**Reunification – Yes? No? Maybe?**

Working Together States –

Where the decision to return a child to the care of their family is planned, the local authority should undertake an assessment while the child is looked-after – as part of the care planning process (under regulation 39 of the Care Planning Regulations 2010). (See [The Children Act 1989 guidance and regulations, Volume 2: care planning, placement and case review](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/441643/Children_Act_Guidance_2015.pdf#page=125))

The key factors at the initial exploration phase are -

* Has the problem that led to accommodating the child been addressed?
* Is there evidence of sustained change?
* Views of others, including parent, child, FC, agencies, TM, SW & IRO
* Is there enough evidence to consider if reunification is viable or not.

The exploration phase is often rushed, compromised and not fully planned – the impact of this can be failed reunification. This phase needs to set out the level and type of risk, what complicating factors need to be considered, and what type of assessment is required for that specific child and their situation.

**For some children, returning home from care is the best possible outcome. But research shows that for many others this can result in further abuse and neglect, with many children ending up back in care (Department for Education 2013; Farmer 2011; Wade 2011).**

**KEY RESEARCH**

The findings from the attached research can be utilised in the assessment and planning stage to help identify predictors of harm and breakdown, whilst implementing the necessary strategies to mitigate against this.

Farmer et al 2011 study found that -:

* 47% of reunifications failed.
* 46% of children returned home suffered abuse or neglect.
* support / treatment services where substance use was a feature was only available in 5% of the cases

D of E findings in 2013 indicated that between the period 2006 to 2007,- 10,270 children were returned home. Within a 5 year period 30% of this figure had returned to being looked after.

Findings in a study by Wade et al 2011 found that

* 81% of reunifications where substance use was a feature broke down.
* 78% of these children suffered repeat harm
* 38% of cases parents were provided with too many chances with a high degree of over optimism for capacity for change

**PLANNING**

Phase 2 is setting out the plan and expectations of what is required if the child is to be reunified home. Successful reunifications arise as a result of a thorough assessment with a multi-agency bias. – the key to successful reunification lies in comprehensive assessment.

This assessment should consider what services and support the child (and their family) might need. The outcome of this assessment should be included in the child’s care plan. The decision to cease to look after a child will, in most cases, require approval under regulation 39 of the Care Planning Regulations 2010. WT

Successful outcomes are influenced by family participation and agency involvement and knowledge. Therefore Phase 3 is about gathering thoughts, opinions and assessing whether there is sufficient strength and safety around the plan for reunification. – Remember a parent attending a parenting programme does not equate to safety. A parent attending a parenting programme and putting it into practice over a sustained period of time does contribute to safety.– Evidence should be triangulated from other sources wherever possible, in order to demonstrate consistency in change.

The development of a plan with agreed goals, timescales and expected outcomes provides a road map of what needs to be achieved and when. The plan must be Child Centred and relevant to the child’s timescales and sadly not the timescales of the parent.

Plans should wherever possible, pending the age of the child include Specific Direct Work Sessions to centre around words and picture, Wishes and feelings, Change, 3 houses, Magic wand. People Place and things etc.

Refer to the All Children –Direct Work section of the Document Library. <https://southgloscs.proceduresonline.com/chapters/docs_library.html>

**USING SIGNS OF SAFETY**

Signs of safety mapping can help Families focus on the specifics of what is required in a clear and logical manner.

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| What is the worry? | Strengths and safety | goals |
| Detail here what the risks **were** – past harm,  **are** – current harm and potential for **future** harm.  Complicating factors are really important as this is what influences the change process | What is a strength and how does it offer safety?  Is the safety tested over time?  What can we use to generate motivation, enthusiasm and change?  What are the wishes and feelings of parent, child and family? How do they want to see this achieved? | What does the LA need to see for the child to be home?  What does the parent want?  What does the child want?  Family and other agencies?  SAFETY PLAN – how is the above going to be achieved in a timely and measurable manner? |

Scaling enables a process for individuals to record and reflect upon how worried they are. This locates individual accountability and recognition in the identification of risk at a specific point in time – Past, Present and Future.

Scale how worried people are for each worry and the impact this has / will have on the child

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What needs to be seen to reduce the worry? What would it take to increase up the scale?

**NEXT STEPS**

Set out each step so it is SMART, relevant and clear for child and parent of what needs to be seen and by when

The clearer the expectations the easier it is to measure the journey of success and review the obstacles as they arise – allow time for this to happen. However time should not be at the expense of the childs need for permanence.

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| What | who | when | where | How | why |
| Specify what needs to be done | Who will do it?  Who will help?  What are the responsibilities of everyone involved? | Specify the timeline for events and overall timeframe – this is the trajectory. | Identify the different places and what will be observed from this | Specify the expectations of everyone in the plan, and how they will be evidenced | Specify the desired outcomes and goals |

**REUNIFICATION – A REFLECTION ON WHAT WORKS**

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| **What makes a successful reunification?** |
| When assessments are thorough and contain a case history and multi-agency bias  When there is a support plan with specialist support, in place to support the changes made  When there is agreement of what needs to happen, when and why – clear expectations and timescales  When reviews challenge and support the plan, to ensure it is applicable to the changes and presenting needs.  When there is trust and respect between the parent, family and team supporting the reunification  When there is good preparation of the parents, family and child  When contact between the child and its parents, when looked after, was positive.  When there was, and is evidence of a relationship based on trust and warmth  When there is active informal support from friends, family and community  When there is good oversight and support **afte**r the reunification from the SW and FC, C &FS and community. |

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| **What are the barriers to successful reunification?** |
| When the assessment is limited and rushed and planning is not SMART  When oversight and challenge of the Assessment and process is limited or missing  When there is no evidence of sustained change  When there is evidence of parental ambivalence  When there are damaged attachments  When there is inadequate support and weak planning  When children have had previous failed attempts at reunification  When Children are aged 10 or over  When Children have emotional or behavioural problems, and/ or were exposed to chronic neglect and emotional harm |

**MONITORING AND SUPPORT**

Phase 4 is about monitoring and supporting the reunification process

There should be a clear plan for all children who return home that reflects current and previous assessments, focuses on outcomes and includes details of services and support required (WT)

* Practitioners should make the timeline and decision making process for providing ongoing services and support clear to the child and family;
* When reviewing outcomes, children should, wherever possible, be seen alone. Practitioners have a duty to ascertain their wishes and feelings regarding the provision of services being delivered; WT para 8.20

This final process should not be rushed, complacency can creep in on the basis that the work has been done and therefore agencies can withdraw – this does not help to consolidate or cement the reunification process.

Sustaining the reunification will require another set of plans. These will need to reflect the needs of the child and the parent. They will need to build in respite in order that both the child and parent has the opportunity to relax, recharge, and reflect. – Do not underestimate the physical and mental exhaustion that lies with reunification. – this may consist of overnight stays with a relative, or time out in an activity, childminder or group. The aim is to prevent burnout and breakdown before it occurs. Parents may be reluctant to consider this time out viewing it as a failure on their part, support systems need to support this informally in order that it beds into the organisation and functioning of the family in a natural manner.

Additional Sources of Information – Attachment Theory. ACES, Assessment Toolkit, Child Growth and Development, Cycle of Change, Risk Matrix. Lets Talk About …

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