Department for Education

Appendix two: rapid literature review

Children who return home from care: improving practice

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Introduction

The overall aim of this rapid review was to provide an overview of current knowledge about the children who return home from care in England. This review does not constitute a comprehensive review of the literature and this document has been produced to provide a short summary to support the fuller research report (Hyde-Dryden et al., 2015). A fuller literature review has also been published by the Department for Education (Farmer, 2015b). Return home from care is a complex process and this review aimed to provide a synopsis of the factors that hinder and promote effective reunification focusing on assessment, planning and decision-making; services to support reunification; and outcomes in terms of subsequent abuse and neglect, and re-entry to care/accommodation. As outlined in the main body of this report, the synopsis of key themes and studies was then used to develop a framework to determine whether, and to what extent practice was evidence based, or evidence informed in the eight local authorities participating in the research.

Methodology

As this was a rapid review of the literature, clear parameters were established and a number of related areas of research were excluded. For example, literature focused on parental capacity to change was excluded on the basis of the size and breadth of the literature base and also because an overview of the existing literature has recently been published (Ward et al., 2014). Reference is made to the overview and previous key studies but models and programmes for change have not been reviewed. Searches were restricted to include literature from 2000 onwards only, and the review focused predominantly on literature from England, although key international studies were included.

A number of databases were searched including:

- Loughborough University Catalogue Plus which searches a number of databases simultaneously including: Applied Social Sciences Index and Abstracts; International Bibliography of the Social Sciences and Social Care on Line;

- Google Scholar

- The search terms used included various combinations of the following:

- reunification/reunified + birth families + Looked After Children + birth parents + families + parents + outcomes + children + foster care + timing

- stability + looked after children + reunification

- return home from care + looked after children + birth parents + families + parents + outcomes + children + foster care + timing

- reuniting looked after children
- returns from care

Findings

A relatively small number of evaluations/studies focused on reunification have been carried out in the UK. These include Biehal (2006, 2007); Thoburn (2009); Thoburn and colleagues (2012); Farmer and colleagues (2011); Farmer and Lutman (2012); Lutman and Farmer (2012); Farmer and Wijedasa (2012); Wade and colleagues (2010, 2011); The Who Cares? Trust (2006); Harwin and colleagues (2014); Sinclair and colleagues (2005). Four of these were reviews (Biehal, 2006, 2007; Thoburn, 2009; Thoburn and colleagues, 2012) and the remaining are ten articles and books relating to five separate studies. The findings from these studies along with the work of Wulczyn (2004) focused on reunification practice in the US; the recent overview of parental capacity to change (Ward et al., 2014) and a recent evaluation of NSPCC's Taking Care practice framework (Hyde-Dryden et al., 2015) provide the substantive evidence for this summary review.

Definition of return home

In the UK children and young people become looked after for a variety of reasons including: parental abuse and neglect; parents unable to provide sufficient care due to illness or disability; and absent parenting, for example, due to a death, absconding or a prison sentence, or the child is an unaccompanied asylum seeker (Department for Education, 2013). The length of time a child remains looked after varies - for some it is short term, for others it is long term. In many cases there will be attempts to reunify the child with their birth parents or wider family (Farmer and Wijedasa, 2012). Reunification means returning a child to live with one or both parents, or wider family, following a period of being looked after by the local authority. Children might return to the care of their birth parents or relatives following planned short-term placements (i.e. short breaks/respite care) or from intermediate or longer-term placements (Thoburn, 2009). The definition of return home contained in the Department for Education's Data Pack (2013) on Improving Permanence for Looked after Children is as follows:

> *A child is recorded as returning home from an episode of care if he or she ceases to be looked after by returning to live with parents or another person who has parental responsibility. This includes a child who returns to live with their adoptive parents but does not include a child who becomes the subject of an adoption order for the first time, or a child who becomes the subject of a residence or special guardianship order.*

Biehal (2007) argues that in the 1970s, amid concerns that there was minimal planning for the future of children looked after in state care, greater attention was paid to permanence planning both away from home and in terms of reunification with birth parents or the wider family. However, in the three decades that followed, findings from research indicated that children were spending extended amounts of time in care due to delays and drift in decision-making and that those who did return home, did so without proper planning, which often resulted in re-entry to care/accommodation (see Biehal, 2007; The Who Cares? Trust, 2006). The evidence base also suggests that problems persist and outcomes for children returning home to their birth families are poor (Thoburn, 2009; Thoburn et al., 2012; Farmer and Wijedasa, 2012; Farmer et al., 2011; Lutman and Farmer, 2012; Farmer, 2012; Farmer and Lutman, 2012; Biehal, 2006, 2007; The Who Cares? Trust, 2006; Wade et al., 2010, 2011). These issues are explored below.

Assessment, planning and decision-making

Assessments are key to identifying needs and providing the right support; thus improving outcomes for children and their families (Turney et al., 2011; Wade et al., 2011; Farmer and Moyers, 2008). Decisions made on the basis of assessments have been identified to affect children's short and long-term outcomes (Turney et al., 2011). Yet evidence suggests that assessments can be incomplete, poor and sometimes non-existent (Turney et al., 2011). Inadequate assessments are associated with poor outcomes, including: delays in decision-making, repeat abuse and neglect, placement breakdowns and re-entry to care/accommodation (Farmer et al., 2011).

Successful reunifications have been related to quality assessments (Wade et al., 2010). Despite this, a more recent study of six local authorities by Farmer and colleagues (2011) found that 43% of the children in their study returned to a parent without a thorough assessment of their circumstances. Where thorough assessments were undertaken, children returning home often experienced stability.

Wade and colleagues (2010) study found that reunification planning varied across local authorities. In areas with weaker planning the issues which led to the child becoming looked after were not always clear in the care plan, and there was a lack of planning for reunification, which often occurred abruptly with parents removing children or reunification occurred because no other plans had been made (Wade et al., 2011). Similarly Farmer and colleagues (2011) reported that pressures from the parent, child, placement or court accounted for over a quarter of children returning home rather than the decision being determined by improvements in the family situation. When children pressed to return home or returning home was accelerated due to other problems (e.g. they were absconding from their care placement) reunification was less likely to be successful meaning that these children were more likely to re-enter care/accommodation.

There were significantly fewer breakdowns following return home when there had been adequate planning.

Wade and colleagues (2011) highlighted that planning was more robust for those children who were placed with parents on a care order in comparison to those who returned home after a period of voluntary accommodation. Similarly, Farmer and Wijedasa (2012) found that children returning home as the subject of a supervision or care order were significantly more likely to remain stable than those children who had been voluntarily accommodated. Where children returned home on care or supervision orders, the local authority has a statutory duty to provide ongoing support. Furthermore, the research indicates that a number of conditions had to be met prior to the child returning home: they were more closely monitored; received more services, and the children were often of a younger age – all factors contributing to lower levels of disruption following reunification.

Proactive and purposeful reunification, rather than abrupt and unplanned returns home from care/accommodation, are associated with stability (Wade et al., 2011). Research suggests that key to successful return home from care/accommodation is ensuring that the difficulties that led to the child becoming looked after have been resolved and there is evidence showing parental capacity to change (Farmer et al., 2011; Wade et al., 2011; Ward et al., 2014). However, Farmer and colleagues (2011) study showed that in only 26% of cases had the problems that led to the child becoming looked after been addressed prior to reunification. Continuing alcohol and/or substance misuse in particular was associated with maltreatment after children returned home from care (Farmer at al., 2011).

The evidence suggests that where reunification is being considered, a robust and clear assessment and care plan should include the following information:

- the types and number of family stressors/difficulties;

- an agreement with parents about what needs to change before the child(ren) can return home, i.e. the problems that led to care and require addressing;

- a set of clear targets for parents to meet which are centred on what needs to change prior to reunification and over what timescales, including the consequences if these conditions are not met/risks are not removed;

- interventions and services to address known issues;

- contingency plans, i.e. an alternative care placement if return home from care/accommodation is not possible;

- extent of family engagement, in particular compliance with conditions set out in the plan;

- family readiness/parental motivation (e.g. are the parents ambivalent about their child returning home);

- reason for return home from care/accommodation;

- when reunification should commence;

- preparation for reunification and support prior to return home from care/accommodation;

- support and services post reunification; and

- processes for monitoring and reviews following reunification

(Farmer, 2012; Farmer et al., 2011; Farmer and Lutman, 2012; Farmer and Wijedasa 2012; Hyde-Dryden et al., 2015; The Who Cares? Trust, 2006; Wade et al., 2010, 2011; Wulczyn, 2004).

During planning for reunification it is important that children's and families' views are taken into consideration. Wade and colleagues (2010) identified that reunifications were more likely to be successful if they were inclusive of the views of children and families, a finding that has recently been reiterated by Hyde-Dryden and colleagues (2015). However, The Who Cares? Trust (2006) suggests that discussions pertaining to possible reunification should not be included at every review meeting to ensure that hopes and expectations are not raised unnecessarily.

The potential to reunify a child with their family should be considered at the point of becoming looked after, and if possible, even before the child becomes looked after. Early assessment and support provides parents with greater opportunities to work towards overcoming the difficulties that led to their child(ren) becoming looked after and increases the likelihood of successful reunification (Thoburn, 2009; The Who Cares? Trust, 2006).

Timing of reunification

The issue of timing has been debated, in particular if it influences whether or not a child will be successfully returned home from care/accommodation. It has been suggested that the longer a child is looked after the greater the likelihood is that they will not successfully return home to their birth parents or other relatives (Sinclair et al., 2007; The Who Cares? Trust, 2006; Biehal, 2006, 2007). Reviews by Biehal (2006; 2007) suggest that the probability of a child being reunified with their birth parents declines rapidly if they remain looked after for longer than three to six months. However Biehal (2007) argues that there is no evidence that passage of time per se is or is not the cause of children remaining looked after for longer – instead arguing that there are a number of other possible explanations. For example: reasons for entry into care; a change in the parent or child's characteristics or attitudes; permanent placement decisions being made early on; the

availability of services for parents; and thresholds for entry into care (i.e. local authorities with lower thresholds for becoming looked after, for instance, acting as a support service for families in acute stress, have higher numbers of children returning home quickly than those who have higher threshold levels) (Thoburn et al., 2012).

The issue of timing is not only related to the likelihood of returning home from care/accommodation, but also the success of the return home. Thoburn and colleagues (2012) reported that maltreated children that remain looked after for less than three to six months are more likely to re-enter care because the timeframe is too short to achieve necessary change. This is evidenced by reports of children returning home from care/accommodation despite the problems that first led to them becoming looked after had not been resolved (see Biehal, 2006; Farmer and Lutman, 2012; Wade et al., 2011; Thoburn et al., 2012). Wade and colleagues (2010) found that children who had returned home to their parents gradually over a longer period of time were more likely to still be living at home six months later. However, those returning home after a significant period of time in care/accommodation (i.e. for longer than two or three years) are at greater risk of unsuccessful reunification (Thoburn, 2009; Thoburn et al., 2012). Some will have experienced multiple placement moves; had minimal contact with their birth parents; and disrupted attachments, all of which may have impacted on their emotional and behavioural development which their parents might be ill-equipped to manage (Thoburn et al., 2012). Many looked after children develop an attachment to their carer(s) and will be saddened by their loss when they leave a placement. Some parents may misinterpret this sense of loss as a rejection of them and react negatively (Thoburn, 2009). Where they have not had a positive experience of being looked after their behaviour may have worsened since they entered making them more vulnerable to re-abuse (Thoburn, 2009). Support from social workers and other services before the child is reunified with their parent(s) in combination with sufficient monitoring of the situation upon return home can help to address these issues (Thoburn, 2009).

Therefore reunification following a short stay in care (i.e. less than three to six months) or a prolonged period in care (i.e. over two to three years) are the most likely to breakdown with re-admission into care/accommodation, emphasising the need for gradual, phased reunification in a timeframe that is not too short to achieve necessary change, but also not so long that the child has settled into a long-term permanent placement or experience repeated placement disruption

Work with families to maintain relationships between the child and their parents

There has been much debate about whether contact between looked after children and their birth parents increases the likelihood of successful reunification. Thoburn and colleagues (2012) suggest that contact does not necessarily lead to a return home. This

is echoed by Biehal (2007) whose review did not find any clear evidence that implied that contact brings about reunification, arguing that there are often other stronger predictors of circumstances where a child is likely to return home, i.e. the presence of a number of other positive factors, for example a change in family circumstances or resolution of the problems that led to the child becoming looked after. Contact is, however, important for successful return overall because it has the potential to improve the relationship between parents and children (Cleaver, 2000 cited in Biehal, 2006; Thoburn et al., 2012). Contact can assist in developing parent and child interactions; maintain existing relationships; support attachment; help the child to maintain their sense of identity; and ultimately ease the transition home (Haight et al., 2001). It can also provide an opportunity to assess and improve parenting.

Facilitating contact between fathers and children who are looked after is also of importance, particularly when the possibility of returning a child to the care of a separated father is under consideration (Thoburn et al., 2012). It has been suggested that fathers are often left out of care planning processes (Thoburn et al., 2012), yet a father could be a protective factor in the home, or if separated from the mother, provide an alternative home for the child.

Contact with wider family members is equally important (The Who Cares? Trust, 2006) and can be used as a mechanism to explore whether reunification with a relative is an option, if the child cannot be returned to their birth parent(s).

Support for families pre and post reunification

Support should commence prior to the child returning home and continue post reunification. Support from social workers in combination with support offered by specialist services prior to and after a child has returned home to their family are key to successful reunification (Thoburn et al., 2012). Research evidence shows that for reunification to stand a good chance of being a success it is important to: prepare families for what to expect when they are reunited; undertake social work activity directed towards reunification; and provide support to address the problems that led to the child becoming looked after in the first place (Farmer and Wijedasa, 2012; Wade et al., 2011). Support from services needs to commence as soon as possible. Concerns have been raised that interventions are often in response to an incident, being reactive rather than proactive, and inadequately planned for (Farmer and Lutman, 2012). Wade and colleagues (2011) found that where children and families had received support, reunification was significantly more likely to be successful. In particular, family focused interventions and access to additional services were found to be associated with more stable return home from care. However, although support services helped children's stability at home, there was little evidence that these services significantly improved a child's overall well-being.

Services to support families involved with children's social care also tend to be of a short duration and often focus on younger children (Ward et al., 2010, 2012; Farmer and Lutman, 2012; Holmes and McDermid, 2012) yet services for families where children are returning home need to be delivered for an appropriate duration to sustain change. Interventions tend to end abruptly with no arrangements for long-term support or monitoring of children's circumstances (Biehal 2006, 2007; Davies and Ward, 2012).

Issues about the intensity of support for children and families involved with children's social care have been raised. The less intrusive option is often selected, and whilst in line with the principle of the working in partnership with families, less intrusive measures do not always ensure that children are safeguarded from abuse and neglect (Ward et al., 2012). It can also mean that families receive less effective services as a number of studies have shown that court orders and statutory requirements have a significant impact on the number and quality of services provided (Holmes and McDermid, 2012; Farmer et al., 2011). In particular, children who have been voluntarily accommodated are likely to receive less support once they return to the care of their families than those who are or have been the subject of a care order (Wade et al., 2011).

Research on services to support reunification is particularly sparse in the UK and little is known about the types of services that work well to support families on children returning home from care/accommodation. However, research shows that support for parents with substance misuse problems (including alcohol) or mental health problems is essential to address difficulties and subsequently support reunification (Forrester and Harwin, 2008; Farmer et al., 2011).

A key finding from the existing research is that support and services for children and families once reunification has taken place is inconsistent. Biehal's (2006, 2007) review found that support for families once children returned home from care/accommodation was 'patchy'. This is endorsed by Thoburn and colleagues (2012) who reported that unsuccessful reunification was often associated with services that were minimal and/or poorly coordinated - particularly limited access to timely addiction treatment services for parents with substance/alcohol problems (see Farmer and Wijedasa, 2012 also).

Research suggests that where families have received substance/alcohol misuse support or services such as the Family Drug and Alcohol Court (FDAC), their children are more likely to return home from care/accommodation or return home quicker than those receiving 'service as usual' (Thoburn et al., 2012; Harwin et al., 2014). Harwin and colleagues (2014) evaluation of the pilot FDAC reported a higher rate of reunification and cessation of substance use, amongst families supported by FDAC in comparison to families receiving usual services; 35% of FDAC mothers, compared to 19% of comparison mothers. Neglect and abuse following reunification was also lower for children where mothers had received FDAC than comparison mothers; 25% and 56% respectively.

Children and young people that have been looked after may present difficult behaviours as a result of the abuse and neglect they have experienced and will need support to address the underlying issues. Services to support children with behavioural or emotional difficulties can help to avoid re-entry to care especially if support continues after the child has returned home from care/accommodation (Thoburn et al., 2012). Informal support networks have shown to be effective in supporting adolescents to return home, for example support from a foster carer, mentor, residential worker, friend or relative (Farmer et al., 2011).

Thoburn et al. (2012) and The Who Cares? Trust (2006) have both reported that respite services that are planned and are with foster carers who are trained in working towards reunification, have the potential to increase the chances of parents meeting their child(ren's) needs and improving stability upon reunification. Similarly, support from foster and residential carers post reunification was associated with stability upon return home from care/accommodation in Farmer and Wijedasa's (2012) study of 180 children who returned to the care of their parents.

The Who Cares? Trusts (2006) recommend that existing models of support for children in need be extended to families whose children are returning home from care/accommodation, including health workers, personal advisors, and designated teachers all having a role to play supporting families whose child(ren) have returned home from care/accommodation.

In addition to the above, many families will need support in relation to housing, finances, child care and education (Thoburn et al., 2012).

There is a substantial body of research on reunification in the U.S. but the findings have to be used with caution due to the differences in child welfare systems. Approaches in the US, identified in Thoburn and colleagues' (2012) review, as likely to lead to successful outcomes in terms of reunification include:

- intensive outreach work (typically a social worker or family support worker);
- family centred group work designed around the special needs of the parent or children in care;
- advocacy services helping to break down barriers between parents under stress and community agencies responsible for housing, financial advice, health and therapy services; and
- timely, high intensity community or residential treatment and recovery coaches for parents with addiction problems.

All research highlights the importance of having a system of monitoring in place for children and parents following reunification. Similarly, Farmer and Wijedasa (2012) found that reunification was more stable when the situation was monitored by professionals

Abuse, neglect and re-entry into care

There has been little research on the outcomes of children and families post reunification, however a small number of studies suggest that around half of children who return to the care of their parents experience abuse and/or neglect. Forty six percent of children in Farmer's study (2011) were re-abused or neglected following their return home from care/accommodation. This is similar proportion to the 42% of children found to have been re-abused reported in a study in by Sinclair and colleagues (2005). Wade and colleagues (2011) reported that following reunification, identifying neglect and taking action to protect/plan support was often poor with some children remaining in abusive families for too long.

Although reunification with family is the most common outcome for looked after children (Department for Education, 2014a), many reunifications are unsuccessful. Dickens and colleagues (2007) reported that 15% of children who had returned home from care (across 24 local authorities) had re-entered care within 12-18 months. Yet more recently, data on the numbers of children re-entering care following reunification has risen and studies report that between one third and over half of all children who return home will re-enter care:

- in one study at two year follow-up almost half (47%) had re-entered care at least once, rising to 65% at five year follow-up (Farmer et al., 2011); and

- Wade and colleagues (2010) found that 35% of reunifications failed within the first six months.

Conclusion

The research evidence summarised in this brief review, suggests that quality care planning, gradual/phased return home and services to help parents overcome the difficulties that led to their child(ren) being taken into care are key to successful reunification. The research gap is most evident in relation to preparing families for reunification and support pre and post return home; there is little data on what support services are likely to improve outcomes for children who return to the care of their birth family following a period in care/accommodation. The small evidence base suggests that support is inconsistent across local authorities and where it is available, it is minimal. There is some indication that services to address substance/alcohol misuse have the potential to improve the success rate of reunification as well as respite services and enhanced support from foster carers trained in working towards reunification. In addition supporting young people with emotional and behavioural issues may help to avoid re-entry to care/accommodation. Further research is required to explore what improvements can be made to support the reunification process to reduce the likelihood of re-abuse, neglect, and re-entry into care, and improvements in children and families' well-being following reunification.

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