

# NSPCC

*“I wasn’t given any help to settle back in at home, and Mum’s problems hadn’t changed. I couldn’t take it anymore and I ran away”*

**Achieving positive  
outcomes for children who  
return home from care**

**EVERY CHILDHOOD IS WORTH FIGHTING FOR**

## Questions to consider

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- Do the research findings resonate with your experience?
- What are the outcomes for children who return home in your Local Authority?
- What may you need to build on, and what may you need to improve?

# Research highlights significant concerns for children who return home from care

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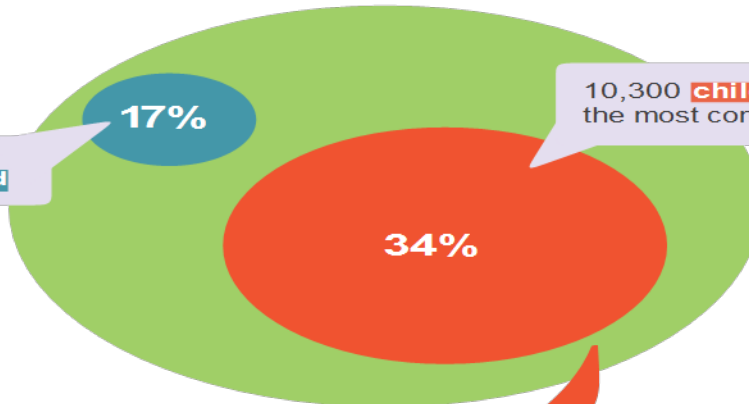
- Returning home to a parent or relative is **the most common outcome** for children in care - **34%** of all children who ceased to be looked after.
- **High rates of maltreatment following a child's return home** – Farmer (2011) found that almost half of children (46%) who returned home were re-abused or neglected within two years.
- The rate of children who returned home and then **re-enter care** varies in the studies from **37% to 65%** depending on the time of the follow up.
- Data from the Department for Education shows that of the children who went home in 2006–07, **30% had returned to care** within five years.
- **A third** of children in one study experienced **two or more failed returns**.
- Of those who remain at home, between **a half and a third** were in circumstances **detrimental to their well-being**.

# Returning Home From Care

In the year up to 31 March 2014, there were **68,840 children in care** in England.



**30,430 children left care\***



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

**5,050 of those were adopted**

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

**50%**

**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.

# Reunification failure costs £300 million per year

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- The total cost of **failed reunifications** is estimated to be **£300 million a year**.
- In contrast the annual cost of providing adequate support and services to meet the needs of **all** children and families returning home from care is **£56 million**.
- This equates to an **average annual cost** for each child that **returns back into care** from home of **£61,614**.
- Compared with an **average annual cost** of **supporting a child** to return home of just over **£5,627**.

# There are significant variations in local authority practice

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- **The most significant determinant** of whether or not a child returns home is the local authority in which they live, rather than their needs or the circumstances of their family.
- DfE analysis showed that rates of re-entry to care varied from **11% to 59% between authorities**. There were significant variations across statistical neighbours.
- Research shows significant variation in:
  - Assessment and decision making about whether it is in a child's best interests to return home
  - Support for parents, and the child, to prepare for reunification
  - Help and support after a child has returned home.
- **Data are rarely used** to understand the journeys and outcomes for children who return home.

Factors associated with successful reunifications	Factors associated with reunification breakdowns
Children went to a <b>changed household</b>	Children had <b>previous failed returns</b>
<b>Thorough assessment</b> , including a case history	<b>Insufficient assessment &amp; lack of knowledge of the child's history</b>
Adequate <b>preparation</b> for return had been provided for parents and children. There was consistent and purposeful <b>social work and monitoring</b> with the child and parent/s	<b>Weak planning</b> , particularly when returning <b>accommodated</b> children.
<b>Specialist services</b> were provided for the parent/child	<b>Service provision was inadequate</b> <b>Children had behavioural or emotional problems</b>
Children returned to parents only after <b>sufficient time</b> had elapsed for the <b>problem</b> that led to the original admission to have been <b>addressed</b> . <b>Conditions</b> were set for parents before return. There was clear <b>evidence of parental change</b>	Parents' problems had not been adequately addressed - 78% of <b>alcohol or drugs</b> misusing parents abused or neglected their children after return, compared with 29% of parents without these problems. (Farmer et al, 2011)
Parents and older children had <b>informal support</b> from wider family, friends or communities	Parents were <b>ambivalent</b> about the return <b>and/or isolated</b>
<b>Foster carers or residential workers</b> supported parents and children pre and post return	<b>References:</b> Farmer (2009), Farmer et al (2011), Wade et al (2011)

# The NSPCC has been working in partnership with local authorities to develop a new approach

- Created research-informed practice guidance, initially known as 'Taking Care'.
- Co-delivered *Taking Care* with 9 local authorities between 2012-2015.
- Aim of *Taking Care* is to assist practitioners to improve assessment, decision-making, planning and support.
- *Taking Care* promotes structured professional judgement.
- Improvements need to be driven by senior leadership



Low risk	Medium risk	High risk	Severe risk
No risk factors apparent (or previous risk factors fully addressed) Protective factors apparent Parents ABLE to demonstrate sustained capacity for actual change Parents and child both want return home	Risk factors apparent (and risk factors not being addressed) Protective factors apparent Parents ABLE to demonstrate sustained capacity for actual change Parents and child both want return home	Risk factors apparent (and risk factors not being addressed) Protective factors apparent Parents UNABLE to demonstrate sustained capacity for actual change Embivalence by parent and/or child re return home	Risk factors apparent (and risk factors not being addressed) No protective factors apparent Parents UNABLE to demonstrate sustained capacity for actual change Embivalence by parent and/or child re return home
Very 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 children in need plan, support for parents and child to manage change and monitoring	Return child home following preparation with child protection plan, parental agreement, support for child and parents, interventions to reduce risk, and increase protective factors and regular monitoring	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 in care. Legal proceedings instigated if required. Plan for permanent separation with timescale appropriate to child's development, needs and wishes
If parents can maintain 'low risk' 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/or 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, with 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	<b>Annex 7</b> Implications of risk classification for reunification of children in out of home care
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		Developed by Rebecca Brown, Loughborough University. Adapted by NSPCC for reunification of looked after children.



# Evaluation indicates that changes in practice can make a difference

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## Parents and children

- **Positive about the Taking Care;** parents and children have an **active** role.
- Reunification **would not have been considered** without it.
- **‘Traffic light system’ very clear;** parents **understood what changes they needed to make.**
- Where the decision was made that a child could *not* return home, parents described the decision being **handled sensitively.**

## Professionals

- **Local authorities valued *Taking Care*** as an approach and wanted to continue using it.
- **Clear structure,** increased social workers’ **confidence** in decision-making.
- The risk classification table helpful in **assessing risk** and **identifying support** for families.
- **Suitable for all eligible cases.**

## Wider policy changes are also driving change for children who return home from care.

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- In October, the NSPCC and University of Bristol will publish revised Practice Guidance and implementation tools.
- These support 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. The need for analytical chronologies and assessments has been a key theme in inspection reports.
- To support this the NSPCC has trained all senior inspectors (HMI) on research messages about good practice in reunification.
- ***More needs to be done to support birth families and look at all permanence options in the round.***