Returning children home from public care

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Key messages

- Returning from public care to live with a parent is the most likely 'permanence option' but, for maltreated children, the least successful. There are wide variations between local authorities in terms of the resources allocated to decision-making about reunification, and the quality of practice.

- This briefing identifies that, although there is still much to learn, there is consistency in research findings. Specifically, we are able to identify some of the essential components of the social work services and practice most likely to improve decisions about which children can safely go home; and, to safeguard and promote the welfare of those who do.

- For families with complex needs, high-intensity, relationship-based social work and multidisciplinary team-around-the-family approaches, provided for as long as needed, can help motivated parents to meet the needs of children returning home from care.

- Specialist, speedily provided, reunification services have been shown to be more likely than 'services as usual' to lead to

stable placement with birth families, and quicker placement with alternative families if return home is unsuccessful or inappropriate. There is an evolving evidence base on decision-making, planning and managing the transition back home that can lead to improved outcomes for children.

- Well-planned 'respite' and short-term placements with foster carers trained in working towards reunification can increase the chances of parents with complex problems meeting their children's long-term needs.

- Although parents and children sometimes understand why court-mandated removal is inevitable, they argue that negotiated entry to 'voluntary' care is less distressing and leads to a more collaborative service for their children. It follows that local authorities should provide the same quality of needs-based service and support for parents and carers when children are accommodated as they do when care orders are made.

Introduction

Making decisions about whether or not to return children home from public care is a critical part of social work, yet very little empirical research has been conducted specifically on reunification, especially when compared with the other placement options of adoption and long-term foster care.[1–3] While there have been some valuable additions to the literature in the United Kingdom (UK) in the last few years,[2,4–7] there remains very limited data on the processes and outcomes of reunification. This research briefing gives an overview of research evidence to date. Before we proceed, a note on terminology. The terms 'looked after', 'accommodated' and 'in care' (to denote that there is a court order) are used in England and Wales legislation, guidance and much of the research and practice literature to refer to children in public out-of-home care (including those in care under a care order but placed with a parent). However, since the terms 'looked after' and 'accommodated' are not used outside the UK, and much of the research referred to in this briefing was undertaken outside the UK, the more common terms 'in care' or 'in out-of-home care' are used. It should also be noted that, in direct quotations from studies in the United States (US), the term 'foster care' usually applies to all children 'in care', including some in residential care.

What is the issue?

A central aim for child and family social workers is to secure a stable family life and competent and loving parenting for vulnerable children whose families struggle (temporarily or over the longer term) to meet their needs. To achieve this aim, legislation and guidance require local authority children's services departments to have in place 'permanence' policies.[56] If out-of-home placement is necessary, international conventions, national legislation and guidance require assistance to be provided so that children can return to their parent/s and achieve 'a reasonable standard of health or development'[57] once they do so.

Why is it important?

The majority of children entering public care will return to a birth parent at some time during their childhood, or go to them for support as young adults. Of those who leave care in England each year, around 40 per cent return to live with a parent. This compares to approximately 13 per cent who are adopted and 13 per cent who move to independent living, often with continuing links with a parent or close relative.[3,8] Yet there is growing evidence that returning to a birth parent is the least successful 'permanence option'.[1,3,8,9] It is therefore essential – and indeed urgent given the numbers and vulnerability of those involved – that policy-makers and practitioners understand what the research evidence tells us about this topic.

About this briefing

The briefing aims to give people who provide and use social care services an overview of research evidence by describing what it tells us about:

- how social workers make decisions about whether or not to return looked-after children to their birth parent/s

- effective approaches to deciding which children are likely to benefit from return home, and to helping parents and children when they do

- predictors of stability and positive wellbeing following return home.

Evidence made available since 2005 is summarised, alongside data from literature reviews of earlier relevant research. The briefing includes empirical research related to children and young people aged 0–18 returning from public care to their family of origin (but not to kinship care). The briefing uses the Social Care Institute for Excellence's (SCIE) established methods for identifying and synthesising material, which incorporate systematic database searching. The searches of the literature were not exhaustive and the quality of the research was

subject to minimal appraisal. Given the complexity of the care and return home processes, the briefing aims to provide a signpost for further reading, rather than a definitive account of 'what works'.[10]

Please note that leaving care to live with 'friends and family', although there are similar issues, is a topic in its own right. Some research overviews (for example [3]) include permanent placement with kin alongside return to birth parents. In this briefing we concentrate on return to birth parents (including step-parents) although some reference is made to research on the role of kin in assisting reunification with parents.

Findings

The nature and strength of the evidence on service provision and outcomes

Four earlier research reviews[3,8,9,11] identified only eight US and five UK empirical studies focusing specifically on children returning home from care. This review identified 11 evaluations of specialist projects published since 2005. However, a larger number of studies that report on the placements and outcomes of children entering care (many of whom returned to parents) are reviewed in the publications included in this research briefing.

Studies referenced in this briefing all comment on some aspects of decision-making or social work practice relevant to achieving successful return home. The wide range of variables involved in this area of practice, however, renders it unsuitable for experimental 'what works'-type methodologies and/or random allocation to tightly defined interventions and control groups. We identified only five recent evaluations of 'reunification' programmes that follow participants and comparison groups from entry to care to return home and beyond, to the period post-return: two of these[12,13] concern general populations of maltreated children and three[14–16] are specific to children whose parents have problems of addiction. An

additional seven studies use longitudinal or quasi-experimental research methods but do not report on post-return services. Five of these[17–21] are US-based studies, one is Australian[22] and one is English.[23] The majority of this literature concerns children and their families receiving 'services as usual' and there is no evidence from the UK, other than the single drugs treatment pilot project[23] and Trent's (1989) small-scale action research project (cited in [3] and [8]) involving services designed specifically to achieve safety, stability and good parenting for children returning home from care.

There are differences between the focus and research methodologies of studies conducted in the UK and those conducted in other countries. North American (and to a lesser extent Australian) researchers tend to use quasi-experimental methods or large-scale longitudinal studies with advanced statistical techniques to follow up children entering care, and to compare those who leave care to return to parents with those who remain in long-term care or leave care via adoption. UK researchers tend to follow up smaller samples in more depth and to provide greater detail of processes and practice. Six of the included studies – four from the UK[24–27] and two from the US[28,29] – focus mainly on the views of parents and/or children. Several (mostly UK) service evaluations also report in detail on the views of parents, children and foster carers.[2,7,12,13,15,22,31–33]

Researchers stress the importance of mixed-methods research, combining information about measurable outcomes (percentages returning home or re-entering care) with qualitative data exploring the 'black-box' of practice. Biehal reminds us that return from care or re-entry to care are 'service outputs' and not child wellbeing outcomes, and discusses the potential adverse consequences of narrowly defined service-level 'targets'.[8, pp 72–76] Some studies use researcher ratings to take account of different components of wellbeing and differing views of what is a 'good' interim outcome or level of service quality.

Which children are most likely to return to parents from care?

Researchers report differently on the percentage of children returning to a parent from care, depending on the characteristics of the research sample. Children are usually grouped by their characteristics on entering care (broadly young children at risk of maltreatment; 'middle years' children often in sibling groups or with identified disabilities or with emotional and/or behavioural problems; and teenagers). Among the last two groups are children who have been described as 'troubled' and/or 'troublesome'[2,3,8] and even very young children can be deemed 'hard to care for' at home, in care, or after they return.[2,7,34,35]

In the UK, Australasia and most of Europe, a substantial proportion of young people studied enter care on a single occasion as a planned response to, or planned respite resulting from, either family stress or a severely troubled older child. Even if there are concerns about possible maltreatment, in England around two-thirds start to be looked after under voluntary arrangements.[58] Dickens et al[36] found that 40 per cent of all care entrants had left care within two years and that 44 per cent of these had left care (a large majority to return to parents) within eight weeks. (In this review we concentrate on the return home from care of children and families where the probability of return home within a short time-scale was not clear at the time of entry.)

Dickens et al note differences in return home rates between apparently similar authorities: although not invariably the case, local authorities with lower thresholds for entry into care (and, therefore, more likely to be using care as part of a support service in response to family stress) have higher percentages returning home quickly than those who set a higher threshold and have lower rates of care entrants.

Differences in the aims of the out-of-home care services are also relevant internationally, and have to be incorporated into our understanding of how research undertaken in other countries can be used to improve practice in the UK.[3,8] In the US (the source of most of the reunification studies), almost all children enter care under a court order, and the system for mandatory reporting of maltreatment results in a higher rate of entry to care (34 per 10,000 children in 2009–10 compared with 25 per 10,000 children in England).[3] A lower level of universal services in the US also means that neglect resulting from poverty, inadequate health care and poor supervision by working parents is a more frequent reason for entry to care. This type of neglect tends to be associated with higher rates of return to parental care.

In samples drawn only from maltreating families, the proportion returning to a parent is lower than if all entrants (including those staying in care for only a very short time) are part of the sample. For children whose families have more complex problems such as drug or alcohol addictions, the proportion is lower. For cross-sectional samples including more children who have spent longer in care, smaller proportions return home:[5,33] Marsh et al[37] report that only 21 per cent of children who entered care because their mother had a problem of addiction left care (on average within 22 months of entry) if addiction was the only major difficulty; and, where there were other serious problems in addition to addiction, only 12 per cent of children were returned home. Children who enter care because of domestic abuse are less likely to return home unless the known abuser has left the home.[6,33] Parents with disabilities or physical health problems are more likely to have their children returned home to them than those with mental health problems.[22]

There is general agreement that the likelihood of children being returned to their parents within a fairly short space of time is lower for those who enter care as infants (especially for reasons of maltreatment)[3,5,8,38] and for teenagers who enter care because of challenging behaviour. Children whose entry into care is precipitated by concerns about physical or sexual abuse are more likely to

be returned home than those for whom neglect is the primary reason for entry into care.[39,40] Australian and US and researchers[39,41,42] make a distinction between 'transient' and 'chronic' neglect, with the former more likely to result in return home once practical problems can be alleviated. Children with learning difficulties and physical disabilities are less likely to return home (although they and their parents and siblings may benefit from shared long-term care arrangements).[31] No studies report that gender is a factor in return home. Ethnicity is a factor, but this varies across national boundaries and ethnic groups: much of the robust quantitative data on ethnicity concerns the US and is difficult to interpret in the UK context.[8]

Children who have been in care for long periods of time are less likely to return to a parent, but some do return to parents even after long periods of separation.[2,5,7,34,39,41,43] Some studies have looked at parental and child motivation to be reunified and conclude that both the determination of the child to return, and the determination of parents to resume their care, have an impact on the likelihood of a return home, although not necessarily on the success of that return. Return after a long period in care, precipitated by parent or child, can coincide with unhappiness in care, a series of placement breakdowns or a single disrupted adoptive or 'permanent' foster placement.[2,7,33,43]

Outcomes for children who return to parents from care

The literature reviews[3,8,9] note that rates of care re-entry differ depending on the way in which the sample was constructed. Thoburn[3] cites rates of between 15 per cent and 28 per cent for total cohorts of care entrants who returned home. In respect of the different US states, Kimberlin et al[9] report an average re-entry rate of 15 per cent within 12 months, with a range of between 1 per cent and 30 per cent. From a secondary analysis of data on over 45,000 US children entering care for the first time, Shaw[44] found that 13 per cent of those who returned home had re-entered care

on at least one occasion a year later. UK studies that include all entrants to care (including 'short stayers' and those entering on a voluntary basis) report similar levels of re-entry. Following up a sample of all entrants to public care in 24 English local authorities (three-quarters of whom were being 'looked after' for the first time), Dickens et al[36] report that 15 per cent of the children who had been returned home re-entered care within 12 to 18 months. From these data, supplemented by analysis of national data on all care entrants, these researchers conclude 'that children are not generally being looked after on a revolving door basis…. For the majority of children, the period of being looked after is a one-off, whether the period itself is short or long'.[36, p 609]

The proportions of children re-entering care following return home are much higher for some of the recent UK reunification studies. Farmer et al[2] (omitting those in care for less than six weeks) reported that almost half of the placements with parents had ended within two years. Studies by Wade et al[7] and Lutman and Farmer[4] sampled children who had entered care because of neglect and found, respectively, that only 32 per cent had been continuously at home over a period (on average) of four years after reunion[7] and 65 per cent had returned to care at least once during the five-year follow-up period.[4] UK researchers[1,5,7,8,33,35] call particular attention to children who 'yo-yo' in and out of care (usually to different carers) due to continuing or episodic family stresses.

It is important to note some differences in the characteristics of those whose home placement is unsuccessful because they return to care, compared with those who remain with a parent but have poor outcomes. Recent UK studies[2,7,31–35,43] report that a proportion of children (in all age groups) continue to be re-abused, neglected or receive inadequate parenting, but do not return to care. Younger children are the most likely to return to care and then be placed permanently with relatives or for adoption, although some remain at home for years in adverse circumstances.[31] Those returning

home in their middle years or adolescence are more likely to be exposed to neglect and poor parenting. Farmer et al[2] rated a third of home placements that lasted for at least two years as being of borderline or poor quality.

There is considerable agreement among researchers about the extensive list of characteristics of children and parents associated with unsuccessful reunification.[3,8,9] Child-specific characteristics include:

• poor physical and/or mental health problems

• behaviour problems

• being of a certain race (African-American heritage in the US and African-Caribbean or mixed heritage in the UK)

• being an infant or toddler, or aged 10 or over

• involvement in criminal activity.

Family characteristics that have a negative impact on successful return home include:

• poverty and related environmental stresses, for example poor or unstable housing

• single-parent status combined with money worries

• parental substance abuse and/or mental ill-health

• domestic violence

• neglect as the main type of maltreatment

• parental ambivalence about the parenting role

• lack of social support

• a larger number of parent problems.

The nature of the social service provision to the child being cared for and/or the family can also predict return outcome. Specifically, returns are more likely to be unsuccessful when:

• there have been multiple placement changes

• the child has been placed other than in kinship care and especially in residential care

• the child returns to a household in which family problems are unresolved

• there has been lengthy involvement with child welfare services before entry to care

• there have been previous unsuccessful attempts at reunification

• the return home was precipitate and there was no care or support plan after the return.

There are a number of variables that have resulted in contradictory findings. For example, some studies (for example [45]) report that returning home with a sibling to a single mother is a negative factor but others report that returning with a sibling can be positive.[3] Others have identified that reunification is more likely to be successful when the child returns to a different household – usually this involves returning to a single mother when an abusive partner has left, or returning to a father who was not involved in previous abuse.[1,5,24,43] Whether or not the admission to care was used as a negotiated/voluntary response to a specific family stressor (as opposed to an enforced response) also has an impact on the likelihood of successful return home. This finding also explains, at least in part, the lower re-entry and re-abuse rates in cohorts that include both voluntary and court-mandated care entrants. Delfabbro et al,[40] however, compared respite/family support entrants with those entering care because of maltreatment and found little difference between the family characteristics in the two groups. This is aligned with the findings from recent UK studies,[2,4,7,34] which identified some of the Section 20 (voluntary care) entrants as being particularly vulnerable and likely to re-enter care.

In summary, the child and family characteristics associated with unsuccessful return to parents are mostly those that are associated with the likelihood that a child will be placed in care in the first place. One of the most striking points to note here is that, in many cases, when a decision was taken for the child to return to their parents these known risks remained, or re-emerged after the period in care.[2,7,14,31,45]

What makes a difference: models of service delivery

From the largest quasi-experimental study of a reunification project focusing on all first-time maltreated care entrants, Pine et al[13,46] conclude that, although the major variables associated with whether or not children *return* home are parent and child characteristics, when it comes to successfully *remaining* with parents, models of service delivery and social work practice have bigger parts to play. A general point to be made here relates to the 'outsourcing' of specialist reunification services to voluntary sector agencies, a common practice for specialist projects in the US (see [12,13,47]). These researchers stress the importance of ensuring that statutory agency caseworkers who retain accountability for the child in care, work closely with any non-statutory provider agency. Yampolskaya et al[47, p 677] found that 'contracted case management services are associated with higher levels of re-entry into out-of-home care'. They conclude that one possible explanation is that 'inadequate communication between the lead agencies and case managers employed by the subcontractors resulted in less effective provision of services to children and their families'.

Services at the time of placement in care

Several studies conclude that the initial process of deciding that the child should be placed in care, and the social work practice at that time, will have an impact on the likelihood of both parents' and the child's care experience and the child's successful return home.[3] These findings are also relevant to post-reunification services when there is a risk of the child having to return to care. While some emergency entries into care are unavoidable, Packman and Hall (1998, cited in [3]) identify that management processes resulting in 'predictable emergency' admissions – that is, those that delay decision-making resulting in potentially avoidable unplanned entry to care – had a negative impact on children and parents. Parents and young people (some of whom had recognised that care could be a positive move) reported that traumatic and unplanned

separations set back their willingness to work positively with social workers. This was particularly the case in instances when, in their view, delays were caused that led unnecessarily to the involvement of police or the courts following escalating risk or a crisis.[2,24–27,31,36] Pennel et al[20] comment on the increased complexity of case planning when there is an emergency admission to care and report on a pilot study of expedited family group meetings used to defuse some of the anger generated by the separation process.

Brandon and Thoburn[31] note that informal emergency care or respite provided by relatives and supported by social workers can avoid the need for formal care, or slow it down to allow for a planned entry. Farmer and Lutman[4,34] and Wade et al[7] report that the processes for identifying neglect, and appropriate protection and support planning, are often poorly handled. Authors suggest that this can lead to poor planning about the need for care and a badly managed move, as well as to some children lingering for too long in abusive families. A precipitate entry to care – as well as increasing trauma associated with this – often leads to unnecessary placement changes.[3] Harwin et al[23] in England and Grant et al[15] in the US report that entry to care can be smoothed, or avoided, by using specialist programmes that combine addiction services with child welfare services.

Some researchers report that fathers who could have a positive role to play tend to be left out of care planning processes, before as well as during care.[2,24,48] Coakley[49] discusses this particularly with respect to African-Caribbean fathers.

The appropriate use of voluntary arrangements rather than court-mandated entry is one of the few disputed issues in the research literature.[3,4,7,8,34] Researchers reporting on the views of parents, some of whom had asked for a placement in care as a response to severe stresses,[24,25] have recorded their distress during court proceedings and found that the court processes impeded parents' willingness to work collaboratively with social workers.

Services when children are in care and at the return home stage

Some (usually older) children return from care in an unplanned way, with precipitate return home compounding the damage done by a 'predictable emergency' entry.[4,7,34] When parents and children are highly motivated to make the return home work, these placements can work out well. However, researchers agree that a clear care plan aiming to secure a staged return home,[2,4,7,34] timely and well-attended reviews,[38,50] a proactive court process well-integrated with child welfare services[23,37] and stable and skilled care while the child is away, together and separately enhance the chances of successful return. Services to address children's behavioural or emotional difficulties are not necessarily associated with whether they return or not, but can help to avoid a return to care, especially if such support continues to be available after the move home. There is also evidence that – in the UK more so than in the US – services to address the parents' problems that led to the need for care tend not to be clearly spelled out in the child's initial care plan. Research focusing on the views of parents and children supports this, but also emphasises the importance of hearing children's views about what they would find helpful.[24–27] Broadhurst and Pendleton[24] comment that facilitating positive contact between fathers and their children in care can be especially important in making return to a separated father a viable possibility.

Noting the relevance of crisis intervention theories to understanding motivation to change, some researchers stress the importance of developing tailored services for parents very early on in the process of intervening. Berry et al,[12, p 491] for example, cite parents' and workers' views on the importance of understanding and working through parental anger about their child's removal into care:

> Everyone agreed that families whose children have just been placed into foster care are typically angry, sad, afraid, and suspicious of working with the program staff…. Staff expressed the importance of doing preparatory work with families about their anger or frustration at the beginning of treatment.

Farmer et al[2] found that a coherent care plan was most likely to be followed by appropriate professional support for parents and children during the return home. Where there was no systematic assessment of the services needed to address the problems that led to care entry, only a third of parents and 36 per cent of children received professional support (compared with 65 per cent and 55 per cent respectively when there was an adequate needs assessment). Risk assessment scales or screening tools can be a useful aid to professional decision-making about return home. However, researchers have flagged up that screening tools devised to assess whether a child is at risk of harm in the family home are inadequate for deciding whether a child should return from care, and in particular do not adequately address motivation to make necessary changes so the child can return home.[12,45] Fuller[45, p 1304] concluded that 'the majority of factors that were predictive of short-term maltreatment recurrence following reunification in the current study are not included on the safety assessment instruments'. Fernandez and Lee[22] found that the use of an adapted North Carolina screening tool to assist decision-making about reunification (Needs for Care Assessment – NFCAS-R) predicted actual return home but no data are provided on whether the return home was successful. Other researchers,[7,22,24–27,29,31,33,51] including those reporting on the views of parents and children, identify protective factors in parents and resilience in children that predict a successful return home. In the main, these are the absence of the risk factors already listed, but these studies also point to ways in which social workers might be more successful in identifying and developing resilience and coping strategies in parents and children during the stay in care and over the return home period.

Detailed evaluations of US family drugs courts[16,18] provide longer-term results based on

larger numbers than are currently available in the UK.[23] Dakof et al[18, p 21] conclude that 'not all dependency drug court models are equal, and it is imperative that we begin to discover the key ingredients of effective dependency drug courts'. These and other evaluations of court or inter-disciplinary, community-based addictions programmes,[17,19,21,28,37,52] report better results if the services are fully integrated within the same service or managed by a case manager within the child protection/child placement service.

> It is clear that model provision alone is insufficient. Providers must insure that clients receive the comprehensive services that they need and that they participate in these services to make progress in resolving the range of specific problems they are designed to address.[37, p 1086]

As might be predicted, all except one[14] of the evaluations of general or addictions-related specialist reunification programmes found that either more children returned home, or returned home more speedily than for 'service as usual' cases. Among the approaches identified as likely to lead to successful outcomes in terms of return home (although none of the reported studies provide longer-term outcome data) are:

- intensive outreach work (typically an experienced social worker and family support worker based in a specialist social work agency but working closely with the accountable social worker from the statutory child placement service[13]

- family-centred groupwork designed around the special needs of parents of children in care[12]

- advocacy and 'shuttle diplomacy' services helping to break down barriers between parents under stress and community agencies responsible for housing, financial advice, health and therapy services[15,18]

- timely, high-intensity community or residential treatment and 'recovery coaches' for addicted parents.[21]

Some evaluators note the importance of specially designed case recording and case analysis,[37] and most comment on the important role of the casework supervisor and the coordination of the multidisciplinary team around the family that is necessary in cases involving serious neglect.

Researchers in the US concur that, for maltreated children, stays in care of less than three to six months (too short to achieve necessary change) or over two to three years, are more likely to be associated with re-entry to care or repeated maltreatment. A smaller number of studies[2,4,7,32,41,43] provide information on children who have remained longer in care. For some of these children (mostly middle years entrants or younger teenagers, and often members of sibling groups), no clear plan will have been made; for others, the original plan may have changed and return home resulted when either a plan for adoption could not be achieved or a placement intended to be permanent broke down. The issues for these children and their parents are complex: for some, the experience of multiple placements and decreasing levels of parental contact; for others, the impact of disrupted attachments will lead to behaviour problems that parents may be ill-prepared to respond to. This may especially be the case with those who entered care as infants and whose only attachment is with a foster carer/s. Predictable reactions to loss can be misinterpreted by parents with low self-esteem as rejection of their efforts and make the child vulnerable to physical or psychological abuse, as evidenced in some serious case reviews.[3] Trent (cited in [3]) adapted the approach developed with adoptive parents to help children settle with back with birth parents.

Most of the detailed studies, especially of the specialist intensive intervention programmes, consider the role of foster carers,[33,40] residential workers[38] or relatives[31,33] in facilitating meaningful links with parents. Using reunification or not as the outcome measure, Fernandez and Lee[22] found that a project based around specially recruited short-term foster carers succeeded in

returning 53 per cent of children to parental care within 18 months. Facilitating positive family links while the child is in care is an essential role for the team working towards reunification[2,5,7,12,13,33,46] and facilitated contact should be in the family home as well as in the foster home or centre where group and individual casework services are provided.[12,13] While good contact does not necessarily lead to a return home, and poor contact does not prevent it, 'contact work' during and after care (including with a non-resident parent or previous carers) is important to successful return overall, and lays the foundations for the continuing family support and professional relationship with the family.[2,5,33,43]

Approaches to service delivery when the child has returned home from care
The in-care services (for parents and children) identified as likely to result in return home are also those identified as necessary to provide after the family is reunited. Discrepancies in service quality between local authorities identified at earlier stages of the care process tend to continue after return home, evidenced by a range of 75 per cent of children re-entering care in one authority and 32 per cent in another, reported in one study.[2] Recent UK studies provide detailed examples of 'best practice' with families with complex needs but concur that in unsuccessful cases, inadequate care plans while children are in care are compounded by services that are minimal and/or poorly coordinated. In particular, they note the frequent unavailability of timely addiction treatment services. Wade et al[7] note that mental health and educational support services provided to troubled youngsters when in care are rarely continued after they return home. Thoburn,[3, p 38] summarising the research from the UK and US, comments that 'the quality of practice frequently deteriorates, or intensive services end too soon, to be replaced by a form of monitoring with no clear purpose'.

Brook and McDonald[14] reported on the only specialist reunification service found no

difference between successful reunification for programme families and for the comparison group: children in the specialist group were in fact more likely to return to care than comparison group children. Along with other researchers, the authors attribute this lack of demonstrably positive outcomes for a proportion of families to the time-limited nature of the specialist programme:

> These researchers believe that these outcomes should prompt workers in child welfare, family drug courts and substance abuse to question the assumption that more intensive service will result in better outcomes with respect to permanency.... The problems of these families are multiple and inter-twined and not likely to respond to quick interventions.[14, p 670]

However, a note of caution is needed: in some cases the intensive programme may have resulted in earlier identification of deficits in the family to which the child returned and appropriate return to care.

As with entry to care, researchers reach different conclusions about the impact of court orders being in place when children return home. There are consistent findings that children entering care under voluntary arrangements (usually past infancy) tend to receive less adequate assessments and services, although some (but not all) studies find that they are less likely to re-enter care or be re-abused, than those returning home under the provisions of a care order.[2,7,34] However, parents and older children[24–27]) provide graphic accounts of the distress, discomfort, anxiety and lack of a 'sense of permanence'[3] that can result from knowing that parental powers are still held by social workers, sometimes for many years.[26,43]

What makes a difference: social work approaches and methods

Thomas et al,[51] reviewing publications on re-entry to care, comment on the small number

that report on social work theory and methods. Those researchers that attempt to describe and analyse the 'black box' of detailed social work practice agree that no one social work method or approach has been found to 'work' when seeking to return children safely home. The essential characteristics of effective practice in these circumstances are those that are central to relationship-based child and family social work with all families experiencing complex temporary or chronic problems (see especially [53,54]). Barth et al[11] (noting the potential value of parent training programmes) were unable to identify any experimentally evaluated programmes found to be effective prior to and after return home from care. They concluded that the length of 'model' programmes tends to deter families from completing them, and that to be of value, they have to be accompanied by specialist services focusing on the identified needs of parents and children. Others conclude that social work approaches that incorporate crisis intervention theories are likely to be appropriate at and shortly after entry to care. Using evidence from serious case reviews as well as empirical research, Thoburn[3] identifies that, alongside resourceful and flexible helping, social workers must anticipate that few parents are likely to be totally honest about difficulties they encounter, and that there are advantages in parent/s and child/ren having separate workers.

Cheng[2, p 1315] speaks for all the researchers: 'the key to reunification and adoption alike is the caseworker's engagement of parents in active, positive participation in the helping process'. Wade et al[7, p 197] argue that trusting relationships are more likely if 'services of the right type and of sufficient intensity for the problems being addressed [are] provided for as long as they are needed'.

Comparative costs and cost effectiveness

Most researchers comment on the importance of adequately resourcing services before and after return home, sometimes making broad comparisons with the likely costs of longer stays in care or other permanence options. Research reports on the small number of reunification or court-based demonstration projects compare costs in general terms with 'services as usual', noting higher costs but hypothesising that there are likely to be longer-term savings.

Only two of the reviewed publications[12,23] provide detailed cost/ resource data on specialist services. Harwin et al[23] provide data on the actual costs of the specialist team (an average cost of £8,740 per family, using a 'bottom-up' costing methodology) and explain why, with a small sample and short follow-up period, they consider it inappropriate to carry out a full cost-benefit analysis or reach conclusions on cost effectiveness. Berry et al[12] note that the use of groups and para-professionals working alongside social workers in a specialist centre as well as in the family home keeps costs down when compared with some evaluated intensive family preservation services. They note that 'children receive seven times the contact time of the typical foster care case, but the programme only requires twice the staffing level of the typical foster care case'.[12, p 480]

Limitations

The duration and complexity of the care and reunification processes, and the fact that a high proportion of cases are often lost to the sample at follow-up, lead researchers advise caution about their findings. The authors of two of the most robust studies of specialist practice summarise the limitations. Dakof et al[18, p 19] characterise the research as mainly 'hypothesis-generating' rather than 'hypothesis-testing' studies. Fuller[45, p 1304] notes that '[u]nfortunately much is still unknown about the types of post-reunification services that work best for the different types of families'.

Conclusions

There is a consistent finding that a high proportion of maltreated children who return home will return to care and others will remain at home but continue to be exposed to poor parenting, neglect and/or abuse. This has led several scholars to address the question: is a failed attempt at reunification more harmful than not making the attempt, especially as the evidence of good outcomes from well-managed long-term foster care as well as adoption is mounting?

Biehal[1] makes a distinction between children returning to care as part of a planned family support service, and unplanned 'yo-yo-ing' (especially for younger children). Evaluators of specialist services mostly conclude that well-resourced and coherent reunification services lead to good, and speedier, permanence outcomes, whether that means a stable return to parents or permanent placement with relatives or alternative families. UK researchers, especially those focusing on infants and toddlers,[4,31,35] point to the harm that can result from further trauma, another experience of separation and delay in joining a new family. Reviewing the literature going back over several years, Thoburn[3] concludes that some (even quite young) children who have made attachments with parents (albeit of uncertain quality) before entering care will not 'cut their losses' and settle with another family until they have had a try at returning home. There is, however, agreement that getting children out of care and keeping them from re-entering care should not be used as service effectiveness measures. On the evidence from this review, many children entering care at times of stress in their families will return home having gained from the experience – but when serious maltreatment has occurred, even very effective services will have, at best, a 40–50 per cent success rate.

Although reunification as a specialist area of practice is still in its infancy compared with other permanent placement work – and the complexity of the work does not lend itself to simple messages about 'what works' – there is considerable agreement about approaches to service delivery and social work practice that are most likely to be successful. UK researchers regret the lack of recognition of work to return children safely home as a specialist area of practice, but also document how some service planners and practitioners are building on what is known about best practice to achieve positive outcomes. From their authoritative study of children returning from care, Farmer et al[2, p 217] conclude:

> Reunification in the UK has for long suffered from neglect in policy, research and practice.... This needs to change.... Lack of appropriate intervention has far reaching consequences for children's future wellbeing and stability. A 'refocus' of attention onto reunification is therefore needed if children's outcomes are to be improved.

Implications of the research findings

Implications for the policy community

- Where there is the potential for the needs of children in care to be met by a return to their parent/s, encouraging the use of multidisciplinary 'team-around-the-family' approaches, led by experienced social work team managers, could help to improve outcomes. Such approaches could be provided in parallel with services to achieve permanence for children in care through adoption and long-term foster care.

- There is growing evidence that some maltreated children benefit from a well-planned entry to care and care planning to meet their long-term needs. Targets on keeping children out of care, or returning them home quickly, are likely to be inappropriate indicators of a quality service. When there is evidence that placement in care is in the child's interest, managerial systems that help social workers to pre-empt the need

for emergency entry can help to reduce trauma for children and parents and cut down the number of moves in care.

- If specialist assessment and reunification services are commissioned from third sector agencies, close links between the local authority social workers responsible for the child's care plan and the specialist services are essential.

- Decisions about the service to be provided to children and families should be based on the assessed needs of child and parents, and not the legal status. The review and care planning processes would benefit from paying particular attention to the service needs of 'Section 20' care entrants.

- In recognition that many parents are angry when children enter care, but that speedily provided services have the best chance of getting children safely home, service planners should consider how to strengthen support and advocacy services. These services should aim to help parents to become engaged in planning for return home, or for other alternatives if return home is not possible.

Implications for practitioners

- If there is a possibility of returning children home, identifying this at an early stage, and providing services to overcome the problems that led to care, could improve the experience and outcomes for children and parents.

- The importance of social workers' empathy for parents whose child has needed to be in care cannot be overestimated. During contact visits and after return home, social workers should anticipate that parents (and older children) are unlikely to be totally honest about difficulties, and that effective engagement will require them to combine respectful vigilance with persistence and resourcefulness in their attempts to help.

- Analytical assessment based on accurate data from multiple sources and case planning and reviewing that focus on changes made

and capacity to sustain them, are essential elements of effective practice when reunification may be a possibility.

- Well-managed and facilitated contact does not necessarily increase the likelihood of return home, but it can keep relationships alive and smooth the process, should return home become the preferred plan.

- Within the context of an honest and dependable casework relationship, a range of social work methods and approaches can be effective in both achieving return home and ensuring the placement with parents meets the child's needs. Crisis intervention theory (with troubled teenagers as well as parents) takes advantage of the impetus for change that can follow entry into care. Skills in advocacy to ensure that parents' and children's practical, educational and therapy needs are met, are likely to result in more collaborative relationships.

- Children who are separated from foster carers to whom they have become attached may be especially at risk of abuse after return home, due to difficult behaviour as a reaction to loss. In such cases, the social work plan should include careful monitoring of the child's reactions to the change of parent figure.

- Residential workers should express any concerns they may have about a plan for return home, and give their views about any services that will be necessary to safeguard and promote the child's welfare, including any continuing role they can play.

Implications for people who use services and their carers

- Children should be supported to work with their carer, social worker and reviewing officer to ensure that their wishes are heard and recorded during the review and planning processes. If they do not agree with the care plan (either to go home or not to go home), they should insist on having an advocate to represent their views. There is an important

role for care councils and children's rights officers in helping recent entrants and those with communication difficulties to make their voices heard.

- It may be beneficial for children returned home to have a different social worker from their parents. Prior to return, there should be opportunities provided for them to tell their social worker and reviewing officer if there is anything that may help them when they are back with their parents. This might include, for example, continuation of therapy or particular activities that enhanced their wellbeing when in care.

- When children are in care on care orders, parents might benefit from access to legal or advocacy support to ensure that they are involved in decisions about the care plan. If there is a possibility of the child returning home, parents should be supported to identify, and communicate to their social worker, the sort of help they will need to overcome the difficulties that led to care.

- When children are accommodated under Section 20 arrangements, parents should be involved in the review process and, again, may benefit from the support of a trusted friend or relative, or an advocacy service.

- Parents may need support to challenge plans for contact to be supervised if there is no evidence that they pose a risk to their child. Social workers and others could usefully support parents to identify what help they

need to ensure that contact is as positive an experience as possible for their child, any other children and themselves.

- It is not unusual for parents to be angry when children are taken into care. They are likely to need support in finding the best way to make their views known and/or to engage in the social work process.

- Fathers can have an important role to play and should be supported to engage in the social work process, as appropriate, to minimise the risk that they become discouraged from playing a part in their child's life.

Implications for researchers

- More research is needed that describes and evaluates different practice approaches and methods in respect of returning children home from public care.

- Studies should focus on groups of children that research has shown to be particularly vulnerable.

- Mixed-methods longitudinal studies have already generated important findings. More studies are needed that follow up children after return home for longer periods.

- More evaluations are needed of specific practice approaches and methods that existing research has shown to be promising in achieving positive outcomes for children returning home from care and their families.

Useful links

Centre for Excellence and Outcomes in Children and Young People's Services (C4EO)

C4EO is a partnership organisation (including SCIE) that was established to deliver evidence and support to the children's sector. There are a range of validated practice examples as well as online resources available to support safeguarding work and vulnerable (looked-after) children, which are relevant to some of the themes in this research briefing.
www.c4eo.org.uk

Children's Commissioner for England

The Children's Commissioner promotes the views and best interests of children and young people in England, aged 0–18 (or 21 where children are looked after or have learning difficulties).
www.childrenscommissioner.gov.uk

Family Rights Group (FRG)

FRG is a charity providing advice to families where there are children involved with, or in need of, children's services. FRG also promotes activities that seek to ensure that children are 'raised safely and securely within their families'.[55]
www.frg.org.uk

Related SCIE resources

Bostock, L. (2004) SCIE Guide 6: *Promoting resilience in fostered children and young people*, London: Social Care Institute for Excellence. **www.scie.org.uk/publications/guides/guide06/**

Sainsbury, M. and Goldman, R. (2011) Children's and Families' Services Guide 44: *Mental health service transitions for children and young people*, London: Social Care Institute for Excellence. **www.scie.org.uk/publications/guides/guide44/files/guide44.pdf**

Thoburn, J. and members of the Making Research Count consortium (2009) *Effective interventions for complex families where there are concerns about, or evidence of a child suffering significant harm*, London: Centre for Excellence and Outcomes in Children and Young People's Services. **www.c4eo.org.uk/themes/safeguarding/files/safeguarding_briefing_1.pdf**

Learning Together to safeguard children: developing a multi-agency systems approach for case reviews
www.scie.org.uk/children/learningtogether/index.asp

Looked-after children and young people **www.scie.org.uk/topic/careneeds/lookedafterchildrenyoungpeople**

Parental mental health and child welfare **www.scie.org.uk/children/parentalmentalhealthandchildwelfare/**

Vulnerable children **www.c4eo.org.uk**

Safeguarding **www.c4eo.org.uk**

Adoption and fostering **www.c4eo.org.uk**

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