

## Evidencing safe re-unification - Returning children home from public care

(This is a shortened article based on a briefing by the Social Care Institute for Excellence, which is also available on this Myskills page.)

*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. Yet there is growing evidence that returning to a birth parent is the least successful 'permanence option'.*

This is a summary of an overview of research evidence, focusing on:

- 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 returning home, and to helping parents and children when they do.
- Predictors of stability and positive wellbeing following return home.

Around two-thirds of care entrants in England start to be looked after under voluntary arrangements. Dickens et al 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.

### Reasons for entering care and

#### likelihood of reunification:

##### Substance misuse.

Marsh et al 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). Where there were other serious problems in addition to addiction, only 12 per cent of children were returned home.

##### Domestic Abuse.

Children who enter care because of domestic abuse are less likely to return home unless the known abuser has left the home.

### **Physical and mental health.**

Parents with disabilities or physical health problems are more likely to have their children returned home to them than those with mental health problems.

### **Physical or sexual abuse.**

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.

### **Neglect.**

Researchers make a useful distinction between 'transient' and 'chronic' neglect, with the former more likely to result in return home once practical problems can be alleviated.

Reviewing the literature going back over several years, Thoburn<sup>1</sup> concludes that some children who have made attachments with parents (albeit of uncertain quality) before entering care will not settle with another family until they have had a try at returning home.

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.

*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.*

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## **Implications for practitioners:**

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**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 may be angry and are unlikely to be totally honest about their difficulties.**

**Analytical assessment based on accurate data from multiple sources linked to case planning and reviewing that focuses on changes made and the 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.**

**Children who are separated from foster carers to whom they have become attached may be**

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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.

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.

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.

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## Outcomes for children who return to parents from care

Dickens et al report that 15 per cent of the children who had been returned home re-entered care within 12 to 18 months. From this 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'. <sup>Dickens, p 609</sup>

Farmer et al<sup>1</sup> (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<sup>7</sup> and Lutman and Farmer<sup>4</sup> 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<sup>7</sup> and 65 per cent had returned to care at least once during the five-year follow-up period.<sup>4</sup> UK researchers call particular attention to children who 'yo-yo' in and out of care (usually to different carers) due to continuing or episodic family stresses.

### Child-specific characteristics that may lead to unsuccessful reunification include:

- Poor physical and/or mental health problems.
- Behaviour problems.
- Being of a certain race (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 abuse.

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<sup>1</sup> Farmer, E., Sturgess, W., O'Neill, T. and Wijedasa, D. (2011) *Achieving successful returns from care: what makes reunification work?*, London: British Association for Adoption and Fostering.

- Neglect as the main type of maltreatment.
- Parental ambivalence about the parenting role.
- Lack of social support.
- A combination of the factors outlined above.

**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.

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.

**References:**

**These are available separately on the Myskills page, under 'Easy order reading list'. Everything listed on it can be ordered from the Cafcass library- [library@cafcass.gsi.gov.uk](mailto:library@cafcass.gsi.gov.uk).**