

Taking Care: Practice Framework for Reunification

Evaluation report

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Executive Summary

Introduction

Despite return home from care being the most common outcome for looked after children (Department for Education, 2014a); research suggests that significant numbers of children experience abuse and neglect when returning home from care. In response to this, the NSPCC developed the Taking Care practice framework: an evidence-informed risk assessment and planning framework for use by local authority social workers when deciding whether a child can be returned home. The Taking Care practice framework is designed to provide a more robust assessment and decision-making process and also to inform and support work with children and families throughout the reunification process, including once a child has returned home.

Between its implementation in 2012 and November 2014, the Taking Care practice framework has been used to support 325 children across nine pilot local authorities.

The NSPCC commissioned the Centre for Child and Family Research to undertake an independent evaluation of the Taking Care framework. The evaluation findings will be relevant to practitioners, managers, researchers and policy makers with an interest in improving social work practice, and the implementation of practice frameworks in local authorities.

NSPCC are currently working in partnership with the University of Bristol to revise the practice framework to be applicable for any local authority to implement. The revised framework and implementation materials will be available from summer 2015.

Aims, objectives and methodology of the evaluation

The evaluation aimed to explore how the Taking Care practice framework has been implemented and embedded across nine pilot local authorities and consisted of two elements: location and case studies.

The location studies:

- Focussed on the barriers and facilitators to improving practice around children returning home.

- Involved semi-structured telephone interviews with up to six children's social care staff in four local authorities.
- A total of 21 interviews were completed with a range of professionals including assistant directors, senior managers, and frontline practitioners.

The case studies:

- Used semi-structured telephone and face to face interviews to explore how cases developed in specific circumstances: how children and parents experienced the process of assessment and reunification under Taking Care; and how far the practice framework was being delivered as intended.
- Involved ten families across the nine pilot authorities where a minimum of six months had elapsed since the local authority's decision on reunification.
- Interviews were completed with nine parents; five children or young people; six local authority social workers; and five NSPCC social workers (where it was not possible to interview the local authority social worker).
- In seven of the case studies, the decision had been made to return the child home. In the remaining three cases, it had been decided that reunification was not possible.

Key Findings

The perspective of parents and children

- Overall, parents were positive about the practice framework. Assessments using the Taking Care practice framework felt different to parents' previous experiences and they considered it a better process: it was more in depth and parents considered themselves and their children to have an active rather than passive role.
- Some parents believed that reunification would not have been considered if they had not been involved in Taking Care.
- Parents valued social workers having time to spend with them, explaining what was involved in the assessment and keeping them informed as to its progress. They also valued flexibility in the pace of the reunification process.
- Overall, parents found preparation of the chronology to be a thorough and helpful process, although revisiting past events could be painful. Parents

valued telling their story to someone unfamiliar with their history, someone who was looking at the case with fresh eyes and from the starting point that return home was a possibility.

- Parents valued feeling listened to and that their views, and those of their children, were taken into account. They were particularly positive about being able to express their opinions, ask questions, and clarify the interpretation given to events or facts before they were included in their child's social care file.
- The majority of parents indicated that 'the traffic light system' (the risk classification table described further on page 19) was very clear and they generally understood what changes they needed to make. Parental agreements, where used, were also viewed positively overall. The goals made sense, were challenging but on the whole felt achievable, and the information was easy to understand.
- Parents viewed the use of an NSPCC social worker to complete direct work with them as one of the strengths of the assessment process, with their independence from the local authority being the most important factor.
- Once children returned home, parents valued the ongoing support, but some were keen to get back to normal family life without the presence of professionals.
- In the majority of cases where the decision was made that a child could not return home, parents described the decision being handled sensitively and being given a thorough explanation for the decision.

The impact of the practice framework from the perspective of professionals

- Overall, professionals also valued the practice framework. It provided a clear structure for assessing whether a child could return home safely and for supporting the family through the process of reunification, something which social workers indicated they did not previously have access to. It was viewed as being robust and increased social workers' confidence in their decision making.
- Social workers were very positive about the file read and chronology as they enabled them to establish patterns, identify relevant information and encouraged them to take a 'step back' from the case. Although the process

could be time consuming, it was considered valuable and managers had begun to explore how it could be sustained without the continued presence of NSPCC.

- Social workers considered that sufficient objectivity could be achieved if the file read and chronology were undertaken by someone from *within the local authority* who had not worked directly with the family.
- Professionals were also positive about the use of the risk classification table in assessing risk and as a basis for identifying appropriate support for families, although social workers needed sufficient time to familiarise themselves with it prior to using it in practice. The NSPCC have developed a simplified version of the risk classification table as part of revised practice framework guidance.
- The assessment process contained in the practice framework helped produce clear evidence to identify which forms of support were appropriate for children and parents in each case, including the use of multi-agency support. However, there is a risk that the support plan can come apart when children return home and potentially become less of a priority for social workers.
- The use of co-working where two professionals independently assessed the data and classified the risk level was viewed positively and considered to strengthen analysis of cases.
- The local authorities implementing the practice framework have not undertaken any systematic monitoring of returns to care.
- The findings suggest potential challenges in using the practice framework when cases involve court proceedings due to differences in timescales. However, local authorities are using the risk classification, chronology and case supervision structures in cases involving court proceedings, at an early stage, as well as using the framework pre-proceedings.

Implementation issues

- There needs to be strategic buy in from staff throughout the management structure, as well as from frontline social workers and IROs.
- To minimise any misconceptions or resistance, frontline practitioners needed sufficient information about the practice framework, and time to familiarise themselves with it to understand how it fits into their practice.

- The initial perception of frontline social workers was that the practice framework would involve high levels of time commitment, although this did not prove to be the case in practice.
- Senior managers viewed the practice framework as fitting with wider local authority objectives: of reducing the number of looked after children by providing safe reunification; and only bringing children back into care where appropriate.
- The practice framework appears to have been suitable for all eligible cases: professionals reported that overall it worked well with all groups, ages and legal status.
- Although the practice framework cannot prevent some older teenagers “voting with their feet”, professionals considered that it could still be useful in clarifying the level of risk in such cases.
- Local authorities valued the practice framework as an approach and wanted to continue using it. Some concerns were expressed about the additional time and resource implications of aspects of the framework, although some managers indicated that they were beginning to think about potential creative solutions for the future. Certain elements of the practice framework, for instance, the risk classification table, did not require additional resources.

Conclusion and recommendations

Although the findings come from a relatively small sample of professionals and families, they provide rich data suggesting that overall the Taking Care practice framework has had a positive impact on reunification practice by strengthening the assessment process and helping parents and children/young people become more active participants within it.

Interviewees made the following suggestions for future development of the practice framework, some of which may be addressed in the revision of the practice guidance currently being undertaken by NSPCC:

- Development of the practice framework for use by practitioners in addressing cases involving referrals of younger siblings of children who had been reunified.

- The development of specific guidance for working with different groups, for instance, working with younger children or adolescents.
- The development of the risk classification table to classify the risks posed to children by their own actions, for instance, the risks linked to running away from a placement where not returned home.
- The inclusion of further information on how social workers should approach producing the chronology, for instance, how they decide what constitutes an important event.
- The inclusion of more guidance about the post reunification period, for instance, around the skills set required.

The evaluation findings provide the following recommendations for strategic leads implementing the practice framework:

- Implementation needs strategic, senior level buy in, from Directors of Children's Services all the way down through the management chain. It also requires the buy in of frontline workers and IROs.
- Adequate time needs to be factored into the implementation of the Taking Care practice framework to enable practitioners to absorb the practice framework and guidance and test it out prior to use in practice.
- Local authority managers need to explore how staff with no direct involvement of working with the families can be made available to review case files and prepare chronologies.
- Sufficient time needs to be allocated to cases so that social workers can fully explain the assessment process; update parents and children (where appropriate) as to its progress; spend time discussing the case with families; and listen to parents' and children's views.
- There needs to be flexibility in the practice framework time frame and the social worker's caseload to work at an appropriate pace for certain groups, for instance, parents with learning difficulties, or parents for whom English is a second language.
- Local authority managers should have a strategic overview of support services, including those provided by external agencies, to ensure that appropriate support continues to be available both pre and post return home.

- To promote successful co-working, managers need to consider the cultural and organisational differences that exist between agencies or teams, for instance, different working practices.
- Local authority managers should ensure adequate consideration is given to gradual step down of services post reunification, including the gradual step down in frequency of contact between social workers and children.
- Local authority managers should consider systematically monitoring outcomes of children returning home from care to inform planning; prioritising resources; and to measure the success of reunifications using the Taking Care practice framework.

The recommendations for strategic leads set out above highlight the need to ensure that there are adequate resources, commitment, skills and effective working arrangements within local authorities. The findings show that overall professionals and parents view the Taking Care practice framework positively and value its introduction. It is described as fitting well with wider local authority objectives and as being suitable for use with parents and families with a range of needs. Although professionals identify a number of potential challenges around implementing and sustaining some elements of the framework, its value means they are beginning to think about creative solutions to address these issues.

Introduction

Return home from care is the most common outcome for looked after children (Department for Education, 2014a), yet research shows significant numbers of children experiencing abuse and neglect when returning home from care. In response to these research findings, NSPCC developed a practice framework for local authorities called Taking Care: an evidence-informed risk assessment and planning framework for use by local authority social workers when deciding whether a child can be returned home. Taking Care also informs and supports work with children and families throughout the reunification process, including once a child has returned home.

The Taking Care practice framework has been implemented in nine local authorities since 2012 and has been used to support 325 children between its implementation and November 2014. It is intended to provide a more robust and evidence-based system of assessment and decision making, reducing the risk of abuse and/or neglect re-occurring where children or young people are returned home, and to improve children's outcomes. The Taking Care practice framework utilises an evidence-based risk classification table underpinned by research messages from the *Safeguarding Children Research Initiative* (Davies and Ward, 2012) to help social workers assess the risk to a child of further abuse or neglect occurring when deciding whether reunification is possible.

This report draws together the findings of an independent evaluation commissioned by NSPCC of the Taking Care practice framework. It outlines the existing evidence base and provides a background contextual section to introduce the Taking Care practice framework, along with the evidence on which it is based. The evaluation findings have been organised thematically and recommendations have been made for policy and practice. A series of appendices are included at the end of this report to provide further details about the practice framework and the evaluation tools. This evaluation focuses on the joint NSPCC and local authority delivery of the Taking Care practice framework. The findings will be relevant to practitioners, managers, researchers and policy makers with an interest in improving social work practice, and the implementation of practice frameworks in local authorities.

This evaluation of the Taking Care forms part of a wider body of work currently being undertaken by NSPCC focused on reunification. A review of case file data from approximately 40 NSPCC and local authority reunification cases is also currently being undertaken to explore the stability of those returns and the factors supporting or undermining that process. NSPCC are working in partnership with the University of Bristol to revise the practice framework to be applicable for any local authority to implement. This updated Reunification Practice Framework and Guidance is based on a review of the existing research literature, these findings about Taking Care and consultation with local authority managers, practitioners and academics. NSPCC are supporting three local authorities to implement the revised framework, and the University of Bristol are evaluating this process. The framework, implementation materials and evaluation will be available to all local authorities in summer 2015.

This work ties in with recognition by the Department for Education that policy and practice in this area need to be addressed, following the publication of the Improving Permanence for Looked after Children Data Pack and consultation (Department for Education, 2013a; Department for Education, 2013b), and the inclusion of return home from care as part of the Children in Care research priority (Department for Education, 2014b).

Throughout this report the terms 'Taking Care practice framework' and 'the practice framework' have been used interchangeably.

Background

Reunification is the most common outcome for children entering care, with 34% of children who ceased to be looked after in 2013-14 returning home (Department for Education, 2014a). Yet despite this, there is limited research concerning the process of reunification in the UK.

Current research has identified a number of factors supporting or undermining successful reunification. Return home is more likely to succeed where it is planned and a thorough assessment has been undertaken (Farmer *et al.* 2008; Wade *et al.* 2010). Other factors identified as supporting stable return home include: having a clear plan intended to secure a staged return; the involvement of children and families in reunification planning; addressing the underlying problems that led to a

child's entry into care; the provision of family-focused interventions; the availability of services/support; the assistance of foster carers in the return process; having timely and well attended reviews; and having another agency or individual involved in monitoring the child (Farmer and Wijedasa, 2012; Thoburn *et al.* 2012; Wade *et al.* 2010). Farmer and Lutman (2012) also found that outcomes were better for children where the case management style was proactive.

Research suggests that establishing parents' capacity to change prior to a child's return home is a key factor in successful reunification. Return home can be undermined where parents have not managed to change those behaviours that present a risk to the child, or are unable to sustain behaviour change following a child's return (Thoburn *et al.* 2012). Other factors identified as increasing the likelihood of reunification breakdown include: where a child has experienced previous physical abuse; where a previous reunification attempt has failed; and cases involving parental substance misuse (Farmer and Wijedasa, 2012; Thoburn *et al.* 2012).

Where a decision is made to return a child home, problems tend to become visible within the first six months (Wade *et al.* 2010), which supports the need for a system of monitoring following reunification to enable social workers to detect issues as they emerge and before families reach crisis point.

Rates of re-entry to care following reunification vary across research studies, and rates appear to be higher where there is a longer follow-up period. For example, a four year follow up of reunified children by Wade and colleagues (2010) found that 59% of children had returned to care at least once following reunification, with 20% of children experiencing multiple attempts at reunification during the follow up period. A study of 180 children across six local authorities by Farmer and Wijedasa (2012) found that two years after return home, reunification had broken down in 47% of cases.

Research evidence suggests that children who have been returned home are at considerable risk of experiencing further maltreatment, although the evidence comes from a limited number of studies. Lutman and Farmer (2013) studied the outcomes of 138 children and found that two years after reunification, 59% of the sample had

been further abused or neglected. A study by Sinclair and colleagues (2005) reported that 42% of children in their sample had been re-abused.

Certain characteristics of a child or parent have been found to potentially influence the likelihood of reunification succeeding. Farmer and Wijedasa (2012) found that breakdown rates were higher amongst older children. In their study, 59% of reunifications involving 11-14 year olds had broken down at the two year follow-up compared to 42% of children below the age of eleven. Fuller (2005) suggests that very young children are at greater risk of maltreatment re-occurring following return home, possibly because they require higher levels of supervision from their carer. Fuller (2005) also suggests that the likelihood of maltreatment re-occurring increases where more children are present in a household, and also where a parent is experiencing mental ill health, particularly where there is no additional support available to them during the reunification process.

Research also suggests that there are significant differences between the costs of supporting children and families following return home from care and the costs associated with re-entry to care. Holmes (2014) estimates that the total cost of all failed reunifications is £300 million a year compared with an estimated cost of £56 million a year to provide support and services to meet the needs of all children and families following return home from care. This highlights the potential financial benefit to local authorities of securing successful reunifications, in addition to potentially improving the outcomes of children and young people.

As a result of a review of the literature by NSPCC and consultation with external organisations and academics, the following areas were identified as requiring improvement to practice:

- Risk assessment and decision making (including a detailed family history and chronology, analysis of previous interventions and parental capacity for change)
- Assessment of current patterns of attachment of each child with birth family members and carers whilst looked after
- Preparation and planning

- Consultation with children and young people and those caring for and working with them when in care
- Communication with the parent(s)
- Improved and sustained support for parents and children following return home
- More proactive case management and monitoring
- Speedier protective action if child is re-abused or there is evidence of physical or emotional neglect.

The Taking Care practice framework has been developed by NSPCC to address practice in these areas.

Overview of Taking Care

The overview of Taking Care described below is drawn from guidance used by local authorities in the initial implementation of the framework. As stated in the introduction, NSPCC are currently developing a revised practice framework and guidance, which will involve some refinement of the stages, although the key components of the framework will remain.

The practice framework used by the nine local authorities involves gathering and reviewing data about a case; analysing the data and classifying the level of risk to the child in order to make a decision on whether reunification is possible; identifying the support required by the child and parent(s); setting goals and using written agreements with parents; and undertaking ongoing monitoring. Although the practice framework is described in terms of different stages, it is important to note that the stages can overlap.

Gathering and reviewing data

Social workers collect data to inform the risk classification process and their eventual decision making. Data are collected concerning risk and protective factors, information about parental capacity to change, attachment issues and any special needs the child may have. To ensure the assessment and decision making process is robust and to reduce emotional bias, it is recommended that the gathering of data is undertaken by someone independent who has had no contact with the child or family and therefore has no preconceived views of the case. The child and

parent(s)'s views are also obtained at this stage, and a chronology and genogram are prepared. Gaps in the data should be identified and efforts made to fill them.

Analysis and making judgements on the severity of risk for reunification

This involves analysis of all data collected and use of a risk classification table (see Appendix 1) to assess the level of risk to the child should they return home. This will enable social workers to judge whether reunification is a realistic option. The risk classification table classifies the level of risk to a child as severe, high, medium or low and is described further on page 19. Again, to increase the rigour of the process, the classification should be carried out independently by two social workers in the team. The data gathered and the risk classification should be explored with the parent(s) and child (where appropriate), in addition to discussing their feelings and hopes about reunification. At this stage of the process, the team should consider what changes need to be made before reunification can occur, and what support and interventions are appropriate for the family bearing in mind the success or otherwise of previous support and interventions.

Decision making on reunification, planning and monitoring

The team use the risk classification table to decide whether it is possible to return a child home and within what time frame that should occur. The practice framework and guidance encourages social workers to apply professional judgement to these time frames. The risk classification table will also be used to discuss that decision with the parent(s).

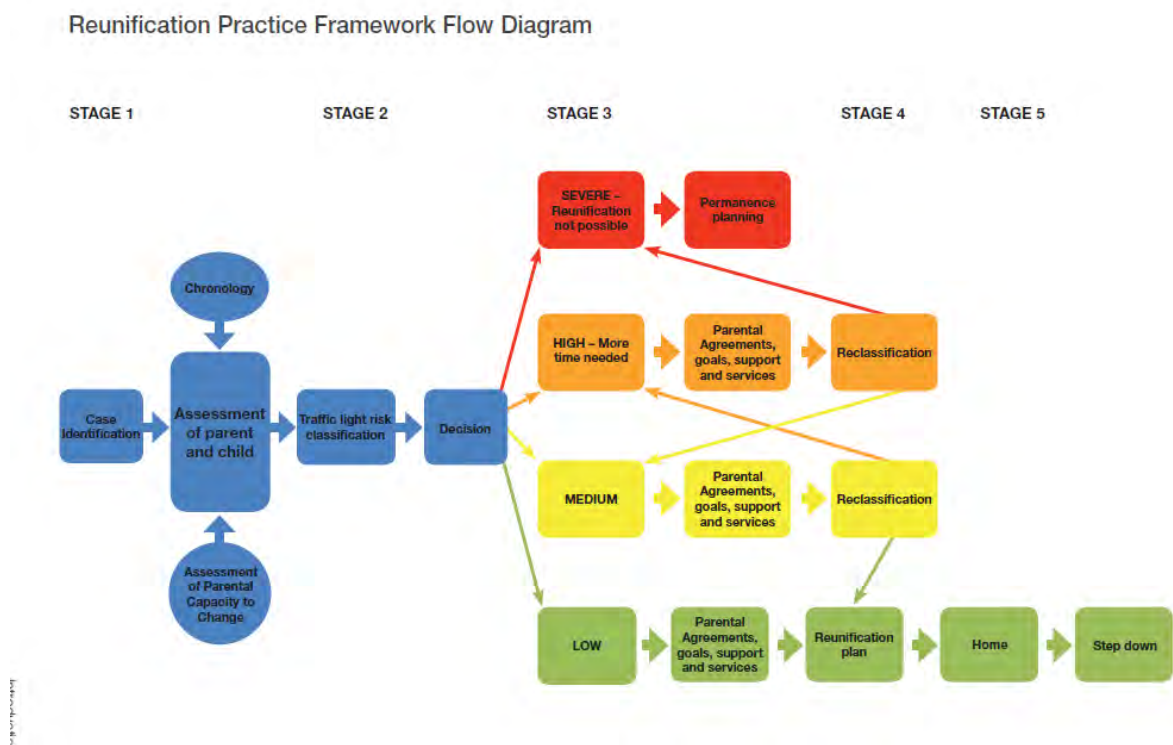
In circumstances where reunification is considered possible, the practice framework uses parental agreements to clearly communicate to the parent(s) a variety of issues including: the risk and protective factors that have been identified; the nature and extent of the changes needed within a specific time frame set out as clear and tangible goals; the evidence social workers require of parents achieving the goals; and the consequences of not achieving them.

In addition to the parental agreement, where reunification is deemed possible, social workers will prepare a reunification plan for the child. This will include the anticipated timescale for reunification; specific details about the support to be provided to the family; the role of professionals and carers; and the points at which progress will be assessed.

Where return home is assessed as being inappropriate for a child, the practice framework requires social workers to help the child and their family understand and come to terms with the decision; to consider alternative permanence plans; and to consider ongoing links between the child and their birth family.

Figure 1 below illustrates the stages of the practice framework as they will be in NSPCC’s revised guidance (copies of this document can be requested from NSPCC). The figure illustrates the movement between the stages as the assessment progresses and also as risk levels change.

Figure 1: Overview of the practice framework



(NSPCC, 2014)

NSPCC describe the practice framework as being:

Intended to support professional decision making about reunification for children who have previously experienced abuse or neglect. It provides a framework for structured assessment, risk classification and decision making, identification of needs-based support and interventions, formal agreements with parents, and monitoring and review (Practice Model Overview, p8).

Where it is assessed as being possible to return a child home, the practice framework has been developed to support social workers to provide families with ongoing support and monitoring following that return. Where social workers decide that reunification is not in a child's best interests, the practice framework is intended to ensure support for the child and parent(s) and promote the development of an alternative permanency plan.

The definition of return home

For the purposes of Taking Care, *return home* is defined as a child returning home to a parent or carer who was looking after the child immediately prior to their entry to care, or when the child is being returned to another parent, carer or family member.

Children and young people are eligible for the Taking Care practice framework where: there is a care order under section 31 Children Act 1989; children or young people have been accommodated under section 20 of that Act; and in certain instances, where children and young people are subject to section 38 interim care orders. The practice framework has not been used where: children who are subject to interim care orders remain at home pending the final court hearing; where there is a police or emergency protection order; where children are subject to a care order and are placed with parents and have never been looked after away from home; and for children subject to supervision orders.

The development of the Risk Classification Table

Background

The risk classification table (see Appendix 1) is a central component of the Taking Care practice framework used to help social workers identify the level of risk of future harm faced by children. It was developed by researchers in response to findings from three major studies which were all part of the *Safeguarding Children Research Initiative* (see Davies and Ward, 2012). These were the *Neglected Children Reunification Study* (Farmer and Lutman, 2012); the *Home or Care? Study* (Wade et al. 2010); and the *Significant Harm of Infants Study* (Ward, Brown and Westlake, 2012; Ward, Brown and Maskell-Graham, 2012). The findings from these studies are discussed in Appendix 2.

The Risk Classification Table

Evidence to support decisions concerning which children can safely remain at home and which require permanent out of home placements are complex involving an exploration of both the children's needs and their parents' circumstances. There is often a complicated interplay between the presence of risk factors such as domestic violence, substance misuse and mental ill health, and protective factors such as a supportive partner or relatives and parental capacity for change. The risk classification table is designed as a tool to facilitate an analysis of this interplay. It is not however an actuarial approach: rather it relies on professional judgement and in-depth qualitative analysis of individual circumstances, particularly in decisions with far reaching consequences such as those concerning the permanent separation of children from their parents.

The risk classification table makes extensive use of Hindley, Ramchandani and Jones' (2006) systematic review of cohort studies investigating factors associated with substantiated maltreatment recurrence in children. The review examined sixteen studies which were published prior to December 2002 and met strict inclusion criteria. More recently, White, Hindley and Jones (2014) updated the original review to include cohort studies published between 2003 and 2009, and widened the original scope by including unsubstantiated as well as substantiated cases of child maltreatment. Fifteen studies met the rigorous inclusion criteria of the review, all of which were from the USA. Factors which increased the likelihood of recurrent maltreatment were identified from each study.

Appendix 3 contains a table setting out 'those factors which were found to be associated with an increased likelihood of future harm, contrasted with those where the likelihood is decreased following identification of significant harm to an index child' (Jones, Hindley and Ramchandani, 2006). The table combines the results from both the reviews. Items in italics were most strongly associated with recurrent maltreatment; the other factors were identified by the studies in the reviews but were less strongly associated with recurrence.

The risk classification table uses a straightforward system which utilises evidence concerning the risk and protective factors shown in the table in Appendix 3 to distinguish between those families where the likelihood of children suffering harm

appears to be higher or lower with particular weight given to evidence of parental capacity for change. The table consists of four groups:

Severe Risk: Families showing risk factors, no protective factors and no evidence of capacity to change

High Risk: Families showing risk factors and at least one protective factor but no evidence of capacity to change

Medium Risk: Families showing risk factors and at least one protective factor including evidence of capacity to change

Low Risk: Families showing no risk factors (or families whose earlier risk factors had now been addressed), protective factors including evidence of capacity to change.

Families are allocated to one of the four groups, dependant on an analysis of the risk and protective factors and evidence of parental capacity for change. If a child is classified as at severe risk of significant harm at home, then plans for the child's permanency away from home should be being made and reunification should not be considered. If a child is considered at high risk of harm reunification cannot be considered at this time. If it is unlikely that parents will be able to make the necessary changes within that child's time frame, especially with younger children, then alternative permanency plans should be made. If the child is classified as at medium or low risk of harm at home, then reunification can be considered. Risk of harm can be re-classified at any time if there is a deterioration of home circumstances and the risk of significant harm increases. However families can only gradually move down the scale if parenting capacity is improved and the risk of significant harm reduced. For instance, if a child is classified as at high risk of harm, but the parents begin to make positive changes the case must remain high risk for a minimum of six months before it can be re-classified as medium risk, and thus reunification considered. The case should then remain at medium risk for a further six months before it can then be downgraded to low risk, and providing positive change has been sustained throughout the whole period. This allows for a gradual withdrawal of services and continued support and monitoring for parents who are able to make positive changes.

The risk classification table also addresses cases where there is no positive parental change. For instance, if a case is classified as high risk and remains at this level for six months, it would automatically be re-graded as severe risk. The system therefore addresses situations where children are left in, or returned to, abusive environments without appropriate services to safeguard them. This is particularly pertinent in cases of neglect and emotional abuse which are chronic conditions often not leading to a crisis point prompting higher levels of intervention.

The risk classification table was originally developed by researchers for the *Significant Harm of Infants Study* (Ward, Brown and Westlake, 2012; Ward, Brown and Maskell-Graham, 2012) to classify cohort children, and an overview of how the table was used in that research is provided in Appendix 4.

Introducing the Taking Care practice framework across the pilot local authorities

Since 2012, the practice framework has been introduced in nine local authorities across England. NSPCC introduced the practice framework into these local authorities using a combination of strategic level engagement, one to one training sessions, surgeries and presentations at team meetings. The rationale behind the practice framework was explained and local authority staff were familiarised with Taking Care using the overview and practice guidance documents. The practice framework required local authority team managers to ensure that this knowledge was shared among the relevant staff. Development days were subsequently held once a year and brought together frontline and management staff from all the participating local authority and NSPCC sites. The aim of the development days was to reflect on practice, implementation successes and challenges and to plan the next phase of the project. These events explored specific elements of practice and included workshops to discuss a range of issues, for instance, attachment or the new Public Law Outline (PLO). As implementation progressed, authorities were expected to integrate the practice framework into their existing systems and procedures. Each site has a steering group comprising strategic and practice managers from the local authority and NSPCC.

An advisory group of experts, academics and care experienced young people have been involved in the development of the Taking Care practice framework, including peer reviewing the practice guidance.

The role of co-working

An integral part of the initial roll out of the Taking Care practice framework has been *co-working*. NSPCC have tested the practice guidance by providing staff to local authorities to work together as part of *joint teams*. During this initial roll out period, NSPCC staff have therefore worked alongside local authority social workers, who remained the key workers with case responsibility.

The presence of NSPCC staff in local authorities during the initial roll out of the practice framework is distinct from the use of someone independent from the family (but internal to the local authority) to complete the file read and chronology, or the involvement of two staff to independently analyse the data gathered and classify risk as outlined above in the overview of the practice framework. However, the presence of NSPCC to co-work with local authority social workers on cases did enable the evaluation team to consider the impact of having an independent professional involved from *outside of the local authority* as opposed to someone from *within the authority* with no previous involvement with the family. Although NSPCC social workers were present in local authorities in this initial implementation phase, the long-term aim for the practice framework is that local authorities will be able to introduce and embed it without requiring the involvement of NSPCC staff. However, some local authorities may choose to continue to use the concept of involving an independent person from *outside of the authority* to undertake certain elements of the practice framework if it is shown to have a positive impact on the assessment and decision making process.

In relation to the implementation of Taking Care in the nine local authorities initially using the practice framework, the intention was that NSPCC would begin their involvement as soon as a child becomes looked after or, where a child was already looked after, from the point when the local authority considered reunification a possibility.

Aim of the evaluation and overarching research questions

The aim of the evaluation was to explore how the Taking Care practice framework has been implemented and embedded across the pilot local authorities. The findings will inform revised practice guidance and assist in the development by NSPCC of an implementation tool for use by other local authorities wishing to introduce the practice framework.

In order to meet the aims of the evaluation, a number of overarching research questions were identified and provided a starting point in development of the evaluation tools. These were:

- What are the barriers and facilitators to local authorities implementing good practice in returning children home?
- What are the barriers and facilitators to implementing the Taking Care practice framework?
- What was business as usual in local authorities? What did local authorities do before implementation of the Taking Care practice framework and what will they do without NSPCC support?
- How does the Taking Care practice framework help or hinder local authorities in making reunification decisions for looked after children?
- How suitable is the Taking Care practice framework for assessing parental capacity for change?

Evaluation methodology

The evaluation used a mixed methods approach to gather data to address the aims and research questions, and the data were predominantly qualitative in nature.

The evaluation involved two phases: *location studies* and *case studies*. The *location studies* focussed on the barriers and facilitators to improving practice around children returning home from care. The aim was to understand the implementation of the Taking Care practice framework; to gather views about different aspects of the framework; and to explore how local authorities would continue to use it once the NSPCC resource ended. The *case studies* then explored how a number of cases developed in specific circumstances: how children and parents experienced the

process of assessment and reunification under the Taking Care practice framework; and how far the practice framework was being delivered as intended.

The nine local authorities represent a range of types of authority structure including two London boroughs, two unitary authorities, three metropolitan district and two non-metropolitan county councils. They also reflect a range of geographical areas and population sizes. According to the SSDA903 return data for the year ending March 2014 (Department for Education, 2014a), rates of return home in the nine authorities are no more than ten percent higher or lower than the average return rate for England.

Location studies

The location studies involved a series of semi-structured telephone interviews with staff across four of the nine local authorities to elicit a range of perspectives on implementation of the Taking Care practice framework. Interviews were sought with six members of staff at each site including:

- An NSPCC social worker working on the Taking Care project
- Two local authority social workers with experience of using the practice framework
- A senior manager, i.e. head of service, assistant director
- An operations manager
- A team manager

Sample selection and participation rates

The four local authority sites involved in the location studies were selected by NSPCC to include a range of reunification rates and were sites where Taking Care referral levels would be high enough to enable staff to reflect on the practice framework on the basis of sufficient experience. NSPCC made initial contact with staff in each local authority, providing them with information prepared by the evaluation team about the evaluation and inviting staff to participate in a telephone interview. Those staff members expressing an interest in participation were then contacted directly by the evaluation team to confirm their willingness to participate and arrange an interview.

Where the evaluation team were unable to secure an interview, NSPCC attempted to identify an alternative participant from within the local authority. In total, 21 telephone interviews were secured out of a potential 24. Table 1 sets out the roles performed by interviewees in each of the four implementation sites.

Table 1: Interviewee roles within the implementation sites

Interviewee role	Implementation site			
	A	B	C	D
NSPCC social worker	X	X	X	X
Local authority social worker 1	X	X	X	X
Local authority social worker 2	X			X
Local authority senior manager, e.g. head of service, assistant director	X	X	X	X
Local authority operations manager	X	X	X	
Local authority team manager/ independent reviewing officer	X	X	X	X

Instruments

Three separate interview schedules were developed: one for senior managers; one for team managers; and one for social workers (see Appendix 5). These reflected the different roles performed by interviewees in relation to the child and the reunification process. Participating staff members received a copy of the interview schedule in advance and interviews were recorded digitally with the consent of interviewees.

The case studies

A total of ten case studies were conducted across the nine local authorities implementing the Taking Care practice framework. In each case study, semi-structured face to face interviews were used to obtain the views of up to three stakeholders including children and young people; their parent(s); and the local authority social worker with case responsibility.

Sample selection and participation rates

Families were eligible for inclusion in the case studies where a minimum of six months had elapsed since the local authority's decision on reunification. This reflected the research evidence that concerns about reunification breakdown tend to become apparent within the first six months of a child's return home (Wade *et al.* 2010). This also reflects the fact that the Taking Care practice framework incorporates at least six months post reunification support and monitoring.

NSPCC wrote to all families (n=40) that had completed the Taking Care assessment and where at least six months had passed since the final risk assessment decision was made (excluding those families that had already explicitly said they did not want to take part in the evaluation). This correspondence included an information leaflet about participation prepared by the evaluation team containing the information necessary for families to provide informed consent. Those families who were interested in participating were asked to send a reply slip to NSPCC using a pre-paid envelope or via a dedicated phone line. Participation was on an opt-in basis: those families interested in being interviewed were asked to provide consent to their details being passed to the evaluation team who contacted them to discuss taking part in an interview. NSPCC followed the mail out with telephone calls to the families. Neither local authority nor NSPCC social workers were involved in recruitment, although local authorities were made aware that invitation letters were being sent out.

Eleven parents contacted NSPCC confirming their willingness to participate in the evaluation, resulting in a response rate of slightly over 25%. Of the eleven responses, two were received in respect of the same child where parents had separated, leaving a total of ten case studies.

In seven case studies, the decision had been made to return the child home. In the remaining three cases, it had been decided that reunification was not possible.

Of the ten families selected to participate in the case studies, the evaluation team were able to secure interviews with nine parents; five children or young people; and six local authority social workers within the time frame for the project. In a number of cases, it was not possible to secure an interview with a local authority social worker, for instance, where they had recently changed post or left the authority and where possible in these cases, an alternative interview was sought with the NSPCC social

worker involved in the case. This resulted in a further five interviews with NSPCC social workers (two interviews related to a single case). Table 2 shows the spread of interviews secured across the ten case studies and whether or not the decision was made to return a child home.

Table 2: Case study participants

Case study	Was return home possible?	Case study participants			
		Child(ren)	Parent	Local authority social worker	NSPCC social worker
1	Yes		X	X	
2	No		X	X	
3	Yes			X	
4	Yes		X		X
5	Yes	X	X		X
6	Yes		X	X	
7	No		X		X*
8	Yes	X	X	X	
9	No		X		X
10	Yes	X	X	X	

*Interviews were completed with two different NSPCC social workers in relation to this case.

Children and young people

Three of the children and young people interviewed were boys and two were girls. Their ages ranged from four to twelve years. All of the children were interviewed at home and parents, siblings or relatives were present in each case. When interviewing children in these circumstances, it is possible that the presence of others may have impacted on their level of engagement, either by distracting them from the interview or affecting how freely they talked about certain topics. However, it is important when interviewing vulnerable children that the child and their parent(s) feel comfortable and interviewing in the home usually provides this. In two cases, siblings wished to be interviewed together so joint interviews were conducted.

In two cases, parents informed the evaluation team that the child or young person was likely to find discussing the issue of reunification unsettling or upsetting and where this occurred, an interview was not undertaken.

Instruments

As with the location studies, separate interview schedules were developed for parents, children and young people, and social workers (see Appendix 6). In the case of the children and young people, two alternative versions were prepared: one for use with younger children and one for use with older children and young people. The researcher conducting the interviews then decided which version was the most appropriate once she met the child or young person and spoke with their parent(s).

To help children discuss their experiences and express their feelings, the interviewer encouraged them to create a picture using stickers, pens and coloured card to illustrate the people in their lives. The interviewer asked questions and talked about the people in the picture as it was created. This *life mapping* approach has been used successfully by the Centre for Child and Family Research in other research involving children and young people (Brown *et al.* forthcoming; Holmes *et al.* forthcoming). The picture provides a focus for the attention of children and young people and helps create a more relaxed atmosphere for discussion, rather than a potentially more inhibiting interview situation. Asking children to create a visual representation of the people in their lives also helps the interviewer understand their situations, particularly where children may struggle to express themselves due to their age or issues such as developmental delay.

Ethics

Prior to commencement of the evaluation, the approval of the Association of Directors of Children's Services and the Loughborough University Ethics Sub Committee was obtained.

In order to comply with the Data Protection Act 1998 and the requirements of Loughborough University's Ethics Sub Committee, an opt-in process was used in the recruitment of families to enable NSPCC to share parents' contact details with the evaluation team, once families had provided their consent to NSPCC.

The evaluation team was also very much aware of how difficult the decision about whether a child could return home could be for families, particularly where the decision did not go as children or their parents wanted. As described above, where the evaluation team was made aware that an interview with a child or young person

was likely to cause distress or be detrimental to their progress, an interview was not undertaken.

Limitations

As the location and case studies involve only a limited number of families and social workers, the findings may not be representative of the experiences of all those currently using or in receipt of the Taking Care practice framework. However, the evaluation findings provide valuable insight into the experiences of social care staff implementing the practice framework and an indication of how it is being experienced by service users, which will be used to inform the practice framework's further development.

In a number of cases, social workers interviewed as part of the evaluation described having had limited experience of the Taking Care practice framework since its implementation in their local authority. Taking Care was only implemented in respect of a proportion of cases in each local authority and in some cases, social workers' limited experience of using the practice framework was because they had assumed responsibility for cases part way through the reunification process. At others times the allocation of elements of the assessment and decision making process to different members of the *joint team* meant that staff may not have experienced all aspects of the process first hand. In these cases, the evaluation team spoke to more than one social worker wherever possible.

Finally, it should be noted that in addition to undertaking this evaluation on behalf of NSPCC, CCFR carried out some of the research within the *Safeguarding Children Research Initiative* and was involved in the development of the risk classification table used by social workers as part of the practice framework. However, the researchers involved in development of the risk classification table were not involved in this project to ensure the evaluation has been carried out objectively.

The limitations outlined above are included to ensure transparency. Nevertheless, the following analysis brings together the views and experiences of practitioners and families, incorporating breadth of experience and in depth information about specific cases from a number of perspectives. It also provides evidence to inform ongoing

wider debates on the implementation of new practice and innovation across the children's social care sector.

The Findings

The evaluation findings are presented in five sections. Section One explores the impact of the practice framework on the initial assessment and decision making process; Section Two considers its impact once the decision on reunification is made; Section Three considers the views of children and parents assessed using the practice framework; Section Four looks at how the practice framework operates where court proceedings are underway; and finally Section Five addresses issues related to implementation of the practice framework and also how local authorities plan to continue its use in the long term. When reporting the findings, 'professional' is used as a global term to refer to managers, local authority and NSPCC social workers. Because of the risk of identifying individuals in a sample of this size, the specific number of respondents expressing particular opinions about each of the key findings has not always been stated. Instead, the descriptions of the findings include an indication of whether there was general consensus on an issue and where there were conflicting viewpoints.

It should be noted that the implementation process experienced by local authorities in this evaluation will differ, to an extent, to the experience of authorities implementing the framework in future. This is due to the level of support provided by NSPCC to the nine pilot authorities as the practice framework was first introduced. Despite this, the issues described in this report will be of relevance to any authority introducing the practice framework.

Section One: The impact of the practice framework on assessment and decision making in returning children home

Overall, professionals were positive about using the practice framework during the assessment and decision making processes. A number of local authority social workers confirmed that prior to this; they had not possessed a specific model to follow for potential reunification cases. Social workers described the practice framework as adding another dimension to decision making; providing a robust and

coherent framework; a detailed and evidence-based assessment of risk; and building social workers' confidence in articulating their assessment and decision making.

It makes you link the information that you have, and the analysis of the information with factors that pose a known risk to children in terms of reunification, based on up to date research, which is really, really helpful (Local authority social worker).

The practice framework was also viewed as altering some parents' perceptions of the integrity of the decision making process. Where the relationship between local authority social workers and parents is difficult, for instance where parents do not trust their child's social worker or believe that a decision about reunification has already been made; professionals reported that the practice framework provided parents with greater transparency concerning the objectivity of the assessment process. This viewpoint was also corroborated by some of the parents.

File review and chronologies

Professionals were very positive about the file review and chronology element of the practice framework. They considered this part of the process to be very useful in establishing patterns and helping social workers take a step back from the case. Local authority social workers found the detailed file review process useful in identifying relevant information, which may otherwise not have been picked up. However, the detailed nature of the review, particularly where there were multiple files to examine meant that the process could be very time consuming. One local authority social worker described the file review as really helpful but not crucial. The chronologies were mostly valued by local authority social workers: it was felt they provided the right amount of detail and the layout enabled professionals to refer easily to them. A suggestion from an NSPCC social worker for future development of the practice framework was to incorporate more guidance on how to produce the chronology, for instance, how to decide what is an important event.

A key element of the practice framework is that the member of staff completing the file review and chronology is not the same practitioner who is working through the assessment process with the child or parent(s). As discussed earlier in this report, the aim of separating these roles is to strengthen the objectivity of the assessment process by eliminating any emotional bias. The practice framework also suggests

that the gathering and evaluation of data on risk and protective factors should be undertaken by two practitioners independently, who then confer to reach an agreed analysis. As well as considering how valuable professionals considered this separation of roles and the involvement of multiple individuals to review and assess data, the involvement of NSPCC social workers meant that it was possible to consider the importance of using someone *outside of the local authority* to complete elements of the practice framework.

In relation to the file review and preparation of the chronology, local authority social workers suggested that having someone, who may be from the local authority but was not directly involved in working with the families, did reduce the scope for emotional bias. Team managers viewed using independent file readers and chronologists as being objective; analytical; and less likely to be affected by perceptions of the current circumstances in a case and parents. One NSPCC practitioner identified a potential drawback in having different individuals undertaking the file read/chronology and working with the parents and children, suggesting that the social worker responsible for working with the family would be better equipped in that task where they had undertaken the file review themselves and absorbed the information.

In relation to whether the file read and chronology needed to be completed by someone from *outside of the local authority*, the data suggest that social workers consider that sufficient objectivity can equally be achieved by someone from *within the authority* who has not worked directly with the family.

The identity of the individual *within the local authority* completing the file review and chronology varied. For example, one social worker described how chronologies were sometimes given to newly qualified social workers as they had more time available, whereas another respondent referred to it being undertaken by more experienced social workers. This question will need to be addressed by each local authority based upon its structure and staffing levels.

Co-working

The majority of comments about the use of co-working between local authority social workers and both their NSPCC and local authority colleagues were very positive. Meetings were considered to be very productive and provided an opportunity to

share ideas about what it was like for the children and what the risks were, although a few local authority social workers suggested that the meetings were too long. A social worker described how it was extremely useful to come together with colleagues to review the evidence gathered from the perspectives of the different professionals involved in the case, and how the risk classification table helped focus this process.

Joint case supervision in particular, was described as providing a forum for rigorous consideration of the evidence and issues. It was cited as very much helping to focus on the current circumstances of a case and identify how to help and support the family at the present time, as well as providing an opportunity to fully understand the family history. Local authority social workers suggested that joint supervision offers an opportunity for a level of reflective discussion which would not normally occur in one to one supervision. They also highlighted the importance of joint supervision as an opportunity to be challenged about the evidence gathered. The comments by social workers were reflected by those of a senior manager who considered co-working as increasing clarity when social workers think about and review a case and helps to provide more robust evidence.

There were instances where experiences of co-working were less positive, for instance, where there was a change of social worker on a case, or when a local authority did not keep to agreements discussed within joint case supervision (i.e. in terms of providing support to the family). In one case, a social worker considered the standards set for parents by the NSPCC to be too high and therefore unachievable. This suggests that the expectations of different agencies or professionals need to be addressed as part of the co-working process. Team managers also reported how having an increased number of professionals involved in cases could present logistical difficulties. For example, the need for a number of workers to attend meetings had caused delays in one case.

Joint supervision sessions and occasional joint visits were identified as requiring an increased amount of team managers' time. Yet this was considered to be a worthwhile investment if it resulted in positive outcomes and enhanced the quality of supervision.

The risk classification table

Overall, professionals considered the risk classification table to be valuable with potentially wide application. It was viewed as being robust; aiding discussion; providing additional evidence for a decision; providing a benchmark to judge whether meaningful change had occurred; and helping social workers understand the significance of issues. The table was reported to be slightly confusing in one particular case involving multiple children, although this was successfully addressed. One social worker reported that they found the table to be quite complicated on first use and also found it difficult to explain the distinctions between the different levels of risk. However, once familiar with the classification table the social worker reported that it worked very well. It was also suggested that the table's focus on the risk posed by parents meant that it was less useful where social workers also needed to assess the risk that a child's own actions could pose, for instance, the risk caused by older children running away from their care placement if not returned home.

Section Two: The impact of the practice framework following the decision to reunify

Identifying and accessing support

Overall, social workers and senior managers reported that the assessment process set out in the practice framework helps to produce clear evidence to identify which forms of support are appropriate for children and parents in each case. For example, a residential assessment (with both parents) was put in place as a direct result of an assessment, which was very positive and welcomed by both the NSPCC worker and the parents. There were also two examples of psychological assessments being commissioned which professionals reported had proved very useful. The assessment process also provided practitioners with a strong evidence-based case as leverage to secure the appropriate support for the family.

Generally, the availability of support services was not identified by professionals as a significant problem, although availability did vary in some areas. Local authority social workers identified a range of services being used to support reunification under the practice framework provided by both children's social care and external agencies, for instance, social worker visits; leaving care support; family support workers; multi-systemic therapy; Triple P; drug/alcohol work; support for children by

voluntary organisations; domestic violence workers; and community mental health teams. Although it helped identify the most appropriate support for families, none of the professionals interviewed suggested that the introduction of the practice framework had improved the availability of support services. However, this was not an intended outcome of Taking Care. Although availability of support was not viewed as a significant problem, professionals did identify some issues. Local authority social workers cited budget cuts as making some services harder to access, although the data does not identify specific examples of such services. Some NSPCC social workers identified a lack of therapeutic services for children and parents, particularly to help parents manage their emotions and make sense of events. Housing support was identified as crucial in several cases and although housing teams were described as working well in partnership with social care, in one case children were delayed going home by more than a month because suitable housing was not available. There were also instances of not being able to engage support services for an adequate length of time to meet families' needs. Limitations were also identified by some senior managers in the provision of CAMHS. Although dedicated CAMHS staff were usually available to support looked after children, reunified children could fall outside their remit unless they were placed with parents under a care order. This caused a potential risk of further disruption to children at an already difficult time if CAMHS provision was unable to span the entire reunification period.

Local authority managers described support services post reunification being planned through a step down process, safe discharge from care report or similar and ongoing support usually being discussed with partner agencies. Social workers referred cases to colleagues in other departments of the local authority, NSPCC and other agencies for ongoing support provision. Schools were also mentioned as taking an interest in what happens at home.

NSPCC social workers identified the point at which a child returns home as the moment when plans could sometimes come apart. It was reported that support could diminish considerably at this point, for example, if the child becomes a lesser priority for the social worker. One local authority social worker also commented that, 'Sometimes, like it or not, the availability of services is down to whether or not the case is still open to us'. In some cases, NSPCC workers were able to provide

additional NSPCC resources to help ensure that the child's rehabilitation plan was adhered to. However, this would only have been possible in these cases because of the direct involvement of NSPCC workers. Ensuring that the necessary support continues to be available both pre and post return home requires maintaining a strategic overview of support services. Who was responsible for this varied across local authorities and although assistant directors usually held this strategic role, it did not always include having an overview of external support providers. In some local authorities, other approaches were being taken to co-ordinate services, for instance, making links with adult safeguarding boards; reviewing family support services; and bringing together senior managers across agencies to consider the support required by vulnerable children.

The ongoing monitoring of families post reunification

The approach to ongoing monitoring post reunification varied between authorities and also on a case by case basis. This included the length of the monitoring period and the frequency of contact with the family by social workers. One senior manager described the practice framework as leading them to undertake high levels of monitoring visits, although there was no indication given of this being disproportionate to the level of need. Interviews with the parents also highlighted conflicting views: with one mother welcoming the support she received via the case remaining open as a Child in Need case and another indicating that she was keen for children's social care involvement to end as soon as possible. There was some evidence of supervision orders being used to monitor families' progress when a care order was discharged. For example, one authority usually sought a one year supervision order once a care order was discharged. This relates back to the step down process referred to above. An NSPCC social worker suggested that practitioners would benefit from more guidance about the post reunification period, for instance, around the skills set required.

Monitoring returns to care

None of the respondents reported any systematic monitoring within their authorities of overall returns to care. Senior managers generally considered return to care to be a very rare occurrence, although this contrasts with existing research evidence which has found breakdown rates following a return home of between 37% and 65% depending upon the length of follow-up period (Farmer and Lutman, 2012; Sinclair *et*

al. 2005). A senior manager in one authority stated that they have received referrals about the younger siblings of children who have been reunified and suggested that the practice framework could be used by practitioners to look at these situations and how this cycle could be prevented from continuing within families.

Preventing drift amongst children who cannot return home

Overall, professionals expressed mixed views on whether the practice framework had had an impact on preventing drift in those cases where children could not be reunified, although some thought the practice framework had the potential to prevent drift. However where children cannot be reunified, it is expected that preventing drift should fall under the remit of permanency planning within local authorities.

Section Three: The views of children and parents and their involvement in the assessment and decision making process

In this initial roll out phase of the Taking Care practice framework, parents and professionals described NSPCC social workers undertaking work with parents during the assessment process in the majority of cases, with local authority social workers working with the child or young person. Where local authority social workers remained at least partially involved with parents, the parents reported that their experience of working with local authority social workers was more positive than it had previously been: they found their relationship improved, and felt their views were being better listened to.

Parents' overall perception of the practice framework

In terms of parents' overall perception of assessment under the Taking Care practice framework; three parents expressed the belief that without it reunification would not have been considered. Parents who had experienced previous social care assessments said that assessment using the Taking Care practice framework felt different and considered it a better process as it highlighted their strengths as well as any concerns.

Different from past assessments...a lot better....gives you more of a chance
(Parent).

Parents viewed the process using the Taking Care practice framework as very valuable: they liked the chronology; felt listened to for the first time; and liked being able to tell their story, especially to someone who did not know their history. There were also references to Taking Care being more in depth than the 'normal' processes. Parents described feeling like active participants in the assessment process and being empowered, although they ultimately recognised that decision making rested with professionals.

Parents' understanding of the assessment process

According to parents, in the majority of cases local authority social workers initially raised the possibility of using the Taking Care practice framework. An NSPCC social worker then provided more detailed information to parents, explained the process and answered parents' questions. In some cases, it was the local authority social worker who provided a more detailed explanation of the assessment process to parents. One parent described how this meant he, 'was aware of what would come up for me and [my partner]...knew what was on the cards which was nice' (Parent).

Generally, parents described feeling well informed about what the assessment process entailed and how it was progressing. Yet one parent with learning difficulties would have liked longer to absorb the information about the assessment process in order to understand it better. Two parents for whom English was a second language reported that they did not understand the assessment process until part way through. For them, the difficulty was not only the language barrier, as interpreters were available. They also had to overcome cultural barriers, for instance, understanding the role of children's services in England, the meaning of terms such as 'adoption', and the court processes.

I'd never been in court before or seen the social worker before or been in a situation like that before. It was too much for me. I was a bit confused. I'd find out things later (Parent).

Parents' relationships with social workers

Parents described having mainly positive relationships with social workers, particularly with NSPCC social workers. They felt listened to, respected, they were given time to tell their story, and had an opportunity to explore their concerns. Parents felt that events were recorded more accurately, with social workers checking

that the meaning of what parents were saying had not been misconstrued in any way. Parents valued having the opportunity to see what was being written about them by social workers and being able to discuss concerns or anything they thought was inaccurate.

And that was a real surprise that [the NSPCC social worker] was so open about what he were writing. Anything they write before it's finalised... we could check and comment (Parent).

The interviews with parents suggest that discussion with social workers was seen as a two-way exchange of views and parents considered that their opinions and feelings were having an impact on the assessment.

If [the social worker] asked me something I could explain my views. They would ask me more questions about my answers.....could ask questions, could disagree (Parent).

Social workers also reported that they could see the framework working well with parents who were less vocal and struggled to voice their views.

Mirroring findings from existing research (Spratt and Callan, 2004; Ward, Brown and Westlake, 2012), parents wanted social workers to be honest and straight-talking.

All the necessary questions that I asked her was answered as truthfully as possible, not sugar coated. She said it would be hard..... Always kept in the loop though, got reports. Kept informed by regular visits, phone calls, reports. Always gave me a copy (Parent).

When parents described their meetings with social workers, particularly those from NSPCC, they valued the feeling that social workers had the time to talk to them and listen to their views. In some cases, they felt they were being treated more courteously than they had been in the past. For example, being informed if the social worker could not attend a meeting, or by the social worker acknowledging parents' other commitments and arranging meetings at mutually convenient times rather than when was convenient for the professional.

Parents' views of the tools used in the assessment process

The preparation of chronology was found to be a thorough and helpful process, although it could also be painful for parents. In some cases, seeing events in black and white helped parents recognise the extent of the involvement of children's services in their lives and to understand the risks posed to their children and the changes required. Yet parents also described the process as being overwhelming, intrusive and found revisiting their own childhood and history very painful. However, most parents understood why it needed to be so in depth.

At the time, I didn't see the point. Looking back now, reflecting, I know there was a purpose... they wanted to understand more... just check the kids were ok and I'm ok (Parent).

One parent noted that it was important to have an accurate record of events so that where a child could not return home; they would know what really happened if they chose to access their files in future.

The majority of parents and social workers indicated that 'the traffic light system' (the risk classification table) was very clear and they generally understood what changes they needed to make. Some parents indicated that they were fully aware of what they needed to change even before beginning the assessment process; they had made significant lifestyle changes around issues such as alcohol misuse and domestic violence.

Parental agreements, where used, were generally viewed positively by parents. The goals made sense, were challenging but on the whole felt achievable, and the information was easy to understand. This may suggest that the risk classifications were accurately reflecting families' situations and parents' capacity to change and social workers were therefore setting goals at the appropriate level.

Time frames

The practice framework includes an estimated time frame for the reunification process based on the initial classification of risk. For example, where a child is classified as being at low risk, the assessment process should take a maximum of three months with a minimum of six months post reunification support and monitoring. However, this is only a guide and the time frame will differ in each case depending

upon its complexity. The practice framework time frame and the range of professionals involved meant it was made very clear to parents what needed to change in terms of behaviour and decision making. The time frame under the practice framework also allowed relationships to develop and social workers to fully understand the parent and children's personalities, fears, thoughts and needs. There was also evidence that the model enabled intensive work to be carried out with parents before they reached crisis level.

Parents generally reported being happy with the time frames set for the assessment and reunification process and their understanding of them, although it could still feel a long time to parents.

It was just really hard. Six months...is a long time for me, even if the social worker said it wasn't long (Parent).

One parent described how she attended meetings and was always clear what the plan and timescales were. She also always knew when the next meeting would be. Another parent's experience demonstrated how the practice framework allowed for some flexibility in the pace of reunification to meet the family's needs. In this case, a child was making a gradual return home involving short visits and overnight stays. The parent was consulted about the pace of the reunification and was informed it could be slowed down if it was too fast for her.

Parents' views on support

Although it varied on a case by case basis, most parents described social workers visiting them weekly or fortnightly during the assessment period. Generally parents welcomed the frequency and length of visits by NSPCC and local authority social workers and felt much supported by them. However, in one case the number of professionals visiting in the course of a week, including solicitors, NSPCC, local authority social workers and guardians, was overwhelming. This was also found in two cases where social workers visited in pairs, although joint visits do not form a part of the practice framework.

The majority of parents welcomed social workers continuing to visit for a period after a child returned home and found it to be a supportive experience. However, even where they had a very positive relationship with the social worker, some were keen

to get back to being a 'normal' family as soon as possible and parent without the involvement of professionals. In at least four cases where children returned home, NSPCC continued to do direct work with the children for several months, which was welcomed by the parents and their children who enjoyed and looked forward to the visits. In a case where a child was unable to return home, NSPCC continued to visit the parents for around a year following the decision, which was reported by mum as being extremely useful in helping the family and supporting her ongoing relationship with her child. The visits were described as helping mum to 'park' her emotions. However, parents cited mixed experiences of post reunification support from NSPCC and local authority social workers. In another case where a child was unable to return home, a parent reported that the NSPCC social worker stopped visiting as soon as the decision was made. Having had a positive relationship with the worker, mum described feeling bereft and would have liked contact to continue for a while longer. There were also two cases where parents reported that local authority social workers stopped visiting in the weeks immediately following reunification.

In addition to the continuing support of social workers, parents described receiving a range of other forms of support following the decision on reunification. This included a visit from a family resource worker; referral to a women's group; continuing contact from IROs; provision of furnishings and household items; and support from family and friends (although many families were isolated). Two of the parents reported positive experiences as a result of the counselling services they had received throughout the process. They also identified further support they wanted, or were waiting for, for example, respite care; ESOL classes; CAMHS and medical assessments.

When a child is unable to return home

Where the decision was made that a child could not return home, parents in two of the three cases where this occurred said that it had been handled sensitively. Parents were given a thorough explanation of the reasons behind the decision, which made it less upsetting. The explanation also focused on the issues which parents still needed to address in order for their child to come home, as well as those things parents were already doing well.

It was professionally done but not a cold logical thing.....So it wasn't like 'You're unfit parents, go away'. It was more like 'We understand you've got some really good positives but there are still one or two areas....' (Parent).

Parents' views on the involvement of an independent social worker

The involvement in the assessment process of NSPCC workers as independent professionals was important to parents as they had not been involved historically with families, including in the removal of children in the past. In two cases, the involvement of NSPCC was cited as being the reason parents agreed to participate in an assessment using the Taking Care practice framework. Another parent described how the independence of the NSPCC was the most important aspect to them of the assessment process. Parents trusted NSPCC workers in a way that they sometimes did not trust their local authorities.

We've been very wary of social services, very suspicious, and any professionals they've brought in. They [NSPCC] weren't going to bring in professionals who'd say what they wanted to hear, it would be independent (Parent).

The interviews suggest that NSPCC is viewed by parents as a recognisable and trusted 'brand'. However, the data suggest that it is having a professional involved from outside of the local authority that is of particular value to parents, rather than it being someone from NSPCC specifically. Parents liked having someone involved who was unconnected to the local authority and the case history, in the sense that they would approach the assessment process from a neutral position with fresh eyes. This is supported by social workers, who commented that parents welcomed someone whose starting point was that return home was a possibility, and they had become involved because of that; they had not become involved to discuss the possibility of removing the child. Professionals also reported that having someone independent of the authority to communicate with parents helped them accept the outcomes of assessments.

Parents also particularly valued the time the NSPCC social workers spent explaining what was happening and why there were deemed to be certain risks for children. They described NSPCC workers as having time for them, whereas local authority social workers were sometimes described as being difficult to contact and less

forthcoming with information. This may reflect the higher caseloads held by local authority social workers.

Children's involvement and views

All respondents (parents, social workers, and children) have indicated that the assessment process under the Taking Care practice framework is child-centred. Parents interviewed all reported that their children's views were well listened to during the assessment.

[My children] got on really well with the local authority and NSPCC social workers who definitely took account of their views (Parent).

In one case, a parent acknowledged how the local authority social worker had listened to their child and recorded their views, despite the parent having had other less positive experiences of working with that social worker. Parents appreciated local authority and NSPCC social workers taking the time to get to know children, enabling children to develop relationships and share their views. Parents also described local authority and NSPCC social workers taking the time to understand children's wishes where they could not necessarily verbalise them.

Parents have reported how well social workers observe contact between parents/family members and younger children. Parents reported positives in terms of some workers having been sensitive and consistent although one parent also reported that they found it very hard to behave normally and felt intimidated when the contact worker made notes in front of them. Parents also commented that contact between social workers and children was positive and that children enjoyed seeing the workers. This was also evident in speaking with two siblings who spoke with great warmth about both the local authority and NSPCC social workers.

There were some positive comments about the tools used by the NSPCC workers e.g. island drawings to establish children's wishes and feelings. Overall, the children appeared to like talking to the social workers, although two children said they found talking to their social workers about their feelings difficult. One child described not understanding why she could not live with her parent. Another child described feeling unhappy when the social worker stopped visiting after he returned home, highlighting

the significance of that relationship in the child's life and the need for professionals to step away gradually.

Where older children were concerned, a social worker suggested that their involvement in the assessment process needed to be improved and further suggested that some sort of computer software could be developed for young people to use as part of the assessment process. It was also noted that there were issues around how well the practice framework works with older children who are in a position to "vote with their feet".

Experiences of families with specific needs

Overall, the practice framework was considered to be applicable for use with children and parents with a range of requirements, for example, BAMER and children with disabilities, although some flexibility may be needed in how the practice framework is used. For example, individuals from some minority groups such as asylum seekers or parents who are socially isolated may need more intensive work, possibly over a longer period. As discussed above, this is partially as a result of individuals having to become familiar with the 'system' as well as in some cases learning a new language and culture.

One parent with learning disabilities reported that she found the Taking Care time frame to be too short. She needed longer to absorb what changes she and her partner needed to make, and how they might make them. She also needed time to talk things through with her advocate, and invite the advocate to attend meetings. Her partner reported that they considered the Taking Care process to have been a more positive experience than past assessments and that the NSPCC worker had understood and catered for her needs.

There was an example of the Taking Care practice framework working well with a complex case with a young person with ADHD. The framework provided the necessary time for the young person to build up a relationship with the social worker and therefore facilitate him sharing his views.

Section Four: The practice framework and court proceedings

In April 2014, a revised Public Law Outline (PLO) for care, supervision and other Part 4 proceedings came into effect introducing a 26 week time limit for completing care and supervision proceedings (Ministry of Justice, 2014). These changes have therefore come into effect during the period when local authorities have been introducing the Taking Care practice framework. The revised PLO is intended to reduce delays in court proceedings and requires social workers to undertake more analysis and present less extensive materials to the courts in support of their applications (Ward *et al.* 2014). From a practitioner's perspective, assessing whether parents have the capacity to change behaviours that cause risk to the child and demonstrating evidence of this to the courts, in accordance with the timescales and evidentiary requirements of the PLO, is a complex area, and one which has been the focus of other research (Ward *et al.* 2014). As a result, the Taking Care practice framework needs to fit neatly alongside the PLO if it is going to be used by local authorities where court proceedings are planned or underway. As part of the location study, professionals were therefore asked how the Taking Care practice framework aligns with the PLO.

Some senior managers considered the Taking Care practice framework to be more suited to use with children who have been in care for some time, rather than for cases currently involved in care proceedings. However, authorities were keen to find ways of using the practice framework in care proceedings, for instance, using elements of the framework such as the risk classification table, chronology, and group case discussion. One team manager described having used the practice framework several times at an early stage in care proceedings and a senior manager suggested that the framework could be used at the pre-proceedings stage. Some interviewees raised concerns about timescales for using the practice framework and the PLO and their view that it was going to be difficult to combine the two. There was some evidence about conflicting timescales and perceptions of timescales, for example pressure to speed up timescales when sometimes slowing things down resulted in more thorough decision making. Senior managers reported that the courts appeared to be positive about the practice framework but less so about the timescales involved. Team managers have found the PLO presents particular challenges when using the practice framework but are looking for solutions rather

than viewing them as barriers. For example, care orders have been obtained within the PLO time frame, alongside a care plan of working towards reunification, although it is not clear from the data how widespread this approach is. Some social workers suggested the need for flexibility in the practice framework time frame, particularly for young children. How the Taking Care practice framework is used alongside the PLO in individual cases will, in part, depend on the point at which reunification is considered as an option by local authorities.

Section Five: Implementation issues

This final section considers a number of issues concerning the implementation of the practice framework across the nine local authorities, as these issues have implications for other authorities wishing to introduce the practice framework in future. This section also considers how the nine local authorities are planning to sustain the framework in future without the presence of NSPCC, which is again relevant to other authorities looking to implement the framework.

The findings from this section also need to be considered within the wider context and existing evidence base with regards to implementation across children's social care services. In particular there is a growing evidence base that indicates that for any new innovation, service or programme to be successful, the wider system needs to be hospitable, yet existing cultures and systems across children's social care do not easily embrace change (Fixsen *et al.* 2005; Berridge *et al.* 2011).

Initial implementation of the practice framework

During initial implementation of the framework in local authorities, managers considered the personal commitment and buy-in of staff at a strategic level, including Directors of Children's Services to be a significant facilitator, in addition to the commitment of local authority frontline practitioners. Team managers also cited the engagement of independent reviewing officers as crucial. When introducing the framework to frontline practitioners, service and team managers were considered key to clearly articulating the framework and ensuring it remained on the agenda within teams.

The interviews with local authority staff suggest that allowing sufficient time for frontline practitioners to familiarise themselves with the practice framework may help

to remove or reduce some of the potential barriers to implementation. Team managers suggested that social workers needed to be made aware of the practice framework early in the implementation process as in some cases, insufficient time was available for social workers to become familiar with it. An initial lack of familiarity with the practice framework was described as resulting in some resistance to it: some social workers felt their professional judgement about whether it was safe for a child to return home was being undermined by its introduction. However, social workers came to welcome the practice framework once they understood that it was intended to support their decision making and was not weighted towards a decision in favour of reunification. Local authority social workers also reported how when first reading the information about the practice framework, their initial perception was that it would involve high levels of time commitment. However, this did not prove to be the case in practice. Team managers found that promoting a sense of shared ownership of the model helped social workers to engage rather than feel that a new way of working was being imposed upon them by NSPCC.

In terms of how the Taking Care practice framework fits with wider local authority objectives, senior managers viewed it as supporting their objective of reducing the number of looked after children by providing safe reunification; and only bringing children back into care where appropriate.

The practice framework appears to have been suitable for all eligible cases: professionals reported that overall it worked well with all groups, ages and legal status. Examples from the case studies of the range of situations where the practice framework was successfully used include: children under section 20; with a baby and older siblings; and with a toddler.

One social worker also reported that the practice framework worked very well for a teenager who could not return home, following adoption breakdown. Furthermore, this was reported to be a very complex case and the social worker indicated that Taking Care had worked well. Although the practice framework cannot prevent some older teenagers “voting with their feet”, professionals considered that it could still be useful in clarifying the level of risk in such cases. The data does not suggest whether it helped the teenagers themselves understand and avoid the risks. An NSPCC social worker suggested that it may be useful in future to have specific guidance on

working with different groups, for instance, working with younger children or adolescents.

Sustaining the Taking Care practice framework in the longer term

In terms of whether and how the practice framework can be sustained in future, local authorities valued it as an approach and wanted to continue using it, although concerns were expressed about the resources required to embed some aspects of it without the presence of NSPCC. However, managers recognised that not everything required extra time or resources and that there was a need to think creatively about ways to take forward elements of the practice framework, and share experiences and ideas.

Anything is possible. One way or another, assessments have got to be done and we've got to do it the best way we can. It's irresponsible to say we don't have the time. We need to make the time to do it (Local authority team manager).

The role of the independent file reader and chronologist was generally identified by professionals as being valuable to future practice. Although some managers thought it would be unrealistic to maintain because of the level of resources required, it provides an example of where a number of local authority managers intend to find creative ways of continuing the practice without additional resources. Managers were beginning to consider their options, including whether it is essential for this element of the assessment to be undertaken by a social worker, or whether it could be completed by another member of staff; whether a team manager could assume part of the role or someone from another team. The possibility of a senior practitioner or family support worker undertaking the file review and chronology roles was also suggested.

A further example of elements of the practice framework that managers intended to continue using is co-working where practitioners assume responsibility for different elements of the assessment and decision making process. Although continuing to involve multiple staff members in a case was considered to be difficult to sustain in the long term, working in partnership with professionals from other agencies was suggested as a potential solution avoiding the need for additional resources. This would also provide someone with the degree of independence from the local

authority that parents value. Finally, although certain elements of the practice framework were identified as presenting challenges in terms of resources or staff time, managers anticipated that the continued use of the risk classification table would not present any particular problems.

Conclusions and recommendations

The aim of this study was to explore how the Taking Care practice framework has been implemented and embedded across the pilot local authorities from the perspectives of local authority and NSPCC staff, and the families being assessed. Although the findings come from a relatively small sample of professionals and families, they provide rich data suggesting that overall the practice framework has had a positive impact on reunification practice by strengthening the assessment process and helping parents and children/young people become more active participants within it.

The impact of the practice framework from the perspective of professionals

The findings indicate that professionals are positive about the practice framework. It provides a clear structure for assessing whether a child can return home safely and for supporting the family through the process of reunification: something which the social workers indicated that they did not previously have access to. Overall, the practice framework is considered to be robust and helps social workers to feel confident about their decision making.

In relation to specific elements of the framework, social workers were very positive about the file read and chronology. The file read and preparation of the chronology were reported to enable social workers to establish patterns, identify relevant information and encourage practitioners to take a 'step back' from the case. The emphasis on co-working to undertake this element of the assessment process was viewed as providing a robust and objective assessment. Social workers also consider that sufficient objectivity can be achieved if this process is undertaken by someone from *within the authority* who has not worked directly with the family. In terms of whether this element of the assessment could be sustained without the presence of NSPCC, it was acknowledged that although the process is time consuming, it is valuable and managers have begun to explore how staffing could be organised for it to continue.

Professionals were also positive about the risk classification table, which was reported as being a useful tool for social workers in assessing risk and as a basis for identifying appropriate support for families. Although some social workers initially found the risk classification table complicated to use, or found it difficult to explain the distinctions between the different levels of risk, once familiar with it they found it worked very well. This suggests that social workers need to be given adequate time during the implementation period to absorb the practice framework guidance and test it out prior to using it in practice. NSPCC have also developed a simplified version of the risk classification table as part of the revised practice framework guidance.

Professionals viewed the assessment process set out in the practice framework as valuable in helping to produce clear evidence to identify which forms of support are appropriate for children and parents in each case, including the use of multi-agency support. The findings suggest that the support plan can come apart when children return home and potentially become less of a priority for social workers. However, some local authorities were looking for approaches to co-ordinate provision of support services to address this, for instance, making links with adult safeguarding boards; and bringing together senior managers across agencies. A strategic overview is therefore needed to support the implementation of the practice framework guidance to ensure support, including that provided by external agencies, is coordinated and available both pre and post return home.

The emphasis on co-working throughout the assessment and decision making process was viewed positively by social workers. The use of two professionals to independently assess the data and classify the risk level was considered to strengthen analysis of cases. This and subsequent joint supervision meetings led to social workers being more reflective and having an increased awareness of alternative perspectives. It also provided a forum where social workers could be challenged about the evidence. However, the experience of social workers suggests that successful co-working requires managers to consider the cultural and organisational differences that exist between agencies and teams, for instance, different working practices, or that staff may have differing levels of expectation of parents. Although team managers identified joint supervision sessions as requiring

an increased amount of their time, they considered this to be a worthwhile investment if it resulted in positive outcomes and enhanced the quality of supervision.

The local authorities implementing the practice framework have not undertaken any systematic monitoring of returns to care and such returns were considered to be a rare occurrence, which contrasts with existing research evidence (Farmer and Lutman, 2012; Sinclair *et al.* 2005). Undertaking systematic monitoring of returns to care will provide senior managers with evidence of the picture locally. For those authorities considering introducing the Taking Care practice framework it will provide evidence indicating whether the approach is relevant to them, and it will help authorities already using the practice framework to monitor its impact. One senior manager did state that they received referrals in to care in respect of younger siblings of children who had been reunified and suggested that the practice framework could be used by practitioners to look at these situations and how this cycle could be prevented from continuing within families.

Although the practice framework has been developed to strengthen social work in relation to reunification, the structured approach to reviewing and analysing case file information, parents' capacity to make changes, and the classification of risk also reflect the skills required of social workers by the courts under the PLO. The Taking Care practice framework may therefore support social workers in developing key skills and practices which they can apply to other areas of their work. The findings suggest that there are potential challenges in using the practice framework when cases involve court proceedings due to the differences in timescales, and this is an area that will require further consideration as the Taking Care practice framework is implemented further. However, local authorities are using the risk classification, chronology and case supervision structures in cases involving the PLO, at an early stage, as well as using the framework pre-proceedings.

The perspective of parents and children

Although the sample of parents and children is relatively small, their views and experiences inform a range of key findings concerning the impact of the practice framework. Overall, parents viewed the practice framework positively, with both parents and professionals finding it to be child centred. Parents who had experienced previous social care assessments said that assessment using the

Taking Care practice framework felt different and considered it a better process: it was more in depth and parents considered themselves and their children to have an active rather than passive role. Some parents believed that reunification would not have been considered if they had not been involved in Taking Care.

A key finding was the value parents placed on social workers having time to spend with them. This provided an opportunity for social workers to explain what was involved in the assessment and keep parents informed as to how the process was progressing. They also valued social workers being able to offer flexibility in the pace at which reunification occurred to meet the needs of parents and children.

Overall, parents found preparation of the chronology to be a thorough and helpful process, although revisiting past events could be painful. Parents valued being given the opportunity to tell their story to someone who did not know their history, someone who was looking at the case with fresh eyes and from the starting point that return home was a possibility. Parents described feeling listened to and that their views, and those of their children, were taken into account. Parents were particularly positive about discussions being carried out as a two way process; and that they could express their opinions and also ask questions. A further key finding is that the practice framework is reported to provide parents with the opportunity to clarify the interpretation given to events or facts before they are included in a child's social care file and to correct what they perceive as previous errors or inconsistencies. Parents also valued social workers' openness about the content of their reports and notes.

The majority of parents indicated that 'the traffic light system' (the risk classification table) was very clear and they generally understood what changes they needed to make. Parental agreements, where used, were also viewed positively overall. The goals made sense, were challenging but on the whole felt achievable, and the information was easy to understand.

Parents viewed the use of an NSPCC social worker to complete direct work with them as one of the strengths of the assessment process. Although there was an element of NSPCC being considered by parents as a trusted 'brand', it was primarily their independence from the local authority that was considered to be the most important factor. This independence provided the foundation for a more trusting

relationship to develop between parent and professional, free from any historical difficulties in the relationship between a parent and the local authority.

Social workers consider the practice framework as working well with those parents who may otherwise struggle to voice their views. However, where parents come from abroad, social workers need to be mindful that apart from the potential language barriers, parents may lack understanding of the role of children's services or social workers, and they may have culturally different ideas about appropriate parenting. Consequently, there is the risk that parents may not understand what is happening in terms of children's services involvement until some way through the assessment process. Crucially, if they do not understand the system, they may not appreciate what is required of them as parents in terms of changing behaviours or the implications of not doing so until it is too late.

Once children returned home, parents valued the ongoing support, but some were keen to get back to normal family life without the presence of professionals. The findings also suggest that after a child returns home and services are being stepped down, social workers need to recognise that their visits may have become part of a consistent routine in a child's life. It may therefore be detrimental to a child if a social worker's visits cease abruptly rather than being reduced gradually.

In two out of the three cases where the decision was made that a child could not return home, parents described the decision being handled sensitively. Parents were given a thorough explanation for the decision and social workers highlighted the positives as well as those issues which still needed addressing.

Implementation issues

As local authorities have introduced the Taking Care practice framework, a number of issues have emerged relating to its initial implementation and also how its use can be sustained in the long term. In some cases staff anticipated problems which did not materialise, whilst in others, issues were identified that have led managers to think creatively about solutions.

During initial implementation of the practice framework, there needs to be strategic buy in from staff throughout the management structure, as well as from frontline social workers and IROs. Frontline practitioners also need to be given sufficient

information about the framework and its purpose, and time to understand how it fits into their practice to avoid misconceptions or resistance. Social workers found the practice framework and tools worked well once they became familiar with them and could see that it was intended to support their analysis and decision making rather than being weighted towards reunification.

A key finding concerning implementation is that although local authority social workers reported how when first reading the information about the practice framework, their initial perception was that it would involve high levels of time commitment, this did not prove to be the case in practice.

In terms of continuing to use the practice framework in the longer term, local authorities identified some elements, such as the file read and chronology, as presenting challenges in terms of resource without the ongoing presence and input of NSPCC. However, even where challenges were identified, a number of local authority managers indicated that they had begun to think of solutions for the future, for example, involving other agencies in the file read process. Managers considered that certain elements of the practice framework did not require additional resources, for example, the risk classification table.

The following is a summary of suggestions made by interviewees for future development of the practice framework. As previously stated, NSPCC is currently revising its practice guidance, which may therefore address some of the points below:

- Development of the practice framework for use by practitioners in addressing cases involving referrals of younger siblings of children who had been reunified.
- The development of specific guidance for working with different groups, for instance, working with younger children or adolescents.
- The development of the risk classification table to classify the risks posed to children by their own actions, for instance, the risks linked to running away from a placement where not returned home.
- The inclusion of further information in the practice guidance on how social workers should approach producing the chronology, for instance, how they decide what constitutes an important event.

- The inclusion in the practice framework of more guidance about the post reunification period, for instance, around the skills set required.

Key recommendations for strategic leads implementing the practice framework are summarised as follows:

- Implementation needs strategic, senior level buy in, from Directors of Children's Services all the way down through the management chain. It also requires the buy in of frontline workers and IROs.
- Adequate time needs to be factored into the implementation of the Taking Care practice framework to enable practitioners to absorb the practice framework guidance and test it out prior to using it in practice.
- Local authority managers need to explore how staff with no direct involvement of working with the families can be made available to review case files and prepare chronologies.
- Sufficient time needs to be allocated to cases so that social workers can fully explain the assessment process; update parents and children (where appropriate) as to its progress; spend time discussing the case with families; and listen to parents' and children's views.
- There needs to be flexibility in the practice framework time frame and the social worker's caseload to work at an appropriate pace for certain groups, for instance, parents with learning difficulties, or parents for whom English is a second language.
- Local authority managers should have a strategic overview of support services, including those provided by external agencies, to ensure that appropriate support continues to be available both pre and post return home.
- To promote successful co-working, managers need to consider the cultural and organisational differences that exist between agencies or teams, for instance, different working practices.
- Local authority managers should ensure adequate consideration is given to gradual step down of services post reunification, including the gradual step down in frequency of contact between social workers and children.
- Local authority managers should consider systematically monitoring outcomes of children returning home from care to inform planning; prioritising resources;

and to measure the success of reunifications using the Taking Care practice framework.

The recommendations for strategic leads set out above highlight the need to ensure that there are adequate resources, commitment, skills and effective working arrangements within local authorities. Set within an economic context of reduced budgets and limited resources the creative solutions referred to by several managers will be critical in ensuring successful implementation and improved reunification practice in the future. Furthermore, local authorities are encouraged to consider the resource and capacity implications of providing effective assessment, support and services on return home and offset these against the longer term potential costs of failed reunifications and re-entry to care (Holmes, 2014).

The findings show that overall professionals and parents view the Taking Care practice framework positively and value its introduction. It is described as fitting well with wider local authority objectives and as being suitable for use with parents and families with a range of needs. Although professionals identify a number of potential challenges around implementing and sustaining some elements of the framework, its value means they are beginning to think about creative solutions to address these issues.

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Appendices

Appendix 1
The risk classification table (traffic lights model)
 Developed by Rebecca Brown, Centre for Child and Family Research, Loughborough University

Low risks	Medium risks	High risks	Severe risks
No risk factors apparent (or previous risk factors fully addressed)	Risk factors apparent (or not all risk factors fully addressed)	Risk factors apparent (and risk factors not being addressed)	Risk factors apparent (and risk factors not being addressed)
Protective factors apparent	Protective factors apparent	Protective factors apparent	No protective factors apparent
Parents ABLE to demonstrate sustained capacity for actual change	Parents ABLE to demonstrate sustained capacity for actual change	Parents UNABLE to demonstrate sustained capacity for actual change	Parents UNABLE to demonstrate sustained capacity for actual change
Very unlikely that abuse will occur/recur	Unlikely that abuse will occur/recur	Likely that abuse will occur/recur	Very likely that abuse will occur/recur
Reunification possible	Reunification possible	Reunification not possible	Reunification not possible
If parents can maintain <i>low risks</i> 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 <i>low risk</i> , 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 protective factors remain apparent this should be sustained for at least six months before the case can move to <i>medium risk</i> where it should remain for a further six months before moving to <i>low risk</i> .	If protective factors become apparent and/or parents begin to address risk factors it should be sustained for at least six months before moving to <i>high risk</i> .
If new risk factors emerge/previous risk factor remerge and parents are able to show demonstrable capacity for change and protective factors are apparent the case will move to <i>medium risk</i> for further 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 <i>medium risk</i> . As long as no new risk factors emerge or previous risk factors remerge that had previously been addressed.	If parents remain <i>high risk</i> for six months without addressing risk factors the case should move to severe risk where legal proceedings will be instigated.	
If new risk factors emerge/previous risk factors remerge and parents are unable to show demonstrable capacity for change yet protective factors are apparent the case will move to <i>high risk</i> for further monitoring.	If new risk factors emerge/previous risk factors remerge and parents are unable to show demonstrable capacity for change yet protective factors are apparent the case will move to <i>high risk</i> for further monitoring.	If protective factors are no longer apparent the case should move to <i>severe risk</i> where the child will be separated from their parents.	
If new risk factors emerge/previous risk factor remerge and parents are unable to show demonstrable capacity for change and no protective factors are apparent the case will move to <i>severe risk</i> where the child will be separated from their parents.	If new risk factors emerge/previous risk factor remerge and parents are unable to show demonstrable capacity for change and no protective factors are apparent the case will move to <i>severe risk</i> where the child will be separated from their parents.		

Appendix 2

Research findings leading to the development of the risk classification framework

The risk classification framework was developed by researchers in response to findings from three major studies which were all part of the *Safeguarding Children Research Initiative* (see Davies and Ward, 2012). These were the *Neglected Children Reunification Study* (Farmer and Lutman, 2012); the *Home or Care? Study*; and the *Significant Harm of Infants Study* (Ward, Brown and Westlake, 2012; Ward, Brown and Maskell-Graham, 2012).

Key findings from these studies highlighted that there was often inadequate case management and poor planning where children were moving into and out of care. For instance, the *Neglected Children Reunification Study* found that 62% of care plans made by the courts were either not successful or not carried out, and 62% of supervision orders failed to protect reunified children from the recurrence of maltreatment (Farmer and Lutman, 2012). The studies found that weak case management and inadequate care plans could lead to children being left in, or returned to, abusive circumstances without appropriate services to safeguard them; to children missing out on their chance to achieve permanency away from home; to parents removing children from placements at will; and to reunification occurring by default and without clear arrangements for how children are safeguarded in the future (Davies and Ward, 2012).

The studies also identified that support services for children who remained with, or returned to, parents who had made positive changes to their parenting often ended abruptly and cases closed prematurely with no further monitoring of the child's home circumstances. These decisions tended to be driven by the availability of resources and a concern that parents were becoming too dependent on support services. Additionally, the studies show evidence that there are diminishing levels of social work services as children grow older and their problems become more entrenched (Davies and Ward, 2012). There was also an expectation that parents would themselves contact children's social care if they experienced difficulties following the closure of their case. This was however misguided: parents rarely sought help voluntarily from children's social care because of feelings of failure and concerns of losing their child (Ward, Brown and Westlake, 2012).

A major finding from the *Safeguarding Children Research Initiative* was that all too often children were left in, or returned to, abusive circumstances where they remained over long periods whilst professionals waited for parents to make positive changes. For instance, the *Significant Harm of Infants Study* found that parents were continually given chances to improve their parenting capacity and prove that they could look after their child, and there were rarely consequences for parents who were unable or unwilling to make the required changes. This was often whilst neglect and emotional abuse continued, having a detrimental impact on the children's long-term health and development (Ward, Brown and Westlake, 2012). However, the study also showed that parents were misinformed about the exact action they needed to take to improve their parenting, or were misguided by social workers who gave them more positive feedback about their parenting than the reality of the social worker's assessments. Parents' who were interviewed for the study favoured social workers who were 'straight talking' rather than those who skirted over the issues (Ward, Brown and Westlake, 2012).

The risk classification framework was therefore designed to address the following key points in response to findings from the *Safeguarding Children Research Initiative*:

- the importance of careful planning and strong case management;
- the need for a gradual withdrawal of services and continued support – even where parents have succeeded in overcoming difficulties; and
- the need for transparent and time-limited plans, clearly articulated goals for parents and well understood consequences if these are not achieved.

Table 3 below illustrates how the risk classification framework addresses evidence from research relevant to return home from care.

Table 3: How the risk classification framework addresses evidence from research

Evidence from research	Risk classification framework
Parents' misunderstood what actions they needed to take in order to protect their child.	Gives parents a clear understanding of what changes need to occur.
Parents continually breached written agreements with few consequences. Written agreements were often ambivalent.	Sets clear targets, implications and consequences.
Maltreatment, particularly neglect and emotional abuse, sustained over long periods with a detrimental impact on children's long-term wellbeing.	Sets clear timescales within which parents need to change, and sets out consequences for no or negative change.
Where positive changes occurred parents valued a gradual reduction of intervention. Cases were often closed too soon.	Allows for continued monitoring where positive changes have occurred.
'Straight talking' social workers valued most by parents.	Provides practitioners with a tool for 'straight talking'.

Appendix 3
Factors associated with future harm

Adapted from: Jones, Hindley and Ramchandani (2006) and White, Hindley and Jones (2014). Reproduced following discussion with David Jones
[\(david.jones@psych.ox.ac.uk\)](mailto:david.jones@psych.ox.ac.uk)

N.B. Items in italics most strongly associated with recurrent maltreatment.

Factors	Future significant harm more likely	Future significant harm less likely
Abuse	Severe physical abuse including burns/scalds <i>Neglect</i> Severe growth failure Mixed abuse <i>Previous maltreatment</i> Sexual abuse with penetration of a long duration Fabricated/induced illness Sadistic abuse High continuing perpetrator access	Less severe forms of abuse If severe, yet compliance and lack of denial, success still possible
Child	Developmental delay with special needs Mental illness <i>Very young – requiring rapid parental change</i> Low child visibility	Healthy child Attributions (in sexual abuse) Later age of onset One good corrective relationship

Parent	<p><i>Personality disorder</i> (anti-social, sadistic, aggressive)</p> <p>Lack of compliance</p> <p>Denial of problem</p> <p>Learning disabilities <i>plus mental illness</i></p> <p><i>Parental mental health difficulties</i></p> <p><i>Substance misuse</i></p> <p><i>Paranoid psychosis</i></p> <p>Abuse in childhood – not recognised as a problem</p> <p>Parental stress</p> <p>History of assaultive behavior</p>	<p>Non-abusive partner</p> <p>Willingness to engage with services</p> <p>Recognition of problem</p> <p>Responsibility taken</p> <p>Mental disorder, responsive to treatment</p> <p>Adaption to childhood abuse</p>
Parenting and parent/ child interaction	<p>Disordered attachment</p> <p>Lack of empathy for child</p> <p>Own needs before child's</p> <p><i>Impaired positive interaction between parents and children</i></p>	<p>Normal attachment</p> <p>Empathy for child</p> <p>Competence in some areas</p>
Family	<p><i>Inter-parental conflict and violence</i></p> <p><i>Family stress</i></p> <p>Power problems: poor negotiation, autonomy and affect expression</p> <p>Large family size</p> <p>Poor home conditions</p> <p>Housing instability</p>	<p>Absence of domestic violence</p> <p>Non-abusive partner</p> <p>Capacity for change</p> <p>Supportive extended family</p>
Professional	<p>Lack of resources</p> <p>Ineptitude</p>	<p>Therapeutic relationship with child</p> <p>Outreach to family</p> <p>Partnership with parents</p>

Social setting	<p>Social isolation</p> <p><i>Lack of social and family support networks and lone parenthood</i></p> <p>Violent, unsupportive neighbourhood</p>	<p>Social support</p> <p>More local child care facilities</p> <p>Volunteer network</p> <p>Involvement of legal or medical services</p>
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Appendix 4

Use of the risk classification framework in research

The risk classification framework was developed by researchers for the *Significant Harm of Infants Study* and has been used to classify cohort children. This ongoing study has been tracing the decision making process influencing the life pathways of very young children identified as suffering, or likely to suffer, significant harm before they reach their first birthdays. These highly vulnerable children and their families have all been followed since their birth (or pre-birth); by the end of the current phase of research they will be 7-8 years old. The overall objective is to collect evidence which supports decisions concerning which children require permanent out of home placements (such as adoption) and which can safely remain with birth parents.

The table below shows the risk of harm at identification compared with the risk at the children's third birthdays. At identification, 19 (44%) of the 43 children who were followed until they were three were classified as at severe or high risk of significant harm (i.e. living with parents who displayed complex combinations of risk factors and no evidence of capacity to change, see section 2), and 24 (56%) were classified as at medium or low risk. Almost all (21/24: 88%) of the latter group were at medium risk – i.e. living in households where risk factors were still present, but protective factors were also in place, including evidence of positive changes in parenting capacity. This group also included three children classified as at low risk – living in households where protective factors were in place and risk factors no longer evident; two of these were children of learning disabled parents whose mothers had agreed to share their care with relatives (Brown and Ward, 2014).

By their third birthdays, 72% (31/43) of the sample were considered to be adequately safeguarded in that they had either been permanently separated from abusive or neglectful families (13/43: 31%), were placed with supportive relatives under shared care arrangements (2/43: 5%) or they were living with parents who had succeeded in overcoming complex combinations of risk factors and were now able to provide nurturing homes (16/43: 37%). These children were deemed to be at low risk of future harm. However, the remainder of the sample (12/43: 28%) were considered to be at continuing risk of harm in that they were living in families where risk factors were still in evidence and parenting capacity had not significantly improved. The majority of these children were considered to be at severe or high risk of future harm.

Neglect and emotional abuse were the most common forms of maltreatment experienced by these children, often compounded by exposure to intimate partner violence (Brown and Ward, 2014).

Table 4: Risk of significant harm at identification by risk at child’s third birthday (n=43) (Brown and Ward, 2014)

		Risk of harm at age three						
		With birth parents				Separated	Shared care	Total
		Severe risk	High risk	Medium risk	Low risk			
Risk of harm at identification	Severe risk	1				11		12 (28%)
	High risk		3	1	2	1		7 (16%)
	Medium risk		5	2	13	1		21 (49%)
	Low risk				1		2	3 (7%)
	Total	1 (2%)	8 (19%)	3 (7%)	16 (26%)	13 (30%)	2 (5%)	43 (100%)

(Percentages are rounded figures)

By the time they were five, the picture for the 37 children who continued to be traced was less positive (see the table below). Fourteen (38%) of those living with birth parents at this stage were not considered to be adequately safeguarded, and eight were classified as at high or severe risk of suffering future harm. Six of the mothers who had successfully disengaged themselves from violent partners by the time their children were three had by now either re-established the old relationship or formed a new one with a similarly abusive partner, and their children’s circumstances had deteriorated. Given that attrition disproportionately affected children in this group, the incidence of such cases may well be higher in a less biased sample (Brown and Ward, 2014).

Moreover a number of those children who had been permanently separated from birth parents by age three no longer appeared to be in settled placements at age five. Over half of the permanent placements with relatives (Special Guardianship placements in England) were showing increasing difficulties either because they were providing very poor quality care or because carers were finding it harder to cope with children’s escalating emotional and behavioural problems. Attrition from the sample affected adopted children substantially more than children placed with kinship carers. By the age of five the research team had lost contact with all but two

adopted children: one was displaying signs of severe emotional and behavioural problems causing considerable strain on family life (Brown and Ward, 2014).

Table 5: Risk of significant harm at age three by risk at age five (n=37) (Brown and Ward, 2014)

		Risk of harm at age five					
		With birth parents				Separated	Total
		Severe risk	High risk	Medium risk	Low risk		
Risk of harm at age three	With birth parents	Severe risk		1			1 (3%)
		High risk	1	2	1		4 (11%)
		Medium risk		1	2		3 (8%)
		Low risk		3	3	13	19 (51%)
	Separated					10 (27%)	
	Total	1 (3%)	7 (19%)	6 (16%)	13 (35%)	10 (27%)	37 (100%)

(Percentages are rounded figures)

Appendix 5

Location study interview schedules

Interview guide 1: Operations manager/commissioning manager/finance manager

Introduction

The Centre for Child and Family Research at Loughborough University has been commissioned by NSPCC to evaluate the Taking Care (TC) project. As part of the evaluation project we are conducting location studies with 4 Local Authorities. These studies will focus on the barriers and facilitators to improving practice around children returning home from care. The aims are to; understand the implementation of the Taking Care model, gather views about different aspects of the model, and explore how Local Authorities will continue to use Taking Care once the NSPCC resource ends.

NSPCC will use the learning to produce a revised Taking Care Framework and an Implementation Guide for any Local Authority to use without additional resources.

Overarching questions

- What do local authorities regard as the benefits and drawbacks of the Taking Care model as a way to improve reunification practice?
- What are the organisational facilitators and barriers to implementing the Taking Care model?
- How can implementation be achieved without NSPCC involvement?
 - What is likely to facilitate sustained implementation?
 - What are the anticipated barriers?

Definition of reunification

We are using the DfE definition of *reunification* which is when a child 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, nor a child who becomes the subject of a residence or special guardianship order.

Confidentiality

What you tell us will be treated in the strictest confidence and findings will be anonymised. In exceptional circumstances anonymity and confidentiality has to be broken, for example, if it was felt that practice was putting children at risk, or there were concerns regarding professional misconduct. You may withdraw your data from the study at any time up until publication of the findings. We will not publish the names of the Local Authorities involved in the studies.

Background data

Please complete Table 1 prior to the interview.

Table 1 Basic Data

Interviewee role (e.g. NSPCC social worker)	
Local authority	
Date	

Please provide the following data if available and for each question confirm the financial year to which the data relates.

	Financial year	Response
Please confirm when (month and year) the TC model became operational in your LA, i.e. the point at which the model was sufficiently implemented for practitioners to use it in reunification decision making and support planning?		
In the financial year prior to implementing the TC model, how many children became looked after again following a period of reunification? (It does not matter how long the period of reunification lasted)		
Since the TC model has been operational, have you analysed outcomes for children in terms of: <ul style="list-style-type: none">- Numbers reunified using the model, who remain stable at home- Numbers reunified using the model and returned to care- Numbers using the model, for whom reunification was ruled out, achieving alternative permanency		

Interview questions

Topic 1: Implementation of Taking Care (TC)	
1.1	Briefly, what stage of implementation is TC is at?
1.2	What factors have facilitated or hindered the implementation of TC?
Topic 2: Reunification practice – assessment and decision making	
2.1	Can you briefly talk me through the LA's assessment, decision making and planning processes around children returning home from care before and after implementation of the TC model?
2.2	Has Taking Care improved assessment, decision making, planning and support for cases?
2.3	Do you think Taking Care provides a robust and coherent framework?
2.4	Do you think TC has had a positive impact on children?
2.5	Does TC help reduce drift/ achieve permanence for those children who are not reunified or does it hinder?
2.6	Does TC support or hinder any LA strategic objectives around LAC?
2.7	Are different approaches needed when applying Taking Care to different groups of Looked After Children?

For example, babies / older children, S20 / S38, edge of care / longer term cases?	
<p>2.8 How well does TC fit with LA and wider systems / ways of working?</p> <ul style="list-style-type: none"> - How does TC fit with other assessments used by the LA? - How does TC fit with the PLO? - How will this help / hinder future implementation? 	
<p>2.9 How can the positive elements of TC be embedded in the future without additional NSPCC resource?</p>	
<i>Topic 3: Return home and support services</i>	
<p>3.1 What social care support is offered to children and families prior to and after return home?</p>	
<p>3.2 If this has improved since TC was implemented, how will you sustain this?</p>	
<p>3.3 Are the necessary support services available for children and families where reunification is planned? (e.g. mental health, drugs/ alcohol)</p>	
<p>3.4 Who commissions these services / has strategic overview?</p>	
<p>3.5 If this has improved since TC was implemented, how will you sustain this?</p>	
<p>3.6 Does [LA name] monitor the effectiveness and/ or costs of the support services?</p>	

3.7	If this has improved since TC was implemented, how will you sustain this?	
3.8	Are re-referrals for abuse or neglect and re-entry into care monitored ?	
3.9	If this has improved since TC was implemented, how will you sustain this?	
3.10	How will the LA support and monitor reunified children and families without additional resource of NSPCC?	
Topic 4: Staffing		
4.1	What are the staffing implications for sustaining the TC model in the longer term?	
4.2	What solutions might local authorities use to sustain implementation without NSPCC resource ?	
Topic 5: Costs		
5.1	Has LA carried out any work to look at the cost of reunification ?	
5.2	Has LA looked at the cost of reunification breakdowns?	
5.3	What are the cost implications for embedding TC without NSPCC support?	
5.4	Are these resources available? What are the solutions?	

Topic 6: Taking care in the future	
6.1 Are you thinking about continuing Taking Care once the NSPCC are no longer involved?	
6.2 If so, what work are you planning to do to enable this to happen?	
6.3 Do you have any further reflections about the TC model implemented in your authority and how it might be embedded?	

Table 2: Implementation of Taking Care (TC)

Please indicate whether the following factors have been challenging or enabling in implementing Taking Care by ticking the box that applies most closely to your experience.

	Significantly challenging	Somewhat challenging	Somewhat enabling	Significantly enabling	Not relevant
Commitment at a strategic level within the LA					
Commitment from the LA practitioners involved					
The clarity of the model at the point that implementation began					
Adaptations made to model after implementation began					
The fit of the model with existing ways of working					
The fit of the model with wider systems					
The skills and competence of the LA staff involved					
The availability of additional training or development for the staff involved					
The availability of specialist support or advice for implementation					
Management information systems					
Administrative systems and support					
Time or other resources required to work to the new model					
Existing workloads of the LA staff involved					
The fit of the model with performance targets or organisational objectives					

Interview guide 2: Team manager

Introduction

The Centre for Child and Family Research at Loughborough University has been commissioned by NSPCC to evaluate the Taking Care (TC) project. As part of the evaluation project we are conducting location studies with 4 Local Authorities. These studies will focus on the barriers and facilitators to improving practice around children returning home from care. The aims are to; understand the implementation of the Taking Care model, gather views about different aspects of the model, and explore how Local Authorities will continue to use Taking Care once the NSPCC resource ends.

NSPCC will use the learning to produce a revised Taking Care Framework and an Implementation Guide for any Local Authority to use without additional resources.

Overarching questions

- What do local authorities regard as the benefits and drawbacks of the Taking Care model as a way to improve reunification practice?
- What are the organisational facilitators and barriers to implementing the Taking Care model?
- How can implementation be achieved without NSPCC involvement?
 - What is likely to facilitate sustained implementation?
 - What are the anticipated barriers?

Definition of reunification

We are using the DfE definition of *reunification* which is when a child 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, nor a child who becomes the subject of a residence or special guardianship order.

Confidentiality

What you tell us will be treated in the strictest confidence and findings will be anonymised. In exceptional circumstances anonymity and confidentiality has to be broken, for example, if it was felt that practice was putting children at risk, or there were concerns regarding professional misconduct. You may withdraw your data from the study at any time up until publication of the findings. We will not publish the names of the Local Authorities involved in the studies.

Background data

Interviewee role (e.g. NSPCC social worker)	
Local authority	
Date	

Interview questions

Topic 1: Implementation of Taking Care (TC)	
1.1 Briefly, what stage of implementation is TC is at?	
1.2 What factors have facilitated or hindered the implementation of TC?	
Topic 2: Reunification practice	
2.1 Can you briefly talk me through the LA's assessment, decision making and planning process around children returning home from care before and after implementation of the TC model?	
2.3 Has Taking Care improved assessment, decision making, planning and support for cases?	
2.4 Do you think Taking Care provides a robust and coherent framework?	
2.5 How well does TC fit with LA and wider systems / ways of working? <ul style="list-style-type: none"> - How does TC fit with other assessments /teams used by the LA? - How does TC fit with the PLO? - How will this help / hinder future implementation? 	

2.6 Do you think TC has had a positive impact on children?	
Assessment and Decision making	
2.7 What are the merits / drawbacks of using an independent file reviewer / chronologist who does not meet the family? Will you embed this aspect of the model without NSPCC support?	
2.8 How robust is the risk classification framework in TC?	
2.9 How does the TC mode help / hinder decision making about whether and when a child should return home from care?	
2.10 Does TC help reduce drift/ achieve permanence for those children who are not reunified or does it hinder?	
Planning	
2.11 Has the TC model influenced planning and preparation around when a child should return home from care and what needs to be in place?	
Working with Parents and Children	
2.12 How useful is the TC model in engaging parents?	
2.13 Does TC support effective parental agreements?	

2.14	How useful is the TC model in enabling children's voices to be heard?	
2.15	Does the model work well with all parents and children? E.g. those with learning disabilities, minority ethnic families etc?	
2.16	Are different approaches needed when applying Taking Care to different groups of Looked After Children? For example, babies / older children, S20 / S38, edge of care / longer term cases?	
2.17	How can the positive elements of TC be embedded in the future without additional NSPCC resource?	
Topic 3: Return Home and Support services		
3.1	What social care support is offered to children and families prior to and after return home?	
3.2	If this has improved since TC was implemented, how will you sustain this?	
3.3	Are the necessary support services available for children and families where reunification is planned? (e.g. mental health, drugs/ alcohol)	
3.4	If this has improved since TC was implemented, how will you sustain this?	
3.5	Are re-referrals for abuse or neglect and re-entry into care monitored?	

3.6	If this has improved since TC was implemented, how will you sustain this?	
3.7	How will the LA support and monitor children and families without additional resource of NSPCC?	
<i>Topic 4: Staffing and skills development</i>		
4.1	What are the staffing implications for sustaining the TC model in the longer term?	
4.2	What have been the implications of the TC model for you as a Team Manager in supporting staff and supervising cases?	
4.3	If TC has improved supervision, how will you sustain this?	
4.4	What skills and competencies are needed at practitioner and team manager level in order to deliver Taking Care in the future?	
<i>Topic 5: Further comments</i>		
5.1	Do you have any further reflections about the TC model implemented in your authority and how it might be embedded?	

Table 2 Implementation of Taking Care (TC)

Please indicate whether the following factors have been challenging or enabling in implementing Taking Care by ticking the box that applies most closely to your experience.

	Significantly challenging	Somewhat challenging	Somewhat enabling	Significantly enabling	Not relevant
Commitment at a strategic level within the LA					
Commitment from the LA practitioners involved					
The clarity of the model at the point that implementation began					
Adaptations made to model after implementation began					
The fit of the model with existing ways of working					
The fit of the model with wider systems					
The skills and competence of the LA staff involved					
The availability of additional training or development for the staff involved					
The availability of specialist support or advice for implementation					
Management information systems					
Administrative systems and support					
Time or other resources required to work to the new model					
Existing workloads of the LA staff involved					
The fit of the model with performance targets or organisational objectives					

Interview guide 3: Social workers

Introduction

The Centre for Child and Family Research at Loughborough University has been commissioned by NSPCC to evaluate the Taking Care (TC) project. As part of the evaluation project we are conducting location studies with 4 Local Authorities. These studies will focus on the barriers and facilitators to improving practice around children returning home from care. The aims are to; understand the implementation of the Taking Care model, gather views about different aspects of the model, and explore how Local Authorities will continue to use Taking Care once the NSPCC resource ends.

NSPCC will use the learning to produce a revised Taking Care Framework and an Implementation Guide for any Local Authority to use without additional resources.

Overarching questions

- What do local authorities regard as the benefits and drawbacks of the Taking Care model as a way to improve reunification practice?
- What are the organisational facilitators and barriers to implementing the Taking Care model?
- How can implementation be achieved without NSPCC involvement?
 - What is likely to facilitate sustained implementation?
 - What are the anticipated barriers?

Definition of reunification

We are using the DfE definition of *reunification* which is when a child 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, nor a child who becomes the subject of a residence or special guardianship order.

Confidentiality

What you tell us will be treated in the strictest confidence and findings will be anonymised. In exceptional circumstances anonymity and confidentiality has to be broken, for example, if it was felt that practice was putting children at risk, or there were concerns regarding professional misconduct. You may withdraw your data from the study at any time up until publication of the findings. We will not publish the names of the Local Authorities involved in the studies.

Background data

Interviewee role (e.g. NSPCC social worker)	
Local authority	
Date	

Interview questions

Topic 1: Implementation of Taking Care (TC)	
1.1 Briefly, what stage of implementation is TC is at?	
1.2 What factors have facilitated or hindered the implementation of TC?	
Topic 2: Reunification practice	
2.1 Can you briefly talk me through the LA's assessment, decision making and planning process around children returning home from care before and after implementation of the TC model?	
2.2 Has Taking Care improved assessment, decision making, planning and support for cases?	
2.3 Do you think Taking Care provides a robust and coherent framework?	
2.4 How well does TC fit with LA and wider systems / ways of working? <ul style="list-style-type: none"> - How does TC fit with other assessments /teams used by the LA? - How does TC fit with the PLO? - How will this help / hinder future implementation? 	

2.5	Do you think TC has had a positive impact on children?
Assessment and Decision making	
2.6	What are the merits / drawbacks of using an independent file reviewer / chronologist who does not meet the family? Will you embed this aspect of the model without NSPCC support?
2.7	How robust is the risk classification framework in TC?
2.8	How does the TC mode help / hinder decision making about whether and when a child should return home from care?
2.9	Does TC help reduce drift/ achieve permanence for those children who are not reunified or does it hinder?
Planning	
2.10	Has the TC model influenced planning and preparation around when a child should return home from care and what needs to be in place?
Working with Parents and Children	
2.11	How useful is the TC model in engaging parents?
2.12	Does TC support effective parental agreements?

2.13	How useful is the TC model in enabling children's voices to be heard?	
2.14	Does the model work well with all parents and children? E.g. those with learning disabilities, minority ethnic families etc?	
2.15	Are different approaches needed when applying Taking Care to different groups of Looked After Children? For example, babies / older children, S20 / S38, edge of care / longer term cases?	
2.16	How can the positive elements of TC be embedded in the future without additional NSPCC resource?	
Topic 3: Return Home and Support services		
3.1	What social care support is offered to children and families prior to and after return home?	
3.2	If this has improved since TC was implemented, how will you sustain this?	
3.3	Are the necessary support services available for children and families where reunification is planned? (e.g. mental health, drugs/ alcohol)	
3.4	If this has improved since TC was implemented, how will you sustain this?	
3.5	Are re-referrals for abuse or neglect and re-entry into care monitored?	

3.6 If this has improved since TC was implemented, how will you sustain this?	
Topic 4: Staffing and skills development	
4.1 What are the staffing implications for sustaining the TC model in the longer term?	
4.2 Is case supervision on Taking Care cases different from other cases? What are the merits / drawbacks?	
4.3 What skills and competencies are needed at practitioner level in order to deliver Taking Care in the future?	
Topic 5: Further comments	
5.1 Do you have any further reflections about the TC model being implemented in your authority?	

Appendix 6

Case study interview schedules

Interview guide 1: Social workers

Introduction

As you may already be aware, CCFR have been commissioned by NSPCC to evaluate the Taking Care programme. Taking Care is the assessment, decision making, monitoring and review service that NSPCC have been delivering in your local authority in relation to children returning home from care. As part of the evaluation, ten case studies are being undertaken to obtain the views of children and young people, their parents, and the local authority social worker with case responsibilities. The aim of the case studies is to learn:

- how cases develop in specific circumstances, i.e. how it has worked with different types of families and children/ young people;
- how parents and children/ yp experience the taking care service (the assessment, decision making, planning and support (where relevant) ; and
- how the far the Taking Care programme has been delivered as intended (these intentions are set out in the participant information sheet).

We want to understand how using the TC model worked in relation to this particular child/ yp and how you found the new model differed from the approach taken previously in the authority.

Confidentiality

What you tell us will be treated in the strictest confidence and findings will be anonymised. In exceptional circumstances anonymity and confidentiality has to be broken, for example, if it was felt that practice was putting children at risk, or there were concerns regarding professional misconduct. You may withdraw your data from the study at any time up until publication of the findings.

Recording

We plan to audio record the interview. The digital recording will be stored securely and will only be shared with colleagues in the research team. Can I just confirm that you are still willing to participate in this interview and that I can record your consent to participate and that you are aware and happy for the interview to be recorded?

Start recording

This is [name, CCFR] interviewing [name and LA] on [date]. Can I just confirm that you are still willing to participate in this interview and that you are aware and happy for the interview to be recorded?

Background

Can you confirm your job title and briefly outline your role and responsibilities in relation to children returning home from care?

How long have you held this role [in LA name]?

How much opportunity have you had to use the TC model since its implementation?

Can you briefly describe why the child/ yp in this case study was originally in care and the circumstances leading to the decision that return home was a possibility?

- Reason for entry
- How long has the child been LAC?

When was return home first considered as an option?

Has the child/ yp previously experienced return home from care, i.e. prior to Taking Care?

- If so, can you explain what happened?
- How long did the return home last?
- Can you describe the issues leading to the breakdown of the return?
- Is there anything about the TC model which might have helped to prevent this earlier breakdown?
- Is there anything about the TC model which might have ruled out this previous attempt at reunification?

Assessment and decision making

Can you briefly describe what was involved in the assessment process in relation to this child/ yp?

- E.g. File read; preparing case chronology; determining the wishes and feeling of the child

What level of risk was initially identified for this child/ yp?

- Low, medium, high, severe?
- Has the level of risk changed during the course of the assessment process?

Who was involved in conducting the different elements of the assessment and decision making process?

- Local authority/ NSPCC social workers/ staff from independent agencies?
- Is it important that the individual elements of the assessment process are divided to be undertaken by different staff or agencies? Why/Why not?

[What do they think about having different workers/co-working AND importance of having independent workers]

How effectively were the various elements of the assessment process carried out?

- In what way, if at all, did these elements of assessment aid the decision making process?

How did undertaking the different elements of the assessment process differ from the service as usual?

What were your primary concerns in relation to the family when considering possible return home?

What were the key issues considered as part of the assessment and decision making process?

[Where the risk classification level has changed in the course of the assessment]

Did reviewing the risk classification level help you to decide whether, and in what circumstances the child/ yp could return home?

How significant was the element of joint decision making in the assessment process?

- Why was this? *[Ensure it is clear whether they are talking about team working and independent agency involvement]*
- Were there any differences of opinion during the assessment process? *[Please explain]*
- How were these differences dealt with?

Overall, was the TC model of assessment effective in helping to decide whether, and in what circumstances the child/ yp could return home?

- Why do you think it was or was not effective?
- Did the assessment process provide you with sufficient evidence to make decisions confidently in this case?
- Why/why not?
- How, if at all, could the assessment process be improved?

Engaging and communicating with families using the TC model

Overall, how useful was the TC model as a means of engaging with the family, i.e. to understand what changes were required and SMART goals?

- Why do you think that was the case?
- How does it differ compared to service as usual?

Was it necessary in this case to adapt your approach to engaging and communicating with the family to allow for their individual circumstances? [i.e. due to the age of the children, language, disability].

- If so, how did you adapt your approach?
- Were all the necessary tools or resources available to do this?
- *[If resources were not available]* What would have been beneficial?

How effective was the TC model as a means of incorporating the views and wishes of the parent(s) and children/ yp into the assessment and decision making processes?

- What impact did the family's views/ wishes have on the assessment and decision making processes?

How could the TC model be modified to improve engagement?

Was the TC model useful when communicating to the parent(s) and children/yp what the assessment process involved?

- Why was/wasn't it useful?
- How could it be improved?
- How does this compare with the approach used prior to implementation of the TC model?

Was the TC model useful when communicating to the parent(s) and children /yp what was required of them in order for the child/yp to return home?

- Why was/wasn't it useful?
- How could it be improved?

Was the TC model useful when communicating to parents and children the outcome of the assessment *[including where a decision is made NOT to return the child]*?

- Why was it/wasn't it useful?
- *[Where parents or the child /yp disagreed with the LA's plans]* Did the TC model help the parents/child/yp understand the reasons for the LA's decision?

Was the Risk Classification for Reunification table ('traffic light') useful for communication with the parents and children/ yp?

Was the parental agreement a useful tool for explaining risk and protective factors to the parents and the changes they needed to make?

Did using the TC model present any particular barriers or facilitators to communication with the parent(s) and children / yp in this case?

- *[where barriers identified]* How did you overcome these barriers?

Do you think the TC model has been effective in enabling the voices of the parent(s) and children to be heard in this case?

- Why was/wasn't it effective?
- How does this compare with the approach prior to TC?

Provision of support

Can you briefly describe the support received by the parent(s) and/or child in this case?

E.g. ongoing social worker support; parent training; drug and alcohol support; mental health support; speech and language therapy; counselling.

[For each form of support identified]

- At what point was the support implemented?
- How long did it continue?
- How intensive was the support?
- How effective was the support?

Was the TC model useful in identifying and agreeing within the TC team the type and level of support appropriate for the family?

- What worked/what could be improved?
- Was there any disagreement within the TC team? How was this dealt with?
- Did using the TC model in this case help or hinder you in securing the appropriate type and level of support?

[Where the child was NOT returned home]

How, if at all, did the TC model affect subsequent permanence arrangements?

- Did the TC model help in planning support for the child/ yp and parents?
- Did it help in planning for continuing links between the parent and child/yp?

Overall reflections on the TC model

In terms of your experience with this family, did any aspects of the TC model work particularly well or poorly? (Please explain).

Do you think the TC model was fit for purpose in this case?

- Why/why not?

In this case, how effective do you think using the TC model was in helping the child/yp and parent(s) understand and feel part of the assessment and return home process?

- How did it differ from service as usual?

Overall, how did using the TC model in this case differ from service as usual?

How well do you think the TC model would work in your authority once NSPCC staff are no longer involved?

- Why is this?
- Will any changes be required to make the model work in practice in the long term?

Interview guide 2: Parents

Introduction

The NSPCC has developed the Taking Care service to improve how social workers make decisions about children returning home from care and the support that families receive. I work for the Centre for Child and Family Research at Loughborough University and we have been asked by the NSPCC to independently evaluate how the service has worked by talking to social workers, parents and children about their experiences of it.

We have asked you and your child(ren) to take part in an interview because the assessment to decide whether [child's name] could return home was carried out as part of the Taking Care service. As well as speaking to you and your child(ren), we have also spoken to the social worker who has been responsible for your case to find out what they thought about the service.

So today I would like to talk to you about how you found the experience. In particular, whether you understood what was going on and whether you felt listened to. We would also like to know how you felt about certain parts of the assessment process:

- (1) the actual decision about return home;
- (2) how your strengths and any concerns were assessed ('traffic lights');
- (3) the goals that were set for you; and
- (4) how the changes you made were monitored

[Interviewer to talk parent through the consent form including confidentiality / right to withdraw/ recording]

The circumstances around your child's return home

Can you tell me little bit about why [child's name] was placed away from home?

- Where was [child's name] living when the assessment was being carried out, i.e. in foster care, residential care?
- How long has [child's name] been living in foster care/ residential care etc?

Were you expecting [child' name] to return home?

- Why/ why not?

How did you first find out that [child's name] might be able to come home?

- Who told you?

Your understanding of the Taking Care Service

Before social workers started to assess whether [child's name] could return home, do you remember if anyone told you that the assessment would be done as part of the Taking Care service?

Before social workers started to assess whether [child's name] could return home, what, if anything, did they tell you about the assessment process?

- When were you told about it and who told you?
- How clearly was it explained to you?
- How useful was this information?
- Were you given the opportunity to ask questions about it?
- If so, were your questions answered fully?
- Did the process work in the way the social workers described?
- How well informed did you feel about the assessment process?

As the assessment progressed, did your social workers keep you informed about what was happening, i.e. what stage the assessment was at, and what was involved in that stage?

- If so, how was this done, i.e. at regular intervals/ when you asked?
- How useful was this information?
- Were you able to ask questions?
- Were your questions answered fully?
- How well informed did you feel about what was happening in the assessment?

Your experience of the Taking Care assessment process

Can you tell me about your part in the assessment process?

- Did you feel you had an active or passive role?
 - o Were you able to give your views?
 - o Discuss the issues with your social worker?
 - o Ask questions?
 - o Disagree with your social worker's assessment?

How regularly did you see the social workers throughout the assessment process?

- Was this often enough? Too often?
- How, if at all, could contact have been improved?

Was it helpful to talk to your social workers about what they viewed as your strengths, and any concerns they had?

- Why was/wasn't this helpful?
- Did you agree or disagree with their assessment of your strengths and any concerns? Why/why not?
- Did this discussion help you understand the social workers' concerns and any changes you needed to make?
- Did this discussion help you understand how the social workers reached the decision they did about [child's name] returning home?
- Did you understand what issues the social workers were looking at and why?

Did the parental agreement help you understand what changes were needed before [child's name] could return home?

- Why did/ didn't it help?
- Were the goals you needed to achieve clearly explained?
- If not, why not? How could this have been done better?
- Did the goals make sense?
- Did you feel they were realistic?
- Was written information about the goals easy to understand?

Were you made aware of the support and services available to help you achieve your goals and sustain change?

How did going through this assessment process feel compared with any other assessments you have been involved in? *[If it felt different, discuss why this was]*

Communication between you and social services

Overall, how well informed did you feel about the process of deciding whether [child's name] could return home?

- How could this have been improved?

How well informed did you feel about the support you and your child received?

- How could this have been improved?

How interested was your social worker in listening to your views about [child's name] returning home?

- Did they ask for your views?
- Did they act upon what you told them?
- How important was it that they listened to your views?
- How seriously did you feel your views were taken?

Do you feel it had any impact on the outcome of the assessment?

How interested was your social worker in listening to your child's views about returning home?

- Did the social worker ask for their views?
- Did they act upon what they were told?
- Do you feel it had any impact on the outcome of the assessment?

Is there anything that could have been improved about the way that your social worker communicated with you or [child's name] throughout the process of return home? *[Please explain]*

Your experience of support

What discussions did you and the social workers have about any support you would need before and after [child's name] returned home?

- At what point did you talk about support?
- How useful was this?
- Did it help you to receive the right type of support?
- Was the support you wanted available?

Can you tell me what types of support you or [child's name] received in the lead up to, or after [child's name] returned home?

[N.B. The interviewer will have a list of support services to use as prompts based on the service provision checklist. The following questions will be asked in relation to relevant forms of support].

How helpful was that support/service in addressing your/ your child's needs?

Do you think it was the right kind of support for you/ your child? *[What would you have preferred?]*

Was it intensive enough? *[What would you have liked?]*

Is there any other support that you think would have helped you/ your child?

Did you and/ or your child start receiving the support or services at the right time?

Were services and support available for long enough post-reunification?

Did you have to wait for any support?

- Did you eventually receive the support?
- How long did you have to wait?
- Did the waiting time have any impact on your child's return home?

Did the level or type of support you/ your child received change at all during the assessment process?

- If so, was this discussed with you before it happened?
- Did you agree to the change?
- Did you understand why the change was being made?

How did you feel about the way social workers monitored the changes you were trying to make?

- Were you given enough time to demonstrate that you were making and sustaining change?
- What sort of messages or feedback did you receive from your social workers and other professionals supporting you? *[Was feedback similar or different?]*
- Did you feel the system was fair?

[Where a decision was made NOT to return a child home]

When the decision was made not to return [child's name] home, did someone talk through the reasons for that decision with you?

Were you and [child's name] given support to deal with that decision?

- What support were you given?
- Was it helpful?
- Why/why not?

- Would any other support have been helpful? (please explain)

Did the social workers discuss plans for [child's name] and your ongoing contact?

- If so, how did you feel about those discussions?
- Did it help you deal with the decision not to return [child's name] home?

Final questions

Overall, is there anything that you particularly liked or found helpful about the way your social worker worked with you throughout the return home process? *[Please explain]*

Is there anything you particularly disliked or found difficult about the way your social worker worked with you throughout the return process? *[Please explain]*

Did you feel adequately prepared for reunification?

- Did you feel [child's name] was adequately prepared?
- What more could have been done?

Have you had a child returned home from care before?

- Did the process seem any different this time? *[In what way?]*

Is there anything else you would like to say?

Interview guide 3: Children and young people

Interviews with younger children (under 11 years approx.)

(Interviewer to select schedule for younger or older children/yp as appropriate)

Key issues:

- Explore what the child understood about the return home assessment and decision making process.
- Understand who the significant people were in the child's life around the time of the return home assessment/process and which professionals they were involved with.
- Explore how involved the child felt in the return home assessment and decision making process.
- Explore if, and how much, the child feels their views and feeling were taken into account?

Talk through the assent/ consent form with the child/young person

Warm up

Let's check that the recorder works.

I'll turn it on and then ask you a couple of questions.

Then we can play back what we said.

- (Name) how old are you now?
- When's your birthday?
- What's your favourite.....?

Let's play the recording back.

Before we go on, I just need to explain some things again.

You might not want to answer all my questions.

And after I've asked you a few questions you might not want to answer any more - you might want to stop.

Here's are 'Stop' and 'Go' signs for you to use to let me know that you don't want to answer a question and if you want to stop.

So, let's practice.

Let's imagine you *don't* want to answer my questions.

- What's your favourite food?
- What's your favourite drink?

Who is involved in the child's life?

Introduce picture making

I'd like to make a picture with your family on it, and maybe the people you've lived with before. We can add different people you know.

[Use A3 paper, stickers and coloured pens]

Let's start with a sticker for you and put it in the middle.

Can you tell me about the people [and pets] you live with now?

[Add them to the map]

Are they funny, happy, caring/ what do you like about them etc?

Who else do you see/spend time with?

Friends/ teachers/ sports teams/ nurse etc.

[Add them to the map]

How often/ when do you see them?

And so who did you live with before you lived here with [mum/dad/relative]?

[Add them to the map]

Are they funny, happy, caring/ what did you like about them etc?

Talking about reunification and the child's understanding of the process

When you were living with [name of last carers], did somebody come and talk to you about coming to live with your [mum/ dad/ relative] again?

Who talked to you?

[Add them to the map if not already on it]

Can you remember the sorts of things you talked about? [What they wanted to happen/ their feelings about leaving their carers/ their views of the timing of the return home]

Did you like talking to them?

Why was that?

Did they listen to what you said?

Did anyone else *[on the map]* come and talk to you and help you understand what was happening?

[Add them to the map if not already on it]

Who was that?

And what did you talk about with them? *[What the child wanted to happen/ their feelings about leaving their carers/ their views of the timing of the return home].*

And did they listen to what you had to say?

[If appropriate, explore how child felt about having multiple professionals/ grown-ups involved]

Who do you like to talk to about 'big things', so maybe if you have a problem or a worry?

Why are they good to talk to?

Did you talk to them about living with *[mum/dad/relative]*?

And who was the best person to talk to about moving back to live with your *[mum/dad/relative]*?

What do you like about talking to them?

Are they always about when you want to talk or ask them a question?

Post reunification

After you moved here to live with your *[mum/dad/relative]*, did any grown-ups come and see how you were getting on? *[Refer to people on the map]*

Can you remember who came to see you?

Can you tell me what sort of things you talked about? *[How you were feeling/ things you liked about being at home/didn't like/ what sorts of things you were doing].*

Can you remember how many times they came to see you?

Was it always the same grown-up who came to see you or were there different people?

Interviews with older children/ young people (11 years and older approx.)

(Interviewer to select schedule for younger or older children/yp as appropriate)

Key issues:

- Explore what the child/ yp understood about the return home assessment and decision making process.
- Understand who the significant people were in the child/ yp's life around the time of the return home assessment/process and which professionals they were involved with.
- Explore how involved the child/yp felt about the return home assessment and decision making process.
- Explore if, and how much, the child/yp feels their views and feeling were taken into account?

Talk through the assent/ consent form with the child/young person

Introduction

- I would like to talk to you about when you moved back to live with your [mum/ dad/ relative], so I can get an idea of who helped you and how you felt about what was happening at the time.

But before we go on, I just need to explain some things.

- Your safety is the most important thing in the world, so if I thought that you, or another child could be hurt, I would need to tell someone else. Apart from that, I won't tell anyone what you say to me today. If in our project, we write about anything you share with me, we will change your name so nobody knows who it is about.
- I would like to record our conversation today using an audio recorder, so that I don't need to write lots of notes and can concentrate on listening to you. I might make a few notes as we talk. My notes and the recording will be locked in a filing cabinet and stored securely on a computer. Would that be ok?
- You might not want to answer all my questions. And after I've asked you a few questions you might not want to answer any more - you might want to stop. If you don't want to answer a question, or if you want to stop, just say so. That's fine.

Do you have any questions before we begin?

Who is involved in the child/ yp's life?

I'd like to make a picture or map of the different people in your life, so the people you live with and the different people you spend time with. It will help me understand how people are involved in your life.

[Use A3 paper, stickers and coloured pens]

Let's start with you in the middle and add the people your live with.

Can you tell me about the people you live with now?

[Add them to the map]

Are they funny, happy, caring/ what do you like about them etc?

Who else do you see/spend time with?

Friends/ school/ sports teams/ mentor/ counsellor/ nurse etc.

[Add them to the map]

How often/ when do you see them?

And so who did you live with before you lived here with [mum/dad/relative]?

[Add them to the map]

Were they funny, happy, caring/ what do you like about them etc?

Talking about reunification and the child/ yp's understanding of the process

When did you first find out that you might be able to live with your mum and dad again?

When you were living with [name of last carers], did somebody come and talk to you about living with your [mum/ dad/ relative] again?

Can you remember who you talked to?

[Add them to the map if not already on it]

Can you remember the sorts of things you talked about? *[Tease out what they talked about].*

- What they wanted to happen
- Their feelings about leaving their carers
- Their views of the timing of the return home

- Did they know they were part of the Taking Care service?
- Were they aware of the 'traffic lights' assessment tool

How did you feel about talking to [name of person] about moving home?

Why was that?

Do you think what you said made a difference?

Is there anyone you would have preferred to talk with about it?

Why?

Did it help you understand what was happening around this time, i.e. what the social workers were thinking about before they decided if you could live with your [mum/dad/relative]?

Did anyone talk to you about the assessment your parents were having?

What were you told about it?

- That it was as part of the Taking Care service
- What was involved in the assessment
- What your parents had to show the social workers
- What the possible results of the assessment could be

Did they ask for your views?

- About your parents' strength or weaknesses
- Whether you thought your parents could make changes
- About what would work to support your return home

What did you think about the assessment of your parents, i.e. did you think it was accurate?

How well informed did you feel about:

- the assessment your parents were having?
- the decision about whether you could live at home?

What, if anything, could have been done to explain things to you better?

Did anyone else *[on the map]* talk to you or help you understand what was happening around this time?

[Add them to the map if not already on it]

Who was that?

And what did you talk about with them? *[Tease out what they talked about].*

- What the child wanted to happen

- Their feelings about leaving their carers
- Their views of the timing of the return home

[If appropriate, explore how child/ yp felt about having multiple professionals/ adults involved]

Were you getting any support to help you prepare to move back to live with your parents? [For example, an advocate, camhs].

What sort of support were you getting?

Was it any good/did it help you?

Would you have liked any other support? [What type/was it discussed/ why wasn't it provided]

Did anyone at school support you around the time you moved home?

Who helped you?

How did they help?

How useful was it?

Could they have done anything else to help?

[Where appropriate] Did your foster carer help prepare you for moving home?

How did they help?

How good was it to have that help?

Is there anything else they could have done to help you?

Who do you like to talk to if something big is happening, or if you have a problem or a worry?

Why are they good to talk to?

Did you talk to them about moving back to live with [mum/dad/relative]?

Did it help?

In what way?

Are they always about when you want to talk or ask them a question?

Involvement in LAC review meetings

Were you involved in your looked after child reviews before you moved back to live with your [mum/ dad/ relative]?

[This review is a meeting to discuss your care with the people who are involved in looking after you including your parents, carers and social workers.]

If so, did you talk to someone before the review meetings about what you wanted to say?

Who?

Did they listen to you?

Did you attend any review meetings?

If yes, how did you feel about being in the meetings?

Did you feel like you could share your wishes and feelings if you wanted to?

Did you share your wishes and feeling about living with your birth parents?

Do you think it made a difference?

If no, would you like to have been included in these meetings?

Could anything have been done differently to make you feel more involved in the LAC review meetings?

Post reunification

After you moved back with your [mum/ dad/ relative] did you get any support to help you settle in? [For example, an advocate, camhs].

What sort of support were you given?

How long did you have that support for?

Was it any good/did it help you?

Would you have liked any other support? [What type/was it discussed/ why wasn't it provided]

After you moved back in with your [mum/dad/relative], did anyone come and see how you were getting on? [*Refer to people on the map*]

Can you remember who came to see you?

Can you tell me what sort of things you talked about? [How you were feeling/ things you liked about being at home/didn't like/ what sorts of things you were doing].

Did what you say make a difference?

Can you remember how many times they came to see you?

Was that often enough?

Was it always the same person who came to see you or were there different people?

Did it matter that it was [the same/different] people?