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Residential parenting assessments: uses, costs and contributions to effective and timely decision-making in public law cases

Research report

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Contents

List of tables	4
Acknowledgements	5
Executive summary	6
Introduction	6
Aims, objectives and methodology	6
Key findings	8
Conclusion	13
Chapter one: Background and methodology	15
Chapter two: Similarities and differences in patterns of use of, and expenditure on, residential parenting assessments	23
Use of residential parenting assessments	23
Conclusion	33
Chapter three: Reasons for initiating residential parenting assessments and children's social care professionals' perspectives on their strengths and limitations	35
Introduction	35
Reasons for initiating residential parenting assessments	35
Strengths of residential parenting assessments	38
Limitations of residential parenting assessments	40
Chapter four: The children and parents involved in residential parenting assessments	44
The children's characteristics	44
Issues affecting parenting capability	47
Co-occurrence of issues affecting parenting capability	50
Providers and time spent in residential parenting assessment centres	51
Chapter five: Residential parenting assessments: recommendations	54
Introduction	54

Risk and protective factors identified before the residential parenting assessments	54
Risk classifications at the time of the core assessment	57
Residential parenting providers' recommendations	57
Recommendations in favour of children remaining with their parents	58
Alignment between residential providers' recommendations and final placements	76
Chapter Six: 'Value added' by residential assessments set against the cost incurred	78
Conclusion	92
References	94
Appendix 1: Expert panel members	100

List of tables

Table 1.1: Survey returns by geographical location	17
Table 1.2: Survey returns by local authority type	18

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Executive summary

Introduction

The Family Justice Review (FJR) highlighted the need for timely decision-making and high quality assessments in care proceedings and recommended wide-ranging reforms intended to put children's interests back at the heart of the process (Ministry of Justice, the Department for Education and the Welsh Government, 2011). During the course of the FJR concerns were raised 'about the value of residential assessments of parenting capacity, particularly set against their cost and lack of clear evidence of their benefits' (p.18). The Childhood Wellbeing Research Centre (CWRC) was commissioned by the Department for Education (DFE) to undertake a small-scale research study to explore the role, costs and contribution that residential parenting assessments make to timely and effective decision-making in public law.

Residential family centres are defined in section 4(2) of the Care Standards Act 2000 as establishments at which:

- accommodation is provided for children and their parents;
- the parents' capacity to respond to the children's needs and to safeguard their welfare is monitored or assessed; and
- the parents are given such advice, guidance and counselling as is considered necessary (Department for Education, 2013, p.3).

Residential parenting assessments conducted in residential family centres are intended to provide robust, fair and evidence based assessments of parenting skills and capability for local authorities and the courts (Department for Education, 2013). Assessments are undertaken in accordance with the *Framework for Assessment of Children in Need and their Families* (Department of Health, 2000) and should take into account: a child's developmental needs; the capacity of the parents to support their child's development and respond appropriately to their needs; and wider family and environmental factors that may impact on the child's development and parenting capacity. Although there are these commonalities, Ofsted inspection reports demonstrate that there are variations in the theoretical bases underpinning practice in different establishments, the quality of assessments and partnership working with placing local authorities and the courts.

Aims, objectives and methodology

The aims of the research were to:

- explore similarities and differences in patterns of use of, and expenditure on, residential parenting assessments in different local authorities;

- examine residential assessment recommendations (remain with parents or separation) and subsequent court decisions (align with or deviate from assessment recommendations);
- assist with understanding whether judgements of parental capability made as a result of residential assessments are an accurate predictor of actual parenting capability once a child returns home (reliability and sustainability of plans) and in this context whether the costs incurred are justifiable.

A mixed methods approach was adopted to meet the aims of the study, which included the following:

- a national online survey to Assistant Directors of Children's Social Care services in every local authority in England (completed by 44 local authorities);
- in-depth data collection in three local authorities to collect children's social care and court record data on a total of 33 cases where a residential parenting assessment was completed in the year ending 31 March 2012;
- interviews with 10 social workers involved in the cases above;
- a costing exercise to explore variations in costs according to provider and levels of need.

The local authorities identified for in-depth data collection were purposively selected to ensure that there was a sufficiently large sample of cases for scrutiny (i.e. they each commissioned a high number of residential parenting assessments).

Two expert panels were convened to provide independent scrutiny of 8 of the 33 in-depth cases. The research team presented the panel with detailed summaries of these cases, which were selected at random.

To guide judgements on the 'value added' by the residential parenting assessment reference was made to Turney and colleagues' (2011) review of research evidence on features of good and poor quality assessment. They identify that good quality assessments (among other things) ensure that the child remains central, contain full, concise and accurate information and include analysis that makes clear links between recorded information and plans (Turney *et al.*, 2011, p.13). The research team also drew upon Hindley and colleagues' (2006) systematic review of studies exploring outcomes following identification of child abuse and neglect. This identified a number of factors associated with an increased likelihood of significant harm, contrasted with protective factors associated with a decreased likelihood of its recurrence. Ward, Brown and Westlake (2012) have developed a risk classification system drawing on this framework. This was adopted in this study in order to examine similarities and differences in decisions and recommendations based on the circumstances of the families and knowledge gained through assessment processes.

Strengths and limitations of the research

Research evidence on the use of residential parenting assessments in England is exceedingly limited. This small-scale study provides data that contributes to understanding the patterns of use, and expenditure on, residential parenting assessments and the profile of children and families who undergo such assessments. In interpreting the findings it is important to recognise that the decisions and actions taken by children's social care and the courts, (including the timing, use and the terms of reference for this form of assessment), and actions post-assessment, have a significant bearing upon outcomes and are outside the control of residential providers.

The in-depth data serves to illuminate the complex inter-play of factors that can influence children's life pathways and the contribution that residential parenting assessments can make in the decision-making process. However, the sample size is small and this does limit the extent to which findings can be generalised. Due to time and resource constraints the study also relied heavily on children's social care and court record data. Further research involving observation in residential assessment centres, interviews with staff and families in these settings, and with social workers, team managers, local authority solicitors and judges should be undertaken to provide a fuller picture of the strengths and limitations of residential parenting assessments, compared to alternatives. Longer term follow-up would also be desirable to facilitate exploration of whether arrangements prove sustainable in the medium to long term. Changes in practice following implementation of the revised Public Law Outline (PLO) also warrant further exploration: the 26-week time limit for care proceedings and measures to limit the use of experts are likely to influence the use of residential parenting assessments pre-proceedings and within the court arena (Public Law Outline, 2014; Children and Families Act 2014).

Key findings

Similarities and differences in patterns of use of, and expenditure on, residential parenting assessments

- Between April 2011 and October 2013 a total of 457 residential parenting assessments were undertaken by 44 local authorities.
- There were wide variations between local authorities in the number of residential parenting assessments initiated by children's social care or the courts.
- Only five local authorities in 2011-12 and eight in 2012-13 commissioned or undertook more than ten residential parenting assessments per year.
- Findings suggest that the number of residential parenting assessments is likely to be determined by court practices and local authority factors, such as policy and procedures, experiences and views regarding the efficacy of residential parent assessments and population factors such as the proportion of vulnerable families and/or children in need in a given area.

- Of those local authorities that provided data on the proportion of residential parenting assessments that had been initiated by children's social care or the courts since 2011 (n= 27), the majority (n=20, 74%) reported that half or more had been court directed.
- Across the 44 local authorities that participated in the survey, the total expenditure on residential parenting assessments between April 2011 and October 2013 was £7,763,711.
- The most expensive single residential parenting assessment was £127,000 and the least costly was £899.

Reasons for initiating residential parenting assessments and children's social care professionals' perspectives on their strengths and limitations

- Social workers and managers need to make difficult decisions about how to safeguard children from harm, manage risk and promote the development of secure attachments. Residential parenting assessments are one of the methods available to local authorities and the courts to inform assessments of parenting capability to support long term planning. Others include community based assessments, or parent and child fostering assessments.
- Court directions were most commonly ranked in the top three most important reasons for using residential parenting assessments. This was followed by recognition of their importance in high risk cases where residential parenting centres were perceived to assist in managing risk and safeguarding children without separating them from their parent(s).
- Strengths of residential parenting assessments identified in the survey and interviews included: safety without separation; provision of robust and independent evidence; intensive assessments that illuminate strengths and limitations of parenting capability in a compressed timeframe; and the scope for therapeutic input, training and advice for parents.
- Survey respondents and social workers also highlighted that residential parenting assessments facilitated the provision of support for parents around substance misuse, mental ill-health or intimate partner violence. In this sense residential parenting assessment centres provide a therapeutic or treatment function alongside an assessment of parenting capability in some instances.
- The intensive nature of residential parenting assessments has the potential to provide evidence of whether or not parents have the capability to provide 'good enough' parenting, on a consistent basis, within a relatively short timeframe.
- The following were identified as potential limitations of residential parenting assessments: families are divorced from the reality of day-to-day family life in their own home and communities; extended assessment periods; the high levels of surveillance and the intensity of the process; and variations in the quality of assessments. The first of these reasons was the most commonly cited limitation of residential parenting assessments.

The children and parents involved in residential parenting assessments

- The majority of children were very young at the point when residential parenting assessments commenced: nearly half entered these centres as newborns or within the first month of life.
- Just over half the mothers had experienced abuse and neglect in their own childhoods and nearly a third had spent a period in care or accommodation themselves. The figures for fathers were 29 per cent and 18 per cent respectively.
- Just under half (48%) of the in-depth sample of mothers were recorded as suffering from mental ill-health.
- Over two fifths of the mothers involved in a residential parenting assessment were misusing substances. Records showed that half of fathers had drug or alcohol problems.
- Thirty eight per cent of mothers and 32 per cent of fathers had had previous children removed from their care.

Providers and time spent in residential parenting assessment centres

- Local authorities that completed the survey had used a total of 52 residential assessment centre providers between them and the in-depth sample were assessed in 18 different centres.
- Some families are placed a considerable distance from home. This can serve to remove parents from their community and support networks, or distance them from negative influences, depending upon the circumstances of the case.
- Fifty five per cent of residential assessments lasted up to 12 weeks. Forty five per cent of cases lasted more than 12 weeks, even though for the purposes of family justice proceedings the expectation is that residential assessments will not usually exceed three months.
- Twenty three survey respondents anticipated that local authority practice in respect of the use of residential parenting assessments would change following implementation of the revised PLO. They anticipated that assessments would be front-loaded pre-proceedings and that greater use would be made of community based assessments.
- Some local authorities reported that they were taking steps to enhance their community based family assessments and training and supporting their social workers to be 'experts' so that their assessments would be more readily accepted in the court arena.

Residential parenting assessments: recommendations

- Residential parenting assessments do not happen in a vacuum: the quality of children's social care assessment, planning and intervention before, during and after the residential parenting assessment, and court decision-making, will all have a significant bearing upon case progression and outcomes.
- Hindley and colleagues' (2006) systematic review of studies exploring outcomes following identification of child abuse and neglect identified a number of factors

associated with an increased likelihood of significant harm, contrasted with protective factors associated with a decreased likelihood of its recurrence. Drawing on this framework, Ward, Brown and Westlake (2012) developed a classification system to assist in distinguishing between families where the likelihood of children suffering significant harm appeared to be higher or lower than others. Families were categorised as follows:

Severe risk of significant harm: families showing risk factors, no protective factors and no evidence of capacity to change.

High risk of harm: families showing risk factors and at least one protective factor, but no evidence of capacity to change.

Medium risk of harm: families showing risk factors and at least one protective factor *including evidence of capacity to change* (emphasis added).

Low risk of harm: families showing no risk factors (or families whose earlier risk factors had now been addressed), and protective factors including evidence of capacity to change (p.69).

- Based on data from children's social care core assessments, 13 children (39%) were classified as being at severe risk, and a further 16 (48%) were classified as being at high risk. Two children (6%) were classified as being at medium risk. Two (6%) of the 33 cases were not categorised, as residential parenting assessments were initiated in response to a specific and isolated incident, and wider issues concerning parenting capability or family and environmental factors were not reported.
- Residential parenting providers' recommended that 11 children should remain with their parents (33%) and that 17 (52%) should be separated and permanently placed away from home. In five cases (15%) they recommended a further period of assessment in the community to inform the decision-making process.
- In eight of the 13 (62%) severe risk cases the residential assessment provider recommended that the child should not return home. They recommended that the child should remain with their parents in three cases (23%) and further assessment in the remaining two cases (15%).
- In half of the high risk cases (8 of the 16) the residential provider recommended that the child should not return home. In five cases (31%) they concluded that it was safe for the child to remain with their parent(s). In three cases (19%) a further period of assessment in the community was recommended before a final decision was taken by children's social care or the courts on whether or not permanence needed to be sought away from home.
- The vast majority of placement outcomes (based on data available from children's social care records up until December 2013, between 15 and 32 months after the assessments concluded) were consistent with the residential parenting providers' recommendations.

- Ten of the 11 children (91%) that the residential providers had recommended should return home were living with the parent(s) who underwent the residential parenting assessment, and no safeguarding concerns had come to the attention of children's social care services since these cases had been closed.
- In all but one of the cases where the residential parenting provider recommended children were placed away from the parent(s) who underwent assessment, this plan was fulfilled (16 of 17, 94%). Of this group just over half (9 of 17, 53%) were placed for adoption.
- In a third of the in-depth sample cases there were differences of professional opinion on children's placements following the conclusion of residential parenting assessments. In the majority of these, children's social care perceived that the residential provider or the court were over-optimistic that parents could sustain changes longer term. Wider research highlights the fragility of reunification in some circumstances (Farmer and Lutman, 2010; Wade et al., 2011; Ward, Brown and Westlake, 2012).
- In each of the high risk-return home cases where there were concerns about recommendations, the sustainability of plans, or standards of care, the mothers had learning difficulties. Determination of whether they could provide safe and effective care, and whether return home was viable, was also a lengthy process. Findings suggest that children's social care, residential providers and the courts may have different perspectives on the level of support that parents, particularly those with learning disabilities, should be able to expect from children's social care in order for them to provide adequate care for their child in the community.

'Value added' set against the costs incurred

- The costs of the residential parenting assessments in the three illustrative costs case studies ranged from £10,610 in Amelia's case to £67,020 in Darren's case. However, as the discussion served to illustrate, in each there were different perspectives on the appropriateness of commissioning these assessments in the first place. It is important to note that local authorities and/or the courts set the terms of reference for the providers' assessment, and so judgements in this respect are a reflection on their decisions, *not* on the residential parenting assessment providers themselves.
- Overall, the research team or expert panel judged that commissioning a residential parenting assessment was 'appropriate' in 18 cases (58%¹). The research team rated a higher proportion of cases as 'appropriate' (15/23:65%) than the expert panel (3/8:38%). The use of this type of assessment was perceived to be of value for one or more of the following reasons:

¹ n=31, missing data in two cases

- Safety without separation in severe or high risk cases where it was judged that it would be difficult to manage the risks in alternative settings;
 - Support and specialist advice and guidance for parents with learning disabilities or young parents (including care leavers);
 - Cases where the index child or a sibling had suffered non-accidental injury and it was unclear who the perpetrator was and whether one parent was protective.
- In 13 of the 31 cases analysed (42%) qualitative data suggested that a residential parenting assessment should not have been commissioned. This was the conclusion reached by the majority of the expert panel in five cases and by the research team in a further eight cases. Two key issues emerged: firstly, that in some cases there was little to be gained from undertaking an assessment, as there was sufficient evidence to determine that this would place the child at high risk, and the likelihood of success was remote; and, secondly, that there were cases where, based on presenting concerns, it was judged that a community based assessment or parent and child fostering assessments would serve to provide a more realistic picture of whether families would be able to parent in their communities.
 - In drawing conclusions about whether the costs incurred in the conduct of the residential parenting assessments were 'justifiable' the research team took into account: whether commissioning a residential parenting assessment was 'appropriate' in the first place; the evidentiary benefit and knowledge gained as a result of the residential parenting assessment (above and beyond what was known from previous children's social care involvement and the core assessment); whether the assessment remained child centred (or focused more on the treatment and therapeutic needs of the parent). Based on the information gathered the conclusion was the costs of assessments were 'justifiable' in 43 per cent of the in-depth sample cases.

Conclusion

Half of the children in the survey and in-depth sample entered residential parenting assessment centres shortly after birth, reflecting their vulnerability and the entrenched difficulties that the majority of their parents were facing. In the in-depth sample all but four children were classified as being at severe risk (13/39%) or high risk (16/48%) of future significant harm. Post-assessment (and intervention) residential parenting providers recommended that 11 children should remain with their parents (33%) and that 17 (52%) should be separated and permanently placed away from home. In five cases (15%) they recommended a further period of assessment in the community to inform the decision-making process. In cases where children remained with parents, in line with residential providers' recommendations, there was no evidence on children's social care records of safeguarding concerns following case closure (15 to 32 months post-

assessment). However, in a third of cases there were major differences of opinion about whether 'good enough' parenting could be sustained in the medium to long term or whether permanence away from home should be pursued. This related to a wider issue concerning differences in professional opinion about what level of support children's social care could sustain, and over what timeframe, to support parents and keep children safe from harm.

A key strength of residential parenting assessments identified during the course of the research was that it can provide relative safety without separating children from parents when the risks are high and/ or there are significant gaps in knowledge about parental functioning or relationship dynamics. The intensive nature of residential parenting assessments also has the potential to provide evidence of whether or not parents have the capability to provide 'good enough' parenting, on a consistent basis, within a relatively short timeframe, thus supporting the timely conclusion of proceedings. However, as the case studies illustrate, these benefits are not automatic and findings from the research serve to highlight that local authorities and the courts need to be discerning in their use of residential parenting assessments.

In four out of ten of the in-depth cases the expert panel and/or the research team concluded that a residential parenting assessment was inappropriate either because there was sufficient evidence available to reach a decision without it, or because a community based assessment would have been more appropriate. In this context it is important that children's social care and the courts critically consider the circumstances of specific cases to inform decisions about their use. They should not be used as a means of delegating or postponing difficult decisions, but rather as a tool to obtain evidence that cannot be reliably obtained in a community setting. They may also serve as a springboard to maximise the chance of parents succeeding (where there is sufficient evidence that parental circumstances are amenable to change within the child's timeframe).

Further research should be undertaken to examine: changes in practice following the introduction of the 26 week timetable for the completion of care proceedings; similarities and differences in the quality of residential parenting assessments centres, what they provide and the theoretical frameworks that inform their practice; professional partnerships that influence the use and outcome of residential parenting assessment; and the sustainability of arrangements in the medium to long term (in the context of services provided post-assessment). The views of parents should also be sought.

Chapter one: Background and methodology

The Family Justice Review (FJR) highlighted the need for timely decision-making and high quality assessments in care proceedings and recommended wide-ranging reforms intended to put children's interests back at the heart of the process (Ministry of Justice, the Department for Education and the Welsh Government, 2011). During the course of the FJR concerns were raised 'about the value of residential assessments of parenting capacity, particularly set against their cost and lack of clear evidence of their benefits' (p.18). The Childhood Wellbeing Research Centre (CWRC) was commissioned by the Department for Education (DFE) to undertake a small-scale research study to explore the role of residential parenting assessments, their costs and the contribution that such assessments make to timely and effective decision-making in public law.

Residential family centres are defined in section 4(2) of the Care Standards Act 2000 as establishments at which:

- accommodation is provided for children and their parents;
- the parents' capacity to respond to the children's needs and to safeguard their welfare is monitored or assessed; and
- the parents are given such advice, guidance and counselling as is considered necessary (Department for Education, 2013, p.3).

Residential parenting assessments conducted in residential family centres are intended to provide robust, fair and evidence based assessments of parenting skills and capability for local authorities and the courts (Department for Education, 2013). Assessments are undertaken in accordance with the *Framework for Assessment of Children in Need and their Families* (Department of Health, 2000) and should take into account: a child's developmental needs; the capacity of the parents to support their child's development and respond appropriately to their needs; and wider family and environmental factors that may impact on the child's development and parenting capacity. Although there are these commonalities, Ofsted inspection reports demonstrate that there are variations in the theoretical bases underpinning practice in different establishments, the quality of assessments and partnership working with placing local authorities and the courts.

High court rulings have highlighted that the main focus of *court directed* residential parenting assessments (under section 38(6) of the Children Act 1989) must be 'assessment' rather than 'treatment' of the parent, and that it would be unusual for assessments to take more than 12 weeks (Re G (Interim Care Order: Residential Assessment) [2005] UKHL 88). Although the *Care Profiling Study* (Masson *et al.*, 2008), and a review of a random sample of public law cases (Cassidy and Davey, 2011), found that residential parenting assessments were used in around 16 per cent of care proceedings, there is a gap in the evidence base concerning the quality of residential assessments and subsequent decisions taken. Providers of residential assessments have neither maintained records nor have they explored similarities and differences in

families' characteristics and subsequent outcomes (Doughty, 2006). Wider research on children who have returned home from care has concluded that experts may be too optimistic about parents' capability to care for their children in the longer-term and that outcomes can be poor (Farmer and Lutman, 2010; Wade et al., 2011; Ward, Brown and Westlake, 2012).

Given that residential parenting assessments have the potential to influence life changing decisions about whether children can return home it is important that more is understood about when they are used and the contribution that they make to the just and timely conclusion of proceedings. When residential assessments are used it should also be acknowledged that findings are part of a larger jigsaw of evidence which local authorities and the courts can draw upon to inform the decision-making process. Conclusions and subsequent outcomes need to be understood and situated within the wider context of the children and families' involvement with children's social care services and court directions.

The aims of the research were to:

- explore similarities and differences in patterns of use of, and expenditure on, residential parenting assessments in different local authorities;
- examine residential assessment recommendations (remain with parents or separation) and subsequent court decisions (align with or deviate from assessment recommendations);
- assist with understanding whether judgements of parental capability made as a result of residential assessments are an accurate predictor of actual parenting capability once a child returns home (reliability and sustainability of plans) and in this context whether the costs incurred are justifiable.

A mixed methods approach was adopted to meet the aims of the study, which included the following:

- a national online survey to Assistant Directors of Children's Services in every local authority in England;
- in-depth data collection in three local authorities to collect children's social care and court record data on a sample of cases;
- interviews with social workers involved in the sample of cases;
- a costing exercise to explore variations in costs according to provider and levels of need.

Phase One: National on-line survey

The first phase of the research involved an online national survey which was distributed to every Assistant Director of Children's Services in England to gather information on:

- patterns of use of, and expenditure on, residential parenting assessments;

- commissioning arrangements and providers of residential assessments;
- perceived strengths and limitations of residential parenting assessments.

Anonymised summary data were also requested from each local authority on their two most recently concluded residential parenting assessments. Information was sought on: whether assessments were initiated by the local authority or court directed; the family members involved; issues affecting parenting capability; concerns at the point of assessment; recommendations and outcomes.

Forty four local authorities responded to the survey: a 29 per cent response rate². Twenty three of these local authorities also supplied case specific data. The timing of distribution (Summer 2013) and the short time frame for completion may have limited some local authorities' capacity to participate. Some authorities may also have opted out because they commission very few or no residential parenting assessments. The two tables below outline the survey returns and response rate by local authority type and region.

Table 1.1: Survey returns by geographical location

Geographical location	Number of survey returns	Response rate by geographical location (%)
North East	1	8
North West	4	17
Yorkshire and Humberside	2	13
East Midlands	2	22
West Midlands	3	21
East of England	2	18
Inner London	7	58
Outer London	2	10
South East	4	21
South West	4	25
Not specified	13	-
Total	44	-

² A recent online survey sent to Directors of Children's Services in every local authority in England to explore support for trafficked children had a similar response rate (33%) (Franklin and Doyle, 2013). A survey distributed to every Local Safeguarding Children Board in England to explore implementation of recommendations from the Munro Review of Child Protection secured a 39 per cent response rate (Munro and Lushey, 2012).

Table 1.2: Survey returns by local authority type

Local authority type	Number of Survey Returns	Response rate by LA type (%)
London Boroughs	9	28
Metropolitan	6	17
Unitary	8	15
County	8	30
Not specified	13	-
Total	44	-

Phase Two: Children's social care and court record data collection

The second phase of the research involved in-depth case record data collection in three local authorities. Preliminary analysis of the national survey data revealed that five had undertaken a sufficient number of assessments to facilitate access to at least ten residential parenting assessments conducted within a 12 month timeframe. Further details on similarities and differences between these authorities compared to the national profile are outlined in Chapter two.

Within each local authority a minimum of ten residential parenting assessments that concluded in the year ending 31 March 2012 were randomly sampled. Thirty three cases were scrutinised in total. The in-depth data collection sought to facilitate an understanding of:

- the decision-making processes influencing the life pathways of the children;
- similarities and differences in professional perspective on the progression of the cases and recommendations;
- the needs and circumstances of families undergoing residential parenting assessments;
- changes in parenting capability over time and implications for the children concerned;
- the proportion of judges that follow assessors' recommendations³;
- the reliability and sustainability of plans over time (i.e. whether parents who succeed in demonstrating their parenting capacities in a residential assessment centre were able to sustain this at home/in the community).

³ It cannot be assumed that the residential parenting assessment recommendation is the only or determining factor in the decision.

Data were collected on: the timing of key social work processes; the characteristics of the index child and his/her family; reason for referral; the child's needs; issues affecting parenting capability; evidence of risk and protective factors known to be associated with increased or decreased likelihood of significant harm; key decisions taken by children's services and information used to support these; similarities and differences of professional opinion concerning key decisions; the purpose, duration and conclusion of the residential assessment; judicial decisions; and changes in needs, circumstances and children's social care involvement over time.

Phase Three: Interviews with social workers

The in-depth case record data collection was complemented by interviews with social workers who had direct involvement in one or more of the in-depth cases. The lead social worker for each of the 33 cases included in phase two was invited to participate in a telephone interview lasting between 30 and 45 minutes. A total of ten social workers agreed to be interviewed⁴. The interviews incorporated general questions around the use of residential parenting assessment, including, factors influencing decisions to initiate residential assessments and their perspective on the use, quality, costs and outcomes of residential parenting assessments, as well as case specific questions and details of the services and support provided pre- and post-assessment.

Phase Four: Costing activity: variations in costs according to provider and levels of need

Since 2000, the Centre for Child and Family Research (CCFR) have been engaged in a programme of research to explore the costs and outcomes of services provided to vulnerable children (Ward *et al.*, 2008; Holmes and McDermid, 2012). Chapter six provides further details of the methodology employed to assist in understanding variations in cost according to provider and levels of need.

Analysis

Quantitative data from the national survey returns were entered into SPSS for descriptive analysis whilst the qualitative in-depth information, including that on specific cases, was transferred to an Excel spreadsheet for thematic analysis. Similarly, quantitative data from the in-depth case file analysis conducted in three local authorities was entered into an SPSS file, whilst contextual qualitative information on the case, including the case history, care proceedings data and residential parenting report was written up in MSWord to create a detailed summary profile for each case. The transcripts from the interviews with social workers were analysed thematically using the research questions as well as

⁴ Ten of the 33 social workers who were contacted declined to participate or did not respond to our request while a further ten were no longer in post.

taking a 'bottom-up' approach to identify any additional key issues emerging from the interviews.

Analytical frameworks and the expert panel

Several different frameworks were used to guide professional judgements on the 'value added' by residential assessments, set against the costs incurred and to reach a consensus about:

- whether, based on the presenting information, the initiation of a residential parenting assessment appeared to be an appropriate decision;
- the quality of the residential parenting assessment and whether they a) provided additional evidence above and beyond that presented by children's social care, and b) contributed to understanding future risk and parental capability to change.

Firstly, the analytical framework included reference to Turney and colleagues' (2011) review of research evidence on features of good and poor quality assessments on the basis that:

While it is not always straightforward to show that good outcomes for children necessarily follow from good assessments, there is certainly evidence to support the link – and conversely, to demonstrate that bad or inadequate assessments are likely to be associated with worse outcomes (Turney et al., 2011, p.2).

They identify that good quality assessments (among other things) ensure that the child remains central, contain full, concise and accurate information and include analysis that makes clear links between recorded information and plans (Turney et al., 2011, p.13). Secondly, the analytical framework drew upon Hindley and colleagues' (2006) systematic review of studies exploring outcomes following identification of child abuse and neglect. This identified a number of factors associated with an increased likelihood of significant harm, contrasted with protective factors associated with a decreased likelihood of its recurrence. Ward, Brown and Westlake (2012) have developed a risk classification system based on these factors. This was adopted in this study to examine similarities and differences in decisions and recommendations based on the circumstances of the families and knowledge gained through assessment processes⁵. Further details are provided in Chapter five.

Two expert panels were convened to provide independent scrutiny of 8 of the 33 in-depth cases. The research team presented the panel with detailed summaries of these cases, which were selected at random. The DFE approached a group of experts which included

⁵ This framework is also being piloted by the NSPCC as a new approach to assessment, decision-making, planning and monitoring of children returning home from care (NSPCC, 2012).

a judge, heads of legal departments, senior managers from children's social care services and residential parenting assessment providers to sit on this panel (see the Appendices for details of panel members). The research team presented the panel with detailed summaries of the eight cases, selected at random. Minor details were changed in order to preserve the anonymity of the families concerned. The case summaries included information on:

- background to the case including the reason for conducting a core assessment;
- issues affecting parenting capability;
- the child's developmental needs and strengths;
- family and environmental factors;
- the remit of the residential parenting assessment, work undertaken, outcome and recommendations;
- a summary of findings from any additional assessments that were conducted;
- views of parents, children's guardians and judges;
- court orders.

Ethical issues

Ethical approval for the study was received from the Institute of Education's Research Ethics Committee. The research was also approved by the Association of Directors of Children's Services and the Ministry of Justice. To protect the anonymity of those involved, the local authorities participating in the research and the social workers involved have not been identified. In order to preserve the confidentiality of children and families, pseudonyms have been used throughout the report. Some minor details have also been changed in each of the case examples. The details that have been altered do not relate to the issues that the summary is used to illustrate.

Strengths and limitations of the research

Research evidence on the use of residential parenting assessments in England is exceedingly limited and this small scale study provides data that contributes to understanding the pattern of use of, and expenditure on, residential parenting assessments, and the profile of children and families who undergo such assessments. In interpreting the findings it is important to recognise that the decisions and actions taken by children's social care and the courts, (including the timing, use and the terms of reference for this form of assessment), and actions post-assessment, have a significant bearing upon outcomes and are outside the control of residential providers.

The in-depth data does serve to illuminate the complex inter-play of factors that can influence children's life pathways and the contribution that residential parenting assessments can make in the decision-making process. However, the sample size is small and this does limit the extent to which findings can be generalised. Due to time

and resource constraints the study also relied heavily on children's social care and court record data.

Further research involving observation in residential assessment centres, interviews with staff and families in these settings and with social workers, team managers, local authority solicitors and judges should be undertaken to provide a fuller picture of the strengths and limitations of residential parenting assessments, compared to alternatives. Obtaining these perspectives is important to understand more about how professionals work in partnership and take a collective responsibility for contributing to outcomes that protect and promote the welfare of children and their families. Longer term follow-up would also be desirable to facilitate exploration of whether arrangements prove sustainable in the medium to long term. Changes in practice following implementation of the revised Public Law Outline (PLO) also warrant further exploration: the 26-week time limit for care proceedings (except in exceptional circumstances) and measures to limit the use of experts are likely to influence the use of residential parenting assessments pre-proceedings and within the court arena (Public Law Outline, 2014; Children and Families Act 2014).

Chapter two: Similarities and differences in patterns of use of, and expenditure on, residential parenting assessments

The FJR received evidence of variable and occasionally very high expenditure on residential assessments in individual public law cases (Ministry of Justice, Department for Education and Welsh Government, 2011). This Chapter provides a fuller picture of the use of, and expenditure on, residential parenting assessments and how costs are distributed across different local authorities.

Use of residential parenting assessments

In 2013 a national online survey was distributed to every Assistant Director of Children's Services in England. Data were requested on the total number of residential parenting assessments commissioned and the total expenditure on those assessments in the financial years 2011-12, 2012-13 and between April and October 2013. The local authorities were also asked to provide the costs of the least and most expensive assessment commissioned in that time period, along with data regarding funding and commissioning arrangements. Forty four local authorities supplied these data. Between April 2011 and October 2013 a total of 457 residential parenting assessments were undertaken in these 44 authorities. Table 2.1 shows the number of residential parenting assessments carried out with families in the financial years ending 31 March 2012 and 2013.

Table 2.1: Residential assessments conducted on families by financial year

Number of residential assessments conducted	April 2011-March 2012		April 2012-March 2013	
	Number of LAs	Percentage (%)	Number of LAs	Percentage (%)
0	5	11	7	16
1-2	11	25	15	34
3-4	11	25	6	14
5-10	4	9	2	5
10+	5	11	8	18
Not specified	8	18	6	14
Total	44	100	44	100

Findings revealed wide variation in the use of residential parenting assessments in different local authorities. As Table 2.1 shows, in 2011-12 and 2012-13, five (11%) and seven (16%) local authorities respectively reported that children's services and the courts had not commissioned any residential parenting assessments. In practice the figure may

be higher: where fields in the survey were left blank these were categorised as 'not specified' on the basis that data may have been missing. Half of the local authorities that responded to the survey reported that between one and four residential assessments had been conducted during the year ending 31 March 2012. This proportion decreased marginally in the following year. However, in some authorities figures were much higher: five local authorities in 2011-12 and eight in 2012-13 commissioned or undertook more than ten residential parenting assessments per year. Three completed more than 20 assessments in the study timeframe. The highest total number of residential parenting assessments was 36.

The average (mean) number of assessments completed in both financial years was five (standard deviation of 7.29 in 2011-12 and 7.56 in 2012-13). It is likely that the mean number of assessments is skewed by a small number of local authorities completing a large number of assessments. The median number of residential parenting assessments completed fell from three in 2011-12 to two in 2012-13. The latest data for April-October 2013 are presented in Table 2.2 below. During this period 25 local authorities had completed a total of 78 residential parenting assessments between them. The in-depth local authorities were purposively selected to ensure that there was a sufficiently large sample of cases for scrutiny and therefore they had all commissioned a high number of residential parenting assessments. Each of these local authorities commissioned more than ten assessments in each full financial year (2011-12, 2012-13). LA A commissioned 11 assessments in 2011-12 and 18 the following year. LA B commissioned 18 or 19 assessments per year. LA C did not provide data for 2011-12, but reported commissioning 36 assessments in 2012-13.

Table 2.2: Residential assessments conducted between April and October 2013

Number of residential assessments conducted	April – October 2013	
	Number of LAs	Percentage (%)
0	12	27
1-2	14	32
3-4	5	11
5-10	6	14
10+	0	0
Not specified	7	16
Total	44	100

Similarities and differences in each local authority's use of residential parenting assessments over time were also examined. Analysis revealed that in each local

authority the number of residential parenting assessments completed in one financial year was similar to the number completed in the following year. For instance, only one local authority that conducted four or fewer assessments in 2011-12 completed five or more in 2012-13. Likewise, only one local authority that completed more than five residential parenting assessments in 2011-12 conducted fewer than five in 2012-13. In 2011-12 two local authorities completed more than 20 residential parenting assessments (n=23 and 35 respectively). Both completed more than ten in the following year. These findings suggest that the number of residential parenting assessments is likely to be determined by court practice, local authority factors and views regarding the efficacy of residential parent assessments and population factors, such as the proportion of vulnerable families and/or children in need in a given area. This is also supported by the qualitative data supplied by participating local authorities. Of those local authorities that provided data on the proportion of residential parenting assessments that had been initiated by children's social care or the courts since 2011 (n= 27), the majority (n=20, 74%) reported that half or more had been court directed. It is therefore likely that court practice, and/or perception of court rulings is likely to influence the extent to which residential parenting assessments are used within a given area. The correlation between the number of residential parenting assessments conducted in 2011-12 and the number conducted in 2012-13 was found to be statistically significant.

Tables 2.3 and 2.4 below, show the number of residential parenting assessments completed by local authority type and geographical location. They show similar patterns of use of residential parenting assessments year on year. London boroughs and counties most frequently commissioned residential parenting assessments: accounting for two thirds of the assessments completed in 2011-12. It is of note that of the in-depth authorities, two are counties and one is an inner London authority. Overall, however, no statistically significant relationships between the number of residential parenting assessments and the type of authority, or the geographical region, were identified. A number of reasons may determine the use of residential parenting assessments including: population size, the numbers of families with complex needs, thresholds for using this type of assessment, along with court and local authority practices. However, the survey data were not sufficient to examine the degree of influence which each of these factors exerted on the number of residential parents assessments commissioned by the responding local authorities. Moreover, views and/or guidance regarding the efficacy, strengths and weaknesses of residential parenting assessments may influence both court and local authority decisions about commissioning them for individual families. There is some evidence from the survey data that attitudes regarding the merits of residential parenting assessments are mixed (see Chapter three), and these attitudes are likely to inform local authority decision-making, which, in turn, will influence the number of assessments that are commissioned. It is possible to hypothesise that these factors may go some way to explain the variations in the use of residential parenting assessments found in the survey.

Table 2.3: Residential parenting assessments by local authority type

LA Type	Total number of residential parenting assessments April 2011-March 2012			Total number of residential parenting assessments April 2012-March 2013		
	Total number	Percentage (%)	Average (mean)	Total number	Percentage (%)	Average
London Borough	53	30	7	39	19	5
Metropolitan	27	15	5	29	14	5
Unitary	26	15	4	26	13	4
County	58	32	12	85	42	14
Not specified	15	8	2	22	11	2
Total	179	100	-	201	100	-

Table 2.4: Residential parenting assessments by geographical location

Geographical Location	Total number of residential parenting assessments April 2011-March 2012			Total number of residential parenting assessments April 2012-March 2013		
	Total number	Percentage (%)	Average (mean)	Total number	Percentage (%)	Average
North East	0	0	0	0	0	0
North West	5	3	2	3	1	1
Yorkshire and Humberside	22	12	11	22	11	11
East Midlands	6	3	3	6	3	3
West Midlands	11	6	4	53	26	18
East of England	40	22	20	18	9	9
Inner London	48	27	8	36	18	6
Outer London	5	3	3	3	1	2
South East	17	9	4	23	11	6
South West	10	6	5	28	14	9
Not specified	15	8	1	9	4	1
Total	179	100	-	201	100	-

Expenditure on residential parenting assessments

The participating local authorities were invited to provide financial information about expenditure on residential parenting assessments. The total expenditure between April 2011 and October 2013 in the local authorities that supplied data was £7,763,711. Analysis revealed considerable variations in both overall spending on residential assessments and on the cost per assessment. The highest total spend by one authority in a financial year was £1,573,761, which funded 35 assessments. The lowest

expenditure was £2,142 which funded two assessments. The total expenditure in the in-depth authorities in 2011-12 was £446,275 in LA A and £588,567 in LA B. LA C did not provide data for this financial year. In 2012-13 total expenditure was £769,049 in LA A, £444,783 in LA B and £728,525 in LA C. These high total expenditure figures reflect the high number of assessments carried out by these authorities in the study timeframe. The most expensive individual assessment was £127,000 and the least costly was £899. LA A had the second highest costing assessment at £124,530.

Tables 2.5 and 2.6 present expenditure data, by local authority type, and geographical region, for 2011-12 and 2012-13. These show that, of the authorities that returned data, county authorities and those in the east of England reported the highest total and average expenditure per local authority in both financial years. London boroughs reported the lowest expenditure per local authority.

Data provided on the number of assessments were brought together with expenditure data to estimate an average cost per assessment. Research carried out by CCFR has demonstrated that the costs of child welfare services vary according to the level of service provided, the needs of the children or family in receipt of that service and local authority procedures (Ward, Holmes and Soper, 2008; Holmes and McDermid, 2012). Therefore an average cost per assessment calculated in this way may not provide the most accurate representation of the variation in costs between different types of residential parenting assessment. The illustrative case studies found in Chapter six highlight some of the drivers for variations in costs of individual assessments. For example, the weekly costs of the assessments provided in the case study examples ranged between £1,326 and £3,351 per week. These weekly costs may vary due to a number of factors including any additional or specialist support provided as part of the assessment. For instance, the assessment with the highest weekly cost was undertaken by a provider which specialised in assessments for parents with learning difficulties, and who employed staff with high levels of experience and expertise. The higher salaries required for these staff may account, in part, for the higher weekly cost. In addition, the number of weeks the assessment was provided also varied between eight and 18 weeks. The length of the assessment may be determined by needs and circumstances of the family identified by children's social care personnel, the courts and/or the residential parenting assessment provider. For example, one provider reported that they accommodate families for one week prior to beginning the assessment to ensure that the families are 'settled in'.

However, the average costs per assessment shown in Tables 2.5 and 2.6 can provide some insight into the variations in costs across local authorities. For instance, London boroughs, most notably those in outer London and authorities in the east of England, reported the highest cost per assessment. In contrast, metropolitan authorities and those in the East Midlands reported the lowest expenditure per assessment. However, variations were also identified within these regions. For instance the average costs per

assessment ranged between £8,165 and £30,348 in the East Midlands and £31,277 and £47,533 in the East of England. It is unclear from the data whether these differences in the average costs per assessment are associated with different providers, or other factors such as economies of scale. In 2011-12 LA A and LA B reported to have a per assessment cost of £34,329 and £25,590 respectively. These figures are comparable to the national average of £30,915 for that year. By contrast, the in-depth authorities reported a slightly lower per assessment cost in 2012-13: £15,684 in LA A, £22,492 in LA B, and £22,234 in LA C, compared to the national average of £28,071.

The data gathered in this study present a complex picture of expenditure on residential parenting assessments. It is not possible to determine the drivers for these variations in costs from the data collected. There were no statistically significant correlations between the expenditure data provided and a number of variables including the local authority type, geographical region, and commissioning arrangements. However, previous research has found that costs of specialist child welfare services are determined by a range of complex and inter-related factors including the type of provider, the seniority and skills of the staff required, the length of time the service was provided for and additional 'wrap around' services provided (Holmes, McDermid and Sempik, 2010; Holmes *et al*, 2012; Holmes, Ward and McDermid, 2012). While data on these factors were not collected in this research, using the evidence from previous research studies it is possible to hypothesise that the same or similar factors may determine the costs of residential parenting assessments. What is evident is the high degree of variability in the cost across the participating local authorities, making comparisons between expenditure complex.

Table 2.5: Expenditure by local authority type

LA Type (n)	April 2011-March 2012				April 2012-March 2013				Least expensive assessment	Most expensive assessment
	Total expenditure	Percentage (%)	Average total expenditure per LA	Average expenditure per assessment	Total expenditure	Percentage (%)	Average total expenditure per LA	Average expenditure per assessment		
London Borough (9)	£559,069	14	£111,814	£38,700	£172,938	6	£43,235	£27,043	£2,142	£127,000
Metropolitan (6)	£700,885	17	£140,177	£21,018	£718,299	24	£143,660	£18,845	£6,000	£38,708
Unitary (8)	£510,409	13	£133,250	£36,916	£274,590	9	£81,394	£30,215	£899	£88,647
County (8)	£2,078,195	51	£519,549	£31,912	£1,422,035	48	£355,509	£22,778	£2,950	£124,530
Not specified (13)	£218,593	5	£43,719	£17,783	£346,530	12	£49,504	£20,708	£2,090	£123,900
All LAs	£4,067,151	100	£203,358	£30,915	£2,934,392	100	£154,412	£28,071	£899	£127,000

Table 2.6: Expenditure by geographical region

Region (n)	April 2011-March 2012				April 2012-March 2013				Cost of least expensive assessment	Cost of most expensive assessment
	Total expenditure	%	Average total expenditure per local authority	Average expenditure per assessment	Total expenditure	%	Average total expenditure per local authority	Average expenditure per assessment		
North East (1)	No data provided	-	No data provided	No data provided	No data provided	-	No data provided	No data provided	No data provided	No data provided
North West (4)	£63,926	2	£31,963	£21,427	£61,712	2	£30,856	£30,301	£899	£56,228
Yorkshire and Humberside (2)	£624,085	15	£312,043	£29,305	£606,399	21	£303,200	£24,389	£6,000	£38,708
East Midlands (2)	£141,173	3	£70,586	£20,119	£32,659	1	£32,659	£13,046	£4,264	£12,364
West Midlands (3)	£76,800	2	£76,800	£25,600	£96,000	3	£96,000	£18,785	£12,000	£36,000
East of England (2)	£1,788,195	44	£894,098	£43,926	£774,554	26	£387,277	£39,413	£3,570	£71,786

Inner London (7)	£337,192	8	£112,397	£34,621	£74,763	3	£37,382	£25,845	£2,142	£127,000
Outer London (2)	£221,877	5	£110,939	£48,896	£98,175	3	£49,088	£30,036	£21,970	£69,920
South East (4)	£595,310	15	£198,437	£42,678	£843,600	29	£210,900	£25,250	£2,950	£124,570
South West (4)	No data provided	-	No data provided	No data provided	No data provided	-	No data provided	No data provided	£3267	£6950
Not Specified (13)	£218,593	5	£43,719	£17,783	£346,530	12	£49,504	£16,315	£2,090	£123,900
All LAs	£4,067,151	100	£203,358	£30,915	£2,934,392	100	£154,412	£28,071	£899	£127,000

All but one of the participating local authorities reported that residential parenting assessments were most commonly funded solely by social care. The remaining local authority reported that they did not fund residential parenting assessments. However, 18 local authorities (40%) reported that joint funding arrangements were also used in a small proportion of cases. Seven local authorities reported that residential parenting assessments had been funded with health, six with adult social care, three by adult substance misuse services, two by legal services, and one reported that leaving care services contributed to the funding of assessments.

Of those local authorities that provided data on the commissioning arrangements, all but four reported that residential parenting assessments were 'spot purchased'. Two reported that they had in house residential parenting assessment services, and three reported that they were part of a regional commissioning framework. Only one local authority reported that they block purchased residential parenting assessments. Of those local authorities that used spot purchasing, half (n=19) reported that low or fluctuating demand was the main reason for using this commissioning method. For example, one respondent commented:

The total number of parenting assessments completed since 2011 is three. Given this very low level of usage, spot purchasing (from providers who have been quality and financially assured) is the most effective commissioning approach.

The provision of choice leading to better quality assurance and value for money was given as a reason to spot purchase by four respondents. Three of the respondents reported that the commissioning arrangements were under review at the time of the data collection.

Conclusion

It is evident from the data collected for this study that there is substantial variation in the use of, and expenditure on, residential parenting assessments across the country. Such variation may be a consequence of differences in the local authority policies, procedures and practice, court directions, views regarding the efficacy of residential parenting assessments, the service provider, and the needs of the children and families requiring assessment. Understanding the different cost factors introduces transparency into cost calculations, enabling reasonable comparisons to be made across local authorities and providers. Moreover, it may be advantageous to consider the costs of residential parenting assessments in light of medium and long term costs and outcomes. Research undertaken by CCFR suggests that delays

in providing appropriate care to vulnerable children and families may lead to the escalation of adversities and the need to provide higher cost services (Ward, Holmes and Soper, 2008). The costs of services to vulnerable children and families should always be considered in the light of evidence regarding the impact of those services and the outcomes achieved. Some services may be low in cost while offering essential support or access to vulnerable families, while some services may be of high cost, and of great value to those families with the greatest needs. The remainder of this report will explore the extent to which judgements of parental capacity made as a result of residential assessments are an accurate predictor of actual parenting capacity once a child returns home and in this context whether the costs incurred are justifiable.

Chapter three: Reasons for initiating residential parenting assessments and children's social care professionals' perspectives on their strengths and limitations

Introduction

Findings from the research revealed that over 85 per cent of residential assessments commenced before children reached the age of one. This first year of life is a critical developmental stage and a period of high vulnerability. Young infants are entirely reliant on others to meet their physical and emotional needs, and the development of a secure attachment relationship during this period is an important foundation for future development (Barlow and Underdown, 2008; Gerhardt, 2004). At this age children are also at greatest risk of fatal or severe assault (Brandon *et al.*, 2008; Rose and Barnes, 2008). Forty five per cent of serious case reviews in England relate to babies under the age of one (Department for Education, 2010). In this context, social workers and managers need to make difficult decisions about how to safeguard children from harm, manage risk and promote the development of secure attachments. Residential parenting assessments are one of the methods available to local authorities and the courts to inform assessments of parenting capability to support long term planning. Others include community based assessments, or parent and child fostering assessments.

Drawing on the national survey data and interviews with ten social workers from the case study areas, this chapter explores the reasons why residential parenting assessments were initiated. It also provides an overview of the perceived strengths and limitation of these assessments. Subsequent chapters will explore the extent to which in-depth child-level case examples support or refute these perspectives, and, in doing so, illuminate key messages for policy and practice.

Reasons for initiating residential parenting assessments

The returns from the national survey and the interviews with social workers highlighted a number of key reasons for initiating residential parenting assessments. These included:

- court directions⁶;

⁶ This was the most frequently cited in the top three most important reasons for initiating residential parenting assessments in the survey.

- assessment that the risks present were too great for community based assessments⁷;
- core assessments that highlighted multiple issues affecting parenting capability but competencies were untested (i.e. first time parents);
- cases where parents had had one or more children permanently placed away from home but time had elapsed since previous removals and/or there was evidence of changes in parental circumstances and a commitment to the process;
- the opportunities presented for intensive support in relation to substance misuse, mental ill-health or intimate partner violence;
- independent evidence for the local authority to present to the court.

Eighteen of the survey respondents stated that court directions were *one of* the main reasons why residential parenting assessments were initiated. Eleven of the survey respondents also suggested that a 24 hour supervised setting was sometimes necessary due to child protection concerns and/or past history and previous removals. In the majority of cases discussed with social workers, the main rationale for using a residential parenting assessment was their assessment that a closely supervised environment was required to safeguard children from harm. In all these cases there were serious concerns about multiple issues affecting parenting capability. Social workers perceived that the risks to the child were too great for community based assessments to take place. In the example below, interim removal appears to have been considered but subsequently dismissed as an option. The social worker explained that:

Minimising risks was a big factor because we're looking at whether or not to remove the child from birth; and so we've got managers who were really not happy for the child to be just going home with those parents from hospital. So you're minimising the risks rather than having the baby just going home, in which case we would have had to have done a community-based assessment with workers going in and out day to day. But you can only do that for so many hours a day and...yeah. So partly it was about minimising risks, but also about making an assessment for the court process (Social Worker).

Fourteen survey respondents and a number of the social workers also highlighted that residential parenting assessments facilitated the provision of intensive support for parents around substance misuse, mental ill-health or intimate partner violence,

⁷ This was the second most frequently cited in the top three most important reasons for initiating residential parenting assessments in the survey.

alongside the assessment. They reported that this would not have been possible to the same degree if these assessments were conducted in the community. This suggests a strong treatment focus in some residential parenting centres⁸.

In discussions about specific cases several of the social workers also said that it was vital to have *independent* evidence to present to court⁹. This was perceived to be particularly important in relation to one case where both parents had learning disabilities¹⁰. The mother's support workers and several other professionals in adult social care who had been involved in supporting her for a long time had strenuously advocated that she should be able to parent her child, despite serious reservations on the part of the child's social worker and team manager. Differences of professional opinion within the local authority prompted the social worker to recommend an independent assessment within an environment that would ensure the safety of the child:

[Adult social care] are saying to me, oh, she can do this, she just needs a chance. She should be given a chance. So it became a bit of an internal issue then because I'm already starting to think well this is going to go down the court route, I think we're going to have to take some sort of order out to ensure that [baby] remains safe. And what these adult social workers had done, and I suppose quite rightly; like I say, they've got a different agenda – I'm a child social worker, they're an adult social worker. They started having discussions with the adult legal team. And before I know the assessment is even completed I've got our children's solicitor ringing up saying, what's this case? So it became a bit of an internal battle really. And what the children's solicitor was saying is, look, you don't want to be going to court and to be seen having a battle against your own...your own local authority arguing with itself...So the easiest way was to say, OK, let's do residential assessment; it's independent; let them do an assessment (Social Worker).

⁸ Boundaries between assessment and intervention or treatment are not always clear cut (see Munro and Stone, forthcoming). In the in-depth sample there were wide variations in the balance of activities undertaken in the sample of cases.

⁹ Research on independent social work assessments (ISW) in care proceedings concluded that the independence of the ISW as an expert witness for the court was of value. Reports reflected a dynamic approach to case work moving between the accounts of different parties (in statements/evidence) and events, and back to parents and did not simply duplicate local authority assessments (Brophy et al., 2012).

¹⁰ Recent research on implementation of the PLO suggests revealed that cases where parties have some form of disability were perceived to tend to cause delays and challenge the 26-week timescale (Ipsos MORI, 2014).

Finally, one social worker suggested that residential parenting assessments may be less disruptive for the child than interim removal with high levels of parental contact. It was noted that this can undermine babies' routines and mean that they spend a considerable amount of time being transported to and from foster placements (see also, Munro and Ward, 2008). It also serves to highlight that alternative options have their own strengths and limitations.

Strengths of residential parenting assessments

Survey respondents and social workers highlighted the following as the key strengths of residential parenting assessments:

- safety without separation;
- provision of robust and independent evidence;
- intensive assessments that illuminate strengths and deficits in parenting capability in a compressed timeframe;
- therapeutic input, training, support and advice on parenting.

Social workers have described feeling as though they are 'playing God' and 'acting against the laws of nature' when they consider separating a child from its mother at or shortly after birth (Corner, 1997). The majority of social workers and around half of the survey respondents reported that one of the key strengths of residential parenting assessments is that they can provide safety without separating the child from their parents in cases where the risks are high, and/or there are significant gaps in knowledge about parental functioning, or, relationship dynamics. Residential parenting assessments were seen to provide a safe environment (with up to 24 hour supervision) in which to observe child-parent interaction and assess parenting capability. Several authorities outlined that the child's safety and welfare could be safeguarded during the assessment process, and that this provided effective risk management, whilst allowing parents to demonstrate their parenting abilities:

This assessment enabled a mother with severe and an enduring mental health condition to be provided with support to attempt to care for her baby. This would not have been possible in any other setting as it needed to be a facility with specialist knowledge of managing mental health issues as well as caring for the baby when needed (Survey respondent).

Nine survey respondents and five social workers also reported that the evidence obtained through a residential parenting assessment was comprehensive and robust, and that this could be important to facilitate decision-making and minimise delay. In some instances it was noted that residential parenting assessments served

to validate local authority assessments and plans, so that the conclusions would be accepted in the court arena (see also, Ward, Munro and Dearden, 2006). One social worker, for example, reflected that:

At the end of the 12 weeks you should have a recommendation as to whether yes, it's safe for the child to return home, no, it's not safe for this child. Somebody else has done...see we're often criticised for not being independent, local authorities; but it adds to the validity really in terms of, if you've got independent assessment saying no they can't do it. That's somebody...an independent source really. Even though we're supposed to be independent, which we are deemed not to be; it's somebody else validating or not validating your hypothesis or your theory really, which is useful. So that's a real benefit (Social Worker).

Another social worker stated that:

One of the strengths is [residential parenting assessments] can be a very useful tool to rule out parents if they're not going to make it. The parent who has a residential assessment early on in a child's life can, I guess, give us the evidence that we I guess already know to rule out parents (Social Worker).

Findings from the survey and interviews also suggested that the intensive nature of residential parenting assessments was advantageous because this showed whether parents have the capability to provide 'good enough' parenting, on a consistent basis, within a relatively short timeframe. As one social worker reflected:

It roots out the weaknesses quicker because, although you don't want to come from a deficit model, in reality we know there's a lot of parents can perform for short periods of time; then they'll switch off, revert when they're not under scrutiny. Then recharge ready to perform again for the next period of time. And what that does for me is prolong things for the child because very often we'll have a positive parenting assessment that then has to be tested out in the community; which builds in delays for children. Whereas in a residential parenting assessment, parents are under pressure, they're under observation. The other thing is the child is safe as well (Social Worker).

Another suggested that:

It's a little bit like Big Brother or these reality TV shows. You can put on a show for a bit, but you sort of forget the cameras are there and it begins to show family functioning in fairly close detail fairly quickly. And you can learn more about the family in the space of a week or so than when initially we were

doing a community-based assessment for the next three months. So you can reveal more information in a relatively short space of time. They can be very helpful in seeing, really uncovering patterns of functioning that you sort of suspect and are concerned about but is difficult to evidence when you're making community-based assessments. Because a lot of community-based assessments...I mean I know we do unscheduled visits, but a lot of them are planned visits and people know that you're coming and...they sort of can hold things together for an hour, an hour and a half at a time. Interaction with children is a classic example, because parents can give attention to children for limited periods of time; but to maintain that consistently is much harder (Social Worker).

Professionals also acknowledged that residential units can provide therapeutic, support and advice to parents. As one social worker noted:

If through support a parent can be helped to actually make it to care for the child then it's worth exploring that and trying it out (Social Worker).

Similarly, around a quarter of managers completing the survey acknowledged how residential parenting units can help to build parents' confidence and skills:

It gives 24 hour support with staff on hand to teach and support parents with skills, and to observe which allows the parent to demonstrate that they have learnt and are able to put their new knowledge into practice. Consistent feedback is provided along with evidence for court (Survey respondent).

The extent to which the strengths of residential parenting assessments are realised in specific cases will depend upon a number of factors, some within and others outside the residential parenting assessment providers' control.

Limitations of residential parenting assessments

Whilst a number of strengths of residential parenting assessments were identified findings from the survey and interviews also served to highlight a number of potential limitations. The main issues identified were:

- that families are divorced from the reality of day-to-day family life in their own home and communities ('an artificial environment');
- extended assessment periods;
- high levels of surveillance and intensity;
- variations in the quality of assessments.

The most commonly cited limitation of residential parenting assessments was reported to be the artificial nature of the assessment environment. Concerns were raised that this has been known to lead to 'false positive' outcomes which were not sustainable once the parent and child returned to 'real life' in the community. Thirty local authorities highlighted this as a weakness. The following quotes reflect some of the concerns expressed about residential parenting assessments:

Placements can create a false bubble environment. The parents' local support and relationships are not tested in their community and the risks can remain/re-emerge when they return. Due to levels of monitoring, prompting and support parents may not behave as they normally would in their own home. The educational work that providers deliver may result in short term change, but don't demonstrate sustainability (Survey respondent).

You are removed from day-to-day life and experiences and routines and responsibilities. So I think that is a drawback. You don't experience the usual chores and responsibility you would have. You won't be caring for your child all the time; it would be looked after by different workers while you're doing your courses and stuff. And of course that doesn't happen in real life. And again, you don't have time out, you don't have time away from the child where you concentrate on yourself and do other things. That's not really the case unless you have a very, very strong family network which isn't usually available to them in real life. So again there's that sense of it is a bit removed from reality. And so I think the reason why such placements fail when they come back (Social Worker).

Assessments are trivial, usually conducted upon the basis of parental compliance with sequential care regimes...and reducing levels of monitoring - this staircase approach to risk management is unrealistic but also based on false premises due to the 'false', contained and monitored placement conditions. Other than the specialist drug units which borrow from 'milieu' therapy for the drug treatment aspects of the placement there is no theory underpinning residential parenting assessment (Survey respondent).

Social workers also highlighted that residential parenting units are a stressful environment for parents who are under intense scrutiny 24 hours a day, seven days a week. Parents may also be placed a significant distance away from familiar surroundings and their support networks.

I think it's hugely difficult for parents. I think putting them in that setting you know, away from their friends and their support and their communities, being

scrutinised to the nth degree I think is really, really difficult for parents (Social Worker).

It is noteworthy that for some parents, separation from support networks and their community places them at a disadvantage, while for others, distance from negative peer influences may be beneficial, but present untested risks on return to the community. Concerns were also raised by managers and social workers about '*over reliance on an extension of the assessment period or protracted step down processes*'. Survey respondents reported that it was not uncommon for community based assessments to be undertaken once the residential parenting assessments ended, which some professionals considered made residential parenting assessments somewhat redundant. Thirteen survey respondents noted that this contributes to delays in the decision-making process and is not necessarily in the child's best interests. One manager suggested that residential parenting assessments '*can be an easy option for court rather than making the difficult decision earlier*'. The '*give it one more go*' scenario'. One manager also highlighted that:

You can actually be doing the parents a disservice... you're not going to have that same amount of support when you come back into the community. So sometimes, if these assessments go well from the assessor's point of view; they say, oh yes, it's great, we're going to do a managed move back into the community, we can offer, we can go in a few hours a week – which they invariably say they can do – that's still not the same as they've been getting (Social worker).

Another social worker reflected that:

So off they go for [a] 12 week [assessment], but I had one case where the parents had learning disabilities – they knew all this before they went in – had the child for eight to nine weeks; they then said, we need a further eight weeks, to assess because of their learning disabilities. We as the local authority kick up a fuss and say, well you knew about this... Your hands are tied almost because you've commissioned an assessment; if you say no, you've got your 12 weeks, in court, well you've commissioned this assessment and you've pulled the plug on it...even the experts are saying they need longer... When they get extended it doesn't do the families any favours because actually they get a bit of hope thinking, oh, it's been extended; we're on the right path here (Social Worker).

Finally, nine local authorities also perceived that the quality of residential assessment providers was variable. One survey respondent noted that:

In externally commissioned residential assessments there is limited control of the assessment, of staffing, quality, how work is undertaken and when it should end.

Another reported that:

The quality of provision and standards of practice regionally are inconsistent. This can leave the local authority in a position where they have to re-commission another assessment. The timescales for all this to happen may not be in line with the child's timescales.

Subsequent chapters will contribute to understanding these issues and how they apply in a sample of cases. It is important to note that residential parenting assessments do not happen in a vacuum: the quality of children's social care assessment, planning and intervention before, during and after the residential parenting assessment, and court decision-making, will all have a significant bearing upon case progression and outcomes.

Chapter four: The children and parents involved in residential parenting assessments

This chapter focuses upon the characteristics, needs and circumstances of the children and families placed in residential parenting assessment centres. As part of the national survey, local authorities were asked to provide anonymised summary data on their two most recently concluded residential parenting cases. Twenty three local authorities supplied data on a total of 42 families. Information on the 33 families comprising the in-depth sample is also presented to facilitate comparison of similarities and differences in the cohorts. The findings serve to highlight the complex and multi-faceted nature of the problems these families were facing. They also demonstrate that these children were at severe or high risk of suffering significant harm without effective services, support and intervention. Drawing on data from core assessments and other sources, children's services and the courts need to make proportionate decisions about the appropriate course of action, and whether to initiate a residential parenting assessment, or pursue an alternative course of action (i.e. a community based assessment or foster placement). Data supplied by survey respondents in relation to their two most recent residential parenting assessments showed that 62 per cent were court-directed and the remainder were initiated by children's social care. The conclusion of the chapter provides information on the length of time these families spent in residential parenting centres to inform the decisions necessary to secure these children's long term futures.

The children's characteristics

As Table 4.1 below shows, the majority of children were very young at the point when residential parenting assessments commenced: nearly half entered these centres as newborns or within the first month of life. Ninety per cent of the in-depth sample and two-thirds of the national survey sample were aged under six months when residential parenting assessments were initiated. A slightly higher proportion of older children (over one year of age) were seen in the national survey sample of cases than was present in the in-depth sample.

Table 4.1: Age profile of children on entry to residential parenting assessment centres

	National survey cases		In-depth sample		All cases combined	
	n	%	n	%	n	%
New born/under 1 month of age	20	48	16	49	36	48
1-6 months	8	19	13	39	21	28
6-12 months	6	14	3	9	9	12
13-24 months	3	7	1	3	4	5
Multiple children of different ages	5	12	0	0	5	7
Total	42	100	33	100	75	100

Family members assessed in residential parenting assessment centres

Overall, as Table 4.3 shows, 54 per cent of residential parenting assessments involved mothers as sole carers. In 45 per cent of cases the mother and father (or current partners) were assessed.

Table 4.3: Family members involved in residential parenting assessments

	National survey cases		In-depth sample		All cases combined	
	n	%	n	%	n	%
Mother only	25	61	15	45	40	54
Father only	1	2	0	0	1	1
Mother and father/ or mother and current partner	15	37	18	55	33	45
Total	41	100	33	100	74	100

Background characteristics

As one might expect, children's social care records revealed that the young children who were placed in residential parenting assessment centres came from families facing substantial adversity. Overall, as Table 4.3 shows, just over half the mothers

had experienced abuse or neglect in their own childhood and nearly a third had spent a period of time in care or accommodation themselves.

Table 4.3: Background characteristics of mothers (full sample of mothers: n=40 in the national survey and n=33 in the in-depth sample)

	National survey cases n=40		In-depth sample n=33		All cases combined n=73	
	n	%	n	%	n	%
Experience of being abused or neglected as a child	25	63	14	42	39	53
Period of care during childhood	14	42	9	42	23	32
Looked after young person at time of assessment	3	8	4	12	7	10
Care leaver	10	25	1	3	11	15

Although there is an expectation that fathers are involved in core assessments, less data were available on their background characteristics. In a small number of the in-depth cases this was because the identity of the fathers was not disclosed to the social workers during the course of the assessment. However, another reason for the lack of data is the relative invisibility of fathers in the assessment process (Fauth *et al.*, 2010; Featherstone *et al.*, 2010). Ward and colleagues (2012) reflect that:

There is a tendency for both case records and practitioners in interviews to focus on the mother as the main caregiver and the father as a secondary figure (p. 52).

Table 4.4, below, provides a summary of the information that was supplied by local authorities via the national survey, or recorded on the core assessments scrutinised by the research team.

Table 4.4: Background characteristics of fathers/current partners (where known) (full sample of fathers/current partners: n=16 in the national sample and n=18 in the in-depth sample)

	National survey cases n=16		In-depth sample n=18		All cases combined n=34	
	n	%	n	%	n	%
Experience of being abused or neglected as a child	7	43	3	17	10	29
Period of care during childhood	2	13	4	22	6	18
Looked after young person at time of assessment	0	0	1	6	1	3
Care leaver	3	19	2	11	5	15

Issues affecting parenting capability

There is a large body of research evidence on the detrimental impact that issues such as domestic violence, physical or mental ill health, learning disabilities and substance misuse can have on a parent's capability to meet the needs of their children (Jones *et al.*, 2006; Cleaver, 2011; Ward *et al.*, 2012). Children who grow up in families where such issues are present are more likely to experience significant harm (Barnard, 2007; Cleaver *et al.*, 2007, 2011). Tables 4.6 and 4.7 provide details of the issues affecting the parenting capability of parents in the survey and in-depth samples.

Table 4.6: Issues affecting the parenting capability of mothers (full sample of mothers: n=40 in the national survey and n=33 in the in-depth sample)

	National survey cases (n=40)		In-depth sample (n=33)		All cases combined (n=73)	
	n	%	n	%	n	%
Intimate partner violence*	15	38	13	39	28	38
Mental ill-health	16	40	16	48	32	44
Learning disability	6	15	13	39	19	26
Physical disability	0	0	1	3	1	1
Drug or alcohol misuse	19	48	13	39	32	44
Young parent (under 20)	15	38	6	18	21	29
Children previously removed from care	17	43	11	33	28	38

**Perpetrator or victim*

Table 4.7: Issues affecting the parenting capability of fathers/current partners (where known) (full sample of fathers/current partners: n=16 in the national sample and n=18 in the in-depth sample)

	National survey cases (n=16)		In-depth sample (n=18)		All cases combined (n=34)	
	n	%	n	%	n	%
Intimate partner violence*	5	31	11	61	16	50
Mental ill-health	2	13	5	11	7	21
Learning disability	2	13	3	17	5	15
Physical disability	0	0	1	6	1	29
Drug or alcohol misuse	8	67	9	33	17	50
Young parent (under 20)	0	0	3	17	3	9
Children previously removed from care	6	50	5	28	11	32

**Perpetrator or victim*

Mental ill-health

Previous research has long established that maternal mental ill-health has a significant impact upon parenting capability. Parents with mental health problems often find it hard to form attachments with their children; they can be emotionally withdrawn and unable to meet the child's emotional or physical care needs, or to ensure their safety (Cleaver *et al.*, 2011). Just under half (48%) of the in-depth sample of mothers were recorded as suffering from mental ill-health. Conditions

were wide ranging, and included post natal depression, chronic and long term depression, personality disorders and specific psychiatric disorders such as schizophrenia. Only five of the fathers (or current partners) in the in-depth cases study sample were recorded as having a mental health problem, but this may simply reflect poor recording (see above). The nature and severity of mental health conditions was rarely clear from social workers' recordings, making accurate determination of their bearing upon cases problematic.

Learning disabilities

Overall, a quarter of mothers were reported to have a learning disability. The proportion of learning disabled parents was higher in the in-depth sample than in the national survey (39% and 15% respectively). Existing research shows that parents with learning disabilities can parent safely and consistently with *significant* and *long term* support to develop their parenting skills (Cleaver and Nicholson, 2013). However, the feasibility and cost of providing such support means that this is not always possible (Cleaver and Nicholson, 2013; McConnell and Llewellyn, 2002). Comorbidity was also a factor; seventeen of the 19 mothers with learning disabilities were also affected by other issues that could impair their care-giving. All five of the fathers identified as having learning disabilities were also experiencing other problems at the time of the assessment.

Drug or alcohol misuse

Over two fifths of mothers involved in a residential parenting assessment were misusing substances. Records also showed that half of fathers had drug or alcohol problems. In the in-depth sample records showed that six babies experienced drug withdrawal at birth. Substance misuse has wide ranging impacts on children and their families. It has a damaging effect on parental health and increases the risk of abuse and neglect (Cleaver *et al.*, 2007). It is also associated with other issues such as intimate partner violence and criminality (Coleman and Cassell, 1995). As Kroll and Taylor (2003) note, it can also have a detrimental impact upon the formation of attachments, and the ability of parents to recognise the needs of their child and to put them first. Factors predicting which parents may be successful in controlling their substance use have also proved elusive (Harwin *et al.*, 2011). This raises particular challenges for professionals trying to assess whether change is possible within a child's timeframe.

Intimate partner violence

Cleaver and colleagues (2011) highlight the negative impact that intimate partner violence can have on unborn children as a result of maternal stress and damage to the foetus following physical assaults and violence in pregnancy (see also, Humphreys and Stanley, 2006). After the birth, intimate partner violence can have an impact on child-parent attachments and expose children to physical and emotional

harm (ibid). It can also undermine parents' self-esteem and confidence in their parenting competencies. In the national survey sample, 38 per cent of mothers were reported to be affected by intimate partner violence. It was also identified as an issue for 39 per cent of mothers and 61 per cent of the fathers in the in-depth sample. In a number of the in-depth cases studied for this research mothers had a history of a series of violent relationships. This has also been found in previous research studies, along with evidence that this is particularly associated with mothers who have experienced abuse in their childhood (Ward, Brown and Westlake, 2012). As noted above, half the mothers in the in-depth sample suffered maltreatment when they were growing up and a third spent time in care.

Young parenthood

In the national survey 38 per cent of mothers were identified as being young parents (defined as under 20 years of age), whilst the figure in the in-depth sample was slightly lower, standing at 18 per cent. The proportion of cases where the father or current partner was reported to be under 20 years of age was lower, with 9 per cent of all cases involving young fathers. Young parents in child protection cases often have backgrounds characterised by high levels of adversity, both emotional and social, which lead to poorer outcomes for both children and parents (Reder and Fitzpatrick, 2003). In situations where young parents are also themselves looked after, professionals can face particular dilemmas about how to protect and promote the welfare of both the parent and the child.

Previous children removed

Thirty eight per cent of mothers and 32 per cent of fathers/current partners had previous children removed from their care, highlighting how entrenched the risk factors present within families often are. In several cases parents had multiple children removed from their care over a considerable period of time. As has been found in previous research (Ward, Brown and Westlake, 2012), these parents were often very fearful that their new baby would also be taken. A small number of mothers had concealed their pregnancy with it only coming to the attention of children's social care via a health professional just prior to birth.

Co-occurrence of issues affecting parenting capability

There is considerable evidence from previous research that a single issue may not have a harmful effect upon a person's capability to parent and that the presence of protective factors may also mitigate problems (Cleaver *et al.*, 2004; Hindley *et al.*, 2006; Velleman and Reuber, 2007). However, one difficulty is often compounded by, or linked to, others. For example, research has shown that adults who have mental health problems are more likely to misuse alcohol or drugs and vice versa (Spotts and Shontz, 1991; Beckwith *et al.*, 1999). Other studies have found that adults who

were abused in their childhood are more likely to misuse substances, have mental health problems, or enter violent or abusive relationships (Cleaver *et al.*, 2011). As multiple difficulties accumulate, so too does the risk to children (Bifulco and Moran, 1998; McConnell & Llewellyn, 2000; Ward *et al.*, 2012). In the residential parenting assessment sample, 59 of the 75 families (79%) were affected by three or more of the background characteristics or parenting capability issues listed in the tables above. Evidence of risk and protective factors alongside parental capacity for change are explored further in respect of the in-depth sample in the next chapter.

Providers and time spent in residential parenting assessment centres

Local authorities that completed the survey had used a total of 52 residential assessment providers between them. Families in the in-depth sample were assessed in 18 different centres. In one of the in-depth sites data revealed that families were placed in centres between two and 194 miles from home. This can serve to either remove parents from their community and support networks, or distance them from negative influences, depending upon the circumstances of the case (see also, Ward, Munro and Dearden, 2006).

As Table 4.8 below shows, findings from the survey and in-depth case study research revealed wide variations in the time families spent in residential centres.

Table 4.8: Duration of residential parenting assessments

	National survey cases		In-depth sample		All cases combined	
	n	%	n	%	n	%
Less than 4 weeks	5	12	1	3	6	8
4-8 weeks	10	24	8	24	18	24
9-12 weeks	6	14	11	33	17	23
13-16 weeks	9	21	5	15	14	19
17-20 weeks	5	12	2	6	7	9
21-24 weeks	1	2	2	6	3	4
25-28 weeks	0	0	1	3	1	1
29-32 weeks	0	0	2	6	2	3
33-36 weeks	0	0	0	0	0	0
37-40 weeks	0	0	0	0	0	0
41-44 weeks	2	4	1	3	3	4
Missing info	4	10	0	0	4	5
Total	42	100	33	100	75	100
Mean	12 weeks		14 weeks		13 weeks	
Median	12 weeks		12 weeks		12 weeks	

Note this is the total length in cases where more than one RPA took place

Data from the survey and in-depth sample combined revealed that 55 per cent of residential assessments lasted up to 12 weeks. Six assessments were of a very short duration of less than four weeks; in all of these cases the assessment process ended prematurely. However, it is noteworthy that 45 per cent of cases lasted more than 12 weeks, even though for the purposes of family justice proceedings the expectation is that residential assessments will not usually exceed three months (Re G (Interim Care Order: Residential Assessment) [2005] UKHL 88). The majority of these cases fell within the 13-16 week bracket. It should also be acknowledged that some of the in-depth sample moved between residential parenting assessment centres during the course of the study period, with one child spending time in three different centres before proceedings were concluded. The rationale for these extensions and implications for the children and families concerned are explored in subsequent chapters.

The implementation of the revised Public Law Outline (PLO) is likely to influence the use of residential parenting assessments and their duration in the future. Twenty three survey respondents anticipated that local authority practice would change following introduction of the 26 week time limit for the conclusion of care proceedings and implementation of measures to ensure that expert evidence is permitted only when necessary to resolve proceedings justly (Public Law Outline, 2014; Children and Families Act 2014). The majority of these local authorities anticipated that assessments would be front-loaded pre-proceedings and that greater use would be made of community based assessments. Some local authorities also reported that they were taking steps to enhance their community based family assessment services and training and supporting their social workers to be 'experts' so that their assessments would be more readily accepted in the court arena. It is not yet clear whether these changes will reduce the overall time children spend waiting for a decision about whether they can remain with their parents or require an alternative family for life (see for example, Beckett, Dickens and Bailey, 2013; Masson *et al.*, 2013; Ipsos MORI, 2014).

Chapter five: Residential parenting assessments: recommendations

Introduction

As Chapter four outlined, the 33 families included in the in-depth sample were facing multiple problems which raised serious concerns about their parenting capabilities. The local authority, and/or the court, determined that a placement in a residential parenting centre was an appropriate and valuable means of assessing and engaging with these entrenched issues. They also set the terms of reference for these assessments, which were undertaken by a total of 18 residential parenting assessment providers¹¹. Ofsted ratings for these providers ranged from inadequate (one provider and one case in the sample) to outstanding (four providers and seven cases in the sample). Providers' recommendations are explored within the wider context of the children's care pathways and with reference to children's social care and court activity.

Risk and protective factors identified before the residential parenting assessments

Hindley and colleagues' (2006) systematic review of studies exploring outcomes following identification of child abuse and neglect identified a number of factors associated with an increased likelihood of significant harm, contrasted with protective factors associated with a decreased likelihood of its recurrence. Italicised factors in the table below met systematic review criteria.

¹¹ The 44 local authorities that completed the national survey reported using a total of 52 residential parenting assessment centres (although a small number of units were reported to have closed since).

Table 5.1: Factors associated with future harm

Factors	Future significant harm	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 over a long duration Fabricated/induced illness Sadistic abuse	Less severe forms of abuse If severe, yet compliance and lack of denial, success still possible
Child	Developmental delay with special needs Mental health problems Very young – requiring rapid parental change	Healthy child Attributions (in sexual abuse) Later age at onset One good corrective relationship
Parent	Personality disorder <ul style="list-style-type: none"> • Anti-social • Sadistic • Aggressive Lack of compliance Denial of problems Learning disabilities plus <i>mental illness</i> Substance misuse Paranoid psychosis Abuse in childhood – not recognised as a problem	Non-abusive partner Willingness to engage with services Recognition of problem Responsibility taken Mental disorder, responsive to treatment Adaptation to childhood abuse
Parenting and parent/child interaction	Disordered attachment Lack of empathy for child Poor parenting competency Own needs before child's	Normal attachment Empathy for child Competence in some areas

Factors	Future significant harm	Future significant harm less likely
Family	<i>Inter-parental conflict and violence</i> Family stress Power problems: poor negotiation, autonomy and affect expression	Absence of intimate partner violence Non-abusive partner Capacity for change Supportive extended family
Professional	Lack of resources Ineptitude	Therapeutic relationship with the child Outreach to family Partnership with parents
Social setting	Social isolation Lack of social support Violent, unsupportive neighbourhood	Social support More local child care facilities Volunteer networks

Source: Hindley *et al.* (2006)

Drawing on this framework, Ward, Brown and Westlake (2012) developed a classification system to assist in distinguishing between families where the likelihood of children suffering significant harm appeared to be higher or lower than others. Families were categorised as follows:

- **Severe risk of significant harm:** families showing risk factors, no protective factors and no evidence of capacity to change.
- **High risk of harm:** families showing risk factors and at least one protective factor, but no evidence of capacity to change.
- **Medium risk of harm:** families showing risk factors and at least one protective factor *including evidence of capacity to change* (emphasis added).
- **Low risk of harm:** families showing no risk factors (or families whose earlier risk factors had now been addressed), and protective factors including evidence of capacity to change (p.69).

Families in this research study were classified in the same way to explore similarities and differences in the decisions taken, based on known risks at the point the residential parenting assessment was initiated. As Ward and colleagues (2012) noted, not all the items in Table 5.1 above can be identified in very young children (for example, whether the child has developmental delay and special needs). The research team were also reliant on information from the core assessment to inform the categorisations: evidence of capacity to change was not consistently available,

and, indeed, this was one rationale for further assessment in a supervised and supportive residential setting.

Risk classifications at the time of the core assessment

Based on data from children's social care core assessments, 13 children (39%) were classified as being at severe risk and a further 16 (48%) were classified as being at high risk. Two children (6%) were classified as being at medium risk (evidence of at least one protective factor including evidence of capacity to change). Two (6%) of the 33 cases were not categorised, as residential parenting assessments were initiated in response to a specific and isolated incident, and wider issues concerning parenting capability or family and environmental factors were not reported.

Residential parenting providers' recommendations

Overall, residential parenting providers' recommended that 11 children should remain with their parents (33%) and that 17 (52%) should be separated and permanently placed away from home. In five cases (15%) they recommended a further period of assessment in the community to inform the decision-making process. Further details, with reference to risk classifications, are outlined in Table 5.2 below.

Table 5.2: Risk of harm following the core assessment by residential parenting assessment recommendation

	Residential parenting assessment recommendation			
Risk of harm at core assessment	Positive/remain with parents	Negative/separation from parents	Further period of assessment	Total
Severe	3	8	2	13
High	5	8	3	16
Medium	1	1	0	2
Uncategorised	2	0	0	2
Total	11	17	5	33

Recommendations in favour of children remaining with their parents

Severe risk-return cases

In three of the 13 severe risk-return cases residential providers' recommended that children should remain with their parents following the conclusion of the residential assessment. Two of these cases are presented below. In both cases the residential parenting assessments were court directed.

Catherine's case

Risks at core assessment: Catherine's mother had a history of mental ill-health including self-harm and was reported to have an emerging Emotionally Unstable Personality Disorder. Intimate partner violence, isolation and lack of family support were also identified concerns.

Plan: Children's services planned for Catherine to be placed in foster care following her discharge from hospital while risks were assessed to inform future planning. The court ordered a residential parenting assessment which lasted eight weeks. This was based in a unit specialising in the treatment of mental ill-health.

Residential assessment: After the assessment began Catherine's father asked to join the assessment. He was found to be in tune with the baby's needs, whereas Catherine's mother was less spontaneous, and initially she needed support to bond with her baby. Cognitive tests revealed that she had mild learning difficulties and this was said to explain why she had made a false allegation that Catherine's father was violent towards her. The unit also concluded that there was no evidence that she had a mental disorder.

Changes in the level of risk (based on the conclusions of the residential parenting assessment): Absence of mental health difficulties; absence of intimate partner violence and a non-abusive partner; engagement with services; parenting competencies.

Recommendation: Remain with both parents with support services.

Outcome: Five months after Catherine and her parents returned to the community a Supervision Order was granted for six months. Following this the case was closed by children's social care.

In Catherine's case there was effectively a U-turn in diagnosis and a series of issues that were identified as a cause of concern in the core assessment were dismissed. A member of the expert panel reflected that:

This doesn't seem to be an assessment of parenting, it's about mental health... as soon as we discover she hasn't got a mental health problem [...] - it's 'on you go then'.

Questions were also raised about the use of a residential assessment, rather than a community based assessment, which would have facilitated exploration of parental capability to cope with reference to 'the stresses and strains of everyday life'.

In Gavin's case the court determined that interim removal was not acceptable, and ordered a residential parenting assessment which focused on meeting the therapeutic needs of his vulnerable parents. His experience, and the fact he spent seven months, during a crucial stage of development, in a residential setting, appeared to be secondary to supporting his parents. The outcome also demonstrates that, following this lengthy intervention, he was still exposed to risk as a result of intimate partner violence, one of the factors that precipitated the residential parenting assessment in the first place.

Gavin's case

Risks at core assessment: Gavin's mother was a young parent with a history of self-harm. Her pregnancy was unplanned, and she took an overdose while she was pregnant. Intimate partner violence featured in her relationship with the expectant father. In the absence of family support Gavin's mother was also isolated.

Plan: Children's social care made Gavin the subject of a child protection plan and anticipated that a placement would be found for both of them so support could be provided whilst safeguarding Gavin from harm.

Following his birth Gavin and his mother moved in to accommodation with the father and his extended family. A month later following incidents of intimate partner violence Gavin and his mother left and they were placed in a parent and child fostering placement. The local authority planned to separate them and find an alternative foster placement for Gavin because his mother was threatening to return to the relationship. The court would not endorse the plan and ordered a residential parenting assessment.

Residential parenting assessment: The assessment was undertaken over a seven month period. Gavin's father moved into the residential unit in month three (following

a community based assessment). At the unit he participated in a programme on the impact of domestic violence and had one-to-one support with anger management. Both parents were reported by the provider to have shown insight into the impact of intimate partner violence on children and relationship work with both parents provided them with strategies to deal with difficulties in their relationship.

Changes in the level of risk (based on the conclusions of the residential assessment provider): Willingness to engage with services; input and support around intimate partner violence and parenting; mother began to prioritise the Gavin's needs above her relationship with the father.

Recommendation: Remain with both parents with supervision and support services.

Outcome: Concerns about the parent's relationship during the transition phase resulted in a further extension to their stay so that further assessment and work could be undertaken with the couple. Gavin and his parents then left the unit and progress was monitored through announced and unannounced visits. Three months later a twelve month Supervision Order was granted. Less than two months later, following an incident of intimate partner violence, Gavin's mother decided to separate from her partner. Gavin and his mother no longer have any contact with him. The case was subsequently closed by children's services.

High risk-return cases

In five of the 16 high risk cases, residential providers concluded that it was safe for the children to remain with their parents. In this cluster of cases there was evidence, at the point of the core assessment, of some protective factors that may reduce the risk of children suffering future harm. This included, for example, willingness to engage with services or acknowledgement of problems, or the support of a new and non-abusive partner. In two cases parents sustained changes in behaviour during the course of the residential parenting assessment and the situation was monitored once the families returned to the community. Sonia, for example, was misusing street methadone during pregnancy, but stopped using two weeks prior to her son's birth. Her partner, Simon, engaged in a drug detoxification programme. They were both found to engage well with the residential assessment (as they had with local authority social workers) and were assessed to be able to provide high quality care to their son, Matthew. Both underwent regular drug testing which showed that they were no longer misusing substances. In recognition of the short period of desistance from drugs, and in the absence of a network of family support, children's social care maintained their involvement for eight months following the conclusion of the residential parenting assessment (including confirmation of the parent's attendance

at drug services and supporting Sonia to access community resources). The case was subsequently closed and Matthew ceased to be subject of a child protection plan. In the second case, Caroline's mental health stabilised following improved compliance with medication, and the residential parenting assessment enabled her to demonstrate her parenting capability. Her partner, John, underwent a community based assessment at the same time and was deemed to be non-abusive and protective. The assessment concluded that he would be able to provide sole care of the baby if Caroline's mental health were to deteriorate and impair her functioning.

In the cases above there was evidence, albeit tested over a relatively short period, that risks had reduced and circumstances had changed. Moreover, these parents demonstrated that they could provide high quality care to their children. In the remaining three high risk cases, in which learning disabilities featured, there was evidence on the case records that raised questions or concerns about the sustainability of plans, with implications for the children concerned. George, whose case is summarised below, spent a total of 24 weeks in residential settings during his early childhood. Arguably, the first residential provider was unduly optimistic that his mother could provide good enough care with support, in spite of contra-indications, and there was minimal evidence that risks had reduced. The local authority and children's guardian challenged the residential provider's recommendations, but the court directed further assessment, a decision which may reflect the ongoing issue of the low status afforded to social workers in the court arena (Munro, 2011; Ward, Munro and Dearden, 2006). It also provides an example of a case in which 'the pursuit of an unattainable level of certainty' through repeated assessments of parents' (in)ability to care appears to prevail (Beckett and McKeigue, 2003). In George's case this was not consequence free. During this second assessment George was physically injured and neglected. The delays engendered by additional assessment also served to postpone permanence with an alternative family for life.

George's case

Risk at core assessment: George's father had a history of unpredictable and volatile behaviour following an injury and it was also reported that he was misusing class A drugs. Housing instability was also identified as a concern. George's mother acknowledged these issues and benefitted from support from the extended family to manage these risks.

Plan: Children's services made George the subject of a child protection plan. Following the father's involvement in two violent incidents involving the police the local authority initiated proceedings and George was placed in emergency foster care. George and his mother were subsequently placed in a residential assessment unit when he was aged two months.

Residential parenting assessment: The assessment was undertaken over a 12 week period. During the course of the assessment the provider raised concerns about George's mother's cognitive functioning and a test was subsequently undertaken which concluded that she had a low average range IQ. In the early stages of the assessment she required high levels of support to understand how to meet George's physical, emotional and developmental needs. The provider noted that it sometimes took weeks of continuous repetition for her to accept professional advice. George's father was also observed to be domineering and controlling, but the mother defended him and denied he was violent or that he was misusing cocaine. Over the course of the residential assessment the provider reported that the mother had made progress in caring for George and had demonstrated understanding of the risk posed by her husband.

Changes in the level of risk (based on the conclusions of the residential assessment provider): Competence in some areas of parenting and increased recognition of risk posed by father. The main risk factors identified at the outset remained unchanged.

Recommendation: Remain with mother with support.

Differences of professional opinion: A psychological assessment concluded that the mother would not be able to meet George's needs without an enormous amount of professional support.

The local authority and children's guardian contested the residential provider's conclusion that the mother understood the risk posed by her husband and that she was able to provide 'good enough' parenting and safeguard George from harm. A second residential assessment provider (see below) concluded that the mother would need high levels of support to parent effectively, but that she could not be relied on to engage and cooperate with services and professionals. On this basis they concluded that she would not be able to parent independently in the community.

Outcomes: Following a contested removal hearing George and his mother moved to a second residential parenting facility for an eight week assessment. An additional four weeks in a semi-independent flat belonging to the same provider was agreed, to facilitate gradual reduction of levels of supervision and support. Under reduced supervision the mother displayed erratic behaviour, including shouting at and smacking George several times. She was also less attentive to his physical needs (e.g. leaving him in wet nappies for lengthy periods and failing to maintain feeding routines). The local authority sought removal and the child was placed in foster care and then with prospective adoptive parents.

In Mia's case a residential parenting assessment was preceded by a ten month parent and child fostering placement. The social worker reported that the mother, who had mild learning disabilities, had made good progress in the completion of basic parenting tasks. However, questions remained as to whether she had the capacity to care for herself and Mia independently. Both the foster carer and health visitor suggested that the mother was not instinctively responsive to Mia's needs. The residential parenting provider found that the mother was able to function extremely well, in the structured and stable environment of the residential parenting assessment, and that she was able to meet Mia's needs. A secure attachment was observed between them. They did also note, however, that there were some safety lapses in the mother's parenting when she was under stress. Overall, the residential parenting assessment concluded that Mia and her mother should return to the community with a package of support. The expert panel, who examined the case, acknowledged that the residential parenting assessment served to allow the mother's own parenting to be assessed, (whereas previously it was unclear whether the foster carer was providing compensatory care), and in doing so provided focus and what was needed to prevent further drift and delay. The provider recommended a Supervision Order to facilitate continued work with the mother and advised that she should continue to attend child-centred activities. This was subsequently granted and a package of support put in place (social worker, a family support worker, weekly visits from the housing trust and six weekly visits from the health visitor). Eight months later the child became the subject of a child in need plan due to a deterioration in hygiene standards in the home. Mia was also referred for speech therapy (the cause of her delayed language development was not clear from the case record).

It is noteworthy that in each of the high risk-return home cases where there were concerns about recommendations, the sustainability of plans, or standards of care, the mothers concerned had learning difficulties. Determination of whether they could provide safe and effective care and whether return home was viable was also a lengthy process (with residential parenting assessments lasting between six and twenty-nine weeks). In a three year follow-up of 64 children of parents with learning disabilities who were referred to children's social care, it was found that 83 per cent were living at home, but a key factor distinguishing between those who remained living safely with their parents from those who did not show satisfactory progress or were removed was the presence of a non-abusive adult such as a partner or relative (Cleaver and Nicholson, 2013, p. 109). This only applied in one of the high risk-return home cases involving a learning disabled parent. Overall, these cases also suggest that children's social care, residential providers and the courts may have different perspectives on the level of support that parents, particularly those with learning disabilities, should be able to expect from children's social care in order for them to provide adequate care for their child in the community. However, these

recommendations do not take account of the financial and practical issues involved for local authorities in providing intensive packages of support in the long-term and the possible impacts on children when several adults may be involved in providing their care¹². Munro and others have underlined the challenges local authorities face in relation to the recruitment and retention of social workers, highlighting that there may be a lack of continuity in support workers for the children concerned in such cases.

Medium risk-return cases

The in-depth sample only included two cases that were classified as medium risk at the outset. In these cases parents' circumstances revealed risks and protective factors, but there was also evidence of parental capacity to change recorded on the assessment. In one of these three cases the residential assessment provider concluded that it was in the child's best interests to return home. This case is presented below.

Hannah's case

Risk at core assessment: Hannah's mother had a long history of drug misuse and had had six children removed (placed with special guardians or adopted). She tested negative for all drugs except for prescription methadone during the final months of her pregnancy. She also engaged appropriately with ante-natal services and the specialist substance misuse midwife. In addition she benefited from a supportive family.

Plan: Children's services assessed the long term prognosis of sustained change to be poor in the context of her past history. Hannah was placed in foster care while her mother was offered a period of time to demonstrate her capacity to stabilise on her methadone prescription (hair strand tests were carried out to monitor this). After four months Hannah and her mother moved into a residential parenting assessment unit.

Residential assessment: The aim of the residential parenting assessment was to provide Hannah's mother with a structured rehabilitation programme to help her overcome her dependence on heroin. The provider reported that the mother had been very committed to the drug rehabilitation, and was active in group work and had accessed individual counselling. In addition, Hannah's mother engaged well with

¹² In fourteen cases providers made specific recommendations about packages of ongoing support. In one case the court endorsed a 38 point package of support to ensure that a parent could provide 'good enough' care.

the Parenting Programme, and the mother-infant relationship was described as natural and warm. A 12 week extension to the residential assessment was approved in order to allow all issues to be sufficiently addressed and change to be embedded. The final conclusion was that Hannah's mother had consistently demonstrated that she put Hannah's needs before her own and that she could act in her best interests.

Recommendation: Remain with mother.

Changes in levels of risk (based on the conclusions of the residential assessment provider): Reduced methadone intake and completely substance free from week eight of the residential parenting assessment (routine drug tests negative for substances).

Outcome: Hannah and her mother returned home under an Interim Care Order. A twelve month Supervision Order was granted. The case was subsequently closed by children's social care services.

Although based on the evidence available at the end of the study, this was a positive outcome, the expert panel questioned the use of a residential parenting assessment, rather than a community based assessment. It was also highlighted that, again, this was really a programme orientated towards making Hannah's mother a better parent (and thus inconsistent with House of Lords rulings that assessments under section 38(6) should be directed to assess parenting capability and not to provide therapy).

Uncategorised cases

Two cases were not categorised using Ward, Brown and Westlake's (2012) risk classification system. One of these cases centred around a couple whose child had died in suspicious circumstances three years previously, and the other was concerned with a case in which a baby had sustained severe bruising and there were a number of adults, including the parents, who could have inflicted the injuries. Given the uncertainties surrounding both cases, residential parenting assessments were initiated. Both assessments concluded that there were no concerns about the care provided by these couples.

Recommendations that children should not return home

In half of cases¹³ (17, 52%) residential assessment providers' concluded that it was not in children's best interests to return to their mother and/or fathers' care in the

¹³ In some cases children were the subject of more than one residential parenting assessment. These data are based on the conclusions drawn by the first residential assessment provider.

community. All but one of these families was classified as severe or high risk based on the data available at the time of the core assessment.

Severe risk- away (from home)

Five of the eight severe risk-away group entered residential parenting assessments within two weeks of birth. Two were placed in child and parenting fostering placements for two and three months prior to entry to the residential parenting assessments, and one was placed in foster care for three months while her mother entered a drug rehabilitation programme. All but two of the severe risk-away placements lasted at least as long as planned¹⁴. Details of the two assessments that ended earlier than planned are summarised below. Both of these assessments were initiated by the local authorities, rather than court-directed. In Jordan's case the placement was terminated as the provider assessed that she would be at risk of significant harm if it continued, whereas in Hugh's case the decision was parent-led.

Residential assessments that ended earlier than planned

Jordan's case

Jordan's mother suffered abuse in childhood and became looked after aged nine. She was reported to have a longstanding history of mental ill-health (severe depression, self-harm and suicide attempts) and to have been a heavy user of cannabis since adolescence. A pattern of non-engagement with children's social care and health was noted, and following repeated warnings about anti-social behaviour she was declared 'intentionally homeless'.

Jordan remained in hospital as a result of cannabis withdrawal before moving into a child and parent fostering placement. In the first week there were no concerns about Jordan's mother's capability to provide basic care and meet his needs, but she was verbally aggressive towards the foster carer. This and two subsequent child and parent fostering placements broke down due to Jordan's mother's aggression towards these carers (but not the child) and her unpredictable behaviour. So, aged two months, Jordan moved into a residential parenting unit with his mother (his fourth placement). The residential assessment was terminated within a fortnight. This followed an incident when Jordan's mother refused to administer Jordan's medication or permit staff to do so. She also shouted and screamed at staff whilst squeezing her son's arm tightly and causing him considerable distress. The provider concluded that it was too risky for Jordan's mother to resume his full time care even

¹⁴ Extensions to the first residential parenting assessment if more than one was initiated

with CCTV monitoring, and the placement was terminated due to concerns that Jordan would suffer significant harm.

Outcome: Adoption.

Hugh's case

Hugh's mother was looked after in response to physical abuse during childhood. She was a young parent with moderate learning disabilities, a chaotic lifestyle, history of offending and class A drug use. She had no network of support. Hugh and his mother moved into the residential parenting assessment unit following discharge from hospital. After ten weeks Hugh's mother ran away from the unit. Prior to this she had had thoughts of self-harm and had expressed a desire to leave. At the time of her departure the provider identified a number of positives in respect of Hugh's mother's basic parenting, but recognised that her underlying psychological issues meant she was unable to meet his needs.

Outcome: Adoption.

In addition to the two cases above, there were two more cases where there was a professional consensus that permanence away from home was appropriate and the residential parenting assessment served to confirm this.

It is noteworthy that in four of the eight severe risk-away cases there were differences in professional opinion amongst parties about the appropriate outcome. These cases all involved parents with a history of drug misuse. Residential providers' recommended against these children's return as their professional opinion was that the parents were not able to provide adequate care, and that the timescale for drug therapy was not compatible with the children's needs. However, these recommendations, which were also consistent with the local authorities' position, were not accepted by the courts. Two children, including Kirsty, whose case is summarised below, were moved to different residential parenting units.

Severe-risk away in which the residential parenting assessment provider's recommendations were not followed (court directions for further assessment)

Kirsty's case

Risk at core assessment: Kirsty's mother had a history of drug use and offending (including possession of a blade, criminal damage and shoplifting). She was also reported to suffer from depression. Her partner also had a history of drug and alcohol misuse and his son was taken into care. The couple's relationship was

reported to be volatile with several incidents of intimate partner violence. Drug use by both parents continued throughout the pregnancy.

Plan: Children's services planned to commission a psychiatric assessment to determine the mother and partner's motivation and capability to address their extensive needs and parent the baby. They proposed that Kirsty was placed in foster care as the couple would need to address their drug misuse prior to any assessment of their parenting capability.

The court directed a four week residential assessment (which was subsequently extended, see below).

Residential parenting assessment: Four weeks into the assessment the provider reported that the mother had bonded with Kirsty, and engaged fully with staff to care for her. She had also demonstrated competence in daily living tasks. They recommended extending the assessment for a further 12 weeks. During this period Kirsty's mother engaged with the clinical team. However, the provider concluded that she was not able to prioritise her daughter's needs or sustain 'good enough' parenting. High levels of supervision were required to make sure that basic care tasks were completed. They concluded that Kirsty should not be placed with her mother as there was a high risk that she would return to drugs when she moved back into the community.

Recommendation: Against return home to her mother's care.

Changes in levels of risk: (based on the conclusions of the residential assessment provider): Abstention from drugs throughout the residential parenting assessment period (routine drug tests negative for substances).

Differences of professional opinion: Consistent with the residential provider's assessment, the psychiatric assessment concluded that Kirsty's mother would not be able to care for her outside a residential environment and had serious concerns regarding the basic care she was able to provide.

The local authority proposed placing Kirsty in foster care with a view to a permanent placement away from home, but the court concluded that the threshold for separation had not been met as Kirsty was not at immediate risk. Kirsty and her mother were placed in another residential parenting assessment unit for four months (until the final hearing).

The report from the second residential parenting assessment raised serious concerns about Kirsty's mother's parenting capability and concluded that should

Kirsty return to her care in the community she would be at risk of significant physical and emotional harm. The report stated that Kirsty was not displaying emotions typical for her developmental stage (for example, shock or fearfulness of unexpected noises).

Final outcome: Adoption

High risk-away (from home)

The eight high risk cases in which providers' recommended separation from parents commenced shortly after these babies' births. Six of these assessments ended earlier than planned for one, or both, parents. Of these, four were terminated early by the provider and two mothers decided to leave. In respect of the former, one mother absconded with her baby, another was observed on CCTV dragging her son across the room¹⁵ and one was asked to leave following the rapid deterioration in her parenting capability, once levels of support were reduced. Finally, a father was asked to leave a placement following inappropriate sexual behaviour towards another resident. Following his departure the baby's mother decided she could not parent alone and left the unit too.

In two of the high-risk away cases there were differences in professional opinion about how they should progress following the termination of residential parenting assessments. The eventual outcomes were in line with the residential assessment providers' original decisions but in the interim period these children witnessed intimate partner violence and one was forcibly taken from his mother's care. In Jack's case, outlined below, the local authority returned him to his mother's care in the community, against the residential provider's recommendation. Within seven months of his return home he became the subject of a child protection plan and then he was re-admitted to foster care aged eight months. A plan for adoption was approved by the agency decision maker in December 2013 when Jack was aged 18 months. In Toby's case the court ordered a viability assessment followed by a community based assessment when his parents reconciled¹⁶. Eleven months after the conclusion of the original residential parenting assessment the professional consensus was that permanence via adoption was the appropriate plan after all.

High risk-away in which the residential parenting assessment provider's recommendations were not followed (local authority decision)

Jack's case

Risk at core assessment: Jack's mother was a looked after child who regularly absconded. Concerns centred on this, her transient lifestyle, anti-social behaviour and non-engagement with professionals. Her ex-partner, Jack's father, also had a history of violent offending behaviour.

¹⁵ A residential parenting assessment subsequently determined that this baby's father could meet his needs.

¹⁶ The original residential parenting assessment only involved the mother.

Plan: Children's social care planned to issue care proceedings and place Jack and his mother in a residential parenting assessment unit.

Residential parenting assessment: Four weeks into the assessment the provider reported that there were no concerns about Jack's mother's basic parenting and that she was able to meet his health needs. Unsupervised time was increased and then another resident reported that the mother was taking Jack with her when she went to meet a man for sex. Jack's mother then absconded from the unit with him (and he was subsequently placed in foster care). The residential provider assessed that she was not able to prioritise Jack's needs above her own and that the time required for her to make significant changes to her lifestyle and relationships was not compatible with Jack's need for stability and safety.

Recommendation: Against return to mother.

Changes in levels of risk: Evidence that the mother used drugs during pregnancy; mother prioritised her own needs above Jack's; some parenting competencies.

Differences of professional opinion: The residential parenting provider recommended that Jack was not returned to his mother's care. A psychological assessment also highlighted that the main concern was Jack's mother's capability to protect him from environmental risks posed by inappropriate contacts. A phased rehabilitation plan, including counselling and information about intimate partner violence was arranged by the local authority. An agreement was put in place that Jack's mother would not permit her ex-partner to have contact with him before a full risk assessment had been undertaken. Shortly after Jack returned to his mother's care and before a Supervision Order was granted, evidence came to light that her ex-partner was spending time with both of them. A month after the Supervision Order was granted he assaulted the mother and took Jack from her care. Jack became the subject of a child protection plan. Jack's mother left Jack and fled after another incident of intimate partner violence. Jack was placed in foster care with a view to permanent placement away from home.

Final outcome: Adoption.

Medium risk-away (from home)

There were only two cases that were classified as medium risk at the outset and in one of these cases the residential provider concluded that the mother could not provide safe and effective care to meet her son's needs. In this case there was extensive local authority involvement with the family for 18 months before the court directed a residential parenting assessment. The quality of care provided 'bumped along the bottom' of what was acceptable (see also, Wade *et al.*, 2011). A

community based assessment raised significant concerns and recommended placement away from home while further assessments were undertaken. Two legal planning meetings were held which concluded that the threshold was met, but proceedings were not issued. When proceedings were eventually issued the mother agreed with children's social care concerns, but the judge ruled against separation and wanted to grant an Interim Supervision Order. The local authority argued against this and an Interim Care Order was granted. The court ordered a residential parenting assessment. The 12 week assessment period was extended by a further six weeks. At this time the residential provider concluded that the mother would not be able to provide adequate care for her son in the community.

Darren's case

Risk at core assessment: Darren's two older half-siblings were adopted in 2003 and 2005, before he was born. At this time the following issues affecting parenting capacity were identified: drug misuse; intimate partner violence; and offending behaviour. The pre-birth core assessment identified that there had been a number of changes in family circumstances. Darren's mother had been engaged with drug support services for 12 months and was on a supervised methadone programme. She was co-operating with professionals and submitted to regular drug tests which were all negative in the final four months of her pregnancy. Darren's father was also reported to be a supportive partner and to have abstained from drug use for six years.

Plan: Children's social care identified that there had been significant changes in the mother's lifestyle and circumstances since 2005. They decided not to issue proceedings. Darren became the subject of a child protection plan.

Community based assessment: Darren's mother was assessed as 'borderline' on the Wechslet Abbreviated Scale of Intelligence. A community based assessment of the couple raised significant concerns about the couple's parenting capacity and recommended that Darren should be placed away from home while further assessments were undertaken. A letter of intent to issue proceedings was issued but following some improvements in the standard of care provided the application was not made. Concerns escalated again when Darren's father was arrested (and remanded in custody). Children's social care provided high levels of support to Darren's mother but she often needed prompting to feed her son and he was often observed in urine laden nappies. Proceedings were initiated and the court directed a residential parenting assessment.

Residential assessment: At the outset anxious attachment between Darren and his mother was observed and he was clingy and rarely made eye contact with support

staff. Initially he was not interested in exploring the environment and rarely responded to engagement from support staff. He was observed to have little intentional communication but used to gesture and point. As the assessment progressed Darren developed in the areas of verbal communication and enjoyed interaction with support staff. He was observed to be significantly happier later in the assessment and four weeks into the assessment he was intentionally communicating.

Darren's mother had a high level of supervision and support in the unit but her style of parenting remained inconsistent and at times she fell back on previous poor parenting (allowing Darren to occupy himself for prolonged periods). She struggled to make use of support and feedback to effect positive change on a consistent basis, and had periods of lethargy during which she lacked the motivation to complete basic tasks. The unit reported that the mother's drug and rehabilitation programme remained separate from the current parenting assessment and was not an area within their expertise.

Recommendation: Against return to mother.

Psychiatric assessment: Concluded that the mother suffered from a borderline personality disorder and opioid dependence syndrome. Concerns regarding parenting capability were largely explained by the mother's cognitive difficulties but may have been exacerbated by methadone medication.

Outcome: Adoption.

A member of the expert panel, reflecting on Darren's case concluded that:

He has been profoundly damaged by the fact he was not removed at birth, he was allowed to stay in very unsatisfactory situations at home and then an equally unsatisfactory situation in the residential unit.

The panel were critical about the extension to the residential parenting assessment and suggested that there was more than enough evidence to conclude the assessment within six weeks. They suggested that there was a sense in which people were trying to 'assess everybody to death' and that the court-directed residential parenting assessment was part of this detrimental process of 'decision-avoidance'.

Recommendations for further community based assessment

In five of the 33 in-depth cases, the residential assessment providers' reports concluded that further community based assessment was required before making

definitive decisions about the appropriate outcome. All of these families were classified as severe or high risk based on the data available at the time of the core assessment. In two of these five cases it was concluded that children should remain with their parents, while in the remaining three cases placements away from home ensued. Two children entered kinship care and the third was adopted.

In two of the five cases where the providers' reports recommended that a community assessment should take place, the children were returned to the care of their parents by order of the court, despite the local authority contesting the plans.

Further assessment (differences of professional opinion)

Tony's case

Risks at core assessment: Tony's mother had a long history of substance misuse and admitted using illicit drugs during her pregnancy. She had no family or close friends in the UK and she had been involved in a number of violent relationships. There was evidence of intimate partner violence in her relationship with Tony's father. She had left on a number of occasions but had always returned. She had been advised to seek an injunction against him but had not done so, indicating that she had difficulty in placing her son's needs above her own. Tony was born with physical disabilities, possibly as a result of his mother's substance misuse during pregnancy. The core assessment identified that his mother needed a long period of intensive support to make the changes necessary to meet his needs.

Plan: Tony was initially placed in foster care with a plan for adoption, but his mother stated that she would benefit from being placed in a mother and baby drug and parenting assessment unit where she could be supported with her own substance misuse and where her parenting skills could be assessed. She claimed that she had remained drug free and had permanently separated from the father who was, at the time, being held on remand in prison for the possession of class A drugs. She had supervised contact sessions and then entered the residential assessment unit.

Residential assessment: A 12 week assessment was planned and the provider's report concluded that the mother's ability to care for Tony had improved. However, they noted that the care provided had not been consistent. They assessed that she was on the border of good enough care and felt unable to say with certainty that she would be able to maintain a good enough level of care (particularly given Tony's health needs). They recommended that she received ongoing support for her substance misuse and specialist psychological support. The report stated that she needed more time to convince professionals of her capability to parent and recommended a further period of community based assessment.

Recommendation: Community based assessment.

Changes in level of risk (based on the conclusions of the residential parenting assessment): Tony's mother remained drug free at the unit; some parenting competencies.

Differences of professional opinion: The local authority disagreed with the recommendations of the residential parenting provider and maintained that a continued period of assessment was not necessary or desirable as it would simply delay permanency.

The psychiatrist reported that Tony's mother may have an emotionally unstable (borderline) personality disorder which would explain her deep mistrust of professionals.

Second residential assessment: Tony and his mother moved to another residential parenting assessment centre for four weeks. The second residential parenting assessment, consistent with the first, suggested that Tony's mother's parenting was on the bounds of good enough parenting, but that a community based assessment was necessary to establish whether the changes she had made to her lifestyle and improved parenting capability could be maintained.

Community assessment: Tony's mother agreed to attend a community drugs project for counselling, and hair strand/urine tests were undertaken which confirmed her continued abstinence from drugs. High levels of support were provided by the local church.

Outcome: Remain with mother.

In both Tony's case, and the other further assessment case where the child returned home, a key cause of concern and professional disagreement centred around ongoing and high level support needs. The social worker in Tony's case suggested that the residential parenting provider's report to the court was inconsistent with the reports that they had received during the placement:

They had the most difficult time with the mother's behaviour, blaming staff for really small issues that really, really went over the top. And she also didn't keep up the appointments with the drug counsellor or whoever else she had appointments with and the child needed constant care from them...But they came to court...and the guardian and I were completely gobsmacked because it just didn't bear any resemblance to the previous three months experience

we had. And they came into court saying well the mother is coping in her own style. She needs more support; we need more time...

Evidence that the church would provide daily support was also perceived to have had a significant bearing on the court's decision. In the other case a 38 point multi-agency support plan was agreed in court. Overall, residential assessment providers, guardians and the court concluded that the parents had the capability to provide 'good enough' care with intensive support from children's social care and other formal or informal services. Children's services were in opposition, believing it to be unrealistic to expect them to sustain such high levels of support long-term. In their professional opinion the decisions taken by the court were not in the children's best interests. These findings raise questions about the level and duration of support that can realistically and reliably be provided to parents in the community to enable them to retain care of their children, especially in cases of parental substance misuse and where parents have significant learning disabilities.

The remaining three cases in which recommendations for further community based assessment were made related to young parents. Commonalities across these cases included: a history of non-engagement with professionals; lack of any experience or knowledge of parenting or basic care-giving skills; significant or chronic family dysfunction during their own childhoods; and a number of incidents of aggression and intimate partner violence between these couples. Two of the fathers had been in care for a large part of their childhoods. The final outcome in these three cases was removal. In two cases this was because the primary carers failed to adhere to the terms of the community based assessment (i.e. ongoing contact with abusive ex-partners). In the third case, the mother went into a mother and baby foster placement and the local authority and foster carer concluded that she was unable to care for her son independently in the community.

Alignment between residential providers' recommendations and final placements

Overall, as Table 5.2 below shows, the vast majority of placement outcomes (based on data available from children's social care records up until December 2013, between 15 and 32 months after the assessments concluded) were consistent with the residential parenting providers' recommendations. Ten of the 11 children (91%) that residential providers had recommended should return home were living with the parent(s) who underwent the residential parenting assessment, and no safeguarding concerns had come to the attention of children's social care services since these cases had been closed. Similarly, in all but one of the cases where the residential parenting provider recommended children were placed away from the parent(s) who

underwent assessment, this plan was fulfilled (16 of 17, 94%). Of this group just over half (9 of 17, 53%) were placed for adoption.

Table 5.2 Residential providers' recommendations by outcome at December 2013

Residential parenting providers' recommendation	Outcome at case closure or December 2013					Total
	Parent(s) (involved in residential assessment)	Father (not involved in the residential assessment)	Kinship care (foster care or special guardianship)	Foster care (non-relative)	Adoptive placement (prospective or post Adoption Order)	
Positive/Return home	10	0	0	0	1	11
Negative/Away from home	1	2	3	2	9	17
Further community based assessment	2	0	2	0	1	5
Total	13	2	5	2	11	33

While placement findings were largely consistent with the residential parenting providers' recommendations the decisions taken were often controversial. This was reflected in the case studies: major differences of professional opinion were found in a third of these cases. In the national survey, local authorities reported that they disagreed with one in four recommendations made by residential providers. Further longitudinal follow-up would be valuable to examine whether decisions have served to safeguard children from harm and to explore the longer-term sustainability of plans (in the context of services and support provided in response to changes in needs and circumstances over time). Wider research highlights the fragility of reunification in some circumstances (Farmer and Lutman, 2010; Wade *et al.*, 2011; Ward, Brown and Westlake, 2012)¹⁷.

¹⁷A three year follow-up of a sample of very young children identified as suffering, or likely to suffer, significant harm before their first birthday found that in 12 of 28 cases where children returned home there was little evidence of positive change and children remained at medium, high or severe risk of being harmed (Ward, Brown and Westlake, 2012, p.203).

Chapter Six: 'Value added' by residential assessments set against the cost incurred

Since 2000 the Centre for Child and Family Research (CCFR) at Loughborough University has been carrying out a series of research studies and evaluations to explore the relationship between costs and outcomes of services provided to vulnerable children and their families (cf. Ward, Holmes and Soper, 2008; Holmes and McDermid, 2012). The initial research focused on looked after children and the methodology has since been extended to include children in need, disabled children in receipt of short break services, and families supported under Common Assessment Framework arrangements.

The programme of research utilises a 'bottom-up' approach (Beecham, 2000) to costing services. Essentially all the costs are built up from an individual child (family) level, based on all the support and services that an individual receives. The activities associated with this support are organised into a set of social care processes. The approach identifies the personnel associated with each process, or service, and estimates the time they spend on it. These amounts of time are costed using appropriate hourly rates. The method therefore links amounts of time spent to data concerning salaries, administrative and management overheads and other expenditure. The costs of management and capital overheads are based on those outlined in an annual compendium of Health and Social Care costs (Curtis, 2013). This methodology allows for the development of a detailed and transparent picture of the costs of providing a service, and of the elements that are necessary to support service delivery. It facilitates comparisons of costs and allows for exploration of variations in costs according to the needs of children and families, the placement or service type, decision-making processes and approaches to service delivery. Furthermore, the unit costing methodology is process driven, so includes all the social care activity to support vulnerable children and families, as well as the cost of placements/services. Unit costs have been estimated for a range of processes: these have been broken down into different service areas, predominantly to reflect research funding for a number of different studies. Each of the processes is costed as a discrete, one off event that may occur on multiple occasions. The exception is the provision of on-going support. The unit cost for this process is estimated per day and can then simply be multiplied by the number of days that the child receives support, or is in placement.

Unit costs of residential parenting assessments

Making use of the methodology developed by the team at CCFR and using the weekly costs of the residential parenting assessments¹⁸, a range of pre-existing process unit costs (see Tables 6.1 and 6.2 below) and existing service unit costs taken from a range of sources, it has been possible to estimate the costs of residential parenting assessments using individual case studies as illustrative examples.

Table 6.1: Social care costs of case management processes for a looked after child

LAC 1	Deciding child needs to be looked after and finding first placement
LAC 2	Care planning
LAC 3	Maintaining the placement (per month)
LAC 4	Exit from care/accommodation
LAC 5	Finding a subsequent placement
LAC 6	Review
LAC 7	Legal interventions
LAC 6	Transition to leaving care services

(Ward, Holmes and Soper, 2008)

Table 6.2: Social care processes for all Children in Need (CiN)

CiN 1	Initial contact and referral
CiN 2	Initial Assessment
CiN 3	On-going support
CiN 4	Close case
CiN 5	Core Assessment
CiN 6	Planning and review
CiN 7	Section 47 enquiry
CiN 8	Public Law Outline

(Holmes and McDermid, 2012)

¹⁸ The weekly cost of the residential parenting assessment was provided by the in-depth local authorities for each case study example.

Residential parenting assessment illustrative cost case studies

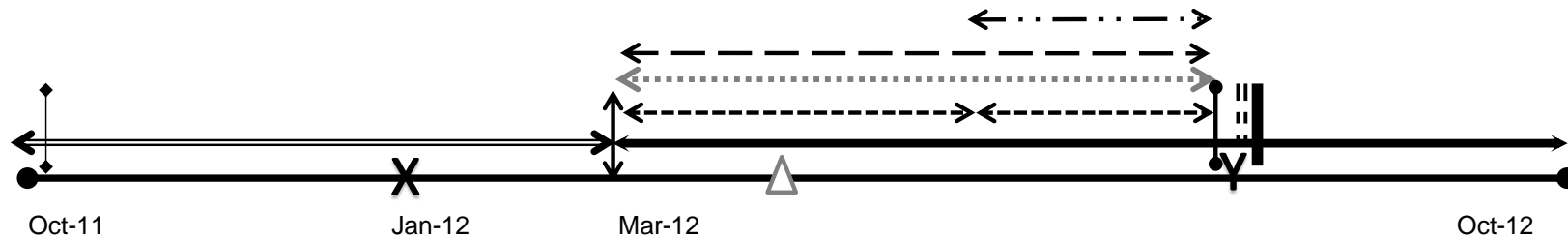
Three illustrative case studies, were selected for unit cost estimation, two of these were also subject to scrutiny by the expert panel. The case studies were selected in order to illustrate the similarities and differences in the cost of placements with different providers, according to parental circumstances and the level of treatment provided to parents alongside the assessment itself. For each, a short case outline is provided, along with a pictorial representation of the key decision points, assessments, processes and services provided. Estimated unit costs for a 12 month time period are then shown.

Darren's case

Darren's case featured in Chapter five, but to recap, his two half-siblings were adopted before he was born and historic concerns centred on drug misuse, intimate partner violence and offending behaviour. Darren's mother had not misused drugs in the final four months of pregnancy and was on a supervised methadone programme. She was also in a new relationship with a supportive partner who had abstained from drug use for six years. Darren was made the subject of a child protection plan. A community based assessment of the couple raised significant concerns about their parenting capacity, but following some improvements proceedings were not initiated. Circumstances changed when Darren's father was arrested and remanded in custody. Concerns about neglect escalated when Darren was in the sole care of his mother and the court directed a residential parenting assessment. This lasted eighteen weeks and concluded that he should not return home.

A timeline and the costs incurred over a 12 month period in Darren's case are provided below.

Darren's Timeline



Key Social care Processes

- ↔ CiN: Process 3, child protection plan & under six
- ↕ CiN: Process 5, core assessment
- X CiN: Process 8, court date, decision to start RPA
- ↕ LAC: Process 1, child becomes LAC
- ↔ LAC: Process 3, ongoing support
- LAC: Process 5, find new placement
- ⋮ LAC: Process 6, Review
- ▬ LAC: Process 2, Care planning
- Y LAC: Process 7, Legal order dates

Services provided

- ←-----→ RPA assessment
- ← — → Parenting support (RPA provider)
- ← · · · → Relationship with partner support (RPA provider)
- △ Psychiatric assessment (parent)
- ←-----→ Drug & rehab programme (additional provider)

Activity costs				Residential Parenting Assessment costs					Additional services costs			
Process	Frequency/ length	Unit cost (£)	Subtotal (£)	Service	Length	Unit cost (£)	Subtotal (£)	Notes	Service	Frequency / length	Unit cost (£)	Subtotal (£)
CiN: Process 3 High Level - (CPP) ongoing support	5 months	432	2,158	RPA	12 weeks + 8 weeks	3,351	67,020	Includes parenting support & relationship counselling	Drug & rehab programme ^a	20 weeks	53	1,060
CiN: Process 5	1	616	616						Parent psychiatric assessment ^b	1	134	134
CiN: Process 8	1	2,358	2,358									
LAC: Process 1	1	1,008	1,008									
LAC: Process 5	1	319	319									
LAC: Process 3 ongoing support, in RPA	143 days	40	5,768									
LAC: Process 3 ongoing support, first 3 months of placement	90 days	8	699									
LAC: Process 3 ongoing support, LA foster care	99 days	53	5,243									
LAC: fee & allowance foster care in LA	14 weeks	164	2,295									
LAC: Process 6	1	641	641									
LAC: Process 2	1	249	249									
LAC: Process 7	1	4,339	4,339									
Cost of social care case management activity (£)			25,692	Cost of residential parenting assessment (£)			67,020		Cost of additional service provision (£)			1,194
Total cost, including social care costs, additional services and the residential parenting assessment incurred over 12 months												£93,906

^a From Unit costs of Health and Social Care, PSSRU 2013, schema 3.3

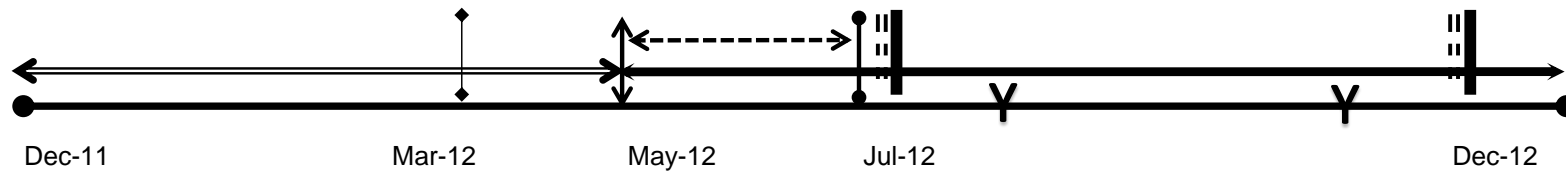
^b From Unit costs of Health and Social Care, PSSRU 2013, schema 9.5

The cost of the residential parenting assessment in Darren's case was £67,020 (the total cost, including social care activity and additional services was £93,906). This was the highest total in the three case studies. The expert panel were of the view that there was ample evidence available to inform court decisions without the need for a residential parenting assessment in the first place. They also criticised the extension of the residential parenting assessment, which they did not deem to be in Darren's best interests. The data provided about Darren's case suggest that despite the high spend, Darren's welfare was doubly jeopardised (see Ward and colleagues, 2012, p.110-111) by the late decision to remove him from a neglectful home environment, followed by an 18 week residential parenting assessment, making him increasingly hard to place for adoption.

Amelia's case

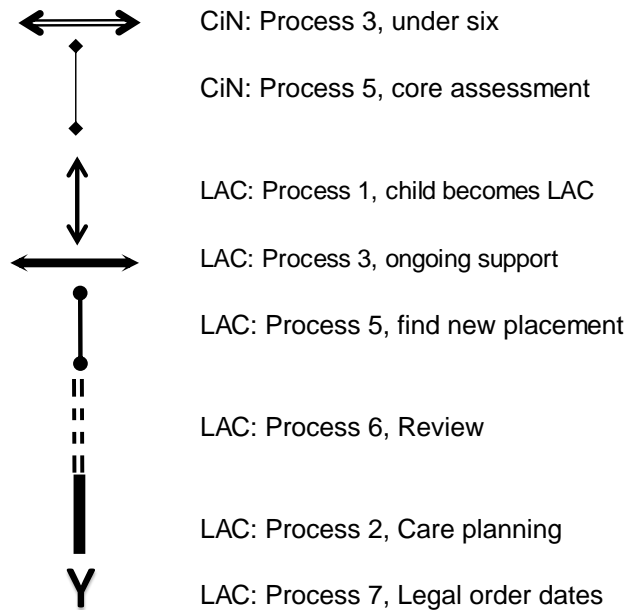
In Amelia's case, as in Darren's case, there was an extensive history of children's social care involvement with the family. Both of her parents had learning disabilities and Amelia's mother also had a history of depression. Amelia's three older siblings had all been placed for adoption as a result of neglect, including the following concerns: lack of basic physical care; lack of consistent routines; under or over feeding; speech and language delays due to poor stimulation. In previous proceedings three years earlier the psychologist reported that the parents did not have the capability to care for their children safely and to an adequate standard. On the basis that the parents had enrolled on a childcare course, and made efforts to maintain their home, a residential parenting assessment was initiated. The parents terminated the placement after eight weeks and Amelia was placed in foster care and a placement order was subsequently granted.

Amelia's Timeline



Key

Social care Processes



Services provided



Activity costs					Residential Parenting Assessment costs			
Process	Frequency/ length	Unit cost (£)	Subtotal (£)		Service	Length	Unit cost (£)	Subtotal (£)
CiN: Process 3 Medium Level - ongoing support	5.5 months	202	1,112		RPA	8 weeks	1,326	10,610
CiN: Process 5	1	616	616					
LAC: Process 1	1	1,008	1,008					
LAC: Process 5	1	319	319					
LAC: Process 3 ongoing support, in RPA	62 days	33	2,019					
LAC: Process 3 ongoing support, LA foster care	157 days	53	8,314					
LAC: Process 3 ongoing support, first 3 months of placement	90 days	8	699					
LAC: additional support for Care Order	55 days	10	569					
LAC: fee & allowance foster care in LA	23 weeks	164	3,771					
LAC: Process 6	2	641	1,283					
LAC: Process 2	2	249	498					
LAC: Process 7	1	4,339	4,339					
Cost of social care case management activity (£)			24,547		Cost of residential parenting assessment (£)			10,610
Total cost, including social care costs, additional services and the residential parenting assessment incurred over 12 months							£35,156	

The cost of the residential parenting assessment in this case was £10,610 (the total cost, including social care activity was £35,156). The unit cost for the residential assessment was lower than in Darren's case, and the assessment was for a shorter duration. Additional therapeutic support was not provided to the parents in this case. The social worker suggested that the residential assessment provided the local authority and the court with:

A good sort of basic knowledge of how these two parents were functioning as a couple in relation to how they were working together to parent; the dynamics of that relationship and how they were working together or not working together. A very clear picture emerged very early on that dad absents himself a lot and particularly when he's under stress his response to that is to withdraw from the situation and leave mum, which is very much the pattern of what happened when the younger children were removed from parents; he was taking himself off out of the situation for days on end, staying with friends and doing different things and leaving mum to cope with things.

They also stated:

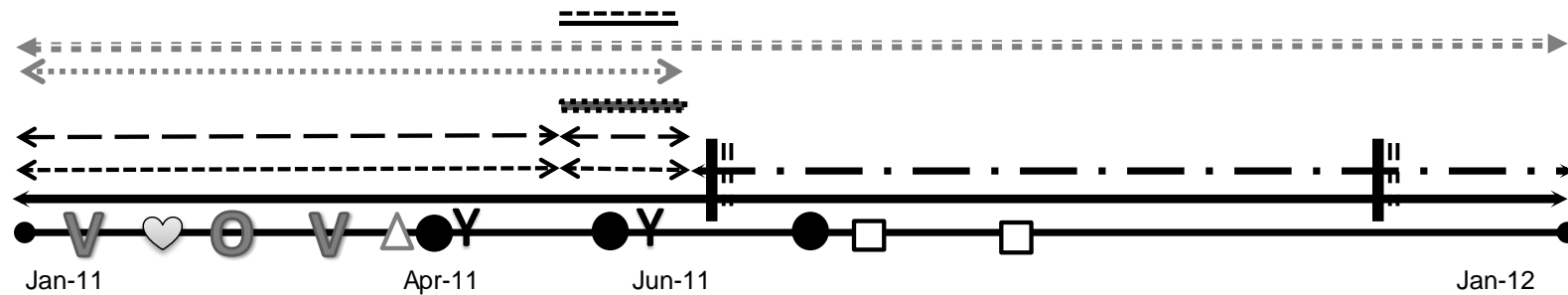
If we thought they wouldn't get through the parenting assessment we wouldn't put them through it; we'd go to court and argue the toss and say they're not going to make it.

Once again, however, the expert panel questioned the local authority's decision to place the family in a residential centre. Their professional opinion was that analysis of evidence from previous proceedings, coupled with a core assessment bringing together historic and current data on the child's needs, issues affecting parenting capability, and wider family and environmental circumstances, was sufficient to conclude that, on the balance of probabilities, they would fail the assessment. However, the residential parenting assessment did serve to confirm and provide evidence (within 8 weeks) that changes in the parents' circumstances were insufficient to enable them to provide 'good enough' parenting, and a placement order was granted within 16 weeks.

Tony's case

Tony's mother had a long history of substance misuse and continued to use drugs during her pregnancy. She also had a history of involvement in relationships characterised by violence (see the previous Chapter for further details). As the timeline and costs table demonstrate, support services were put in place to assist her to address the longstanding issues affecting her parenting capability.

Tony's Timeline



Key Social care Processes

- LAC: Process 3, ongoing support
- LAC: Process 2, Care planning
- LAC: Process 6, Review
- LAC: Process 7, Legal order dates
- Adoption: Activity started, then ceased

Services provided

- RPA assessment
- Parenting support (RPA provider)
- Psychiatric assessment (parent)
- Drug support 1:1 (additional from LA)
- Drug support in group (additional from LA)
- GP surgery appointment
- Health visitor visit
- Occupational Health Therapist
- Counselling (parent)
- Childcare at nursery, 3 full days a week (LA)
- Housing advice (LA)
- Debt advice and support (LA)

Activity costs				Residential Parenting Assessment costs					Additional services costs			
Process	Frequency/ length	Unit cost (£)	Subtotal (£)	Service	Length	Unit cost (£)	Subtotal (£)	Notes	Service	Frequency/ length	Unit cost (£)	Subtotal (£)
LAC: Process 3 ongoing support, in RPA	151 days	41	6,203	First RPA	18 weeks	1,176	21,174	Includes parenting support	Drug support group ^b	52 weeks	53	2,756
LAC: Process 3 ongoing support, placed with parents	236 days	33	7,686	2nd RPA	7 weeks	1,176	8,234		Drug support 1:1 ^b	21 weeks	53	1,113
LAC: Process 2	2	249	498						Health visitor ^c	2	61	122
LAC: Process 6	2	641	1,283						GP visit ^d	1	34	34
LAC: Process 7	2	4,339	8,678						Occupational therapist ^e	1	30	30
Adoption: prepare child's profile, and start family finding process ^a	6 hours	154	154						Housing benefit advisor ^f	3	32	95
									Other social advisor (debt) ^f	2 x 30min	16	32
									Parent counselling ^g	7 weeks	63	441
									Childcare nursery for 3 days a week ^h	99 days	34	3,374
									Parent psychiatric assessment ⁱ	1	134	134
Cost of social care case management activity (£)			24,502	Cost of residential parenting assessments (£)			29,408		Cost of additional service provision (£)			8,130
Total cost, including social care costs, additional services and the residential parenting assessment incurred over 12 months												£62,041

^a From Unit costs of Health and Social Care, PSSRU 2013, schema 6.9.2

^b From Unit costs of Health and Social Care, PSSRU 2013, schema 3.3

^c From Unit costs of Health and Social Care, PSSRU 2013, schema 10.3

^d From Unit costs of Health and Social Care, PSSRU 2013, schema 10.8b

^e From Unit costs of Health and Social Care, PSSRU 2013, schema 9.2

^f The unit costs from Family Savings Calculator come from the Think Family Toolkit (2009) Guidance Note 3, then inflated to 2012/2013 costs.

^g From Unit costs of Health and Social Care, PSSRU 2013, schema 2.8

^h From Daycare Trust and Family and Parenting Institute, Childcare Costs Survey 2013

ⁱ From Unit costs of Health and Social Care, PSSRU 2013, schema 9.5

At the end of the 12 week assessment period the residential parenting provider recommended further community based assessment. The court directed that the mother and child should return home but the local authority appealed the decision. In the interim period Tony and his mother moved to another residential parenting assessment centre for four weeks. Once Tony and his mother returned home he attended nursery three days a week. Informal support was also provided on a daily basis by the church family that they both belonged to. Over a twelve month period the total expenditure on the residential parenting assessment was £29,408 (the total cost, including social care activity, residential parenting assessments and additional services was £62,041).

‘Value added’ set against the costs incurred

The cost of the residential parenting assessments in the three illustrative costs case studies ranged from £10,610 in Amelia’s case to £67,020 in Darren’s case. However, as the discussion served to illustrate in each there were different perspectives on the appropriateness of commissioning these assessments in the first place. It is important to note that local authorities and/or the courts set the terms of reference for the providers’ assessment, and so judgements in this respect are a reflection on their decisions, *not* on the residential parenting assessment providers themselves.

Overall, the research team or expert panel judged that commissioning a residential parenting assessment was ‘appropriate’ in 18 cases (58%¹⁹). The research team rated a higher proportion of cases as ‘appropriate’ (15/23: 65%) than the expert panel (3/8: 38%). The use of this type of assessment was perceived to be of value for one or more of the following reasons:

- safety without separation in severe or high risk cases where it was judged that it would be difficult to manage the risks in alternative setting;
- support and specialist advice and guidance for parents with learning disabilities or young parents (including care leavers);
- cases where the index child or a sibling had suffered non-accidental injury and it was unclear who the perpetrator was, and whether one parent was protective.

Consistent with the survey data, there were circumstances in which a residential parenting assessment was deemed to be the only suitable setting for an assessment unless interim removal was sought²⁰. This included cases in which parents had multiple problems affecting their parenting capacity and core assessments revealed a high or

¹⁹ n=31, missing data in two cases

²⁰ Recent case law (Re L (A Child) 2013 EWCA Civ 489) discusses the imminent risk of harm test when considering interim removal. If the child is in a supervised setting the imminent risk of harm test is unlikely to be satisfied and the expectation is that the parent and child will be kept together but an early final hearing should be sought. The test at the Final Hearing stage is a different one and evidentially more easily satisfied.

severe risk that the child would suffer significant harm. In other cases it was identified that guidance to support inexperienced parents, or those with learning disabilities, to provide nurturing care was desirable and a residential parenting assessment was a means of facilitating this. In those cases where parents had left the residential centre, this provided strong evidence that they would not be able to meet their child's needs, and the evidence gathered during relatively short periods facilitated the timely conclusion of proceedings. The guidance and support provided by residential parenting assessments may also reap dividends if parents go on to have more children. In one case the expert panel perceived that the local authority had failed to put forward a sufficiently robust defence for separation (although they were of the opinion that there were sufficient grounds to do so based on the information that had been gathered).

In 13 of the 31 cases analysed (42%) qualitative data suggested that a residential parenting assessment should not have been commissioned in the first place. This was the conclusion reached by the majority of the expert panel in five cases and by the research team in a further eight cases. Two key issues emerged: firstly, that in some cases there was little to be gained from undertaking an assessment, as there was sufficient evidence to determine that this would place the child at high risk and the likelihood of success was remote; and secondly, that there were cases where, based on presenting concerns, it was judged that a community based assessment or parent and child fostering assessments would serve to provide a more realistic picture of whether families would be able to parent in their communities. Reflections on these issues from the expert panel included the following:

I'm seriously worried about setting people up to fail and knowingly sending parents for a residential parenting assessment with the explicit purpose of failing them. It's an inappropriate use of resources and it's immoral...And it's also an abdication of responsibility.

Another panel member highlighted the need to move away from using residential assessments as 'a last ditch, "well something good might turn up" and 'all the other assessments have been negative so we will go for a residential assessment because they might just make it', approach. However, as a quote from a qualitative study examining the use of experts in proceedings demonstrates, this is not the position parents' solicitors necessarily take as they emphasise the parents' rights. For example:

There are some cases, I suppose, where you might have a mother and baby and the suggestion is that they go off to a specialist unit and you could say in some cases "I don't really think the chances are very high here, but who knows – let's give it ago". There are some cases which are likely to lead to failure where you do spend a lot of time and money. But some of them – not very often – but occasionally – turn up trumps (cited in Masson, 2010, p. 15).

In Re J (Residential Assessment: Rights of Audience) [2009] EWCA Civ 1210, [2010] FLR, 1290 Wall LJ acknowledges that:

It is important to remember when one is looking either at the independent assessment by social workers or applications under s. 38(6) of the Act that one needs to be child focused. It is not a question of the mother's right to have a further assessment, it is: would the assessment assist the judge in reaching...the right conclusion in relation to the child in question? (para. 10).

The child's timetable is also a key consideration in such matters. Since completion of the research the 26 week timetable for the conclusion of proceedings (except in exceptional circumstances) is likely to have brought this into sharper focus.

In drawing conclusions about the whether the costs incurred in the conduct of the residential parenting assessments were 'justifiable' the research team took into account: whether commissioning a residential parenting assessment was 'appropriate' in the first place; the evidentiary benefit and knowledge gained as a result of the residential parenting assessment (above and beyond what was known from previous children's social care involvement and the core assessment); and whether the assessment remained child centred (or focused more on the treatment and therapeutic needs of the parent). Based on the information gathered the conclusion was the costs of assessments were 'justifiable' in 43 per cent of the in-depth sample cases. The cost of residential parenting assessments may also be off-set by longer term cost saving (provision minimising children's exposure to harm, or providing support and services to promote improved parenting to improve outcomes). A number of assumptions would have to be made, and additional data collected, to explore this further.

Conclusion

Residential parenting assessment centres provide a setting in which parents' capacity to respond to their children's needs and to safeguard their welfare can be monitored or assessed and parents can be given advice and support. Despite the important role they can play, both in supporting families to address entrenched problems, and in informing life-changing decisions about whether children can remain with their parents, there has been limited research on this form of provision.

Findings from this small scale study revealed that between April 2011 and October 2013 a total of 457 residential parenting assessments were undertaken by 44 local authorities in England, at a cost of £7,763,711. However, there were wide variations in use of, and expenditure on, residential parenting assessments. While in some areas children's social care and the courts did not commission any residential parenting assessments, in other local authorities their use was more common, reflecting variations in children's social care and court practice. The highest expenditure on a single assessment was found to be £127,000. In the year ending 31 March 2013 average expenditure per assessment ranged from £39,413 in the East of England to £13,046 in the East Midlands. One reason for these variations is that the umbrella term of a residential parenting assessment masks the diversity in the provision available. There were variations in the skills mix of staff and the balance of activity (with assessment on one hand, and support, therapeutic intervention or treatment for parents affected by one or more issues affecting their parenting capacity, on the other). In this respect residential parenting assessment centres can fulfil multiple functions: protecting children at severe or high risk; equipping parents with new skills; treating addictions and promoting change; and providing evidence to inform children's social care and court decisions.

Half of the children in the survey and the in-depth sample entered residential parenting assessment centres shortly after birth, reflecting their vulnerability and the entrenched difficulties that the majority of their parents were facing. Half of mothers and at least 29 per cent of fathers were reported to have experienced abuse and neglect during their own childhoods and mental-ill health, drug and alcohol misuse and intimate partner violence were common. Over 30 per cent of parents had had previous children placed away from home. In the in-depth sample, all but four children were classified as being at severe risk (13/39%) or high risk (16/48%) of future significant harm. Post-assessment (and intervention), residential parenting providers' recommended that 11 children should remain with their parents (33%) and that 17 (52%) should be separated and permanently placed away from home. In five cases (15%) they recommended a further period of assessment in the community to inform the decision-making process. In cases where children remained with parents, in line with residential providers' recommendations, there was no evidence on children's social care records of safeguarding concerns following case closure (15 to 32 months post-assessment). However, in a third of cases there were major differences of opinion about whether 'good enough' parenting could be sustained in the medium to long term or whether permanence away from home should be

pursued. This related to a wider issue concerning differences in professional opinion about what level of support children's social care could sustain, and over what timeframe, to support parents and keep children safe from harm.

A key strength of residential parenting assessments identified during the course of the research was that it can provide relative safety without separating children from parents when the risks are high and/ or there are significant gaps in knowledge about parental functioning, or relationship dynamics. The intensive nature of residential parenting assessments also has the potential to provide evidence of whether or not parents have the capability to provide 'good enough' parenting, on a consistent basis, within a relatively short timeframe, thus supporting the timely conclusion of proceedings. However, as the case studies illustrate, these benefits are not automatic and findings from the research serve to highlight that local authorities and the courts need to be discerning in their use of residential parenting assessments.

In four out of ten of the in-depth cases the expert panel and/or the research team concluded that a residential parenting assessment was inappropriate, either because there was sufficient evidence available to reach a decision without it, or because a community based assessment would have been more appropriate. In this context it is important that children's social care and the courts critically consider the circumstances of specific cases to inform decisions about their use. They should not be used as a means of delegating or postponing difficult decisions, but rather as a tool to obtain evidence that cannot be reliably obtained in a community setting. They may also serve as a springboard to maximise the chance of parents succeeding (where there is sufficient evidence that parental circumstances are amenable to change within the child's timeframe). It is important that all parties are mindful of the length of time young children spend in residential parenting assessments and that decisions about extending placements are child rather than adult centred.

Further research should be undertaken to examine: changes in practice following the introduction of the 26 week timetable for the completion of care proceedings; similarities and differences in the quality of residential parenting assessments centres, what they provide and the theoretical frameworks that inform their practice; professional partnerships that influence the use and outcome of residential parenting assessment; and the sustainability of arrangements in the medium to long term (in the context of services provided post-assessment). The views of parents should also be sought.

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Cliff James, Children & Young People's Services, Suffolk

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