

# **Exploring Reunification: Audit Findings**



### **July 2025**

#### Introduction

A local child safeguarding practice review (LCSPR) into the death of "Theo" (TDS20), found that the assessment and planning arrangements to reunify him with his parents were not robust enough to safeguard him. To check that current practice has improved, Derby and Derbyshire Safeguarding Children Partnership undertook a multi-agency audit of cases where children were reunified with their parents in pre-proceedings or during care proceedings. The findings of the audit have helped to:

- Show the extent to which current reunification processes are compliant with the National Multi-Agency Practice Standards for Child Protection outlined in Working Together to Safeguard Children 2023.
- Identify good practice and areas for development, the principles of which have informed a <u>best practice guide</u> to support and enhance the reunification work of practitioners and their managers in agencies across Derby and Derbyshire.

#### The LCSPR recommended that 3 key areas of reunification practice should be explored:

- The involvement of parents and children, family members and partner agencies in planning for reunification.
- The extent to which the levels of support and challenge provided are consistent with the level of risk identified.
- · The quality of contingency planning.

#### Scope of the audit:

- Practice was explored in relation to 9 families living in Derby and Derbyshire, focussing on 5 girls and 4 boys.
- Two children were < 12 months old, three children were < 20 months old, one child was aged 9, two children were aged 11 and one child was aged 17.
- Following reunification, three children were made subject to a full care order, two children were made subject to a supervision order and a child protection plan, two children were made subject to a supervision order and a child in need plan, one child was made subject to a child protection plan and one child had no statutory order imposed.
- A range of statutory and voluntary agencies participated in the audit including children's social care, family support services, the independent reviewing service, quality assurance services, legal services, health visiting services, schools, Cafcass, Safe and Sound, Catharsis and Aquarius.
- Over 50 front line practitioners, senior practitioners, managers and senior managers participated in the audit.
- Parents and carers participated in the audit.
- There was an average of 98% compliance with relevant National Multi-Agency Practice Standards for Child Protection outlined in Working Together to Safeguard Children 2023.



### **Summary of Audit Findings: Key Area of Reunification Practice #1**

# The Involvement of Parents and Children, Family Members and Partner Agencies in Planning for Reunification



#### **GOOD PRACTICE AREAS**

- Genuine interest and curiosity is shown to children and their families.
- Generally, assessment, planning and decision making was collaborative amongst agencies, where a focus is kept on balancing the progress being made by parents against the possibility of risks emerging.
- A resolution model is applied where the focus is less on the specifics of an incident or on any lack of willingness by parents to admit guilt or take responsibility and more on engaging the family and establishing the necessary steps to safeguard children against future risk.
- Gut feeling is valued as a legitimate element of assessment and planning but is tested out against evidence.
- The past experiences that parents have of services, including where older children have been removed from their care are considered without bias. Predetermined judgements are not made about the permanence options for children based on the outcomes for their older siblings.
- Language, heritage, culture, religion, neurodiversity, substance use, mental health difficulties and individual interests are considered when developing ways to engage and communicate with children and their families.
- It is recognised that there is value in engaging practitioners and carers already known to families to help support the reunification process.
- Parents are encouraged to discuss and be open to challenge about their understanding of risk. Support is provided to help them develop a plan to make changes and to manage risky situations.
- Practitioners try to understand parents' histories to help assess their capacity to safeguard their children and to determine what support they might need.
- Parents are helped to build support networks and increase their confidence, independence and resilience.
- Parents are helped to address their ambivalence and anxieties about having their children returned to their care.
- Alternative permanence plans for children are explored and explained to families.
- Different methods of communication in line with family's needs are used to help them to understand the family court and reunification processes.
- There is an emphasis on gaining childrens' views about who they would like to live with.

#### **GOOD PRACTICE AREAS (continued)**

- Wider relatives are engaged to help assess the commitment of the whole family to safeguarding the children in their care.
- In some cases, the <u>NSPCC Reunification Framework</u> is used to explore risk and protective factors which then informs the reunification plan.
- Specialist assessments are undertaken to help identify the needs of the family and the support that they require.
- There is oversight and scrutiny of reunification plans at varying levels and within different forums.
- Generally, reunification is not rushed if it is likely to be of detriment to children.
- Proposals to the family court are collaborative and underpinned by evidence relating to the progress made by parents.
- Where challenges emerge in the family court, a pragmatic approach is taken to seeking resolution which includes the input of specialists. In this context, the best outcome for children is kept at the forefront of practice.

#### PRACTICE DEVELOPMENT AREAS

- Compiling assessments which incorporate information from all relevant sources especially when children are living in care and have complex health needs.
- Ensuring that foster carers are fully equipped and supported to respond to the trauma needs of children in their care and to help them to engage fully in the reunification planning process.
- Involving all necessary agencies in reunification planning meetings. Where children are experiencing a change in circumstances, like attending a new school, relevant practitioners are involved and informed about their legal status, risks and needs.
- Undertaking several assessments (where relevant) to provide a thorough picture of parents' ability to provide care to their children and to keep them safe.
- Recognising the complexities involved when planning for children to be reunified with their parents whilst assessing other family members as alternative carers.
- Striking an appropriate balance between the partners of parents contributing to reunification planning, against the need for parents to independently resolve their difficulties to help support the wellbeing of their children.



### **Summary of Audit Findings: Key Area of Reunification Practice #2**

# The Extent to Which the Levels of Support and Challenge Provided to Families are Consistent with the Level of Risk Identified



#### **GOOD PRACTICE AREAS**

- A range of intervention and support is established where the views of parents and special interests of children are considered.
- The support offered reflects identified risk and need and includes specialist and tailored intervention to address factors such as substance use, domestic abuse, trauma and mental health.
- Where there are challenges in securing specialist intervention, practitioners seek alternative ways to increase children's sense of safety.
- The contact that agencies have with families is proportionate and strikes a balance between risk management, support and providing opportunities for progress.
- Practitioners are objective and curious about issues relating to drug use and domestic abuse and a robust approach is taken to the safety of children where there are suspicions about these risks.
- Parents are challenged to help them take responsibility for risks, to increase their awareness of the impact of risks on their children and to help identify if additional support is needed.
- Using a range of interventions, including family group conferencing, there is a holistic and collaborative approach taken to repairing and sustaining family relationships, to resolving conflict, to supporting families to understand the risks surrounding children and to developing social networks.
- Marks and injuries to children are responded to promptly and with curiosity.
- The age of children is considered in the context of the risks that they may face and the support that they may need over time, especially when they are approaching adulthood. Proven strategies such as "keeping babies safe" are used and specialist staff are engaged to help mitigate risk and achieve progress.
- Former foster carers help families to improve the success of reunification, they provide them with a wider support network and help agencies to identify concerns.
- The importance of having a consistent group of practitioners providing support and challenge to families to help sustain trust and to improve the assessment of genuine progress over time is acknowledged.
- There is a focus kept on the possibility of deterioration. Practitioners are alert to risks which shape curious conversations with families and amongst themselves. Unannounced visits and out of hours teams are used to help capture concerns.
- Forums are in place to scrutinise and measure the success of reunification to ensure that
  the level of support and challenge corresponds with risk and need and to check that
  appropriate intervention remains in place.

#### PRACTICE DEVELOPMENT AREAS

- Developing overarching intervention and support plans which are documented, easily accessible and which set out the necessary actions to address specific risks and needs.
- Historical risks which may re-emerge are included in plans.
- Circumstances under which risk could increase is detailed in plans alongside who (including family members and practitioners) are responsible for which actions within defined timescales. The desired outcomes of intervention and support is documented.
- Ensuring that intervention and support plans clearly follow the findings and recommendations outlined in assessments.
- Ensuring that intervention and support plans correspond with written agreements and contracts in setting out the support that parents need from practitioners to identify, report and address risk issues, including how the specific vulnerabilities of babies and toddlers should be addressed.
- Formally reviewing intervention and support plans regularly in partnership with parents and managers in order to discuss risk, need and progress, to help assess whether the plan remains appropriate and to ensure that current concerns and necessary actions are captured.
- Explicitly recording in case files the significance and imminence of current risk factors, the extent of the support and challenge delivered to families as a result of the risks and the family's responses.
- Sourcing specialist therapeutic support and / or appropriately equipping practitioners to improve the response to children's trauma.
- Giving careful consideration to ending intervention and support plans when there is an
  outstanding criminal investigation, particularly when this relates to harm caused to
  a child.



### **Summary of Audit Findings: Key Area of Reunification Practice #3**

### The Quality of Contingency Planning



#### **GOOD PRACTICE AREAS**

- The <u>NSPCC Reunification Framework</u> is used to support the analysis of risk and protective factors which then guides the written agreement (or alternative document) where the responsibilities of parents, family members and agencies are outlined alongside the contingency plan.
- Contracts of expectations and written agreements are used to outline actions to be taken by families and agencies should certain risks emerge.
- Some plans recognise the additional vulnerabilities of babies.
- Generally, practitioners have in mind a contingency should reunification break down, which focusses on the support that could be offered by wider family members, consideration of alternative care arrangements or the application for a statutory order.
- Different approaches are used by practitioners to ensure that any difficulties with reunification are identified, including seeing children away from their home environment, increasing the frequency of intervention sessions and having regular communication with the practitioner group.

#### PRACTICE DEVELOPMENT AREAS

- Including in written agreements (or alternative documents) an emphasis on the unique vulnerabilities of babies who are completely dependent on their parents to meet their needs and to care for them, especially where drug use is a feature.
- In circumstances where there are several interconnected risks which may vary in imminence and require different levels of response, embedding detailed contingencies in the overarching plan for a child which set out a staged approach to managing those risks, including detail about who will do what and when should the risks emerge, may provide additional clarity to practitioners and families about the steps that would be taken to keep the family together if safe to do so.
- Compiling contingency plans which balance a prescriptive yet flexible approach can help practitioners to respond to the changing nature of families' circumstances without loss of engagement.
- Compiling contingency plans which are recorded and which detail viable options for alternative care arrangements.
- Avoiding an over emphasis on the positive features of current reunification arrangements which may detract from the necessity to devise thorough contingency plans.



### **Summary of Audit Findings:**

#### **Practitioners' Reflections on Reunification Processes**





The social work team worked closely with the mother to try to keep mother and baby together despite the mother's history of drug abuse and having older children removed from her care. A thorough support plan was put in place for the mother's transition from her placement with AB to living at home. The right outcome was achieved for her.



Commitment from all professionals and the dedication of (the) foster carer to ensure the transition for L-JH went smoothly and routines were adhered to. Regular communication with the social worker ensured I had a clear plan and understanding of my role.



The invite to the initial reunification meeting was given with short notice with little background information with regards to the nature of the meeting, however, the nature of the meeting was clearly explained and it quickly became apparent what the role of the 0-5 Practitioner would be.





As Family Time Worker during proceedings and reunification, it was important to have a clear plan and an understanding of my role. Communication from (the) Social Worker meant that this was possible and enabled me to fulfil my role.



From my first experience of being involved in a reunification, I feel that I was well informed and had a clear well thought out reunification plan. Commitment from all professionals made the transition work very well.



There were regular open case discussions that took place throughout which challenged all professional's thinking without defensiveness and a child-centred focus remained throughout. There was strong working together and communication which I believe was a key factor. The carers for L-JH were excellent.





All professionals were aware of (the) reunification plan and alternative adoptive plan. Timescales were provided for reunification and review stages.



Relationship based practice was established, it is positive that the mother felt comfortable and able to disclose her cannabis use to professional bodies. It is positive that housing services were involved and able to assist the family during the reunification process.



There was a contingency plan in place if reunification became difficult. All efforts were made to gather views of SA and parents to make the plan sustainable with support highlighted for all involved. The network worked well together towards the goal for SA to be returned to mum's care after thorough assessments, therapy and work with SA and parents.







The Intensive Family Support Practitioner was not invited to meetings with other services regarding the reunification plan. They were not party to any conversations regarding contingency planning.



Given the circumstance (of) emotional abuse (and) parent conflict, it would be helpful for the education setting to understand the support we can offer the family, (the) information that we are able to share with both parents and if there are any safeguarding reasons to withhold information.



There was thorough communications between all professionals to ensure that any concerns or the voice of the child was shared in a prompt and timely manner. We feel that all professionals were very thorough and every decision was carefully considered.









### **Summary of Audit Findings:**

### **Parents' and Carers' Reflections on Reunification Processes**





Our voice and concerns were listened to, they acknowledged our stress and went above and beyond. We understood each and every step after our child was injured. We were told to be open and honest and we understood protocols. Everybody supported and helped us. I understood that I needed to be more vigilant, spend more time with HS and be careful with him.



I felt really involved in the planning and fully supported). We did understand what was going to happen. Our view was part of it too.







I (was) very thankful of the phone call (about) taxi funding and wanted to express wholeheartedly the difference it will make for me and the boys. I am sincerely grateful that X took time out to give me opportunity to talk about our situation. It is not normal practice for a Service Manager to contact a carer, which makes X's act even more significant. I actually felt listened to at what has been a difficult time for the boys.



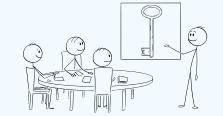
X and Y were brilliant, (they) tried to ensure we got it all covered and worked together to ensure (that) all went smooth to suit the child, mum and us too. It was really helpful when we got a regular email of updates and what the plan was. Nothing was missing at all.





# **Audit Findings:**

# **Best Practice Principles**



The Social Workers for the families involved in the audit have helped to develop several best practice principles which relate to the 3 key areas of reunification practice that were explored.

The best practice principles outlined on pages 8-13 below relate to 8 overarching areas of reunification work:

- Keeping children at the centre of practice
- Engaging families
- Evidence based decision making
- Safety planning and risk management
- Planning intervention and support
- Delivering intervention and support
- Supporting and challenging parents and families
- Contingency planning

These 8 overarching areas are outlined in the <u>reunification best practice guide</u> to help support and enhance the work of practitioners and their managers in agencies across Derby and Derbyshire. They align to the <u>Children's Social Care National</u> Framework 2023 which details the following expected outcomes for children:

- Children, young people and families stay together and get the help they need.
- Children and young people are safe in and outside of their homes.
- Children and young people are supported by their family network.
- Children in care and care leavers have stable loving homes.



# **Key Area of Reunification Practice #1: Best Practice Principles for:**

# Involving Parents and Children, Family Members and Partner Agencies in Planning for Reunification

- The best interests of children are prioritised. Practitioners balance the impact of children being in care against the benefits of them returning to live with their parents. There is strong advocacy amongst the practitioner group and within the court arena for children to live at home if safe to do so.
- When thinking about what life may be like for children in their parent's care in future, the possible risks are considered against parents' capacity and willingness to make and sustain long term change. Caution and curiosity are applied over time to establish parents' genuine motivation. Where parents have a history of social care involvement including the removal of other children, this is considered without bias and prejudgements are not made about permanence plans for younger siblings.
- To help engage children, to build their trust and to understand the risks that they have faced, practitioners learn about their identities, interests and life experiences.
- Creative methods, which take into consideration any communication difficulties that children may have are used to gain their views about where they would like to live and to help explain reunification processes to them. Practitioners create multiple opportunities in different environments for children to share their views which are then clearly outlined in assessments and plans.
- Practitioners work together to form open and trusting relationships with families, they show interest in their culture, religion and heritage. Parents' specific needs are identified
  especially where there are factors relating to trauma, communication and understanding and practitioners adapt their approach accordingly to secure the engagement of parents and
  to ensure that they understand reunification processes.
- Practitioners learn about parents' histories and how their experiences may impact on their capacity or willingness to care for and safeguard their children, especially where substance use is a feature. Practitioners consider the significance and impact when parents have been in care themselves. Their past engagement with services, their age and maturity is considered.
- There may be cultural differences in how parents provide basic care to their children. Practitioners aim to understand any factors which may impact on caregiving and they facilitate care arrangements that recognise and respect cultural norms, but which also prioritise and promote children's safety and wellbeing.
- Consideration is given to how best to engage and support parents to make change and practitioners are matched accordingly. Where possible, the same practitioners support families
  over time so that changes and progress can be more easily identified.
- Practitioners explore all options for securing permanence for children. These options are then clearly explained to parents.
- Practitioners engage wider family members and new partners (where appropriate) to strengthen understanding about the risks surrounding children and to establish how they can support children to return to their parent's care safely.
- Practitioners use resolution-focussed approaches to reunite children with their parents as soon as possible under a safety plan which includes the involvement of family members and where there is a focus on minimising future risk.





# **Key Area of Reunification Practice #1 Continued: Best Practice Principles for:**

# Involving Parents and Children, Family Members and Partner Agencies in Planning for Reunification

- Practitioners ensure that current carers including foster carers are equipped to respond to children's trauma needs to help prepare them to return to their parent's care. Current carers are involved in reunification planning where their knowledge about children's needs is drawn upon to support them to settle back with their parents.
- To help strengthen the reunification plan, practitioners encourage families to work with wider relatives, friends, former carers and community groups to build their own support network.
- Practitioners recognise the complexity of planning for children to be reunified with their parents, especially when assessing other family members as alternative carers. Where there is conflict within families about the plan for reunification, practitioners create an environment where emotions and views can be expressed and where difficulties can be resolved.
- The circumstances surrounding the harm caused to children can be hidden within families and the cause of injuries may not be clear. Practitioners work with family members to create an openness and common narrative about the presenting risks and about the experiences of children to help create a shared alertness to indicators of harm in future and to enable families to establish their own safeguards.
- Practitioners use proven assessment tools and frameworks to think curiously with families about risk, vulnerability and need and to help form decisions and proposals about future care plans for children. Risks to children in and outside of the home are assessed and the findings then inform safety plans.
- Assessments and reunification plans are created collaboratively amongst practitioners and families. They are evidenced based and balance concerns, mitigating factors and
  progress. Where children are experiencing a change in circumstances, like attending a new school, relevant practitioners are involved and informed about their legal status, risks
  and needs.
- To help determine the right outcome for children, specialist assessments are undertaken, especially where there is a history of high level concern, where there are parental mental health issues or where older siblings have been removed from their parent's care.
- Gut feeling and intuition are important elements of decision making about the risks and vulnerabilities surrounding children and their families. Practitioners corroborate or disprove their gut feelings with the findings of formal assessments.
- Interactions between children and their parents are observed and considered by practitioners to help inform judgements about the likely success of reunification.
- Managers oversee and contribute to decision making. They offer scrutiny and challenge to assessments and plans to ensure that the decision to reunify children with their parents is defensible, well supported and sustainable.
- Statutory processes are undertaken swiftly to minimise the impact on children. However, when there is concerning information or outstanding assessments that mean a reunification plan is not yet viable, practitioners, with the advice of legal colleagues, advocate for additional time to complete the necessary work.





# **Key Area of Reunification Practice #2 Best Practice Principles for:**

# Providing Support and Challenge to Families Consistent with the Level of Risk Identified

- Practitioners draw on research and guidance about what works for children and their families to help shape intervention and support.
- Overarching intervention and support plans are written collaboratively between practitioners and families. Families are asked what they think will help them to sustain change and their views are included in the plan.
- Plans manage risk, address need, provide support and monitoring and opportunities to safely test the progress and resilience of families. Historical risks which may re-emerge are included in the plan.
- The actions required by parents, wider family members and practitioners to address risk and need are clearly set out in the plan with defined timescales for completion. Circumstances where risk could increase and mitigating factors are documented in the plan, alongside the desired outcomes of intervention and support.
- The bespoke needs of families are considered and the intervention and support plan reflects the findings and proposals in relevant assessments. Support is tailored to meet the specific needs of children, particularly regarding emotional health and neurodiversity.
- Actions are established in the intervention and support plan to help protect the physical safety of babies and toddlers. The approach to managing the specific risks and vulnerabilities of children who are completely dependent on their parents' care is detailed in the plan with consideration of their ages and how their needs will change over time.
- Practitioners use established tools and strategies to improve parents' understanding of the specific risks surrounding babies and toddlers. The triggers and stressors that parents
  experience and which may compromise their ability to safeguard their children are reflected in the plan.
- Accompanying safety plans include a range of clear and realistic strategies to manage complex risks like substance use, mental health and domestic abuse. They outline the responsibility of parents to identify, report and address risk issues alongside the support they will receive from practitioners to help them achieve this.
- Practitioners work with their managers to identify any gaps in provision for children with trauma needs and they aim to source appropriate therapeutic support. Practitioners are provided with opportunities to equip themselves to respond appropriately to the trauma needs of children.
- Especially where there are several complex issues, practitioners seek advice and guidance from specialist services to inform their approach to supporting families, managing risk and addressing need.
- To help deliver support and intervention, practitioners build positive and trusting relationships with children and their families but where a focus is kept on remaining vigilant to emerging risks.





# **Key Area of Reunification Practice #2 Continued Best Practice Principles for:**

# Providing Support and Challenge to Families Consistent with the Level of Risk Identified

- Practitioners think about the impact of neurological, developmental and mental health factors on children when they are considering how best to engage and support them.
- Support is delivered collaboratively by agencies and specialist services deliver direct intervention relating to specific risk and needs.
- Intervention and support is delivered in locations and environments that suit children and their families.
- Where parents have limited or unsuitable family support, practitioners help them to build their independence, confidence and resilience in caring for their children as they grow up.
- Where a child's emotional health is a concern, practitioners establish a range of support to help them to feel better. They keep children's experiences of trauma at the forefront of their minds and work together to help them to feel safe with their families.
- When children are approaching adulthood, practitioners shape the support that they provide in line with this life transition and engage appropriate services to address relevant needs.
- Practitioners are alert to indicators that parents may be unable, unwilling or reluctant to work with services to make and maintain changes. They challenge this promptly and sensitively
  and aim to understand why parents may express reservations or ambivalence about reunifying with their children. Parents are helped by practitioners to overcome concerns and
  barriers.
- Practitioners clearly, consistently and confidently challenge parents about their behaviours and the decisions that they make, especially when their child is at risk of physical harm or neglect.
- Where there are barriers to engaging families including when risks are not accepted or where they are completely denied, a persistence approach is taken to help build trust, improve parents' motivation to change and to encourage them to take responsibility for the risks that are posed to their children.
- Practitioners remember that historical risks could re-emerge and they talk to parents about the features of previous risks to help them to be more alert and resilient should similar circumstances occur in future.
- Practitioners look out for signs of deterioration in different environments including in the home and at school. They support families to report any concerns and equip them to deal with arising difficulties without reliance on agencies.
- Practitioners notice changes in how parents present and they ask curious questions about this. If risks are identified, especially related to substance use, practitioners establish additional support for parents whilst remembering that change is still possible.





# **Key Area of Reunification Practice #2 Continued Best Practice Principles for:**

## Providing Support and Challenge to Families Consistent with the Level of Risk Identified

- Where parents are using substances, practitioners remain alert to the specific vulnerabilities of babies who are completely dependent on their parents' care. When parents deny their substance use, practitioners consider the extent to which this increases risk to their children. They consider why parents might deny their activities and they provide them with opportunities to make disclosures and to take greater responsibility for their substance use.
- Practitioners respond immediately if injuries and bruises are sustained by children. They talk to parents about the circumstances, challenge and support them, follow escalation and child protection processes and provide advice to prevent further harm to their children.
- Practitioners remember that family members can be key in helping to safeguard children and that they can provide useful feedback about the progress of reunification. Families are supported to develop their own risk and vulnerability strategies so that less service intervention is required in future.
- To avoid making assumptions about the progress of reunification and current risks, practitioners gather information from multiple sources, especially when there are concerns that risk and vulnerability may be increasing.
- Practitioners identify and act on any inconsistencies between the views of children and their parents about the success of reunification.
- To help guide ongoing assessment about the success of reunification, the significance and imminence of emerging risks is recorded by practitioners with analysis about how families respond to the level of support and challenge provided to them as the result of those risks.
- There is active and regular review by practitioners and managers which includes sharing information about risk and progress and ensuring that the intervention, support and safety plans remain appropriate, that plans capture current risk and need and that necessary actions and safeguards are established. Where there are changes in care arrangements for children, all involved practitioners are made aware so that they can be alert to any emerging risks.
- Where children have experienced significant trauma and where there is a lengthy history of statutory involvement, practitioners and parents engage in more regular and formal meetings to share concerns and review risk and progress to check that the support and intervention plan is appropriate and to ensure that there are no differing opinions about risk and need.
- Opportunities are created amongst wider teams and in supervision sessions for the progress of families to be reflected upon.





# **Key Area of Reunification Practice #3 Best Practice Principles for:**

# **Developing Quality Contingency Plans**

- Contingency plans are written in plain language in partnership with families, they are shared with everyone involved and recorded clearly on case files.
- Contingency plans are tailored to families' unique risks and vulnerabilities. They detail each identified risk alongside the specific actions necessary should those risks emerge, including
  who will do what to help mitigate against reunification breaking down.
- Practitioners ensure that families are clear about the particular risks which would affect the success of reunification and what the consequences will be should those risks emerge.
- Where children cannot safely remain at home with their parents or within the wider family, practitioners check that the identified alternative placement is viable before including it in the contingency plan.
- Where wider family members disagreed with a child being reunified with their parent(s), practitioners ensure that there is still a realistic contingency for providing care to a child within the family (if appropriate) should reunification with parents break down.
- To help keep families together, a staged approach is taken to dealing with concerns and implementing contingencies especially where there are interconnected risks which may vary in significance, intensity and imminence and which may require different levels of response. Practitioners aim to enhance current intervention and support plans (if safe to do so) before changing the long term permanence plan for a child.
- Contingency plans are actively and regularly reviewed by practitioners and their managers and particularly when risk and vulnerability increases or decreases or when completely new concerns emerge or where there is a significant change in circumstances.
- Where there is an ongoing criminal investigation surrounding parent(s) and especially if this relates to harm caused to a child, practitioners, with the support of their managers, check the current position with the Police. Risks arising from possible future charges which may impact on the safety of children are considered and documented before the intervention and support plan ends.
- A rationale is recorded about whether a future plan might be necessary should charges be brought against parent(s). A sustainability plan is written by practitioners, with management oversight and which incorporates the relevant considerations, balanced against the family's progress and mitigating factors.

