Foundations
What Works Centre for Children & Families

# SYSTEMATIC REVIEW OF INTERVENTIONS WITH THE AIM OF SUPPORTING REUNIFICATION AND ITS ASSOCIATED OUTCOMES

## Protocol for Primary Research

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| **Funder** | Foundations – What Works Centre for Children & Families |
| **Conflict of interests** | None |

# SUMMARY

An underlying principle of the child welfare system is that children and young people are best looked after by their families unless an intervention in family life is necessary for their safety and wellbeing. Helping children to return safely and sustainably to their parents from care is a priority under the government's new Families First Partnership Programme (DfE, 2025). However, reunification, defined as the return of children to their birth parents following a period of out of home care, has declined sharply over the last 15 years (DfE, 2023a). This project will involve a rigorous mixed-methods systematic review of reunification interventions, combined with new primary qualitative research that will help to embed lived experience into evidence synthesis. Together, this research will inform a Practice Guide for senior leaders. This protocol focuses on the primary research element of the project.

The research questions for this primary research include:

- For parents, children and young people, and practitioners who have experience of reunification, what are their views regarding the acceptability, relevance, and usefulness of reunification interventions?
- What barriers and enablers impact the successful implementation of reunification interventions?
- How can insights from lived experience shape improvements in service design and delivery for better outcomes?

A sequential mixed-methods research design will be used to answer these questions. The study will combine qualitative focus groups with children and young people, parents, and practitioners, with a quantitative survey (with some open-ended questions) for practitioners. Qualitative data will be analysed using thematic analysis. Survey questions will be developed and posted on the Open Science Framework (OSF) following the full design of the survey, which will be based on initial findings from focus groups.

The final report combining the primary research findings with the evidence synthesis aims to be published by the summer of 2026. This report will be published by Foundations alongside the eventual Practice Guide.

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# Background, rationale, and research questions

## Background

Recent reforms in children's social care propose a system built on early, preventative support, prioritising family-led solutions (DfE, 2023b). Reunification is a critical aspect of children's social care provision. It involves the return of children to their birth parents following a period in out-of-home care (Landers & Danes, 2016). It plays a vital role in achieving permanence for children – defined as a stable, safe, and loving family environment for children who have been in local authority care (Children's Social Care, 2020). Careful planning is associated with better outcomes for children and young people following reunification. Assessments of child and parental needs, evidenced improvements in parenting capacity, well-managed returns to home, and ongoing support are associated with families having positive, long-lasting experiences of reunification (DfE, 2013). Supporting this, research has indicated that children with planned reunifications have better educational outcomes, compared to those with unplanned reunifications (Larsson et al., 2023).

However, there are concerns about higher rates of re-entry to local authority care for children reunified with their birth parents, compared to other permanency outcomes, such as adoption. Specifically, more than one-third of children reunified with their families re-enter out-of-home care within five years (Mc Grath-Lone et al., 2017). NSPCC and Action for Children (Ford & McKay, 2024) suggest this is often due to a lack of support from social care, with 56% of local authorities not having a reunification policy or strategy.

Research suggests that a gradual return home over an extended period often results in more successful reunifications (Hood et al., 2022; Thoburn et al., 2012). The NSPCC's evidence-informed framework (Wilkins & Farmer, 2015) promotes professional judgement in reunification cases, advocating for risk assessments of parental capacity to change, careful consideration of parental risk factors (such as prior failed reunifications or substance misuse), active inclusion of the child's voice, and continuous monitoring throughout the process.

An underlying principle of the child welfare system is that children are best looked after by their families unless an intervention in family life is necessary. Therefore, when a child enters local authority care, it is expected that services work towards returning them to their families, unless this is not in the child's best interests. Agencies are required to prioritise reunification where it is safe and feasible, emphasising its importance within the broader framework of child welfare (Hyde-Dryden et al., 2015).

Despite its importance, reunification rates have declined sharply, from 39% of children looked after[1] in 2011 (DfE, 2020) to 27% in 2022–23 (DfE, 2023a), raising concerns about missed opportunities for rebuilding family relationships and fostering resilience (Hood et al., 2022). A review by Hood et al., (2022) highlights systemic barriers to successful reunification, such as

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[1] Under the Children Act 1989, a child is looked after by a local authority if he or she falls into one of the following categories: is provided with accommodation, for a continuous period of more than 24 hours [Children Act 1989, Section 20 and 21]; is subject to a care order [Children Act 1989, Part IV]; is subject to a placement order.

housing instability, financial difficulties, and lack of community services. Over a quarter (26%) of children reunified with birth parents between 2014 and 2020 re-entered local authority care (Goldacre et al., 2022), underscoring the need for evidence-based practices to improve outcomes. Reports by organisations like Action for Children and NSPCC (Ford & McKay, 2024; Wilkins & Farmer, 2015) stress the importance of thorough assessments and ongoing support for children and families to prevent re-entry into local authority care.

## Interventions and/or services that promote effective reunification

There has been a range of evidence, including primary studies and systematic reviews, examining the effectiveness of interventions that facilitate successful reunification. The Child Welfare Information Gateway, for example, emphasises the importance of implementing trauma-informed, family-centred approaches that leverage family strengths; it highlights that these methods are crucial for achieving safe and stable reunifications.[2] For instance, Wade et al. (2011) found that successful reunification was more likely when family-focused social work interventions had been provided. Furthermore, academic research supports the effectiveness of family-focused approaches in promoting positive outcomes for children and their families (Boyle et al., 2024). A rapid evidence review further highlights the necessity for tailored interventions to address the unique challenges families face during reunification, such as engagement with drug treatment services (Hood et al., 2022).

There are a wide range of interventions available to support reunification, which can differ in effectiveness. For instance, Lloyd Sieger et al. (2021) evaluated the effectiveness of family treatment courts in the United States for families with children in foster care due to parental substance use. Findings from the quasi-experimental study indicate that those that participated in the family treatment court were 58% more likely to achieve permanence with the family they returned to than those who did not participate. Similarly, a project providing parenting education and parental psychiatric care in infancy indicates that families who complete the programme were 46% more likely to reunify, than those who did not engage (Constantino et al., 2023). However, Rushovich et al. (2021) conducted a randomised control trial evaluating a post-reunification support service (named ‘success coaches’), finding that there was no significant difference between treatment and control groups. Authors argue that this may be due to parental reluctance to engage with the success coaches, often due to negative experiences with social services.

Saeteurn et al. (2022) conducted a systematic review of four peer parent programmes, which drew on parents with lived experience of child social care to provide mentorship to parents with children in local authority care. Findings indicate that those who participated in peer parent programmes were more likely to successfully reunify with their children, compared to those who did not engage. Collectively, these insights advocate for robust, evidence-based strategies to ensure children who return from a period in local authority care thrive within their family environments. However, to date, there has been no meta-analysis of reunification interventions, limiting the strength of evidence. As such, the current project aims to undertake a meta-analysis of reunification

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[2] See https://www.childwelfare.gov/topics/permanency/reunifying-families/?top=117

interventions, their barriers and enablers to successful implementation, and the experiences of children, young people, parents, families, and professionals.

## Barriers and enablers to successful implementation of effective reunification interventions

Luu et al. (2022) reviewed 12 studies across 10 reunification programmes, exploring the common elements of interventions which support reunification. Common practices in interventions known to be effective in promoting successful reunification include building parental awareness and understanding of their child's behaviour and reactions, coaching, goal setting, homework, and role modelling. Successful practices tend to draw on elements of social learning theory, theories of child development and attachment, and behavioural theories. Findings also suggest that successful implementation requires structured interventions which take an individualised approach, focusing on the needs of individual families. Morris et al. (2022) and Phillips (2023) suggest enablers to the successful implementation of effective reunification interventions include the development of a positive therapeutic relationship between families and professionals characterised by mutual trust, respect, and empathy, creating a safe space for families to openly discuss concerns and explore their issues, as well as consistent parental engagement in interventions, and good inter-agency practices.

A number of barriers to the successful implementation of effective reunification interventions have been identified. For example, limited social support and insecure housing can prevent continued engagement in interventions (Dare et al., 2023). Stritzel (2021) highlights that there is a lack of available services for children and families supporting those with mental health needs and/or substance use disorders. There is also a lack of support during and after reunification, which can lead to failed reunification and children returning to local authority care (Newton et al., 2024). Poor social support networks, difficulties navigating family relationships (particularly for those in kinship care) and systemic issues within social services and court systems act as barriers to reunification (Bai et al., 2023; Dare et al., 2023; Farmer, 2018). Furthermore, a lack of focus on reunification, limited attempts to engage parents, and lack of availability of reunification interventions acts as barriers preventing successful reunification (O'Connor Funcheon & Brady, 2021). Professionals also indicate that power differences between caseworkers and parents, internalised beliefs of social care professionals around parenting styles and people's ability to change, and staff stress and high workloads act as barriers to implementing effective reunification interventions (Ulrich, 2022). UK social work managers reported barriers including a lack of local authority data on reunification outcomes, the perception that reunification was a 'lesser option' than other permanence outcomes such as adoption, and a lack of funding for early help. Managers felt that practice could be more consistent, with more timely assessments and improved confidence among social workers (Farmer & Patsios, 2016).

A review by Hood et al. (2022) also identified specific barriers to effective reunification interventions, including:

1. Experiencing family poverty, with a lack of community resources to help families, such as financial assistance, housing support and drug treatment
2. Lack of suitable specialist provision to refer families to
3. Parent's reluctance to accept continued scrutiny as a corollary of post-reunification support

4. Early cessation of treatment and support, particularly for addiction, elevates risk of relapse
5. Standard parenting courses are not always tailored to needs of parents involved with child protection services
6. Need for services to better understand the role of fathers
7. Need for services to adapt their practices to the cultural context of the families that they serve, including improving awareness of cultural differences, for example in how families engage with professionals, and expectations around child behaviour.

### Views of children and young people, parents, and families regarding reunification interventions

A review by Farmer (2018) concluded that children's views were often not considered in reunification research. Similarly, the Who Cares? Trust project (2006) indicated that young people felt they were not consulted during the reunification process. Young people indicated that a slower approach to reunification would have been preferred, with incremental increases in contact before returning to their birth parents. Young people can also feel fearful or uncertain about returning to family members who have neglected, abused, or rejected them previously, holding concerns that these may occur again (Farmer et al., 2011). A third of children and young people who had been reunified with their birth parents highlighted that they had no one to confide in, despite finding things difficult at home, indicating that for successful reunification, a trusted confidante needs to be identified (Farmer et al., 2011).

Research has also identified that children and young people need to have opportunities to express their hopes and fears and discuss contingency plans when considering reunification (Farmer, 2018). Similarly, Urrea-Monclús et al. (2022) investigated children and young people's views of the 'Walking Family' programme, a Spanish intervention aiming to support young people and families throughout the foster care period and towards reunification. Findings indicate that children and young people want to be listened to during reunification planning, as well as participate in any family-change interventions.

Due to their experiences with children's social care services, families can hold negative views of social care professionals, impacting on their desire to engage in reunification interventions (Ulrich, 2022). Despite this, when families do engage in reunification interventions, they report that they find these useful in increasing their parenting skills and capabilities (Balsells Bailón et al., 2022). Similarly, Malvaso et al. (2021) found that children, young people, and their families find reunification interventions can help break the cycle of intergenerational trauma, through focusing on the needs and consequences of individual's feelings and actions. While there has been some research on children and young people, parents, and family's views of reunification interventions, it is important that this body of work continues to grow.

## Project overview, aims, and rationale

The primary objective of this project is to identify and synthesise evidence on interventions designed to improve reunification outcomes for children returning home from local authority care. The project will focus on the following key areas:

- Effectiveness of interventions in enhancing reunification outcomes

- Identification of barriers and enablers to implementation
- Perspectives of children, families, and practitioners on intervention acceptability
- Best practices to inform actionable recommendations.

To address these, a mixed-methods evidence synthesis approach will be used, integrating lived experience and participatory methods with traditional systematic review and meta-analytic methods.

The absence of meta-analyses in reunification reviews to date highlights a critical gap in the evidence base. Without quantifying the overall efficacy of interventions, policymakers and practitioners lack the comprehensive insights needed to drive improvement. A systematic review and meta-analysis of reunification interventions is urgently needed to bridge this gap, quantify effectiveness, and identify evidence-based practices. This will provide a solid foundation for crafting targeted strategies to support safe, stable reunifications, ultimately leading to better outcomes for children and families.

Importantly, lived experience of reunification has not previously been embedded into evidence synthesis projects. This is despite the clear benefits of drawing on lived experience to inform evidence synthesis, including increasing relevance to stakeholders, making findings more applicable to real-world settings, enhancing equity and inclusivity, improving the quality of evidence with lived experience revealing insights not available through traditional synthesis methods, reflecting a person-centred approach, and supporting knowledge translation and implementation (Cochrane, 2022).

Two protocols have been developed for this project, the first outlines the evidence synthesis methodology. The remainder of this protocol focuses only on the research questions, planned methodology, and ethical considerations for capturing lived experience and experience of professionals.

## Research questions

This primary research focuses on the lived experience of children and young people, birth parents and families, and experiences of professionals working to reunify families. The aim is to explore barriers and facilitators around implementation of reunification interventions and user perspectives and needs. Specific research questions are:

- What are the views and experiences of individuals with experience of reunification, specifically parents, children and young people, and practitioners, regarding the acceptability, relevance, and usefulness of reunification interventions?
- What barriers and enablers impact the successful implementation of reunification interventions?
- How can insights from lived experience shape improvements in service design and delivery for better outcomes?

# Methods

**Note on terminology:** Throughout this protocol, we use the term ‘parents’ when discussing reunification. In addition to birth parents, this term refers to parents who have adopted a child who was subsequently taken into local authority care with reunification back to the adoptive parents attempted. The birth or adoptive parents may or may not have their children currently living with them, either due to reunification not being successful or because their children are older. This term does not refer to foster carers, kinship carers, or extended networks of kin.

## Design

The primary research will follow a sequential mixed-methods design. A total of eight qualitative focus groups will be conducted, including three with children and young people, three with parents, and two with practitioners. The experience of reunification will be defined as children and young people having returned to their parents after a minimum period of four weeks living in local authority care. This will include children in local authority care under section 20 of the Children Act 1989. This time period has also been chosen as this allows time for at least one supportive intervention to be implemented, with children having experienced another living environment.

It should be acknowledged that the experiences of children and young people and families will differ substantially depending on a number of factors, such as children’s age on entry to local authority care, whether they were in local authority care under a court order or voluntary arrangement, the reason for being in local authority care, the length of time they spent in local authority care, how many separate episodes of local authority care they had, what kind of placements they had (e.g. foster care, kinship care, or residential care), and how many placement moves they had (Goldacre et al., 2022). All types of experiences of local authority care will be relevant. As such, the aim is to recruit participants with a range of experiences in care, prior to reunification.

Finally, a survey will be conducted with practitioners. The survey will primarily be quantitative in nature, with minimal open-ended questions for further elaboration.

## Participants

### Focus groups with children and young people

Three focus groups will be held for children and young people with lived experience of reunification. A maximum number of 15 children and young people will be recruited across the three focus groups, aiming for five children and young people per group.

Children and young people taking part in focus groups will be aged 16 to 25 years. This age range will enable them to participate in focus groups without parents or guardians present, having the opportunity to speak more freely. Due to the age of the children and young people, they will be able to give full, informed consent, without the need of parental/carer consent, as per National Children’s Bureau (NCB) policies. This is also due to the complexity of seeking consent for children and young people under the age of 16 in the care of the local authority. The maximum age of participation is 25 years, enabling young people with recent-enough experience of the local authority care system and reunification to ensure experiences are relevant to social care practices today, while allowing some time to have elapsed from the events, which may make them easier to discuss. Attempts will be made to identify a wide range of young people from different parts of the country, different ethnic groups and cultural backgrounds as well as special educational needs and disabilities to represent diverse experiences which will add to the richness of the data (see equality, diversity, inclusion, and equity section for further information).

Focus groups will be mixed-sex groups and there may be a mixture of children and young people with experience of successful and unsuccessful reunification within the group. During the screening and consent call, children and young people will be made aware of both the mixed sex and mixed experiences within the group. There will be an option to take part in an alternative one-to-one interview should they express concern over the existing arrangement. Facilitators should be aware of the potential impact for children and young people of hearing information from peers about being better supported by services and be ready to offer support if distress occurs.

Including the voice of the child in this research is vital in ensuring that valuable insight is gained into children's positive and negative experiences of reunification in order to develop understanding of best practice. This will also ensure a child-centred approach with an aim to improve the quality of children's experience in future reunification processes.

## Focus groups with parents

Three focus groups will be held with parents who have lived experience of reunification with their children from local authority care in the past 10 years. A maximum number of 15 parents will be recruited across the three focus groups, with the aim of five parents per group. Attempts will be made to identify a wide range of parents from different parts of the country and different ethnic groups to represent diverse experiences, as above.

Focus groups will be mixed-sex groups and there may be a mixture of parents with experience of successful and unsuccessful reunification within the group. During the screening and consent call, parents will be made aware of both the mixed sex and mixed experiences within the group. There will be an option to take part in an alternative one-to-one interview should they express concern over the existing arrangement. Facilitators should be aware of the potential impact for parents of hearing information from peers about being better supported by services and be ready to offer support if distress occurs.

Inclusion of parents in this research will help to define the barriers and enablers as experienced by those with lived experience. It will also ensure that any recommendations for future professional practice are based on realistic and achievable approaches to working with parents and that demands for demonstrating capacity to change are realistic.

## Focus groups with practitioners

Two focus groups will be held for practitioners with experience of reunification. A maximum number of 16 professionals will be recruited across the two focus groups, with the aim of eight per group. Successful reunification takes a multidisciplinary approach and, therefore, participation in the practitioner focus groups will comprise professionals from a range of backgrounds with experience in this field. Practitioners will have experience supporting the process of reunifying a minimum of one child in local authority care back to their family of origin within the past 10 years. They do not need to be a registered social worker but can be any professional involved in the process, working either directly with the child or with the parents (e.g. a manager, social worker, Independent Reviewing Officer, family practitioner, CAFCASS Children's Guardian, life coach, therapist, drug and alcohol or domestic abuse practitioner). Residential home managers and supported accommodation providers with experience of the reunification process will also be included, as will foster carers who have been involved in the planning and facilitation of reunification.

Including practitioners in this research will give the data a broad view of a range of interventions and approaches used in reunification and generate real-life applicability to recommendations.

### Survey

As above, in line with viewing reunification from a multidisciplinary lens, the survey will seek to capture the views of a range of professionals with experience of reunification. In contrast to the focus groups, inclusion criteria to the survey will include practitioners with and without direct experience of reunification. Those without direct experience of reunification will also be included to capture the views of those who have decided where reunification is not appropriate. This will not be limited to registered social workers, but could include managers, Independent Reviewing Officers, CAFCASS Children's Guardians, family practitioners, therapists, life coaches, drug and alcohol and domestic abuse practitioners. Residential home managers and supported accommodation providers with experience of the reunification process will also be included in this inclusion criteria.

As this is an exploratory study focused on describing attitudes and experiences, a formal sample size calculation is not appropriate. It is difficult to estimate the eligible population as the survey will target a wide variety of practitioners (as outlined above). Even for social workers, there is no estimate of the number involved in reunification as one's area of social work practice is not a mandatory requirement during registration with Social Work England. Recruitment processes will focus on obtaining the largest possible sample size in the time available, aiming for a sample of at least 100 practitioners to ensure a margin of error of less than 10%.

## Recruitment

### Focus groups with children and young people

To build up a representative sample of children and young people with experience of reunification, a two-pronged recruitment strategy will be delivered. In the first instance, internal recruitment routes will be identified, building on NCB's work on the Living Assessments project and Young People's Social Care Boards. These are projects which already work with a diverse range of children and young people with experience of the local authority care system. In addition, NCB's Strategic Director of Practice and Programmes is an expert in Transitional Safeguarding and runs a Transitional Safeguarding Board with Young People, many of whom are care experienced. Children and young people engaging in these groups would be invited to participate should they meet the age range for inclusion. In addition, NCB's network of over 1,000 supported accommodation providers will be leveraged.

External recruitment routes will leverage NCB's sector contacts by connecting with other organisations working directly with young people, such as Become, the Care Leavers Association, Coram, the National Youth Advocacy Service, the House Project, Black Care Experience, Care Leaders, and Catch-22. The Foundations Advisory Group will name further organisations to aid recruitment. These organisations will be asked to share an accessible call for young people to participate. Existing contacts with Participation Leads and Children in Care councils in local authorities across England will also be drawn on to disseminate the call for young people.

Clear information on recruitment processes with the option of easy read formats will be shared with these organisations as a call for children and young people to sign up to focus groups. As detailed in the section on equality, diversity, inclusion, and equity, NCB will use positive affirmative action targeted approaches to ensure a diverse and representative sample of children and young people attend the focus groups.

## Focus groups with parents

An initial internal recruitment process followed by a subsequent external approach will be similarly used for recruiting parents to focus groups. The newest member of the NCB family, Research in Practice (RiP), runs a Community of Practice for organisations working with parents who have had at least one child removed from their care. This will be the first point of call to disseminate an accessible call for parents with lived experience of the reunification process.

External routes will focus on NCB's contacts in the sector including organisations that have previously successfully identified suitable participants for focus groups for other projects. These include Pause, Family Rights Group, Kinship, and For Baby's Sake. These organisations will be asked to disseminate the call to relevant parents they work with.

Clear information on recruitment processes with the option of easy read formats will be shared with these organisations as a call for parents to sign up to focus groups. As detailed in the section on equality, diversity, inclusion, and equity, NCB will use positive affirmative action targeted approaches to ensure a diverse and representative sample of parents attend the focus groups.

Should it become apparent during the course of the focus group that a parent is under the influence of drugs or alcohol, they will be moved into a breakout room with one of the facilitators and advised that they are not able to continue participating. They may be offered a one-to-one interview if they are able to attend this without being under the influence. They will still be provided with the voucher.

## Focus groups with practitioners

Recruitment calls for the practitioner focus groups will be advertised through a range of different means, including posting within NCB's existing Community of Practice for Children in Care and Fostering Social Workers who participated in NCB's Fostering Connections Programme, and also via Research in Practice's Principal Social Worker Network and Partner Engagement Team.

Through the NCB social care team's work on a wide range of projects, NCB are connected to a network of more than 1,000 social workers across the country.

### Survey

As above, we will engage with RiP's Principal Social Worker Network, Partner Engagement Team and network of social workers to promote the survey. We will also make use of NCB's strong and wider networks in the sector to disseminate the survey, for example through Community of Practices for Children in Care and Fostering Social Workers. In addition, the survey will be directly distributed among CAFCASS Guardians, Regional Innovation and Improvement Alliances, and through the Family Drug and Alcohol Courts. NCB's social media accounts will also be used to publicise the survey.

To mitigate any challenges which may occur in the recruitment of practitioners, children and young people and parents, the expertise and connections of Foundations will be leveraged. These connections include a wide range of professionals working in this field who may be able to support recruitment in this area.

## Materials and measures

### Focus groups

All focus groups will be guided by one of three topic guides, one for each participant group, designed to support a semi-structured approach. The topic guides will include open-ended questions with probes and prompts to inform a consistent approach to eliciting specific and explicit responses from participants.

Regarding the children and young people focus groups, the structure of the topic guide is:

1. Introductions and icebreaker
2. Initial thoughts on reunification (an activity to give single words that come to mind and opportunity afterwards to expand on this)
3. Decision making (i.e. how young people felt they were and should be involved in choosing and planning for reunification)
4. Support (i.e. how young people were supported by social workers, carers, and through family contact and specific interventions in preparation of reunification)
5. Hopes and ideas (i.e. how young people feel outcomes for those with similar experiences could be improved).

The parent focus groups topic guide uses the following structure:

1. Introductions
2. Motivations expectations and language
3. Perceptions of support and interventions specific to reunification
4. Role of, and relationships with, social workers
5. Other issues that may affect reunification (e.g. contextual factors such as housing and income)
6. Hopes and ideas.

The topic guide for the focus groups for practitioners follows a structure of:

1. Introductions
2. Motivations and attitudes
3. Decision making (i.e. how decisions are made on reunification, including perceived role of the courts, children and young people, parents, and social workers, and how these may or may not concur)
4. Organisational factors (e.g. workload and relationships with colleagues and how these may affect support provided)
5. Availability and effectiveness of specialist support for families
6. Hopes and ideas.

The topic guides will also include scripts and instructions for facilitators to follow to introduce and debrief after the session, general use of the topic guide and managing recording. The topic guide for the children and young people's focus groups will additionally include instructions for the use of interactive activities on Canva. Each main section of the topic guide will be accompanied by such an activity, which will be described in the topic guide and designed in advance of the focus groups. The topic guides are available on the OSF project site.

Information sheets, consent forms, and debrief sheets are also available, and explained in detail in the Ethics section below.

## Survey

The survey will broadly cover the same themes as the focus groups, namely attitudes towards reunification, decision-making processes, organisational factors affecting the reunification process, and the availability and effectiveness of specialist support for families. Prior to the development of specific survey questions, data from initial focus groups with practitioners will be analysed by the project team to identify key themes for further exploration. This preliminary analysis will focus on identifying themes where additional quantitative insights will be most useful, for example rating attitudes towards reunification among practitioners, ranking different types of support and interventions according to their effectiveness, and quantifying the prevalence of different barriers and enablers.

The survey will also include a few open-ended questions, for example around the theme of hopes and ideas, to allow practitioners to share more qualitative insights. The survey will also collect basic demographic and employment information, for example age, gender, length of service in role, degree of experience with reunification, and role within reunification processes. Certain survey items may then be targeted towards specific groups, for example asking more detailed questions about reunification interventions only to those with experience of reunification. Once developed, the full survey will be provided on OSF as a separate document prior to the commencement of survey data collection in June 2025.

## Procedure

### Focus groups with children and young people

Two facilitators will be present in each focus group to ensure that while one is asking questions, the other can sensitively respond to any emotional responses. Prior to delivery of the focus groups, facilitators will take part in a session delivered by a practitioner with systemic therapeutic training who will support facilitators to sensitively adapt the topic guide to ensure topics are person-centred and positioned in a way that will not place unusual burden on participants. This will include using relational reflexivity to create safety, such as outlining rules for the space including how facilitators interrupt or move on from a topic, what people need to make it space they can share in, aftercare and final reflections.

Focus groups will take place online via Microsoft Teams or Zoom and will be 1.5 hours in length. They will be facilitated by two experienced researchers, who have significant experience of social care practice and/or research, including engaging with children and young people and families with lived experience. Facilitators will be using a topic guide and interactive visual aids on the Canva whiteboards online platform throughout. At the start of the focus group, participants will be reminded of the purpose of the focus group and the key ethical principles followed including anonymity, the right to remove themselves from the focus group and that they do not have to answer any questions or share experiences they do not want to. Recording will start and participants will be asked to introduce themselves. Participants will be sent a link to the Canva board. Each overarching topic/section of the topic guide will be accompanied by an interactive activity using one whiteboard on Canva.

The first frame will be an icebreaker activity to enable the young people to practise contributing to the focus group. Following frames will be informed by the topic guide. Young people will be encouraged to participate in each of the activities, but the option to contribute verbally and via the chat will also be offered. The activities will include polls and contributing to mind maps by writing single words or short clauses on relevant parts of the Canva board. A facilitator will ask young people to expand on their written contributions based on the questions and prompts in relevant sections of the topic guide. This element of the focus group will be semi-structured, in that not all probes and prompts will be used for each participant and focus group but will be targeted to understand and expand on the contributions that participants have made. Verbal and chat contributions will be summarised visually by a facilitator on each Canva frame to enable all participants to follow the themes that have been discussed.

Participants will have the option to have their camera off and to signal to facilitators if they need to step away from the discussion and would like a follow-up call. There will also be the opportunity for participants to respond in alternative ways to the questions asked in the focus group if they do not feel comfortable in a group setting, for example providing written responses to the questions, outside of the focus group, or providing a voice recording of responses to questions. The activities and discussion will be timed to finish five minutes before the end of the focus group. At this point, recording will be stopped, and participants will be asked for informal feedback on their experience of the focus group, and be reminded of how their information will be used and how to access support. This debriefing section will also include a short uplifting activity.

Facilitators will undertake an internal debriefing conversation, immediately following the focus group. This will identify any further follow-up needed for staff or participant welfare, and any learning for facilitation of the remaining focus groups. A nominated facilitator will draft a short, written memo outlining this learning and the key themes raised in the focus group.

Young people and parents will be reimbursed with a £25 voucher for their participation. Participants will be sent an email within 24 hours of the focus group with thanks, information about next steps of the research, and a link to access their voucher. The recording of the session will be transferred securely to a third-party provider to be professionally transcribed. Further information on how the focus group procedure has been designed to promote equality, diversity, inclusion, and equity is set out in later in this protocol.

## Focus groups with parents and practitioners

Focus groups with parents and practitioners follow the same procedure. Both will be held online using Microsoft Teams and facilitated by two researchers and will be 1.5 hours in length. They will follow a semi-structured format making use of a topic guide. Unlike the children and young people's focus groups, interactive activities on Canva will not be used. At the start of the focus group participants will be reminded of the purpose of the focus group and the key ethical principles followed including anonymity and the right to remove themselves from the focus group. The focus group from this point will be recorded. The activities and discussion will be timed to finish five minutes before the end of the focus group. At this point, the recording will be stopped, and participants will be thanked for their time and insight, asked for informal feedback on the focus group, and reminded of how their information will be used.

Immediately following each of the focus groups, a nominated facilitator will draft a short, written memo outlining the key themes raised in the focus group and any learning for the delivery of future focus groups. The recording of the session will be transferred securely to a third-party provider to be professionally transcribed.

There is a risk of distress relating to children and young people and parents relating to sharing of painful experiences. To mitigate this, risk assessments will be carried out prior to each focus group, using the key information collected during the information and consent calls. At the start of the focus group, participants will be advised to send a private message to the facilitators if they would like to leave the focus group or have a private conversation. If one or more participant becomes distressed in the course of the focus group, or contacts the facilitators requesting this by private message, the co-facilitator should open a breakout room and send a message to the participant with the link to this so they can provide support.

## Survey

Professionals will access the survey online via a landing page on NCB's website. This will set out the purpose of the survey and recruitment criteria. The survey itself will be programmed on SurveyMonkey. The first page of the survey will form the information sheet. The second page provides the consent form, where participants will indicate their consent to participation. Should participants consent, this will take them to the full survey.

The last page of the survey will provide a debrief sheet and a ‘submit response’ button. Responses will only be analysed where participants have completed the survey and received the debrief. On the debrief page, participants will be provided with an additional link where they can submit anonymous practice examples or unpublished evidence and, optionally, provide their contact details for follow-up.

Every page on the survey will include a ‘withdraw’ button which will take participants to a debrief page, with amended wording to reflect the fact that a response has not been submitted. The survey will be open for a period of four to eight weeks. Response data will be downloaded from the online platform to NCB servers for analysis on specialist software.

# Ethics, Safeguarding and Data Protection

## Ethics

### Ethical review process

Four subject matter experts were recruited to undertake an ethical review of the proposed research. All reviewers were independent of the research. Three held senior roles at NCB, while a fourth reviewer was external to NCB to provide further independence and an external perspective. The table below outlines the reviewers' roles, expertise, and affiliation.

A Teams channel was created for all members of the ethics panel. This research protocol, including in-depth review of ethical considerations, was provided to the ethics panel. Reviewers added feedback independently onto an ethics review form, which asks reviewers to identify any areas of concern or need for amendments in the following areas: participants; recruitment; materials and measures; procedure; equality, diversity, inclusion, and equity; informed consent; withdrawal; data collection; debrief; safeguarding; data protection; and analysis. Space was given for reviewers to add any additional comments/thoughts. Through discussion as a panel, a decision was made that the focus group schedules needed adjusting to focus less on an individual's personal experience.

The panel feedback was reviewed by the team and the focus group schedules were adjusted. The final version of the protocol with necessary amendments made was provided to the panel for approval.

### Table 1. Reviewer roles and expertise

| Reviewer name | Reviewer role and expertise | Affiliation |
|---|---|---|
| **Dez Holmes** | Strategic Director of Practice and Programmes at NCB and Director of Research in Practice. Dez is an expert in Transitional Safeguarding and is the Designated Safeguarding Lead at NCB. | NCB |
| **Professor Alice Jones Bartoli** | Alice is Deputy Director, Education and Early Years at NCB. She is a Professor of Psychology in Education with a background in social and academic exclusion. | NCB |
| **Dr Alison Penny** | Alison is Director of the Childhood Bereavement Network, Coordinator of the National Bereavement Alliance and Assistant Director of Wellbeing at NCB. | NCB |

| Reviewer name | Reviewer role and expertise | Affiliation |
|---|---|---|
| **Professor Janet Boddy** | Professor of Child, Youth and Family Studies (Education), Deputy Head of the School of Education and Social Work. | University of Sussex |

## Informed consent

### Focus groups

Participants will be fully informed of the purpose, aims, and procedure of the research, with no element of this research involving deception. All participants will receive an information sheet, and an information and welfare screening call in advance, and be asked to sign a consent form. The information sheet will include clear information about the purpose of the research, what participation involves, how data gathered is to be used, right to withdraw, and anonymity/confidentiality and its limits in relation to safeguarding. Participants will be fully informed of the safeguarding policy in advance, should any concerns be raised throughout their participation that need to be flagged. Participants will be made aware that they may find the subject matter distressing, as it involves discussing their experiences of reunification. They will be made aware of steps taken to mitigate this. A distress protocol is outlined at the end of the topic guide, giving facilitators some examples of responses to use should a participant become distressed or raise something of concern for any reason.

Participants will be made aware that only broad themes and anonymised quotes will be reported in outputs, with multiple stages of internal quality assurance to check this. Personally identifiable data, such as names, ages, locations, employers, and local services, will be removed from transcripts. Furthermore, to ensure confidentiality, participants will be informed and reminded in the focus group that they do not need to share the names or specific details around the experiences they discuss and if they do hear any such details from other participants that they should not share this outside the focus group.

Participants will be provided with a consent form, which they will be asked to complete if they wish to participate. This will include a checklist to confirm the participant's understanding of the information provided and consent to participate. Language of the information sheet and consent form will be reviewed for simplicity, while at the same time ensuring that all necessary points are addressed unambiguously.

In addition to a written information sheet, children and young people and parents will have a one-to-one induction call with a member of staff. During the induction call, children and young people and parent participants will be talked through the information sheet and consent form verbally and offered the opportunity to ask questions. Participants will also be screened for suitability, ensuring that they are not actively taking part in care proceedings and that their health and wellbeing would not prevent them from participating. It will be explained to potential participants that participation in the focus groups could bring up difficult feelings and that they should only take part if they feel they are at a point in their life where that is manageable. This will be recorded on the consent form, clearly marked with the name of staff and time at which this consent was given, and a Pdf copy will be sent to the participant. A summary of the information will be read at the start of each focus group, and a reminder of how data will be used also provided verbally. Welfare screening questions will also be asked at this time. More detailed information on this is included in the section on Sign up, screening, and induction for focus groups. During the call, participants will be advised that should they decide not to participate, this will not affect their or their child's receipt of any services, nor their participation in any other work with NCB or other similar groups.

For practitioners, written consent will be sought via an online form that they complete when expressing an interest in participating. They will be required to actively confirm, by selecting the appropriate options in the checklist, that they have understood the information sheet and are agreeing to take part in the research on this basis. They will be able to download a Pdf of their response for future reference. This will also be emailed to them when they are invited to take part in a focus group. As with the children and young people and parent focus groups, a summary of the information will be read at the start of each focus group, and a reminder of how data will be used also provided verbally. Practitioners will also be advised that withdrawing from participation will not affect any other work they are taking part in associated with NCB.

The risk of the coercion of participants is minimised by the following steps and design features. Those under the age of 16 years, or who do not have the capacity to provide consent, will be excluded from participation. It will be stressed in the information sheets and verbal summaries at the start of focus groups that participation is voluntary, it will not affect offers of support for children and young people or parents, and (for practitioners) the research will not seek to judge the practice of individuals or the services they provide. Remuneration for children and young people and parents participating in the focus groups will be proportionate to the time spent (£25 for 1–1.5-hour focus groups). Screening of externally recruited participants will be conducted to exclude 'imposter' participants, who join solely for financial reasons and do not meet the inclusion criteria.

### Survey

The first page of the survey will include clear information about the purpose of the research, what participation involves, how data gathered is to be used, including anonymity and how to exercise a right to withdraw. The second page will include a checklist to confirm the participant's understanding of these key points. Participants will be able to download a Pdf of the information sheet and their consent form.

## Data collection

The subject matter of the focus groups is sensitive, particularly for children and young people and parents who will have experienced unsuccessful reunification. Additionally, online focus groups offering remuneration are known to attract imposter participants, which may pose risks to the genuine participants, as well as the validity of the research. Parents and carers are likely to have caring and or work responsibilities, young people may have work and study commitments, and practitioners will need to fit participation around various work commitments. Particular care will be taken to manage risks to participant welfare and the burden of participation through the steps set out below.

## Sign up, screening, and induction for focus groups

### *Focus groups with children and young people*

Potential participants will be made aware of the opportunity to take part in the focus groups via the steps outlined above (see the Recruitment section). The materials and information shared will invite potential participants to register their interest via an online form. Researchers will then set up a telephone call to be talked through this process verbally, screen for welfare and where they will be sent the link to the consent form. The online form will collect names, contact details, and contact preferences, as well as key demographic information to enable purposive sampling and recontact. It will also ask up to three objective questions about the individual's experience of social care in England to support screening out of those who may not have relevant experience. Completed forms will be reviewed and a purposive sample to be recontacted will be drawn up. Individuals who gave invalid answers to the screening questions will be excluded. Individuals who gave unclear or generic answers will either be excluded or their induction call (see below) will be used to clarify their answers and inform a final decision on screening.

Individuals who have expressed an interest and have been included in the initial sample will be contacted via their chosen method and will have an induction call with a skilled researcher with extensive experience of working with people with special educational needs and disabilities and other vulnerabilities. This call will last up to 30 minutes and follow a set script. Information in the information sheet and consent form will be read to the participant and an opportunity to ask questions offered. Any accessibility requirements will be confirmed and the individual's motivations for taking part in the research briefly explored. These will be recorded and made accessible to the focus group facilitators. Further information on how data collection is made inclusive is set out in part 6 of this protocol. If, through this conversation, concerns are raised that their taking part in the focus group may present a risk to their welfare or the welfare of other participants, they will be excluded at this stage. Researchers will also ask screening questions to determine the suitability and appropriateness of the person's participation in the focus group in relation to their health and wellbeing. This will include questions on whether they are in current care proceedings, whether they are in active psychiatric treatment or currently using substances. Researchers will determine whether the potential participant has capacity to consent, in relation to any special educational needs and disabilities. They will be made aware that participation in the focus group could bring up feelings of distress and that they should only participate if they feel they are at a point in their lives where they can manage these. Should they decide to take part, children and young people will be asked for contact details of key professionals. This will facilitate follow-up and support (with their consent), should any distress occur.

Where deemed appropriate to meet the individual's accessibility needs or safeguard their welfare, some individuals may be offered a one-to-one interview instead of participating in a focus group. The individual will also be informed of the mixed-sex and mixed-experience nature of the focus groups. For those for whom this would pose a problem, one-to-one interviews will also be offered. Induction calls will be mandatory, any such individuals who do not participate in one will also be excluded at this stage.

All individuals screened out at this stage or at prior stages will receive a phone call explaining this decision to them. Individuals screened out for the protection of their own welfare will be sent debrief information including helpline numbers and support websites. Individuals still included in the sample will be sent a consent form in electronic format to complete and return before the focus group, as well as a link to an anonymous online form to indicate their availability. Individuals will be offered a choice of three focus groups on a range of days and times. Two of the time slots will be after 6pm on a weekday and one will be during a school holiday. If possible, participants will also be split by age (e.g. 16–20/21–25 and a mixture of experience of successful/unsuccessful reunification). If the maximum number of young people is not reached through these three focus groups, further recruitment efforts will take place, and an additional focus group may be scheduled using the same process. Individuals who do not present at a booked focus group will be offered the opportunity to take part in any further focus groups scheduled or to have a one-to-one interview.

#### *Focus groups with parents*

The same process will be followed as for the children and young people, except time slots offered for parent focus groups will be on weekdays, with two offered before 3pm and one after 6pm.

#### *Focus groups with practitioners*

Potential participants will be made aware of the opportunity to take part in the focus groups via the steps outlined above (see the Recruitment section). The materials and information shared will invite potential participants to register their interest via an online form. In addition to collecting equivalent information to that collected for children and young people and parents, this form will serve as the information sheet and consent form. It will also include three options for dates and times of the focus groups for professionals to choose the one which suits them best. All options will be during working hours. Responses will be screened and purposefully sampled. Emails will then be sent to all those who completed the form. This will either confirm a date and time and joining instructions for one of the two focus groups to be held with this participant group or explain why they have not been selected to participate. An electronic copy of their completed information sheet and consent form will be attached.

#### *Preparing researchers for sensitive facilitation of focus groups*

Two facilitators will be present in each focus group to ensure that while one is asking questions, the other can sensitively respond to any emotional responses. Prior to delivery of the focus groups, facilitators will take part in a session delivered by a practitioner with systemic therapeutic training, as outlined at the beginning of the focus group procedure.

## Debrief

### Focus groups

Time will be set aside at the end of each focus group for verbal debrief. Participants will be thanked for their time and insight and reminded how their information will be used. They will be encouraged to contact a specific member of the research team, whose email and phone number will be on the information sheet, if they have any questions or concerns after the focus group. Participants will be informed that facilitators remain available online for thirty minutes after the end of the focus group for any participant who wants a private conversation. In addition, parents and children and young people will be sent a debrief sheet within 24 hours of the focus group, containing helpline and support contacts in relation to mental health and family law/social care advice, alongside a short description of what each of these provides. The parents and children and young people's verbal debrief will acknowledge the potential impacts of discussing sensitive issues and encourage them to make use of the helpline and support contacts should they need them. All participants, with the exception of those that have requested not be contacted by NCB, will be emailed with a link to the report when it is published, with a short reminder of, and thanks for, their participation.

### Survey

After submitting their response, participants will be taken to a debrief page with key information including a contact email and telephone number to ask any questions, a reminder of how their information will be used, and instructions on exercising their right to withdraw. They will be able to download this as a Pdf. As it is not intended for all survey participants to be identifiable to the research team, individual participants will not be contacted with additional debrief information or notified of the research being published.

## Safeguarding

NCB's safeguarding policy mandates that all safeguarding concerns should be recorded on NCB's CRM database, Salesforce. This will link to an existing contact record if an ongoing relationship exists with the person concerned or create a new contact record for someone without an ongoing relationship. Safeguarding Champions, Safeguarding Leads, and the facilitator's line manager will all receive alerts every seven days about the concern until the status of the concern has been marked 'closed'.

Safeguarding concerns within scope include:

- Children and young people or adults in scope telling or showing the facilitator something (including unintentionally) that causes concern for their safety or the safety of others
- Parents/carers/family members telling or showing the facilitator something (including unintentionally) that causes concern for someone's safety
- Professionals disclosing practices or situations or showing the facilitator something (including unintentionally) which cause concern for someone's safety.

A risk assessment in the form of screening questions will take place during the information, screening and consent call, prior to the focus group. This will establish whether participants have a key worker active in their lives. Contact details for this professional will be sought in order to provide appropriate follow-up and aftercare in the event of a safeguarding concern being raised or any distress occurring during the focus group.

If something potentially of concern is disclosed within the course of the focus group, the facilitators will pause the discussion, acknowledge that others in the group could have found that distressing to hear, and offer the chance to further pause the focus group for five minutes. Either during this time or immediately following the facilitators' internal debrief, the individual concerned will be asked some further exploratory questions to ascertain if there is an ongoing risk to somebody. It will be explained to them that this concern will need to be shared and with whom, and appropriate aftercare and signposting will be offered. If the disclosure clearly indicates that someone is in danger, or if one or more participants become distressed, the focus group will be halted and follow up with the individual undertaken immediately.

An additional senior colleague will also be on-call for safeguarding related concerns to get an additional perspective if anything of suspected concern is raised during the focus group.

The facilitators' internal debrief, immediately following all focus groups, will be guided by a checklist including discussion of any ambiguous or potentially concerning disclosures or allegations and any escalation, follow-up and/or after care that is needed, including for other participants who may have been affected by hearing the disclosure/allegation. In addition to recording the concern, as outlined above, the facilitators will then immediately contact NCB's designated safeguarding lead and/or deputy leads to make them aware of the situation and to seek advice on external agencies this might need to be shared with. In the direct engagement of children and young people and parents, it is particularly important to ensure this is undertaken as safely as possible. All direct engagement activity must be underpinned by robust consent and risk assessment processes and should be informed by best practice in terms of participation and inclusion.

The study will involve discussion of and collection of information on sensitive topics such as the process of reunification. This could include reasons children and young people have been taken into local authority care, such as mental ill health, alcohol and substance misuse, domestic violence, abuse, or neglect.

A facilitator briefing will be held prior to focus groups being held, where the safeguarding policy and procedures will be shared, along with some potential examples so facilitators are aware of the types of issues which may arise. Facilitators will be reminded of the importance of aftercare for participants, recording and reporting of any safeguarding concerns, whether current or historic. Facilitators will also be asked to build in some focus time immediately prior to and following the focus group to ensure that they enter the space without distraction and have time immediately following the focus group for reflection and a facilitator debrief.

All facilitators will have enhanced DBS checks and have taken part in regular mandatory safeguarding training in addition to specific safeguarding application to this research being covered in the facilitator briefing.

NCB's Designated Safeguarding Lead is Dez Holmes, Strategic Director of Practice and Programmes and Director of Research in Practice.

## Data protection

All research activities will comply with GDPR and best practices for data protection to ensure confidentiality, security, and ethical handling of research data. NCB is registered with the Information Commissioner's Office (ICO) (No. Z7988835) and works with a specialist data protection consultancy, to ensure best practice in data security. Our policies and processes include Data Protection, Data Protection Impact Assessments, Data Retention, Subject Access Request handling, and Personal Data Breach Policy.

The Chief Operating Officer (COO) holds strategic oversight of ICT systems, with daily management led by the Head of Digital and Technology. Our Digital & Technology team, in partnership with our external IT provider Ekco (ISO27001 certified), manages system security, encryption, and data protection protocols. We implement technical and organisational safeguards to maintain the confidentiality, integrity, and availability of research data. We are accredited with Cyber Essentials and Cyber Essentials Plus and are working towards ISO27001 certification. Our data protection policy is reviewed annually to ensure it is continuously up to date.

A Data Protection Impact Assessment (DPIA) has been undertaken by NCB in collaboration with Foundations. The DPIA covers the nature, scope, context, and purpose of processing data, as well as the necessity, proportionality, and compliance measures. The appendix outlines the risks identified, measures proposed, and the final impact of these mitigations on risk level.

For the user involvement aspect of our methodology, all research data collected will be stored securely on Microsoft SharePoint with restricted access, benefiting from automated backups and secure access controls. Access to participant data will be strictly limited to team members who require it for analysis, ensuring compliance with GDPR principles of data minimisation and purpose limitation. Examples of good practice that will be adhered to include (but are not limited to):

- Use of encryption when sharing personal data
- Password protecting key documents, folders, and records, which contain personal data
- Access to password protected files are on a limited basis, with only essential team members having access
- Only use devices and accounts provided by NCB (including laptops and mobile phones) for NCB business
- Keep work devices safe and secure (e.g. locked in office/lockers)
- Protect work devices with a passphrase of a minimum of 16 characters
- Use secure group distribution lists, as opposed to entering individual email addresses, to minimise the risk of accidentally entering that of an unintended recipient
- Ensure email accounts are closed when using Teams or making presentations to avoid secure messages popping up. Ensure only documents required for the event are open at the time.

Personal data collected for primary research recruitment and focus groups include participant's name, contact details, age (to check eligibility for young person's group), job role, and personal experiences of reunification. NCB is committed to retaining personal data for no longer than is necessary. As such, all non-anonymised data, such as voice recordings from focus groups, will be deleted 12 months following the publication of the final report (deleted in May 2027).

Using a secure uploading facility, focus group recordings will be shared with the data processor, McGowan Transcriptions, who will transcribe the focus groups. Immediately following transcription, McGowan will delete the focus group recordings. A data processing agreement is in place with McGowan to ensure there is a clear procedure for data sharing and deletion. Primary data will not be shared with anyone else external to NCB. In the final report, findings will be grouped by themes with anonymised quotes provided. Other anonymised quotes from the focus groups and survey, and other anonymised, aggregated data may be shared with Foundations and Professor Rick Hood to support the drafting of the final report and development of conclusions. Full transcripts or raw response data will not be made available.

Per Foundations' request, the research protocol and final report will be shared on the Open Science Framework (OSF) to ensure transparency and reproducibility.

# Analysis plan

## Focus groups

A thematic analysis (Braun & Clarke, 2006) will be conducted using verbatim focus group transcripts, written content from Canva boards, and supporting focus group memos. This will incorporate the following six steps:

1. **Familiarisation.** Two researchers will read through all focus group memos and at least one verbatim transcript from each participant group, noting potential recurring subjects or experiences
2. **Initial descriptive coding.** All data will be reviewed and coded in detail using granular, descriptive concepts
3. **Development of higher-order codes and themes.** Coded data will be reviewed to identify potential themes and analytical concepts. The initial codes will be grouped into higher-order codes reflecting the data that illustrates these themes
4. **Evaluation of themes.** Descriptors for each theme will be developed and reviewed. Where appropriate these are revised or further combined
5. **Exploring relationships between themes.** Coded data is compared across themes and cases (in this instance each participant type)
6. **Development of narrative.** A narrative is developed, explaining and justifying the themes and describing their relationships with each other and the cases from which they are drawn.

At least two researchers will be involved in steps one to four to maintain the reliability of the themes developed. Interviewers' memos will include reflexive notes on how their own positionality and identity may impact on the issues noted. Similarly, researchers undertaking analysis will include this information in memos alongside descriptions of themes developed. These will be compiled into reflexive diaries to assist in the identification and addressing of potential biases in the eventual findings and report. NVivo will be used for stages two to five to enable efficient coding and retrieval of coded fragments.

## Survey

Once the survey is developed, a full analysis plan will be drafted and included with the survey in the updated protocol on OSF. The analysis will likely be primarily descriptive, using means and percentages gained from Likert Scales to summarise responses. Statistical tests such as t-tests and chi-squared tests may also be used to compare responses between different groups. Comparisons will be based on factors identified as important during focus groups, for example differences according to role or level of experience.

# Reporting

A range of outputs will be produced. These include **Regular Progress and Engagement Reports**. At predetermined intervals, the research team will produce comprehensive slide decks to present to Foundations' advisory group. These presentations will encapsulate key updates, emerging findings from focus groups and the survey, and progress towards project milestones. In addition, a **final report combining evidence synthesis findings and primary research** will be written. This document will detail the project's rationale, methodology, results, and discussions. The report will also be made publicly available on the OSF, ensuring broad accessibility and fostering an environment of open science. An **executive summary** will be included at the beginning of the report, providing a concise overview of the purpose, methods, key findings, and implications. This summary will be designed to offer readers a quick yet comprehensive understanding of the review's essential aspects facilitating informed decision making.

# Equality, diversity, inclusion, and equity

The project team are passionate about equality, diversity, inclusion, and equity and will ensure this is embedded as a core factor underpinning all our work. Embedding this throughout the research process ensures it is fair, respectful, and representative of the experiences of diverse populations. This section summarises strategies that will be used to ensure equality, diversity, inclusion, and equity is considered throughout the primary research.

## Research design

To support the design of inclusive research, the research team will include diverse researchers and collaborators, who have a range of protected characteristics (e.g. disability, gender, ethnicity). This ensures that different perspectives are considered throughout the design process. All research team members have received additional training on embedding equality, diversity, inclusion, and equity (EDIE) in research design, as well as advanced training on race equality in research. This will help the research team to ensure practical considerations are achieved, such as ensuring language used in research design and recruitment meet current best practice standards.

Inclusive research questions are critical to ensuring a study addresses the experiences, needs, and concerns, relevant to a diverse population. As such, inclusive research questions will be used which address different experiences, accounting for various social identities and how they interact. For example, “How does the experience of reunification differ according to the individual’s ethnicity, gender, or disability?”

It is vital that the research design is free from biases and assumptions that could affect or exclude different groups, such as language surrounding the constructs of a family (e.g. mother, father). To ensure that biases and assumptions are avoided, all documents will be reviewed by multiple subject matter experts and an EDIE expert, before the project lead conducts a quality assurance check. Throughout each stage, reviewers will check for the presence of any biases and/or assumptions.

## Recruitment

Regarding the recruitment of focus groups and survey participants, the expectation is that the diversity of the samples will match (or exceed) that of the general population. As per the recruitment plan, NCB’s extensive networks in child welfare and social care will be drawn on to ensure diverse focus groups of children and young people with lived experience, parents and carers with lived experience, and practitioners with frontline experience. NCB currently hosts an Experts by Experience group for individuals who self-identify as care experienced. Recent EDIE data indicates that the diversity of the group exceeds that of the general population – for example, 25% identify as Global Majority and 25% as having a disability or neurodiversity. Members of this group will be provided with information about the study and invited to participate if they meet the inclusion criteria.

Beyond the existing NCB groups, a number of inclusive recruitment strategies will be utilised to ensure that the diversity of the participants will match (or exceed) that of the general population. These include:

**(1) Positive affirmative action.** This involves implementing practices that prioritise the recruitment of individuals with protected characteristics, from marginalised and/or historically excluded groups. Examples include explicitly stating that all individuals, regardless of ethnicity, gender, disability, or other protected characteristics are encouraged to apply. In addition, potential participants with protected characteristics will be prioritised when assigning the focus group places.

**(2) Targeted outreach.** Individuals that are typically underrepresented in research, such as those with protected characteristics, will be actively sought to participate. To achieve this, NCB will leverage extensive networks in social care, use social media and community boards, and draw on trusted organisations and service providers to raise awareness of the research. In particular, spaces and networks that underrepresented groups frequent will be approached.

**(3) Transparent and fair recruitment.** The process for participating in focus groups and/or surveys, including the eligibility criteria, will be made clear. The expectations for participation will be provided to participants ahead of them agreeing to participate (i.e. information sheet). Consistent with the process outlined in research design, it will be ensured that the recruitment process will be free from bias, with materials checked by subject matter experts, EDIE experts, ahead of a final quality assurance check.

Importantly, all recruitment materials will be made accessible. This includes providing the recruitment materials in alternative formats, such as large print and audio, as well as free from bias and exclusionary language. Furthermore, the recruitment materials will use clear, jargon-free language to ensure they are accessible to those with varying levels of education and literacy. To support this, all materials will be assessed using the Flesch Kincaid readability scoring system, which assigns a reading level for each document.[3] Consistent with Readable's recommendations, to ensure the content is accessible to a general population, a reading level of Grade 8 should be achieved. This is equivalent to a reading age of 13 to 14 years and ensures that 80% of the general population are able to engage with the material easily. Based on this, the Readability Tool[4] gives recommendations on how to improve the content, highlighting any issues that need to be addressed in text and providing synonyms for complex words. This tool will be used to improve the readability of all documents provided to participants.

## Procedure

To ensure the study procedure is inclusive and accessible, a number of strategies will be put in place. These include:

**(1) Providing adjustments for those with disabilities.** Participants will be asked if any adjustments are needed ahead of engaging in focus groups. Examples of adjustments that will be made include participants having the option of joining focus groups without their camera on, sharing questions/discussion points and materials in advance, embedding regular breaks

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[3] See https://readable.com/readability/flesch-reading-ease-flesch-kincaid-grade-level/

[4] See https://readable.com/readability/what-is-readability/

throughout focus groups, and enabling subtitles. All materials provided will be in a format that can be used with text-to-speech software. If required, British Sign Language interpreters will be made available. For participants who may struggle to attend or engage in group settings, the option to follow-up on the provided questions/discussion points via direct email communication or a one-to-one discussion will be available.

Regarding the survey, participants will be able to take breaks and return to it at any stage. The survey will also be provided in a format that can be completed by participants using text-to-speech software, screen magnifiers and voice recognition software. The survey platform which will be used complies with accessibility standards, including guidelines for making web content more accessible (SurveyMonkey, 2025). Standard themes on SurveyMonkey adhere to best practice guidelines on colour contrast and brightness, making the survey more accessible to those with visual difficulties. The platform also provides a review of how accessible the survey is and provides recommendations for improvements, which will be used to enhance the accessibility of the survey. The survey will be mobile-friendly, to ensure that participants are able to complete the survey, regardless of whether they have access to a computer or laptop. This is also particularly beneficial for individuals with disabilities who are reliant on mobile devices to meet their accessibility requirements.

**(2) Time and location.** Focus groups will be held outside of the typical school drop-off and collection times, supporting the attendance of those with families. An anonymous poll will be sent to all participants with options for times and dates of focus groups, enabling them to select those which they could attend. The option with the highest number of attendees will be selected. NCB are committed to recognising all faiths and will ensure these are avoided when booking focus groups (e.g. Ramadan, Holi, Eid al-Fitr, Easter, Yom Kippur). Focus groups will be held remotely using Microsoft Teams, which enables individuals located across the UK to attend. In addition, this will enable individuals to attend who otherwise would have had difficulty travelling to in-person events.

Regarding the survey, participants will be able to complete this at a time suitable for them. The survey will be kept under 30 minutes to prevent fatigue and optimise participant experience. The survey will be online, meaning participants can complete this in a location they feel most comfortable in.

**(3) Renumeration.** Young people and parents/carers will receive remuneration to the cost of £25 for participating in focus groups. This will reimburse young people and parents/carers for their time, reducing any financial barriers to participation.

**(4) Participatory methods.** A range of creative, interactive tools and discussion-based activities will be used throughout the focus groups. Digital tools such as Canva will also be used. Creative methods are particularly accessible for people with diverse learning styles, abilities, and backgrounds. They allow individuals to express themselves in ways that feel comfortable to them. For example, body mapping enables individuals to express complex emotions and experiences using visual/physical representations, overcoming the need to articulate in words. Importantly, creative methods reduce power imbalances due to their collaborative and interactive nature, empowering marginalised groups to participate and express their views and experiences.

## Analysis

All researchers will keep a reflexive diary. This enables researchers to reflect on their own thoughts, reactions, and biases, considering how these may shape the analysis of the survey and focus group data. Researchers will also reflect on their positionality (e.g. protected characteristics, professional background, personal experiences) and how this affects interpretation of the data. In addition, team members will be asked to conduct a peer review of the analysis and themes created to minimise the impact of any individual biases.

During analysis, researchers will recognise and account for diversity in participant characteristics and experiences. Where differences in experiences and perspectives are likely due to different social identities (e.g. ethnicity, gender, disability, sexual orientation), these will be acknowledged and drawn out, with relevant anonymised quotes collated. Where possible, intersectionality will be considered, with close attention paid to how individuals' multiple identities shape their responses.

With survey data, subgroup analyses will be used to identify any disparities or differences in experiences based on protected characteristics. This will avoid findings being generalised to all, if they relate to certain populations only (e.g. heterosexual families' vs LGBTQ+ families' experiences of reunification).

## Reflection and evaluation

It is important to regularly embed time for reflection and evaluation on the inclusivity of the research process. Participants and stakeholders will be encouraged to provide feedback on their experiences of the research process, including any improvements that can be made to support the inclusivity and accessibility of the research. With time available in the project plan to enable reflection and evaluation on the inclusivity of the research, improvements can be made continuously as the study progresses. For example, feedback from the first focus group can help improve the inclusivity and accessibility of the remaining focus groups.

## Reporting

NCB will ensure that results are reported in a way that reflects the diverse experiences of the participants. This includes providing anonymised quotations by participants from diverse backgrounds to ensure that different experiences are illustrated. Where possible, the report will consider how experiences are influenced by the intersection of multiple identities (i.e. intersectionality).

Inclusive language will be used throughout the report, ensuring the report is respectful to participants and the wider audience. For example, person-first language will be used (e.g. participants with disabilities), unless participants' preference for identity-first language is clear. The language will be culturally sensitive, with terminology that has negative connotations avoided. For instance, 'families from disadvantaged backgrounds' would be avoided, with alternatives such as 'families from historically marginalised backgrounds' used. This avoids terms that have negative connotations (i.e. disadvantaged), in favour of those which acknowledge the influence of systemic factors (i.e. historically marginalised).

The cultural and societal context of the research will be reflected upon in the write-up, considering how the findings can be applied across different contexts. For example, as all participants will be from the UK, it will be discussed whether findings from the research are unique to the experiences of those in the UK or can be applied to other countries.

Within the outputs, any biases and limitations affecting the research will be summarised and the impact of these on findings considered. Recommendations will be provided related to improving the effectiveness of reunification interventions. The impact of implementing these recommendations on families with various characteristics and experiences (e.g. gender, sexuality, ethnicity, disability, age) will be considered. As such, the recommendations will be framed to ensure they are respectful and supportive of the communities involved in the research.

A final report combining the evidence synthesis and primary research will be produced. This will include an accessible, plain language summary. Alongside this, accessible outputs will be produced, including a series of easy-to-understand blog posts covering findings from the primary research and short summaries for social media. Blog and social media posts will involve clear explanations which are jargon-free, enabling them to be accessible to all. Based on the report findings, Foundations will also be producing an accessible Practice Guide for senior leaders, independent of NCB. Findings will be disseminated in a variety of accessible formats. For example, large text formats will be made available, and all outputs will be assessed to ensure they work with text-to-speech software. Furthermore, any images on reports will have alt-text available. The reports will be shared with networks and communities approached for recruitment, ensuring they are fully informed of the research outcomes. All participants will be sent the full report and any other outputs/dissemination materials on completion of the project.

# Registration

This review will be registered with the Open Science Framework (OSF).

# Personnel

| Personnel name | Roles/responsibilities | Affiliation |
|---|---|---|
| **Dr Jaimee Mallion** | Jaimee is the project manager and will lead on drawing together the evidence synthesis and lived experience data together. Jaimee will provide equality, diversity, inclusion, and equity expertise throughout. | NCB |
| **Bianca Karpf** | Bianca will lead on the primary research component, drawing on her experience of social work and contacts in the field to develop a recruitment plan. | NCB |
| **Sophie Hedges** | Sophie will lead on the development and analysis of the professionals' survey, drawing on her expertise in quantitative analysis. | NCB |
| **Keith Clements** | Keith will draw on his expertise in running experts by experience groups to develop and run focus groups with young people, parents, and professionals. | NCB |
| **Caitlin Porter** | Caitlin will co-develop participatory methods and facilitate advisory groups with young people, parents, and professionals. | NCB |
| **Frances Lyons** | Frances is the Head of Research and Evidence at NCB. She holds ultimate responsibility for the project and will quality assure all work produced. | NCB |
| **Susannah Bowyer** | Susannah will provide expert advice on participatory methods with practitioners and will facilitate access to existing networks of social care professionals for this project. | NCB |

| Personnel name | Roles/responsibilities | Affiliation |
|---|---|---|
| **Fidelma Hanrahan** | Fidelma will provide direct support with recruiting through NCB's Community of Practice, as well as RiP's wider networks. | NCB |
| **Caroline Coady** | Caroline will provide expert advice in social care and equality, diversity, inclusion, and equity. | NCB |
| **Professor Rick Hood** | Rick will provide expert advice on social work, children's social care, and research evidence on reunification. Rick will also be supporting with theme development through discussions with the research team. | Kingston University London |
| **Rachel Kent-Horwood** | Rachel will provide project support, including recruiting and coordinating lived experience focus groups. | NCB |

# Timeline

| Dates | Activity | Staff responsible/ Leading |
|---|---|---|
| March–April 2025 | Preparation of protocol | Dr Jaimee Mallion, Bianca Karpf, Keith Clements, Sophie Hedges |
| April 2025 | Creation of focus group guides, information sheets, consent forms, and debrief sheets | Keith Clements, Bianca Karpf, Dr Jaimee Mallion |
| April–May 2025 | Ethical review and amendments | Dr Jaimee Mallion |

| Dates | Activity | Staff responsible/ Leading |
|---|---|---|
| June 2025 | Publication of protocol | Dr Jaimee Mallion |
| June–September 2025 | Recruitment and delivery of focus groups with young people, parents, and practitioners | Bianca Karpf, Keith Clements, Caitlin Porter, Susannah Bowyer, Jenny Towers |
| July 2025 | Creation of survey | Sophie Hedges, Bianca Karpf, Dr Jaimee Mallion |
| July–September 2025 | Gathering frontline evidence from survey across practitioner networks | Bianca Karpf, Susannah Bowyer, Jenny Towers |
| September 2025 | Analysis of focus groups and frontline evidence | Bianca Karpf, Keith Clements, Sophie Hedges |
| September–October 2025 | Report drafting | Dr Jaimee Mallion, Bianca Karpf, Keith Clements, Sophie Hedges |
| November 2025 | Interim findings shared with advisory group | Dr Jaimee Mallion |
| November 2025 | First draft submitted for peer review | Dr Jaimee Mallion |
| February 2026 | Full draft report submitted | Dr Jaimee Mallion |
| June 2026 | Publication of report | Dr Jaimee Mallion |

# REFERENCES

Bai, R., Collins, C., Fischer, R. & Crampton, D. (2023) Facilitators and barriers to reunification among housing unstable families. *Children and Youth Services Review*. 148, 106876. https://doi.org/10.1016/j.childyouth.2023.106876

Balsells Bailón, M. À., Urrea-Monclús, A., Vaquero Tió, E. & Fernández-Rodrigo, L. (2022) The voices of children, mothers, and fathers: Can parenting programs improve reunification processes in the Spanish child protection system? *Evaluation and Program Planning*. 94, 102146. https://doi.org/10.1016/j.evalprogplan.2022.102146

Boyle, J., Remedios, A., Davill, N., Cua, D. & Ritacco, G. (2024) Specialist reunification foster care: A care team approach around trauma, attachment and supporting children to return home. *Australian and New Zealand Journal of Family Therapy*. 45 (4), 477–488. https://doi.org/10.1002/anzf.1608

Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*. 3 (2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Children's Social Care. (2020) *Permanence planning policy and procedures*. https://www.proceduresonline.com/trixcms1/media/6786/permanence-planning-policy-and-procedure_14082020.pdf

Constantino, J. N., Buchanan, G., Tandon, M., Bader, C. & Jonson-Reid, M. (2023) Reducing abuse and neglect recurrence among young foster children reunified with their families. *Pediatrics*. 152 (3), e2022060118. https://doi.org/10.1542/peds.2022-060118

Dare, J., Wilkinson, C., Karthigesu, S. P., Coall, D. A. & Marquis, R. (2023) Keeping the family: A socio-ecological perspective on the challenges of child removal and reunification for mothers who have experienced substance-related harms. *Children and Youth Services Review*. 145, 106772. https://doi.org/10.1016/j.childyouth.2022.106772

Department for Education [DfE]. (2020) Children looked after return: Guide to submitting data. https://www.gov.uk/guidance/children-looked-after-return-guide-to-submitting-data

Department for Education [DfE]. (2023a) Children looked after in England including adoptions, Reporting year 2023. https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2023

Department for Education [DfE]. (2023b) *Stable Homes, Built on Love: Implementation strategy and consultation*.

Department for Education [DfE]. (2025) *The Families First Partnership (FFP) programme guide*.

Farmer, E. (2018) *Reunification from out-of-home care: A research overview of good practice in returning children home from care*. University of Bristol. https://research-information.bris.ac.uk/ws/portalfiles/portal/174570240/web_Reunif_LitRev_12_.pdf

Farmer, E. & Patsios, D. (2016) *Evaluation report on implementing the Reunification Practice Framework*. University of Bristol. https://research-information.bris.ac.uk/ws/portalfiles/portal/189519933/Evaluation.pdf

Farmer, E., Sturgess, W., O'Neill, T. & Wijedasa, D. (2011) *Achieving successful returns from care*. Coram BAAF.

Ford, J. & McKay, E. (2024) *Home again: Understanding reunification practice in the children's social care system in England*. NSPCC and Action for Children. https://learning.nspcc.org.uk/media/kvinw2dg/home-again.pdf

Goldacre, A., Hood, R., Jones, E., King, A. & Wang, C. (2022) Reunification and re-entry to care: An analysis of the national datasets for children looked after in England. *The British Journal of Social Work*. 52 (8), 4756–4777. https://doi.org/10.1093/bjsw/bcac079

Hood, R., Abbott, S., Nilsson, D., Baginsky, M. & Dimond, C. (2022) *Improving the chances of successful reunification for children who return home from care: A rapid evidence review*. What Works for Children's Social Care. https://whatworks-csc.org.uk/wp-content/uploads/WWCSC_improving_chances_of_successful_reunification_report_March22.pdf

Hyde-Dryden, G., Gibb, J., Kea, J., Buckley, E., Holmes, L., Wallace, E., Lushey, C. & Lawson, D. (2015) *Improving practice in respect of children who return home from care* [Research report]. Department for Education. https://assets.publishing.service.gov.uk/media/5a7f6b71ed915d74e622a584/Improving_practice_for_children_who_return_from_care.pdf

Landers, A. L. & Danes, S. M. (2016) Forgotten children: A critical review of the reunification of American Indian children in the child welfare system. *Children and Youth Services Review*. 71, 137–147. https://doi.org/10.1016/j.childyouth.2016.10.043

Larsson, B., Neil, E., Morciano, M. & Lau, Y.-S. (2023) *Reunification as a permanency route for children in care*. https://www.adruk.org/our-mission/our-impact/reunification-as-a-permanency-route-for-children-in-care/

Lloyd Sieger, M. H., Becker, J. & Brook, J. (2021) Family treatment court participation and permanency in a rural setting: Outcomes from a rigorous quasi-experiment. *Child & Family Social Work*. 26 (4), 540–549. https://doi.org/10.1111/cfs.12836

Luu, B., Collings, S. & Wright, A. C. (2022) A systematic review of common elements of practice that support reunification. *Children and Youth Services Review*. 133, 106342. https://doi.org/10.1016/j.childyouth.2021.106342

Malvaso, C. G., Delfabbro, P. H., Amos, J., Todd, B. & Carpenter, S. (2021) Addressing intergenerational trauma in an adolescent reunification program: Case studies illustrating service innovation. *Journal of Child & Adolescent Trauma*. 14 (4), 533–544. https://doi.org/10.1007/s40653-021-00366-w

Mc Grath-Lone, L., Dearden, L., Harron, K., Nasim, B. & Gilbert, R. (2017) Factors associated with re-entry to out-of-home care among children in England. *Child Abuse & Neglect*. 63, 73–83. https://doi.org/10.1016/j.chiabu.2016.11.012

Morris, H., Blewitt, C., Savaglio, M., Halfpenny, N., Carolan, E., Miller, R. & Skouteris, H. (2022) Using a realist lens to understand the Victorian Family Preservation and Reunification Response in the first year of implementation: Towards a better understanding of practice. *Children and Youth Services Review*. 143, 106663. https://doi.org/10.1016/j.childyouth.2022.106663

Newton, B. J., Gray, P., Cripps, K., Falster, K., Katz, I., Chiswell, K., Wellington, L., Ardler, R., Frith, F., Jones, T., Kent, M. & Tong, N. (2024) Restoring children from out-of-home care: Insights from an Aboriginal-led community forum. *Child & Family Social Work*. 30 (3), 366–376. https://doi.org/10.1111/cfs.13174

O'Connor Funcheon, S. & Brady, E. (2021) An exploration of professional and practice-based perspectives on reunification of children in out-of-home care in Ireland: The road less travelled? *Child Abuse & Neglect*. 122, 105366. https://doi.org/10.1016/j.chiabu.2021.105366

Phillips, J. D. (2023) A mixed methods study of how interprofessional communication relates to timely reunification in the U.S. child welfare system. *Journal of Public Child Welfare*. 17(3), 543–568. https://doi.org/10.1080/15548732.2022.2069201

Rushovich, B., Hebert, A., Crampton, D. & Malm, K. (2021) Results from a randomized controlled trial of team decision-making. *Children and Youth Services Review*. 131, 106263. https://doi.org/10.1016/j.childyouth.2021.106263

Saeteurn, E. R., Wu, Q., Vasiliou, N., Mabingani, D. & Krysik, J. (2022) Peer parent programs in child welfare: A systematic review. *Child Abuse & Neglect*. 129, 105682. https://doi.org/10.1016/j.chiabu.2022.105682

Stritzel, H. (2021) *Parental substance use and foster care entrance: Trends, geographic variation, and predictors of reunification* [PhD, University of Texas]. https://repositories.lib.utexas.edu/server/api/core/bitstreams/981146a6-f43d-4bfd-b952-4b43dc0fb3a4/content

Thoburn, J., Robinson, J. & Anderson, B. (2012) *Returning children home from public care*. Social Care Insitute for Excellence. https://ueaeprints.uea.ac.uk/id/eprint/42371/1/briefing42.pdf

Ulrich, S. (2022) *The perceptions and practices of child welfare caseworkers and decision-making related to reunification* [PhD, Walden University]. https://scholarworks.waldenu.edu/dissertations/12576

Urrea-Monclús, A., Ponce Alifonso, C. & Balsells Bailón, M. À. (2022) Learning from children and youth: A qualitative study about the changes that young people identify through a positive parenting programme. *The British Journal of Social Work*. 52 (6), 3151–3170. https://doi.org/10.1093/bjsw/bcab227

Wade, J., Biehal, N., Farrelly, N. & Sinclair, I. (2011) *Caring for abused and neglected children: Making the right decisions for reunification or long-term care*. Department for Education. https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RBX-10-06

Who Cares? Trust. (2006) *The Journey Home: How children's services can support the reunification of children with their families*. The Who Cares? Trust.

Wilkins, M. & Farmer, E. (2015) *Reunification: An evidence-informed framework for return home practice*. NSPCC. https://learning.nspcc.org.uk/media/1095/reunification-practice-framework-guidance.pdf

Foundations
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# APPENDIX

## Data protection risk assessment

| **Risk No.** | **Describe source of risk and nature of potential impact on individuals.** Include associated compliance and corporate risks as necessary. | **Likelihood of harm (Remote, Possible, or Probable)** | **Severity of harm (Minimal, significant, or severe)** | **Overall risk (Low, Medium, or High)** | **Measure put in place to minimise risk** | **Final impact on risk (accepted, managed, reduced)** |
|---|---|---|---|---|---|---|
| (1) | Possible data breach if appropriate measures are not in place (e.g. if we did not restrict folder access, or if we did not have other safeguards in place (e.g. use of MFA)). | ☐ Remote<br>☒ Possible<br>☐ Probable | ☐ Minimal<br>☐ Significant<br>☒ Severe | ☐ Low<br>☒ Medium<br>☐ High | NCB takes a range of measures to ensure security. Some examples: We are certified for both Cyber Essentials and Cyber Essentials Plus and are currently working towards IS27001 certification. Our IT support provider Ekco is ISO27001 certified. We use O365 and MFA. We undertake appropriate checks on prospective employees. In addition, data for this project will be held in a Sharepoint folder with access restricted to those staff involved with this project. | Reduced |

| Risk No. | **Describe source of risk and nature of potential impact on individuals.** Include associated compliance and corporate risks as necessary. | **Likelihood of harm (Remote, Possible, or Probable)** | **Severity of harm (Minimal, significant, or severe)** | **Overall risk (Low, Medium, or High)** | **Measure put in place to minimise risk** | **Final impact on risk (accepted, managed, reduced)** |
|---|---|---|---|---|---|---|
| (2) | Information is being processed on the basis of legitimate interest. As a result of this, if individuals exercise their right to erasure, or objection, this may not be applicable entirely as they cannot withdraw consent, since that isn't the lawful basis. | ☐ Remote<br>☒ Possible<br>☐ Probable | ☒ Minimal<br>☐ Significant<br>☐ Severe | ☒ Low<br>☐ Medium<br>☐ High | Individuals will be informed through forms when data is collected that the lawful basis is legitimate interest and therefore limited rights would apply. | Reduced |
| (3) | Possible data breach from transcription processor. | ☐ Remote<br>☒ Possible<br>☐ Probable | ☐ Minimal<br>☐ Significant<br>☒ Severe | ☐ Low<br>☒ Medium<br>☐ High | We have selected McGowan, a reputable transcription company. | Reduced |