Foundations
What Works Centre for Children & Families

Department for Education

EQUALITY, DIVERSITY, EQUITY & INCLUSION ANNEX

Reunification Practice Guide

The systematic review the Reunification Practice Guide is based on considered whether reunification interventions reach and work for families with different characteristics and circumstances. It used the PROGRESS-Plus framework, examining place of residence; race, ethnicity, culture and language; gender/sex; religion; education; socioeconomic status; and social capital, alongside age, special educational needs and disabilities (SEND), family composition, care experience, and reasons for entering care.

As part of Foundations' commitment to promoting equality, diversity, inclusion, and equity, the review considered how interventions aimed at supporting reunification address the needs of different populations of parents, caregivers, children, and young people.

Groups of families and children included in the evidence

The review explored factors that may impact access to reunification interventions and outcomes, including families' and children's:

- Place of residence
- Race/ethnicity/culture/language
- Gender/sex
- Education
- Age
- Special educational needs and disabilities (SEND)
- Religion
- Family composition
- Family's socio-economic status
- Care experience and reasons for out-of-home care.

Age

The average age of children participating in interventions ranged from 0.56 years to 15.63 years, while adults ranged from 29.7 years to 37.42 years. Most studies (n = 18) had roughly equal numbers of male and female children.

Ethnicity

The evidence shows that ethnicity was reported in almost all studies, but the ethnic composition of samples varied. Just under half of the studies had majority white samples[2] (n = 12), while 11 studies had diverse or balanced samples[3], and a small number (n = 2) had majority Black or minority ethnic samples.

SEND

Eight studies reported on children's special educational needs and disability (SEND), with the proportion of children with SEND varying across studies (0 to +50%). Three studies reported on adults with learning disabilities.

Prior placement

Just over half of studies (53.8%) reported on children's prior placements in care. Among those that did, the average number of placements ranged from 0.16 to 5. Seventeen studies reported reasons for children being in care.

Reasons for out-of-home care

The most common reason was neglect (n = 8), followed by parental substance misuse (n = 7). In two studies, the main reason for care entry was child behaviour.

Place of residence

Across the 10 studies that reported place of residence, most were conducted in urban settings (n= 7). Two studies took place across mixed urban and rural settings, and one study was conducted in a rural setting.

Socio-economic status

Thirteen studies included samples with indicators of socio-economic disadvantage, such as low household income, benefit eligibility, unemployment, homelessness, or parental incarceration.

Family composition

In terms of family composition, most studies (n = 13) reported family composition. In the majority of these (n = 10), children were being reunited with a single parent.

What the effectiveness evidence covered

All 26 effectiveness studies reported at least one PROGRESS-Plus characteristic at baseline. However, reporting was uneven. Race and ethnicity were reported in 25 studies and gender/sex in 24, while no studies reported occupation, education or social capital. Only one study reported

religion and one reported language. This limits confidence in conclusions about how well interventions work for particular groups.

The samples varied substantially. Average child age ranged from under one year to 15.6 years; average adult age ranged from 29.7 to 37.4 years. Eighteen studies included broadly similar proportions of male and female participants.

Ethnicity was reported in almost all studies. Twelve had majority White samples, 11 had diverse or balanced samples, and two had majority Black and minoritised ethnic samples. Eight studies reported children's SEND. In three studies, 0–25% of children had SEND; in two, 26–50%; and in three, more than 50%. Three studies reported parental learning disabilities.

Fourteen studies reported care-experience information, including prior placements. Nine reported the average number of previous placements, ranging from 0.16 to five. Seventeen studies reported reasons for entering care: neglect was the most common reported reason, followed by parental substance misuse. Thirteen studies included indicators of socioeconomic disadvantage, such as low income, benefit eligibility, unemployment, homelessness, or parental incarceration. In 10 of the 13 studies reporting family composition, most children were being reunified with a single parent.

Ten studies reported place of residence. Seven were based in urban settings, two covered mixed urban and rural areas, and one was based in a rural area.

What the evidence suggests about differential effectiveness

The review found no evidence that overall intervention outcomes differed by sample gender, ethnicity, SEND status, socioeconomic status, reason for entering care, or number of previous placements. This should not be interpreted as evidence that these factors do not matter: the underlying studies often reported equity data inconsistently and the analyses were limited in size.

There were tentative indications that interventions had more positive outcomes in samples with older children. There was also an association between rural location and less positive outcomes, although this finding was based on one study and may reflect differences in access to services rather than rurality itself.

Family composition may also matter. Intervention outcomes were more positive in samples where single-parent households were in the minority. This is an association at study level, not evidence that reunification is inherently less likely or less successful in lone-parent households.

The review also explored whether particular intervention types were more effective for specific groups. These analyses were exploratory and often based on very few studies. There was weak evidence that parent mentoring or coaching may be more effective in ethnically diverse samples than in majority white samples. Parent-focused skills-building interventions appeared more effective where neglect was the main reason for care entry, but this result was based on one study. There was no significant evidence that intervention type interacted with gender, socioeconomic status, location, SEND, parent age, or family composition.

Equity in implementation and experience

Cultural and linguistic responsiveness emerged as a central equity issue. Interventions were perceived as more appropriate when they reflected families' cultural backgrounds, preferred languages, and lived realities. Two parents who spoke English as an additional language reported difficulty understanding the assessment process even with interpreters available. This suggests that translation alone may be insufficient where families are unfamiliar with legal processes, children's services or key terminology.

The evidence supports using clear and accessible language, allowing additional time for discussion, and adapting materials and examples to families' circumstances. It also highlights the importance of practitioners' cultural competence and of culturally responsive therapeutic relationships. Parents and young people described peer support from people with shared experience as potentially helpful in building trust and confidence.

The implementation evidence also identifies uneven access to support. Younger children and biological fathers were less consistently reached by some reunification services. The review suggests that this may reflect services' greater focus on adolescents, limited practitioner confidence or specialist training in work with younger children, and models designed primarily around mothers as caregivers.

Disability, mental health, and SEND require practical adaptations. Families may need more time to understand assessments and plans, clearer explanations, advocacy, and continuity of professional support. The review found that practitioners do not always have sufficient knowledge of learning disabilities, adult mental health needs or trauma-related communication difficulties. Equitable practice therefore depends on both recognising additional needs and ensuring that practitioners can adapt their approach accordingly.

Primary research: implications for equity

Focus groups/interviews: Twenty-eight participants took part in focus groups or interviews, including 12 young people, six parents and 10 professionals. Overall, 75% were female, 17.86% male, 3.57% transgender and 3.57% non-binary, while 82.14% identified as white and 17.86% as Black and Global Majority. Among young people, 58.33% were female, 25% male, 8.33% transgender and 8.33% non-binary, with 75% identifying as white and 25% as Black and Global Majority. Among parents, all six participants were female, with 83% identifying as white and 17% as Black and Global Majority. Among professionals, 86.08% were female and 13.92% male, while 92.41% identified as white and 7.59% as Black and Global Majority.

Survey: The sample was predominantly female (92.5%) and white, including English, Welsh, Scottish, Northern Irish or British (81.1%), Gypsy or Irish Traveller (3.8%), Irish (3.8%) and any other white background (1.9%), while other ethnicities represented were Indian (5.7%), Black Caribbean (1.9%) and mixed white and Asian (1.9%). Respondents were spread across England, with the Midlands and London/South East particularly well represented, and had a range of experience in role, from less than one year (20.8%) to 10 years or more (18.9%).

Children and young people's participation

Young people reported mixed experiences of involvement in reunification decisions. Some felt listened to; others said they had not been included in meetings, had received too little information, or had not understood why a return home was planned.

Survey respondents indicated that children and young people were more involved in deciding whether reunification should proceed than in planning and implementing the return home. Among the 39 professionals who answered these later questions, 51.3% said children and young people were "very involved" in the decision about whether reunification would take place, compared with 23.1% once reunification was progressing. This underlines the need for honest, developmentally appropriate communication and meaningful opportunities for children and young people to shape planning.

Poverty, housing, and financial support

Poverty, insecure finances, and unsuitable housing were repeatedly identified as barriers to reunification. Housing was described by professionals as one of the most significant practical constraints. Among the 39 survey respondents who completed the relevant section, 89.7% reported suitable housing as frequently or sometimes a barrier, and 84.7% said the same of financial support.

Equitable reunification support must therefore extend beyond parenting or therapeutic interventions. It should include practical action on housing, debt, income, and access to essential family resources where these are preventing a safe return home.

Mental health, trauma, and trust

Parents and young people described care involvement and reunification as emotionally demanding. Shame, stigma, distrust, and previous negative experiences of services could make it harder to engage with support. Participants valued therapeutic and mental health provision, but reported long waiting times and limited availability. Some survey respondents highlighted that CAMHS eligibility criteria, including expectations that children are in a "settled living situation", can be difficult to meet during reunification.

Participants also emphasised that inclusion depends on how services are experienced. Parents described feeling judged or labelled by statutory services, while young people valued trusted adults who could listen without judgement and outside family conflict. Relationship-based, respectful, and psychologically safe practice should therefore be treated as a core part of equitable reunification support.

Geography and local variation

Professionals described substantial variation between local authorities in reunification policies, specialist teams, access to services, and organisational culture. Some reported proactive, structured approaches; others described inconsistent or reactive provision. This creates a risk that families' access to appropriate reunification support depends on where they live.

National expectations, consistent local infrastructure and practical guidance are needed to reduce this variation and ensure that equitable access to safe, sustained reunification support does not depend on postcode.

Go to the Reunification Practice Guide: foundations.org.uk/toolkit/practice-guides/reunification

Find out more about the series of Practice Guides: foundations.org.uk/toolkit/practice-guides