

# EVIDENCE ANNEX

## Reunification Practice Guide

### Introduction

The following annex sets out the evidence underpinning each of the four Recommendations specified in the Practice Guide. Influenced by our evidence toolkit standards, the table pulls out the key methodological information which defines the strength of evidential certainty behind our recommendations. It also identifies the qualitative evidence which underpins our Key Principles. A reference list of evidenced studies is also provided.



Department  
for Education

For more information on the evidence underpinning this Guide:

- Technical annex on methodology: <https://foundations.org.uk/wp-content/uploads/2026/07/reunification-practice-guide-technical-annex.pdf>
- Systematic review: <https://foundations.org.uk/our-work/publications/supporting-reunification-and-outcomes/>

Go to the Reunification Practice Guide: [foundations.org.uk/toolkit/practice-guides/reunification](https://foundations.org.uk/toolkit/practice-guides/reunification)

Find out more about the series of Practice Guides: [foundations.org.uk/toolkit/practice-guides](https://foundations.org.uk/toolkit/practice-guides)



## Evidence underpinning recommendations (Meta-analysis/regression)

### **Overall recommendation: Our evidence shows that reunification interventions work to support and improve the lives of children returning home**

A total of 112 outcomes were included in the analysis. After adjusting for clustering, the estimated average outcome based on the random-effects model was SMD = 0.253 (95% CI: 0.08 to 0.42, n = 26, k = 112, p = <.01). This indicates that reunification interventions have an overall small but meaningful effect on outcomes for children, parents, and families.

**Please note that we that we have not added a ‘strength of evidence’ rating to this recommendation.**

### **Recommendation 1: Ensure support is made available and matched to the assessed needs and experiences of children and families**

#### **Secondary research (systematic review evidence)**

The systematic review included 26 studies with 112 outcomes extracted. On extracting intervention descriptions each intervention was grouped according to a typology. The eight grouped reunification interventions are as follows:

- Parent-focused skills building (9 studies)
- Parent mentoring/coaching (5 studies)
- Multi-agency team around the family (3 studies)
- Therapeutic problem-solving courts (3 studies)
- Family finding (2 studies)
- Child-focused (2 studies)
- Family Group Decision Making (1 study)
- Financial support (1 study).



A meta-regression was undertaken to identify whether a particular intervention type was more or less effective at driving outcome change than another. The intercept gives the estimate for child-focused interventions, with findings (see table below) showing no intervention type to reach conventional statistical significance. The omnibus test was also not significant ( $F = 0.636, p = 0.807$ ), indicating no overall effect of intervention type.

	Estimate	SE	t	df	p	CI Lower	CI Upper
Intercept	0.503	0.384	1.309	1.01	0.414	-4.30	5.31
Family finding	0.136	0.511	0.266	1.89	0.817	-2.19	2.46
Family Group Decision-Making	-0.913	0.384	-2.377	1.01	0.252	-5.716	3.89
Financial support	-0.485	0.438	-1.108	1.9	0.389	-2.47	1.50
Multi-agency team around the family	-0.477	0.465	-1.025	1.92	0.417	-2.57	1.61
Parent-focused skills building	-0.217	0.414	-0.523	1.36	0.673	-3.11	2.68
Parent mentoring/coaching	-0.397	0.398	-0.996	1.54	0.450	-2.71	1.92
Therapeutic problem-solving courts	0.014	0.482	0.030	1.92	0.979	-2.15	2.18

## Primary research

Professionals identified several specific interventions that can support reunification, although parents and young people tended to focus more on the need for therapeutic, relational and practical support than on named models. The approaches most often viewed positively were Multisystemic Therapy (MST), Functional Family Therapy (FFT), Family Group Conferencing (FGC) and Life Story Work.



MST was valued for its intensive, whole-system approach and for helping parents acknowledge past harm, rebuild trust, and improve parent-child relationships after reunification. However, some professionals felt its fixed, time-limited format may be insufficient for families with more complex or long-standing needs. FFT was also seen as helpful, particularly during the transition to reunification and the early months afterwards, because it supports parenting, family relationships and shared understanding of the family’s experiences. At the same time, participants noted that FFT does not suit every family and may need to be complemented by individual therapeutic support.

FGC was widely described as especially valuable because it provides a holistic, tailored approach and mobilises wider family and community networks to plan ongoing support, including for emergencies. Life Story Work was seen as important in helping children and young people understand their experiences, process emotions and prepare for reunification. Overall, participants emphasised that support should be tailored rather than relying on generic parenting programmes.

## Recommendation 2: Offer evidence-based interventions to support children to remain safely at home and reduce re-entry into care

No. of trials	No. of effect sizes included	Effect size and 95% confidence intervals	Heterogeneity	Breakdown of risk of bias	Strength of evidence rating	Summary of findings
17	29	0.32 (0.09-0.54)	63%	<b>Low:</b> 1 study <b>Some concerns:</b> 4 studies <b>Moderate:</b> 8 studies <b>High:</b> 2 studies <b>Serious:</b> 2 studies	Good	<p>Across the included studies (see reference list), the meta-analysis demonstrated a significant positive effect of reunification interventions on supporting children to remain at home and not return to care (SMD = 0.32, 95% CI [0.09 – 0.54], <math>p = 0.008</math>, <math>n = 17</math>, <math>k = 29</math>).</p> <p>The overall recommendation is based on the above finding.</p>



No. of trials	No. of effect sizes included	Effect size and 95% confidence intervals	Heterogeneity	Breakdown of risk of bias	Strength of evidence rating	Summary of findings
						<p><b>Intervention typology</b></p> <p>There was some evidence that family finding interventions were less effective in supporting children to remain at home and avoid returning to care (SMD = -1.40, 95% CI [-2.15, -0.66], p = 0.026, n = 1, k = 2).</p> <p>This was based on a single QED study of over 350 parents and children with a moderate risk of bias.</p> <p>There was also evidence that parent mentoring and coaching were associated with better outcomes for children remaining at home and not returning to care, although this <b>did not meet the conventional threshold for statistical significance</b> (SMD = 0.186, 95% CI [-0.01, 0.38], p = 0.057, n = 4, k = 9).</p>



### Recommendation 3: Link parents to appropriate specialist treatment and support through early intervention, following a child being placed into care, to increase the later likelihood of safe return home

No. of trials	No. of effect sizes included	Effect size & 95% confidence intervals	Heterogeneity	Breakdown of risk of bias	Strength of evidence rating	Summary of findings
2	6	0.73 (0.24-1.22)	Not specified	Harwin (2011): Moderate Landsman (2001): Serious	Promising	<p>A significant association was found between a service (system-level component and improved parental substance use outcomes (SMD = 0.73, 95% CI [0.24, 1.22], p = 0.003; k=6, n=2). This demonstrates the positive impact on reunification of linking parents with treatment services.</p> <p><b>Harwin (2011)</b></p> <p><b>Study design:</b> QED (Family Drug and Alcohol Court (FDAC) cases vs. ordinary care proceedings).</p> <p><b>Population:</b> Families in care proceedings where parental substance misuse was a feature.</p> <p><b>Findings:</b> “The rate of family reunification was 18% higher in FDAC cases at the end of the care proceedings compared to ordinary care proceedings. The children of 39% (16 of 41) of FDAC mothers and 21% of comparison mothers (four of 19) were living at home at final order. In four FDAC cases, but no comparison case, the child went home to two parents who had previously misused illegal</p>



No. of trials	No. of effect sizes included	Effect size & 95% confidence intervals	Heterogeneity	Breakdown of risk of bias	Strength of evidence rating	Summary of findings
						<p>drugs and alcohol. None of the comparison fathers stopped misusing” (p. 465).</p> <p><b>Note:</b> no conventional statistical testing undertaken.</p> <p><b>Landsmans (2001)</b></p> <p><b>Study design:</b> Quasi-experimental nonequivalent control-group evaluation comparing the REPAIR family-centred residential treatment model with standard residential treatment.</p> <p><b>Population:</b> 139 children in residential treatment at Four Oaks, Iowa: 82 in REPAIR and 57 in a comparison programme.</p> <p><b>Findings:</b> REPARE was significantly more effective than control group in achieving stable outcomes for families 12 months post intervention end.</p>



## Primary research

Findings indicate that addressing the factors precipitating a child's entry to care is a central condition for successful reunification. Across participant groups, there was strong agreement that support should be tailored to the issues underpinning care proceedings, including parenting difficulties, neglect, substance misuse, and domestic abuse. Professionals described using recommendations from court proceedings to shape interventions and emphasised the importance of reassuring children and young people that the original concerns had been resolved. Parents' accounts suggested that behavioural and circumstantial change could facilitate reunification, but they were often sceptical about the extent to which children's social care enabled this, with some attributing progress to support from informal networks or independent organisations. Parents also argued that earlier intervention might have prevented removal altogether. The evidence further suggests that the mode of delivery matters: anxiety associated with group-based provision could inhibit engagement, making one-to-one, relationship-based support an important precursor. Participants also noted that such interventions could yield wider relational and developmental benefits even where reunification did not occur.

### Recommendation 4: Target multi-agency reunification support to families with multiple needs, where coordinated, wraparound support is most needed to sustain reunification

No. of trials	No. of effect sizes included	Effect size and 95% confidence intervals	Heterogeneity	Breakdown of risk of bias	Strength of evidence rating	Summary of findings
2	3	0.731 (0.19-1.27)	Not specified	Fraser, Walton & Lewis (1996): Some concerns Lewandowski (1997): Moderate	Promising	Based on the findings of two studies with a combined finding of: SMD = 0.731, 95% CI [0.19, 1.27], $p = 0.029$ , $n = 2$ , $k = 3$ <b>Fraser, Walton &amp; Lewis (1996)</b> <b>Study design:</b> Randomised post test-only trial comparing a 90-day intensive family reunification service with routine services.



No. of trials	No. of effect sizes included	Effect size and 95% confidence intervals	Heterogeneity	Breakdown of risk of bias	Strength of evidence rating	Summary of findings
						<p><b>Population:</b> 110 Utah foster children and families. In the intervention group, children had on average 2.8 previous placements, with a range of from one to seven prior placements.</p> <p><b>Findings:</b> Reunification was significantly faster in the experimental group and while children in the experimental group remained with their parents for longer this was not significantly different to those who were in the control group.</p> <p><b>Lewandowski (1997)</b></p> <p><b>Study design:</b> Nonequivalent control group study comparing Missouri’s Family-Centered Out-of-Home Care pilot with standard foster care services.</p> <p><b>Population:</b> 374 children in out-of-home care in Missouri from fall 1994 to spring 1996.</p> <p><b>Findings:</b> The intervention did not significantly improve reunification or time in care, but it increased placement recidivism: pilot children were 2.6 times more likely to re-enter care.</p>



No. of trials	No. of effect sizes included	Effect size and 95% confidence intervals	Heterogeneity	Breakdown of risk of bias	Strength of evidence rating	Summary of findings
						<p><b>Note:</b> This finding might be linked with age, where models also suggested that multi-agency teams may be more effective for older children (aged +11). However, child age has not been reported on as models were highly unstable and produced large, unrealistic coefficients.</p>



## Evidence underpinning Key Principles

Practice Guide Key Principle	Systematic review finding	Supporting studies	Confidence in finding (CERQual)
<p><b>Key Principle 1:</b> Reunification practice should be based on partnership, trust, and shared decisions with children, young people, and families, throughout a child’s care journey and continued beyond a child’s return home.</p>	<p>Practitioners’ interpersonal skills are essential to building trusting relationships with parents, children and young people, supporting the perception of reunification interventions as acceptable.</p>	<p>Jivanjee, 1999; Landsman, Thompson and Barber, 2003; Berry, McCauley and Lansing, 2007; Jenson, 2010; Trout and Epstein, 2010; Harwin et al., 2011, 2013; Trout et al., 2014; Balsells et al., 2017; Balsells Bailon et al., 2018; Chambers et al., 2018; Holzner, 2018; Bai et al., 2020; Harris and Becerra, 2020; Lalayants, 2020; Malvaso and Delfabbro, 2020; Trescher, 2020; Urrea-Monclus et al., 2020; Vaquero et al., 2020; Rushovich, Hebert, et al., 2021; Balsells Bailon et al., 2022; Urrea-Monclus et al., 2022; Saulnier, 2023; Julings and Allan, 2024.</p>	<p>Moderate</p>
	<p>Structured post-reunification services and transition plans are highly valued by families, with an abrupt end to reunification interventions risking families feeling unsupported and vulnerable.</p>	<p>Trout and Epstein, 2010; Trout et al., 2014; Stephens et al., 2015; Reese, 2018; Tyler et al., 2018; Huscroft-D’Angelo et al., 2019; Bai et al., 2020; Julings and Allan, 2024.</p>	<p>Moderate</p>



Practice Guide Key Principle	Systematic review finding	Supporting studies	Confidence in finding (CERQual)
	Reunification is perceived as more acceptable when underpinned by a clear framework with appropriate assessments and action plans.	Gill, 2015; Hyde-Dryden, Gibb, et al., 2015; Farmer and Patsios, 2016; Baginsky et al., 2017; Magilton, 2018; Ford and McKay, 2024.	Moderate
<b>Key Principle 2:</b> Develop a reunification policy which draws on existing practice models that can support reunification	The level of adoption of reunification interventions varies across locations. Embedding reunification interventions into local/national strategies, as well as successful piloting of interventions, improves uptake.	Administration for Children et al., 1991; Salveron, Lewig and Arney, 2009; Akin et al., 2014; Holzner, 2018; Bai et al., 2019; Ford and McKay, 2024.	High
	Successful adoption/uptake of reunification interventions requires wider stakeholders' buy-in, commitment, openness, and effective communication.	Spath, Werrbach and Pine, 2008; Harwin et al., 2011; Trout et al., 2014; Holzner, 2018; Bai et al., 2019, 2020; Phillips, 2019, 2023; Harris and Becerra, 2020.	High
	In England, the absence of a shared national framework providing clear expectations and practical tools for embedding reunification interventions limits the ongoing sustainability and prioritisation of these.	Hyde-Dryden et al., 2015; Farmer and Patsios, 2016; Magilton, 2018; Ford and McKay, 2024.	Moderate



Practice Guide Key Principle	Systematic review finding	Supporting studies	Confidence in finding (CERQual)
<p><b>Key Principle 3:</b> Ensure reunification support is flexibly offered and tailored to the race, cultural, linguistic, mental health and SEND needs and preferences of children, young people and parents</p>	<p>Flexibility in implementation, enabling an individualised approach that considers the specific needs of children and parents, improves the appropriateness of reunification interventions.</p>	<p>Berry, McCauley and Lansing, 2007; Jager et al., 2009; Farmer, 2014; Holzner, 2018; Bai et al., 2020.</p>	<p>Moderate</p>
	<p>Reunification interventions are more appropriate when they are responsive to the cultural and linguistic needs of participants.</p>	<p>Madden et al., 2012; Hyde-Dryden, Gibb, et al., 2015; Lopez and Alejandra, 2017; Chambers et al., 2018; Harris and Becerra, 2020.</p>	<p>Moderate</p>
	<p>Considering the mental health and special educational needs and disabilities of families, and accommodating adaptations where necessary, improves the appropriateness of reunification interventions.</p>	<p>Harwin et al., 2011; Hyde-Dryden, Lawson, et al., 2015; Bai et al., 2019; Harris and Becerra, 2020.</p>	<p>Moderate</p>
<p><b>Key Principle 4:</b> Build the organisational and multi-agency capacity needed to deliver reunification support effectively</p>	<p>The feasibility of implementing reunification interventions is affected by staff availability, multi-agency collaborations, and effective management</p>	<p>Spath, Werrbach and Pine, 2008; Harwin et al., 2011; Farmer and Patsios, 2016; Baginsky et al., 2017; Holzner, 2018; Chambers et al., 2018; Bai et al., 2019; Harris and Becerra, 2020; Ford and McKay, 2024; Julings and Allan, 2024.</p>	<p>High</p>
	<p>The feasibility of implementing reunification interventions is affected by the availability of</p>	<p>Hyde-Dryden, Lawson, et al., 2015; Stephens et al., 2015; Tyler et al., 2018;</p>	<p>High</p>



Practice Guide Key Principle	Systematic review finding	Supporting studies	Confidence in finding (CERQual)
	resources, including sufficient funding and infrastructure, with variation between locations.	Bai et al., 2019; Rushovich, Hebert, et al., 2021; Ford and McKay, 2024; Julings and Allan, 2024.	
	Persistent workforce shortages, difficulty retaining and recruiting trained professionals, in combination with high caseloads hinder the sustainability of reunification interventions.	Chambers et al., 2018; Rushovich et al., 2021; Saulnier, 2023; Ford and McKay, 2024.	High
<b>Key Principle 5:</b> Have strong training and monitoring systems in place to support consistent reunification practice	Interventions are typically adapted to the needs of different contexts and individuals, reducing fidelity to the original design.	Magilton, 2018; Bai et al., 2020; Ford and McKay, 2024.	Moderate
	The recommended frequency and dosage of reunification interventions was not always met, reducing fidelity.	Trescher, 2020; Urrea-Monclus et al., 2020; Saulnier, 2023.	Moderate
	Fidelity can be enabled by staff training and monitoring that reunification interventions are implemented correctly, although the quality of this varies.	Administration for Children et al., 1991; Akin et al., 2014; Hyde-Dryden, Lawson, et al., 2015; Farmer and Patsios, 2016; Holzner, 2018; Akin et al., 2017, 2018; Chambers et al., 2018; Bai et al., 2019; Harris and Becerra, 2020; Malvaso and Delfabbro, 2020; Rushovich et al., 2021;	High



Practice Guide Key Principle	Systematic review finding	Supporting studies	Confidence in finding (CERQual)
		Teixeira et al., 2022; Julings and Allan, 2024.	
<p><b>Key Principle 6:</b> Ensure reunification practice is shaped through the meaningful involvement of children, young people, and families, recognising the impact of trauma and understanding of risk</p>	<p>Inconsistencies in service provision restrict the reach of reunification interventions, leading to significant gaps in oversight, support and engagement, particularly for younger children and biological fathers.</p>	<p>Farmer, 2014; Balsells et al., 2017; Saulnier, 2023; Ford and McKay, 2024.</p>	<p>Moderate</p>
	<p>While some reunification interventions achieve deep penetration in areas through targeted design, strong relationships, and adaptive approaches, many struggle with inconsistent engagement and low reach due to practical barriers, families past negative experiences, and a perceived “saturation” of professional involvement.</p>	<p>Balsells et al., 2017; Chambers et al., 2018; Holzner, 2018; Bai et al., 2020; Trescher, 2020; Julings and Allan, 2024.</p>	<p>Moderate</p>



Practice Guide Key Principle	Systematic review finding	Supporting studies	Confidence in finding (CERQual)
<p><b>Key Principle 7:</b> Invest in high-quality reunification support to increase the chance of stability for children, young people, and families, reduce the chance of breakdowns, and prevent costly care re-entry for local area budgets</p>	<p>Reunification interventions are cost-effective compared to standard care, but implementation is affected by budget constraints.</p>	<p>Eamon and Kopels, 2004; Somervell, Saylor and Mao, 2005; Harwin et al., 2011; Johnson-Motoyama et al., 2013; Sieger et al., 2023; Ford and McKay, 2024; Coventry City Council, 2025.</p>	<p>Low</p>
<p><b>Key Principle 8:</b> Recognise how systemic pressures can affect long-term permanence, and ensure reunification planning includes support to help families address these challenges</p>	<p><b>Systematic review (secondary research)</b></p> <p>All three studies examining socioeconomic position were conducted in the US and indicated that socioeconomic disadvantage influenced both the implementation and effectiveness of reunification interventions.</p> <p>Unemployment and homelessness were associated with poorer reunification outcomes: parents who were unemployed at the start of a recovery coach programme were less likely to achieve stable reunification than those in employment, and families</p>	<p>Ryan et al., 2006; Bai et al., 2019; Bai et al., 2020.</p>	<p>NA (no CERQual undertaken)</p>



<b>Practice Guide Key Principle</b>	<b>Systematic review finding</b>	<b>Supporting studies</b>	<b>Confidence in finding (CERQual)</b>
	<p>experiencing homelessness also had lower rates of stable reunification (Ryan et al., 2006).</p> <p>Two process evaluations also showed that families experiencing poverty face structural and attitudinal barriers that may reduce their likelihood of successful reunification. Bai et al. (2019) found that although service providers viewed families who had secured stable housing and completed their case plans as ready for reunification, child welfare workers often remained hesitant, suggesting biases linked to socioeconomic status. Similarly, Bai et al. (2020) found that housing instability was compounded by stigmatising and emotionally draining interactions with the child welfare system. Together, these studies indicate that families facing housing insecurity encounter not only material disadvantage but also professional scepticism, which can delay reunification and prolong children’s stays in out-of-home care, thereby deepening financial and emotional strain and reinforcing, rather than reducing, existing inequalities.</p>		



## Primary research underpinning principles

### Sample size information (primary research)

The qualitative research involved 28 focus group or interview participants with direct experience of reunification: 12 young people aged 16–25, six parents, and 10 professionals. Overall, participants were mostly female (75%) and white (82.14%), with 17.86% identifying as Black and Global Majority and 21.43% reporting SEND. Among young people, three of 12 (25%) described their reunification as successful, while nine (75%) had experienced unsuccessful reunification. Among parents, five of six (83.33%) reported successful reunification.

The professional survey received 77 responses, although 24 were excluded because they only completed demographics or dropped out after role questions, leaving a final sample of 53. Most survey respondents were female (92.5%), white, and worked for a local authority (75.5%). Fourteen respondents (26.4%) worked in specialist reunification teams, and 79.2% regularly supported families with reunification.

Practice Guide Key Principle	Systematic review finding	Summary of primary research	Supporting quotations/statistics
<p><b>Key Principle 1:</b> Reunification practice should be based on partnership, trust, and shared decisions with children, young people, and families, throughout a child’s care journey and continued beyond a child’s return home</p>	<p>Practitioners’ interpersonal skills are essential to building trusting relationships with parents, children and young people, supporting the perception of reunification interventions as acceptable.</p>	<p>Findings varied in emphasis across participant groups, but collectively show that reunification depends on sustained relational support rather than the return home alone.</p> <p><b>Parents</b> highlighted the speed and scale of change involved in reunification, suggesting that rebuilding everyday family relationships can be emotionally demanding and may generate tension within the household. From their</p>	<p>“[Children’s social care] can kind of make [increasing contact between a child in care and their parents] better for the young person or the child. For example, if the child has a bad relationship with their family or they have things going on, they may be able to provide support in that area, or workshops, or something, just to build a healthy relationship with that parent and that child”. <i>Young person</i></p>



Practice Guide Key Principle	Systematic review finding	Summary of primary research	Supporting quotations/statistics
		<p>perspective, support was most valuable when it helped families adjust to new roles and routines over time.</p> <p><b>Young people</b> placed particular importance on having support that was separate from parents or foster carers. Their accounts show that reunification could trigger complex and sometimes conflicting emotions, including nervousness, isolation, and guilt, especially where foster carers had become like family. For this group, the key need was not only support to rebuild relationships with birth family, but also regular opportunities to reflect with a trusted adult who was not emotionally implicated in the process. They also identified a gap in post-reunification follow-up, suggesting that consistent check-ins could help surface emerging problems early.</p> <p><b>Professionals</b> framed reunification as a resource-intensive process requiring active mediation to prevent tensions from destabilising progress. Their accounts emphasised the practical importance of family therapy, facilitated discussions and</p>	<p>“I felt very isolated with mum because I’m still getting used to my family, so I didn’t really talk to them as such about stuff. So, I think social workers just had all the right networks and the right support service and whatnot in place and there’s a backup reach if we need it. I think that [more conversations with them] would have been ideal really.” <i>Young person</i></p> <p>“I think for me the best person to have [catch ups about how things are going with reunification] would be the social worker, but, again, for me we had so many social workers, we didn’t have a consistent one. So, if we had an individual contact across somebody who remained with us throughout that process, I think that would make it a lot easier.” <i>Young person</i></p>



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		<p>other tailored interventions. Taken together, these perspectives suggest that effective reunification support must be differentiated: emotional reflection for young people, adjustment support for parents, and sustained therapeutic input coordinated by professionals.</p> <p><b>Professionals and parents shared positive experiences of Family Group Conferences (FGC).</b> FGC are a form of family group decision making that uses an independently facilitated meeting of family members and their wider social network (extended family and other significant adults, such as friends or neighbours), to work closely with professionals when planning and making decisions around the needs of the child (What Works for Children’s Social Care, n.d.). Professionals suggested that these helped identify a broad range of support needs specific to each family, enabling appropriate support to be embedded into the process of building solutions (e.g., including wider family or community networks). Identifying and engaging wider family networks was</p>	



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		<p>highlighted by professionals as key to supporting sustainable reunification. This included reappraising the capacity of relatives to support parents and to form part of an informal support network once children’s social care had fully stepped back.</p> <p>Some parents suggested that it may be easier to engage with other parents who had shared experiences of involvement with children’s social care. An example was given of a service that trained parents in counselling techniques to enable them to support peers. Parents thought that they would be able to communicate with and trust these ‘peer counsellors’ with more ease than other professionals, and this could mitigate the challenges of parents’ lack of confidence and trust in services following removal.</p>	
	<p>Structured post-reunification services and transition plans are highly valued by families, with an abrupt end to reunification interventions</p>	<p>All groups highlighted access to sustained services and material resources as essential to successful reunification, but they emphasised different barriers within this.</p>	<p>“The support I received from the local authority was eight weeks and signed off, but I had one phone call and one home</p>



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	<p>risking families feeling unsupported and vulnerable.</p>	<p><b>Young people and parents:</b> Both described a sense of abandonment once reunification had taken place. Both groups felt that, despite significant trauma and adjustment needs, support often reduced too quickly or was too limited to address emerging difficulties.</p> <p>Young people particularly emphasised the consequences when their concerns were not acted on, sometimes for prolonged periods, while parents highlighted minimal post-reunification contact and the absence of consistent therapeutic input. Young people also stressed the social and emotional impact of poverty, including losing hobbies, friendships and positive activities that they had accessed while in care.</p> <p>Professionals similarly recognised the risks created by the withdrawal of support, especially once care orders were discharged and formal involvement ended. They placed particular emphasis on structural barriers, notably limited access to therapy, long waits for mental health provision, finite capacity within reunification services,</p>	<p>visit. There wasn't support available" <i>Parent</i></p> <p>"When it started going really wrong, I was calling social services every single day going, 'You need to come and get me, you need to find me a placement today,' for I think about six months, no one listened to me, and nobody come and helped me." <i>Young person</i></p> <p>"I think the difficulty is especially when the care order's discharged, there's just nothing for the family. That's really difficult because going from all the support, all these interventions, so much scaffolding support, so many professionals breathing down your neck almost, to then everyone backing away and no funding's available, no extra support, it's really scary for families." <i>Professional</i></p> <p>"Housing is my nemesis... It is the single biggest barrier to reunification of families... the lack of housing stock means that, even in the highest banding, it would take two years for the family to achieve a</p>



Practice Guide Key Principle	Systematic review finding	Summary of primary research	Supporting quotations/statistics
		<p>and delays that could undermine momentum and trust.</p> <p>Professionals also identified housing as a major obstacle, especially where social housing shortages and the bedroom tax left parents in accommodation too small for children to return home. In addition, they stressed the importance of financial support, education stability, transport, uniforms and SEND provision in making reunification sustainable.</p>	<p>three-bedroomed house, possibly longer for a four-bedroomed house. I feel so strongly about this. Most of our parents have been forced, essentially, to move into one-bedroom properties because of the bedroom tax. So, their children have been forcibly removed by the state. They're not able to sustain their property because their bedroom tax means that it's not tenable for them. Then, they can't have their children returned to their care, essentially because of poverty and because of a lack of housing.”</p> <p><i>Professional</i></p> <p><b>Survey findings:</b> Respondents placed greatest emphasis on involving those closest to the child's day-to-day care. Kinship carers (84.6% very important), foster carers (79.5%), and residential care staff (69.2%) were rated as the most important groups to involve, underlining the value attached to current carers in reunification planning. Teachers and other education professionals were also seen as highly important, with 59% rating their involvement as very important.</p>



Practice Guide Key Principle	Systematic review finding	Summary of primary research	Supporting quotations/statistics
			<p>Other professionals were viewed as important, but less consistently so. Housing workers were rated <b>very important</b> by 43.6% of respondents, and Independent Domestic Violence Advisors by 41%. Around one third considered counsellors (35.9%), youth workers (33.3%), health professionals (33.3%), and probation services (30.8%) to be <b>very important</b> to the process.</p> <p>Life coaches were viewed as the least essential group: only around one fifth considered their involvement <b>very important</b>, while 23.1% felt they did not need to be involved at all. Respondents also highlighted additional roles that should be included, particularly Independent Reviewing Officers, fostering agencies, and the wider social work team, including managers.</p>
	<p>Reunification is perceived as more acceptable when underpinned by a clear</p>		



Practice Guide Key Principle	Systematic review finding	Summary of primary research	Supporting quotations/statistics
	framework with appropriate assessments and action plans.		
<p><b>Key Principle 2:</b> Develop a reunification policy which draws on existing practice models that can support reunification</p>	<p>The level of adoption of reunification interventions varies across locations. Embedding reunification interventions into local/national strategies, as well as successful piloting of interventions, improves uptake.</p>	<p><b>Professionals</b> mentioned several specific therapies and programmes which they had provided to support reunification and offered a degree of critical appraisal of some of these. The interventions that were most commonly identified and discussed in detail by professionals as having a positive role in supporting reunification included Family Group Conferencing, Multisystemic Therapy, Life Story Work, and Functional Family Therapy.</p> <p>Professionals described using content from various parenting programmes and adapting it to address particular family circumstances. These were described as helpful for preparing parents for reunification.</p>	<p>“Culture-wise, it feels that there’s quite a lot of movement and quite a lot of change that needs to happen, and speaking about reunification, I think I feel quite a lot of challenge and quite a lot of pushback in general. I think working with parents post care proceedings where children have perhaps been in foster care for long periods of time, having those conversations around actually, mum and dad have made significant changes, and we really need to be looking, it doesn’t really feel that common to me.”</p> <p><i>Professional</i></p>



Practice Guide Key Principle	Systematic review finding	Summary of primary research	Supporting quotations/statistics
	<p>Successful adoption/uptake of reunification interventions requires wider stakeholders' buy-in, commitment, openness, and effective communication.</p>	<p>According to professionals, the organisational culture within social care teams, including staff attitudes towards reunification and the extent to which it was prioritised at an organisational level, were key factors impacting the successful implementation of reunification interventions. They reflected that promoting and securing reunification had not historically been a priority for the LAs that they worked for. They suggested there was a tendency amongst some staff and managers in social care to see the risks that led to the removal of children from their families as fixed, rather than something that may change over time.</p>	
	<p>Inconsistencies in service provision restrict the reach of reunification interventions, leading to significant gaps in oversight, support and engagement, particularly for younger children and biological fathers.</p>		



Practice Guide Key Principle	Systematic review finding	Summary of primary research	Supporting quotations/statistics
<p><b>Key Principle 3:</b> Ensure reunification support is flexibly offered and tailored to the race, cultural, linguistic, mental health and SEND needs and preferences of children, young people and parents</p>	<p>Flexibility in implementation, enabling an individualised approach that considers the specific needs of children and parents, improves the appropriateness of reunification interventions.</p>	<p><b>Recovery from care experiences to support engagement with reunification interventions.</b> Young people and parents consistently highlighted that having children’s social care involved in their lives often amounted to a traumatic or major life impact, particularly if this experience had been negative. Indeed, some professionals flagged that the trauma associated with involvement in the care system, for both young people and parents, was a reason for prioritising reunification in general.</p> <p>In addition, parents described a sense of vulnerability that occurred as a result of having their child removed from their care, even temporarily. Parents discussed the impact of feeling interrogated and judged by social workers in the run up to the removal of their children, which directly impacted upon their continued and honest engagement with social workers throughout the reunification process.</p>	



Practice Guide Key Principle	Systematic review finding	Summary of primary research	Supporting quotations/statistics
	<p>Reunification interventions are more appropriate when they are responsive to the cultural and linguistic needs of participants.</p>		
	<p>Considering the mental health and special educational needs and disabilities of families, and accommodating adaptations where necessary, improves the appropriateness of reunification interventions.</p>	<p>additional support to address children’s SEND may need to be arranged, particularly if the child had to change schools when returning to their family. Professionals described drawing on social care budgets to secure uniforms, transport and additional support.</p>	
<p><b>Key Principle 4:</b> Build the organisational and multi-agency capacity needed to deliver reunification support effectively</p>	<p>The feasibility of implementing reunification interventions is affected by staff availability, multi-agency collaborations, and effective management.</p> <p>Persistent workforce shortages, difficulty retaining and recruiting trained professionals, in combination with high caseloads hinder the</p>	<p><b>Professionals’ views</b></p> <p>Professionals emphasised that organisational culture within social care teams strongly shaped reunification practice. They reported that reunification had not historically been prioritised within local authorities, with some staff and managers tending to view the risks that led to children entering care as permanent rather than changeable. High workloads and limited capacity were also seen to</p>	<p>“Culture-wise, it feels that there’s quite a lot of movement and quite a lot of change that needs to happen, and speaking about reunification, I think I feel quite a lot of challenge and quite a lot of pushback in general. I think working with parents post care proceedings where children have perhaps been in foster care for long periods of time, having those conversations around actually, mum and dad have made significant changes, and</p>



Practice Guide Key Principle	Systematic review finding	Summary of primary research	Supporting quotations/statistics
	<p>sustainability of reunification interventions.</p> <p>Sustainability challenges reflect both operational pressures, including recruitment, retention and caseload demands, and structural gaps, such as the absence of a shared national framework to guide long-term implementation.</p> <p>In England, the absence of a shared national framework providing clear expectations and practical tools for embedding reunification interventions limits the ongoing sustainability and prioritisation of these.</p>	<p>discourage social workers from revisiting reunification when children were in stable placements. However, professionals suggested that this culture was beginning to shift, driven by concerns about poor outcomes in care and the financial costs of placements. They described emerging reforms, including greater scrutiny in care reviews, training for practitioners, and panel-based discussions to encourage earlier consideration of reunification.</p> <p>The attitudes and concerns of agencies and professionals indirectly involved in families' cases could also stymie or help to drive forward reunification according to participants. Parents and young people described how multi-agency partners (e.g., IROs, police officers and family court guardians) had championed the potential for them to be reunified. Professionals described needing to address the anxieties of other agencies, particularly schools, healthcare and police, that the children in question would not be exposed to further risks by moving back home.</p>	<p>we really need to be looking, it doesn't really feel that common to me. <i>Professional</i></p> <p><b>Survey findings:</b> Professionals highlighted considerable uncertainty regarding the policy and organisational infrastructure underpinning reunification. This uncertainty was particularly marked in relation to written policy: over a third of professionals working within local authorities were unsure whether a written reunification policy existed, and a further minority believed that no such policy was available. Among professionals working outside local authorities, uncertainty was even greater, with most reporting that they did not know whether a written policy was in place. Several respondents attributed this uncertainty to working across multiple local authorities, noting substantial variation in local policies, organisational cultures and approaches to reunification.</p> <p>Professionals also suggested that formal systems to support reunification were inconsistently developed. Fewer than half</p>



Practice Guide Key Principle	Systematic review finding	Summary of primary research	Supporting quotations/statistics
			<p>reported that their local authority had a specialist reunification team, and only half felt there was a clear, shared understanding of which children and families were eligible for reunification.</p> <p>At the same time, most professionals characterised organisational culture more positively than formal policy clarity. A majority described their local authority as supportive of reunification and perceived its approach as at least balanced, if not proactive. However, some reported that reunification continued to be actively discouraged.</p> <p><b>Survey findings:</b> Respondents identified workforce, service capacity and resourcing as significant barriers to reunification. Social worker capacity was a particularly common issue, with 69.3% reporting that it was frequently or sometimes a barrier. By contrast, family support worker capacity appeared somewhat less problematic, with 43.6% stating that this was never or rarely an issue.</p>



Practice Guide Key Principle	Systematic review finding	Summary of primary research	Supporting quotations/statistics
	<p>The feasibility of implementing reunification interventions is affected by the availability of resources, including sufficient funding and infrastructure, with variation between locations.</p>		
<p><b>Key Principle 5:</b> Have strong training and monitoring systems in place to support consistent reunification practice</p>	<p>Interventions are typically adapted to the needs of different contexts and individuals, reducing fidelity to the original design.</p>		
	<p>The recommended frequency and dosage of reunification interventions was not always met, reducing fidelity.</p>		
	<p>Fidelity can be enabled by staff training and monitoring that reunification interventions are implemented correctly,</p>	<p>Workforce and capacity barriers were also reported, with 69.3% of respondents reporting that social worker capacity was frequently or sometimes a barrier.</p>	<p>“We have also introduced monthly drop ins with the Reunification Team Manager, to enable more regular and timely opportunities to engage in discussions with allocated Social Workers, to offer informal information, advice and</p>



Practice Guide Key Principle	Systematic review finding	Summary of primary research	Supporting quotations/statistics
	although the quality of this varies.		guidance, to support the cultural shift re-planned and proactive reunification practice.” <i>Reunification Team Manager</i>
<p><b>Key Principle 6:</b> Ensure reunification practice is shaped through the meaningful involvement of children, young people, and families, recognising the impact of trauma and understanding of risk</p>		<p>All groups highlighted the importance of meaningful involvement and careful communication in reunification planning, but they emphasised different aspects of this process.</p> <p>Young people described highly variable experiences of being informed and consulted. Some felt listened to where reunification reflected their wishes, but others reported being excluded from meetings, given little explanation, or returned home despite not wanting this at the time. They particularly valued honesty about why reunification was considered appropriate, whether they would be safe, and what support would be available. Many also emphasised the need for opportunities to ask questions, reflect on timing, and raise concerns. Negative experiences in care, especially feeling ignored in earlier decision-making, could reduce trust in</p>	<p>“I wasn’t listened to at all and it’s just I was like I don’t want to go to this placement, but also, I don’t want to go back to my mother’s, the next thing I know she’s on the doorstep and they’re like, ‘Off you pop.’ ... nobody listened to me throughout that entire time. Until it got to the point where I got kicked out, so I did not feel listened to one bit” <i>Young person</i></p> <p>“It’s an ongoing piece of work, because sometimes, at the point we start the assessment, they’re having that limited fairy tale family time where they just go out and do fun activities. Some of our next steps is about shifting that family time model away from just going and having a fun time to some more realistic experiences on family time” <i>Professional</i></p> <p><b>Survey findings:</b> Professionals reported relatively high levels of involvement for</p>



Practice Guide Key Principle	Systematic review finding	Summary of primary research	Supporting quotations/statistics
		<p>social workers and act as a barrier to engagement.</p> <p>Parents and carers focused more strongly on the planning of transitions and the continuity of relationships. Parents generally felt they were not proactively involved in planning reunification, although this was shaped by previous adversarial experiences with social workers and a strong desire to regain care quickly. Foster carers and residential carers were seen as important in easing children's transition home, yet abrupt endings to these relationships could create an additional sense of loss for both children and parents.</p> <p>Professionals stressed the need to manage expectations, uncertainty and risk throughout reunification planning. They emphasised gradual, realistic family contact, clear communication with older adolescents, and safety planning where young people were likely to exercise greater agency over returning home.</p>	<p>children and young people in decisions about whether reunification should take place, with 51.3% describing them as very involved, 33.3% as somewhat involved, and 15.4% as a little involved. However, involvement appeared to decline once reunification moved into planning and implementation. At this stage, only 23.1% said children and young people were very involved, while 56.4% described them as somewhat involved and 20.5% as a little involved. Overall, this suggests that children and young people were more actively involved in initial decision-making than in the practical process of reunification itself. Several respondents also noted that the level of involvement depended on the child or young person's age, understanding and individual circumstances.</p>



Practice Guide Key Principle	Systematic review finding	Summary of primary research	Supporting quotations/statistics
	<p>While some reunification interventions achieve deep penetration in areas through targeted design, strong relationships, and adaptive approaches, many struggle with inconsistent engagement and low reach due to practical barriers, families past negative experiences, and a perceived “saturation” of professional involvement.</p>	<p>In general, parents stated that they had not been involved by social workers in proactively planning reunification. However, parents also did not identify specific ways that they could have been more involved. This appeared to stem from their negative experiences of interactions with social workers prior to their child being removed and a desire to get their children back as soon as possible, seeking support afterwards if needed. One parent, however, did describe a positive experience of working with a social worker to plan a gradual transition for their child back to the family home. Some professionals and parents highlighted how engagement of parents could be improved through more consistent support following removal and enabling more time for change in parents’ circumstances before the chances of longer-term reunification was judged.</p>	
<p><b>Key Principle 7:</b> Invest in high-quality reunification support to increase the chance of stability for children, young</p>	<p>Reunification interventions are cost-effective compared to standard care, but</p>		



Practice Guide Key Principle	Systematic review finding	Summary of primary research	Supporting quotations/statistics
<p>people, and families, reduce the chance of breakdowns, and prevent costly care re-entry for local area budgets</p>	<p>implementation is affected by budget constraints.</p>		
<p><b>Key Principle 8:</b> Recognise how systemic pressures can affect long-term permanence, and ensure reunification planning includes support to help families address these challenges</p>	<p>Recognition that socioeconomic adversities as well as unemployment can reduce the likelihood of successful, long-term reunification.</p>		<p><b>Survey findings:</b> Respondents were asked the frequency with which different factors were perceived as barriers to reunification (Figure 16). Suitable housing for reunited families was the most common barrier, with 89.7% reporting that housing is frequently or sometimes a barrier. A lack of financial support for families was also a common issue reported by all respondents, with 84.7% reporting that this occurs frequently or sometimes.</p> <p>Finding appropriate education placements for children being reunified was cited by 61.5% of respondents as a barrier. One respondent noted that education and specialist provision were most likely to be challenges when a child is returning from out of area</p>



## Other evidence sources underpinning the Key Principles

The key principles were also informed by Foundations' advisory group and in-house knowledge and experience of parenting interventions.

### Advisory group

Before commencing work on the Practice Guide, we established an advisory group made up of academics, stakeholders and professionals within the field. We met with the advisory group multiple times across the course of conducting the evidence review and during the Guidance writing. We also had correspondence with the group over email.

The purpose of the advisory group has been to:

- Help with designing the aims and objectives of the evidence review
- Unpick the findings of the evidence review
- Provide guidance on language and terminology
- Review and provide feedback on the Practice Guide

By having a broad range of perspectives, the key principles reflect key voices in the sector and will hopefully ensure that the Guide can have meaningful impact to its readers.

### In-house expertise

The team working on the Guide bring with them their own methodological, practical, and personal experience and expertise. Those who have written and contributed to the key principles section have experience working in local authorities and Government, and those who have written the recommendations have extensive experience in intervention evaluation, evidence synthesis, evidence-informed practice, and knowledge mobilisation.



## Recommendations for further evaluation and testing of interventions in England

1. **Strengthen the quality and relevance of the reunification evidence base.**

Further rigorous research is needed outside the US, particularly in the UK, to improve confidence in how findings apply to England and other contexts. High-quality RCTs and QEDs should be prioritised to strengthen causal evidence, given that most studies included in this review were judged to have a moderate to serious risk of bias.

2. **Build a broader and more inclusive understanding of outcomes.**

Future studies should examine the full range of outcomes for children, young people and parents, including areas that remain under-researched, such as youth justice involvement, education, and permanency/case planning. Longer-term follow-up is also needed to understand whether outcomes are sustained beyond the one- to two-year follow-up periods used in most studies.

3. **Embed equity-focused data collection and analysis.**

Research should systematically collect and report PROGRESS-Plus factors, including ethnicity, age and SEND, to support analysis of whether reunification interventions work differently for different groups. This should include greater attention to fathers' experiences and perspectives, which remain under-researched but are important for improving engagement and intervention design.

4. **Use the intervention typology to prioritise under-researched models.**

The intervention typology developed in this review should guide future research priorities. In particular, more high-quality evidence is needed on intervention types that have been examined in only one or two studies, including family finding, child-focused interventions, family group decision making and financial support.

5. **Improve evidence on implementation, sustainability and value for money.**

Future research should examine how reunification interventions can be delivered, sustained and scaled in practice, including the role of dedicated reunification teams and supportive organisational cultures. High-quality economic evaluations are also needed to strengthen understanding of cost-effectiveness, given methodological limitations in the existing evidence.



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## Key Principle 8

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