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A mixed-methods systematic review, combined with primary research

WHAT WORKS TO SUPPORT REUNIFICATION AND ITS ASSOCIATED OUTCOMES

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About Foundations, the national What Works Centre for Children & Families

Foundations, the national What Works Centre for Children & Families, believes all children should have the foundational relationships they need to thrive in life. By researching and evaluating the effectiveness of family support services and interventions, we're generating the actionable evidence

needed to improve them, so more vulnerable children can live safely and happily at home with the foundations they need to reach their full potential.[1]

About the National Children's Bureau

Children and young people are at the heart of what we do. We believe as a society we can, and must, do better for them every single day. For over 60 years, the National Children's Bureau has worked collaboratively across the issues affecting children to influence policy and get services working together to deliver a better childhood, creating lasting and effective positive change.

Funding and competing interests

Foundations provided funding to the National Children's Bureau to carry out this robust mixed-methods systematic review, combined with novel primary research. Foundations is funded by the Department for Education, England.

[1] If you would like this publication in an alternative format such as Braille, large print, or audio, please contact us at: communications@foundations.org.uk.

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ABBREVIATIONS & ACRONYMS

Abbreviation acronym/term	Description
ANOVA	Analysis of variance
ASSESS	A comprehensive tool to support reporting and critical appraisal of qualitative, quantitative, and mixed-methods implementation research outcomes
CASP	Critical Appraisal Skills Programme (checklist used for critical appraisal of individual qualitative studies)
CI	Confidence interval (95%); a 95% confidence interval gives a range of values which, if the same sampling procedure were repeated many times, would contain the true value about 95% of the time
df	Degrees of freedom
EDIE	Equality, diversity, inclusivity, and equity
FDAC	Family Drug and Alcohol Courts
FFT	Functional Family Therapy
FGC	Family Group Conferences
FGDM	Family Group Decision Making
GRADE	Grading of Recommendations, Assessment, Development, and Evaluations
GRADE-CERQual	Grading of Recommendations, Assessment, Development, and Evaluations: Confidence in the Evidence from Reviews of Qualitative Research

Abbreviation acronym/term	Description
LA	Local authority
MST	Multisystemic Therapy
NCB	National Children's Bureau
OR	Odds ratio
OSF	Open Science Framework
PFS	Partnering for Success
PICOT	Population, Intervention, Comparison, Outcomes, Time
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
Qb	Variance between subgroups
QED	Quasi-experimental design
Qw	Variance within subgroups
RCT	Randomised control trial
RoB-2	Cochrane Risk of Bias Tool for Randomised Trials
ROBINS-I Tool	Risk of Bias in Non-Randomised Studies of Interventions Tool

Abbreviation acronym/term	Description
RQ	Research question
RR	Risk ratio
RVE	Robust variance estimation
SE	Standard error
SEND	Special educational needs and disabilities
SMD	Standardised mean difference
TA	Thematic analysis
UK	United Kingdom
US	United States

PREFACE ON TERMINOLOGY

Reunification, parents, and care experience

Throughout this report, we use the term 'reunification' to refer to the return of children or young people to their parents following a period of out-of-home care (Department for Education, 2023a).

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 (LA) 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.

We use the term 'care experience' to refer to "anyone who has been, or is currently, in care or from a looked-after background at any stage of their life, no matter how short, including adopted children who were previously looked after" (Scottish Government, 2022, pp. 64). Co-produced resources emphasise that identity-first language helps reclaim and validate care experience, promoting empowerment and reducing stigma (TACT, 2025). As such, we use identity-first language, referring to care-experienced children and young people in our writing.

Ethnicity

The evidence base we are reviewing often spans more than half a century, during which time terminology used to describe personal characteristics of individuals has changed. Some early papers employ racial and ethnic labels that we recognise as unacceptable. Newer guidance recognises these demographic labels and expressions to describe groups of people as imprecise, othering, or offensive. To preserve the historical record, it is sometimes necessary to reproduce the original wording only when it appears in direct quotations, or when it refers to an outcome that the author measured that remains relevant to our analysis. However, in all narrative discussions the team will follow current inclusive-language standards, guided by NCB and Race Equality Foundation standards (Race Equality Foundation, 2024; National Children's Bureau, 2025). These principles include:

- **Prioritise specificity over catch-all labels.** Where possible we name the group being discussed (e.g. Black Caribbean pupils). Where this is not possible, we will use Black and Global Majority as an inclusive term for individuals who identify as Black, African, Asian, Brown, Arab, and mixed heritage, are indigenous to the global south, and have been racialised as 'ethnic minorities'. We acknowledge that there are limitations to this, with some groups who also experience minoritisation, such as Eastern European or Traveller communities, not usually defined as being of the Global Majority. Where these communities are discussed, we will specify this.
- **Capitalisation of racial/ethnic descriptors.** We capitalise 'Black', 'Asian', 'African', 'Arab', and 'Indigenous' to acknowledge shared historical and cultural identities. However,

we do not capitalise 'white' due to the negative connotations associated with white supremacy. Adjectives remain lowercase when used in a purely colour sense.

- **Avoiding deficit framing.** We will avoid phrases such as 'minority' or 'non-white' to define people.
- **Respecting self-identification.** Terminology evolves, and preferences differ within communities. Where a source, participant group, or stakeholder clearly states a preferred identifier, we honour that choice, even when it diverges from our default style.

Disability

The use of person-first or identity-first language is an ongoing debate that is constantly evolving, with preferences differing across individuals, families/carers, and advocacy organisations. In person-first language, the person is emphasised followed by their disability/experience. Comparatively, in identity-first language, the disability is the focus, enabling the individual to claim the disability as their own (American Psychological Association, 2023). Where terminology appears in direct quotations, or when it refers to an outcome that the author measured which remains relevant to our analysis, the original wording is retained. In narrative discussions the team will follow current inclusive-language standards, guided by NCB principles, including:

- **Person-first language.** Generally, experts agree that person-first language should be used when writing about children and young people (National Institutes of Health, 2023), meaning this will be the main form taken throughout the narrative of this report. Examples of person-first language include children and young people with a special educational need or disability, children and young people with mental health difficulties, and children and young people with care and support needs.
- **Identity-first language.** There are some notable exceptions where identity-first language would be used, specifically any reference to Deaf[2] and autistic individuals. This is because research has found that most people in the Deaf and autistic communities reject person-first language (Kenny et al., 2016; National Association of the Deaf, 2025).
- **Respecting self-identification.** Where a source, participant group, or stakeholder clearly states a preference for either person-first or identity-first language, we honour that choice, even when it diverges from our default style.

[2] Uppercase 'Deaf' refers to the community, and lowercase 'deaf' refers to the audiological condition of not hearing.

PLAIN LANGUAGE SUMMARY

What is this review about?

Reunification interventions aim to help children and young people return home to their parents safely after being in out-of-home care. Getting the right support in place to help families through the process of returning home is essential. So, this review is about finding out how families can best be supported through the reunification process.

What is the aim of this review?

To understand the best way to support families through the reunification process, we aim to find out which interventions work, who they work for, how they work, and why. We need to know what can help in providing interventions to families. Finally, we want to give a voice to the young people, parents, and professionals who have experienced or provided reunification interventions, to know what works for them and what can be done better.

Findings from this review will inform the development of a Practice Guide on reunification. This forms part of a set of Practice Guides which aim to support the implementation of the Children's Social Care National Framework. The National Framework was recommended by the Independent Review of Children's Social Care to establish the purpose, principles, and outcomes of the children's social care system.

What studies are included?

This review includes a total of 73 studies. Twenty studies provided causal evidence on what interventions work, who for, how, and why. Forty-seven studies examined the implementation of reunification interventions, while also providing additional detail on who reunification interventions work for, how, and why. A further six studies provided both causal and implementation evidence. The review authors conducted searches for studies in June 2025. Additional literature from local authorities was sought, with a deadline of the end of June 2025 given for the receipt of these.

What are the main findings of the review?

Our findings show that giving families extra help when children return home makes a real difference. Families who received support were more likely to reunite successfully than those who didn't. The effect was small but meaningful, especially for children's outcomes such as their safety and wellbeing, skills and behaviours, contact with the youth justice system, education, and permanency/case planning. No single programme stood out as the best, but longer and community-based support may help more. Support that covers a variety of needs, rather than focusing on just one thing, may help families more. The evidence was strongest that reunification interventions support children to remain at home and avoid re-entering care, demonstrating that

interventions are fulfilling a basic measure of success. However, there was weaker evidence for a positive impact on children's safety and wellbeing, parents' wellbeing, and social networks.

We didn't find strong evidence that equity factors like gender, ethnicity, socioeconomic status, special educational needs or disabilities, or reasons for being in care changed how well reunification support works, but because many studies don't report equity factors fully we can't be certain. We found that support may work better for older children, two-parent families, and those living in urban areas. Support for parents aimed at building skills such as problem solving, communication, emotion regulation, and positive parenting practices seemed especially helpful when neglect was the main reason for care. Parent mentoring/coaching, where a trusted mentor provides parents with support and advocacy long-term, might help ethnically diverse families but more research is needed.

Bringing children back home after being in care works best when families get support that is guided by clear frameworks, includes robust assessments, and is flexible and tailored to their needs. This includes help that respects families' individual needs (e.g. culture, language, disabilities) and addresses practical challenges like difficulty securing appropriate housing, financial hardship, and a lack of social support. Strong, trusting relationships between families and professionals are essential, but staff shortages, funding limitations, and uneven access to services make this hard to achieve. Fathers and families with young children often miss out on access to reunification interventions, showing gaps in service provision. Parents and young people want clear communication, gradual transitions from care to returning home, and ongoing help, while professionals face heavy workloads and resource constraints that limit their ability to fulfil this. Despite these barriers, reunification interventions achieve good outcomes for families for the money spent, compared with standard practice involving routine visits only.

EXECUTIVE SUMMARY

Introduction

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. Helping children to return safely and permanently, without relationship breakdowns, to their parents from care is a priority under the government's new Families First Partnership Programme (Department for Education, 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 past 15 years (Department for Education, 2023a).

A previous meta-analysis found limited and uncertain effects overall regarding the impact of interventions on the success of reunification (Saunders-Adams, 2011). However, this review relied primarily on studies with limited explanatory power (correlational or pre-post designs only), with analyses being underpowered. Other reviews in the area have focused on narratively summarising findings from included studies rather than conducting statistical assessments on the effectiveness of interventions on outcomes associated with successful reunification (Murphy et al., 2017; LaBrenz et al., 2020; Hood et al., 2022). As such, a new rigorous systematic review with meta-analysis is needed to explore the impact of interventions on reunification outcomes.

Objectives

This project involved a rigorous mixed-methods systematic review of reunification interventions, combined with primary qualitative research to embed lived experience. This review aimed to understand the effectiveness of interventions to support reunification, including key practice elements and mechanisms that promote effective implementation. The differential impact of reunification interventions according to characteristics of families was considered. Furthermore, barriers and facilitators to the implementation of reunification interventions were explored. Finally, we explored young peoples' and parents' experience, and professionals' delivery, of reunification interventions. The research was underpinned by the following research questions (RQs):

1. What works?
    a. Which interventions or services are most effective in improving reunification outcomes among families with care-experienced children aged 0–18?
    b. Under what conditions do these interventions achieve the best results?
2. For whom?
    a. How do the effectiveness and applicability of reunification interventions vary across different family demographics, contexts, and care experiences?
    b. Which models of reunification are most effective for specific populations (e.g. families facing financial instability, minoritised ethnic groups, or families in urban versus rural settings)?

3. How and why?
    a. What are the key practice elements and components of successful reunification interventions?
    b. How do these elements contribute to the stability, safety, and long-term wellbeing of families and children?
4. Implementation
    a. What barriers and enablers impact the successful implementation of reunification interventions? How can these insights inform scalable, sustainable models of practice?
5. Perspectives of those that have received or provided reunification interventions:
    a. What are the views and experiences of parents, young people, and practitioners regarding the acceptability, relevance, and usefulness of reunification interventions?
    b. What barriers and enablers impact the successful implementation of reunification interventions, according to users and providers?

Methods

We undertook a rigorous mixed-methods systematic review of reunification interventions, combined with primary qualitative research to embed lived experience. Following best-practice guidance on systematic review methods, we identified published and unpublished literature exploring the success of reunification interventions for families, children, and young people who had experienced out-of-home care. All elements of the mixed-methods systematic review, including the primary qualitative research, were conducted concurrently with a convergent segregated approach taken.

First, we created a typology of interventions to enable comparisons to be made across studies. Eight types were identified: parent-focused skills building, mentoring/coaching by other parents with experience of reunification, multi-agency team around the family, therapeutic problem solving courts, family finding[3], child-focused interventions, family group decision making, and financial support. We then conducted a meta-analysis of RCTs and QEDs to understand which reunification interventions are most effective in improving reunification outcomes (RQ1) using robust variance estimation to account for the clustering of outcomes within studies. The outcomes explored included: supporting children to remain at home, parenting skills and behaviours, children's safety and wellbeing, children's skills and behaviours, family relationships, social support to the family, parental substance use, parental wellbeing, parental engagement, children's contact with the youth justice system, children's educational outcomes, and permanency/case planning.

To investigate what works for whom (RQ2), we explored sample demographic characteristics as moderators in mixed-effects meta-regressions, while to explore the mechanisms underpinning successful interventions (RQ3), we explored level of support, outcome domains, and theoretical framework through mixed-effects meta-regressions.

[3] Interventions that aim to find relatives or family friends who can provide support to children and parents during the reunification process.

To explore the implementation of reunification interventions (RQ4), we included process evaluations and qualitative studies. We used best fit framework analysis, guided by Proctor et al.'s (2011) implementation framework, to categorise findings across the following outcomes: acceptability, adoption, appropriateness, feasibility, fidelity, reach, sustainability, and cost.

Finally, to capture perspectives of those that have experience of reunification or provided reunification interventions in England (RQ5), we conducted semi-structured focus groups and one-to-one interviews with young people and parents, alongside a focus group and an online survey for professionals. Participants were recruited purposively through NCB's networks, local authority and professional contacts, advisory-group dissemination, and targeted online outreach. Analysis combined reflexive thematic analysis of qualitative data with descriptive analysis of survey responses.

The systematic review and primary research protocols were published on Foundations' website and registered on the Open Science Framework.[4] All included studies were assessed for risk of bias using the appropriate tools for each study type (RoB-2, ROBINS-I, CASP, or ASSESS). We also examined the confidence in our implementation finding statements using GRADE-CERQual.

Key findings

We identified a total of 73 studies that met our inclusion criteria and had sufficient outcome data for extraction. Of these, 20 studies contributed to our understanding of which interventions work, for whom, how, and why, 47 studies provided process or qualitative insights contributing to the review of implementation factors, and six studies were included in both.

Of the studies included in the meta-analysis, 25 were from the US and one was from England. Regarding the studies included in the review of implementation factors, 33 studies were conducted in the US, 11 in the UK (10 England/one England and Wales), six in Spain, two in Australia, and one in Portugal.

The Risk of bias assessments for studies included in the meta-analysis were assessed using RoB-2 or ROBINS-I. Overall, 83.3% of studies presented a moderate to serious risk of bias. The risk of bias for 29 studies included in the review of implementation was examined using CASP, with 20.69% reporting a negative/relatively poor methodology. For the remaining studies in the review of implementation, ASSESS was the most appropriate tool; however, this only provides domain-specific assessments and not an overall judgement on risk of bias, and a summary is provided in the appendices.

What works?

Reunification interventions were found to have a small but meaningful positive impact on overall outcomes indicating successful reunification (such as children remaining at home and not returning to care, child and parent wellbeing, and improved family relationships), with families receiving interventions having, on average, better outcomes than 60% of those not receiving a

[4] See: osf.io/pgxft.

reunification intervention. Together, the outcomes explored include: supporting children to remain at home and not return to care, parenting skills and behaviours, child safety and wellbeing, children's skills and behaviours, family relationships, social support, parental substance use, parental wellbeing, parental engagement, children's contact with the youth justice system, children's educational outcomes, and permanency/case planning. Sensitivity analyses and tests for publication bias showed that results are robust and not unduly influenced by any single study. Stronger effects were observed for child outcomes than parent outcomes, though findings were still indicative of a positive effect for parents. No single intervention type emerged as most effective, though longer-duration and community-based programmes may offer added benefit.

For whom?

Analysis of demographic factors found no strong evidence that gender, ethnicity, socioeconomic status, SEND, or reasons for being in care significantly changed intervention effectiveness, though poor reporting of equity factors limits confidence in these findings. Some evidence suggests interventions may work better for older children and in two-parent households, and outcomes were less positive in rural areas. Interventions that focused on building parenting skills appeared to be more effective where neglect was the main reason for care. Furthermore, some evidence suggests that peer mentoring from parents with experience of reunification may benefit more ethnically diverse families, but further research is needed.

How and why?

There is no strong evidence that any single theoretical framework or practice component is most effective for reunification. However, there is tentative evidence that holistic approaches, involving combining multiple levels of support, may be more beneficial than single-component interventions. In particular, multiple levels of support are associated with improvements in parental substance use outcomes. Interventions supporting children to remain at home and not return to care show the clearest positive impact, and those focusing on child wellbeing or safety, parental wellbeing, and social support had the weakest impact.

Implementation factors

The findings highlight that reunification interventions are most acceptable to parents, young people, and professionals when guided by clear frameworks, robust assessments, and flexible, individualised approaches that respond to families' specific needs and circumstances, be they cultural, linguistic, mental health, substance use, or educational. Flexibility and trust-based relationships between professionals and families are central to successfully engaging parents in reunification interventions. Reunification interventions work best when they address the wider needs of the family, including economic instability and housing security (e.g. securing suitably sized housing, paying rent and bills, and securing employment), to provide a holistic and effective approach. However, persistent challenges such as workforce shortages, high staff turnover, limited funding, and inconsistent service provision undermine the implementation, fidelity, and sustainability of reunification interventions. In particular, a lack of consistency in intervention providers prevents the building of trust necessary for families to engage in reunification

interventions. Reunification interventions are less frequently provided to families of young children and fathers, indicating systemic inequities in access.

Although interventions are generally more cost-effective than standard care, offering both improved outcomes and financial savings, their potential is constrained by short-term funding pressures, inadequate resources, and the absence of statutory national guidance in England. However, our confidence in the findings regarding cost-effectiveness is rated as low due to serious methodological concerns in some of the underpinning studies, highlighting the need for future research.

Perspectives of those that have received or provided reunification interventions to parents, young people, and professionals consistently emphasised that successful reunification depends on personalised, relationship-based support that acknowledges the emotional impact of care experiences and builds trust through continuity of practitioners. Families valued clear communication, gradual transitions, and ongoing post-reunification support to prevent feelings of abandonment and to sustain stability. Flexibility to address individual needs in reunification interventions, and practical help with housing, mental health, and financial challenges, were perceived as essential in supporting successful and stable reunification. Young people highlighted the importance of being informed, consulted, and supported to process complex emotions throughout the reunification process. Parents stressed the need for non-judgemental environments and social support to rebuild their confidence as factors helping with the reunification process. Professionals echoed these priorities but identified systemic barriers, such as high caseloads, workforce shortages, and inconsistent access to resources, which undermined consistent and equitable implementation of reunification interventions.

Recommendations and next steps

Based on the findings from this review, it is recommended that interventions are routinely provided to support reunification. Given there is no single most effective intervention, the decision of which intervention to employ should be based on, and tailored to, the needs and experiences of the parents, children, and young people involved. For families with children at the older end of the age range or where neglect is the main reason for care, interventions that target parenting skills should be considered/implemented. Given the finding that longer-duration interventions may offer added benefit, longer-term support should be offered to families pre-, during, and post-reunification. Practical support with finances and housing, as well as mental health support for families, should be embedded as part of post-reunification services.

The findings point to the need for statutory national policy providing clear guidance on the prioritisation and embedding of reunification interventions, which will help ensure equitable, consistent, and high-quality reunification support across LAs. In particular, gaps in the provision of reunification interventions for fathers and families with younger children should be addressed. There needs to be consistency in the professionals providing reunification interventions, to enable trusting relationships to be built with families. As such, systemic barriers to providing reunification interventions need to be addressed, including reducing workforce shortages, staff turnover, and high caseloads, while supporting sustained investment in the provision of the range of interventions which these families need. Where possible, children, young people, and parents should be involved in the development of action plans to guide the reunification process. Regular

staff training and monitoring of reunification intervention delivery should be embedded to support fidelity.

In terms of recommendations for future research, further high-quality research is needed in the UK across all eight intervention types including: parent-focused skills building, parent mentoring/coaching, multi-agency team approaches, therapeutic problem solving courts, family finding, child-focused programmes, family group decision making, and financial support. Furthermore, there needs to be improved measuring and reporting of outcomes associated with successful reunification (e.g. children's educational outcomes, contact with the youth justice system, and permanency/case planning) in future research with longer follow-up periods. Improvements towards systematic collection and reporting of equity variables are also needed (e.g. ethnicity, age, SEND) to understand the differential impact of interventions according to the personal characteristics and experiences of families. Finally, more high-quality research is needed to explore the cost-effectiveness of reunification interventions in comparison with standard care, in addition to the reach and sustainability of these interventions.

PROJECT BACKGROUND, AIMS, AND RESEARCH QUESTIONS

Introduction

Project background

Recent reforms in children's social care propose a system built on early, preventative support, prioritising family-led solutions (Department for Education, 2023b). The UK government's reform programme for children's social care is structured around six interconnected pillars: (1) introducing a new, single Family Help service to provide earlier, integrated support to families before problems escalate; (2) strengthening child protection by ensuring assessments and investigations are led by highly skilled, specialist social workers; (3) expanding support for kinship care and wider family networks so more children can safely remain within their families rather than enter care; (4) transforming the care experience by improving the commissioning of placements and increasing stability; (5) reforming and supporting the social work workforce through improved recruitment, training, supervision, and career progression; and (6) delivering system reform via a new Children's Social Care National Framework, embedding stronger accountability, better data, and clearer national expectations to drive consistent practice and improvement across England.

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 and 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 care (Children's Social Care, 2020). 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 becomes looked-after, 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, Gibb, et al., 2015).

Despite its importance, reunification rates have declined sharply, from 39% of children looked after[5] in 2011 (Department for Education, 2020) to 24% in 2024/25 (gov.uk, 2025), raising concerns about missed opportunities for rebuilding family relationships and fostering resilience (Hood et al., 2022). Multiple reasons have contributed to this decline. First, major reforms to care

[5] Under the Children Act 1989, a child is looked after by an LA if they fall into one of the following:

- Are provided with accommodation, for a continuous period of more than 24 hours (Children Act 1989, sections 20 and 21)
- Are subject to a care order (Children Act 1989, part IV)
- Are subject to a placement order.

proceedings introduced by the Children and Families Act 2014 aimed to speed up decision making by imposing a 26-week time limit on decision making. The reforms led to shorter care proceedings, but also fewer placement orders and more supervision orders and special guardianship orders, while children placed for adoption were younger (Masson et al., 2019), potentially reducing opportunities for reunification. Furthermore, other exit routes, such as adoption and special guardianship, have been associated with lower rates of disruption or re-entry to care than reunification, with these findings lending support to longstanding policy focus on permanency planning via adoption or special guardianship (Goldacre et al., 2022). In addition, studies consistently find that successful reunification depends on intensive preparation and sustained post-return support, yet funding pressures, workforce shortages, and high caseloads mean this support is often insufficient or short-term (Ford and McKay, 2024), reducing the likelihood of reunification occurring. These factors may lead to issues associated with the child entering care remaining unaddressed (e.g. housing instability, parental mental health difficulties, substance use, and intimate partner violence), which increase the risks associated with returning home, leading professionals to be more cautious about recommending reunification. Together, these structural constraints and heightened risk concerns help explain why reunification has become both less common and less stable in recent years.

Concerns have also been raised about higher rates of re-entry to care for children reunified with their birth parents, compared with other permanency outcomes such as adoption. Specifically, one in five reunified children re-entered care after one year, and over a third of children re-entered care after six years (Goldacre et al., 2022). The NSPCC and Action for Children (Ford and McKay, 2024) suggest this is often due to a lack of support from social care, with 56% of LAs not having a reunification policy or strategy.

There are a wide range of interventions available to facilitate successful reunification, implemented in the UK and internationally. However, these vary in their effectiveness, practice components, and implementation. The Child Welfare Information Gateway (n.d.), for example, emphasises the importance of implementing trauma-informed, family-centred approaches that leverage family strengths. Some research suggests that a gradual return home over an extended period often results in more successful reunifications (Thoburn, Robinson, and Anderson, 2012). Comparatively, an evaluation of a post-reunification support service (named ‘success coaches’) found no difference between treatment and control groups in success of reunification (Rushovich, Hebert, et al., 2021). Furthermore, research has indicated that views of children and young people are often not considered in reunification interventions (Who Cares? Trust, 2006; Farmer, 2018), meaning they have limited influence on their own care experience.

Drawing on recent national policy documents, reunification interventions are framed in UK policy as important for achieving safe, family-based permanence, requiring stronger structure, support, and accountability. The Independent Review of Children’s Social Care (2022) describes reunification as a necessary but fragile outcome that has too often been pursued without adequate preparation or post-return support, contributing to high rates of breakdown and re-entry into care; it argues that effective reunification should sit within a wider reset of the system towards earlier help, relational practice, and evidence-informed family support. This position is reinforced in the Children’s Social Care National Framework, which emphasises that returning a child home is not a single decision point but an ongoing process requiring assessment, planning, sustained support, and monitoring to ensure children experience safety, stability and loving relationships after

reunification (Department for Education, 2023c). The Families First Partnership Programme builds on this by explicitly positioning reunification within a new whole-system model of Family Help, where intensive, multi-agency support for a child's return home is seen as essential to reduce risk, confirm change, and prevent repeat removals (Department for Education, 2025). Across these policies, reunification interventions are viewed less as discrete programmes and more as part of a continuum of family support, with reunification of central importance to a family-focused care system.

It is vital to know how to effectively support families through the reunification process, enabling the best possible long-term outcomes. This involves identifying which interventions and practice elements are most effective at maintaining successful reunifications and achieving positive outcomes for children, young people, and parents. Furthermore, it is important to understand the specific needs of children, young people, and parents from different ethnic and cultural backgrounds, and those in circumstances that have added challenges, such as living with additional support needs, poor finances, or unemployment. It is also critical to understand the experiences of children, young people, and parents who have engaged in reunification interventions, embedding these to understand how the process can be improved.

This rigorous mixed-methods systematic review explores what reunification interventions work and for whom. It considers the mechanisms and practice elements underpinning successful interventions, as well as the barriers and enablers to successful implementation. Finally, this mixed-methods systematic review is combined with primary research to give voice to young people and parents who have experienced reunification, as well as professionals who have supported the reunification process.

Previous reviews

Saunders-Adams (2011) conducted a systematic review and meta-analysis of reunification interventions, including observational research, quasi-experimental designs (QED), and randomised controlled trials (RCTs). Twenty-six studies were included in a meta-analysis on reunification outcomes and 13 on re-entry (3 were included across both). Findings indicated that families who received supportive services had a reduction in the odds of reunification. However, supportive services was a broad category, including a variety of services (e.g. substance abuse services, child welfare services not designed to target reunification, and targeted reunification interventions). Saunders-Adams (2011) also found no difference in reunification success between families that received specific reunification services and those that did not. The author suggested that this may be due to families of highest need being prioritised for specialist services, which means they become as likely as families with lower needs who do not receive services to reunify. Critically, 71% of studies (n=27) included in the meta-analyses were classed as having limited scientific rigour (correlational or pre-post designs only), with too few RCTs and QEDs available to exclude other quantitative designs. In addition, the meta-analyses were underpowered, limiting the ability to draw conclusions. This highlights the need for a new meta-analysis including study designs that have high scientific rigour; as such in our review, we limited inclusion to robust RCT and QED designs.

More recently, Maltais et al. (2019) conducted a meta-analysis of eight studies, finding that goal-oriented interventions led to greater engagement and likelihood of reunification than standard

services (Maltais et al., 2019). Specifically, children who participated in goal-oriented interventions were nearly 2.5 times (or 1.65 times on the basis of the adjusted effect size) more likely to return to their families, compared with children receiving standard services. However, all studies included in Maltais et al.'s (2019) meta-analysis were conducted in the US, limiting the generalisability of findings to other countries. There was unexplained heterogeneity, suggesting factors not explored in the study impacted the results, and the small number of studies meant the analysis was underpowered. In addition, the meta-analysis focused on practice elements (e.g. goal-orientation, voluntary involvement, training of staff), rather than exploring the effectiveness of different interventions, highlighting the need for further research to understand what approaches work in reunification. As such, our review examined the effectiveness of approaches to reunification, in addition to specific practice elements.

A systematic review of 12 studies across 10 reunification programmes explored the common elements of interventions that support reunification (Luu, Collings, and Wright, 2022). Findings indicated that the most successful interventions were those which were structured and individualised, drew on elements of social learning theory, theories of child development and attachment, and behavioural theories, and included components such as building parental awareness and understanding of their child's behaviour and reactions, coaching, goal setting, homework, and role modelling. Similarly, a systematic review focused on Australian interventions identified that common elements associated with successful reunification included conducting comprehensive assessments, having individualised plans, establishing meaningful partnerships between practitioners and families, working collaboratively with children, young people, and parents, and having regular contact between children, young people, and their families (Cunningham et al., 2021a). Cunningham et al. (2021) identified group work, educational programmes, and peer mentoring as promising interventions; however, unlike the reviews conducted by Luu, Collings, and Wright (2022), this review focused on practice elements rather than on the effectiveness of different types of reunification interventions. As above, to overcome this issue, our review examined both approaches to reunification interventions and specific practice elements.

Sitjes-Figueras et al. (2025) conducted a systematic review of 34 studies, exploring the role of child-level, family-level, case, and systemic factors in reunification. Findings indicated that those most likely to successfully reunify include older children and those who have experienced physical abuse, two-parent households, families who received material support (e.g. housing or financial services), families living in urban settings, and those who received post-reunification services. Comparatively, children who experienced neglect or abandonment were less likely to successfully reunify, and factors such as poverty, financial difficulties, parental substance misuse, and mental health issues acted as barriers to reunification. However, there was limited attention to racial and ethnic factors in the studies examined, highlighting a need for further research to understand the effectiveness of reunification interventions dependent on the personal characteristics of children, young people, and parents. As such, our review is the first to draw on the PROGRESS-Plus[6]

[6] PROGRESS-Plus identifies characteristics that may shape opportunities and outcomes, including place, race, occupation, gender, religion, education, socioeconomic status, social capital and other disadvantages

framework to comprehensively explore differences in the effectiveness of reunification interventions according to the personal characteristics of children, young people, and parents (including place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, social capital, socioeconomic position, age, disability, sexual orientation, and other vulnerable groups).

A rapid review conducted by Hood et al. (2022) evaluated 15 empirical studies exploring which specialist services and interventions improve the outcomes of reunification. Features of best practice identified included careful preparation and planning of transitions, individualised care plans, multi-agency provision, therapeutic and psychoeducational skills training, specialist drug and alcohol services, and educational and social support. 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. Parents' 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 the 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.

Findings regarding the effectiveness of interventions reviewed by Hood et al. (2022) were mixed. For example, there were higher rates of re-entry into care among the intervention group for the family-centred out-of-home care programme, while more stable reunifications were identified for families who engaged in parental substance misuse interventions. Similarly, 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 care. Findings indicated that those who participated in peer parent programmes were more likely to successfully reunify with their children, compared with those who did not engage. Critically, findings from Hood et al.'s (2022) rapid review and Saeteurn et al.'s (2022) systematic review were narratively summarised, meaning comparisons between interventions cannot be reliably drawn. This is a common problem across reviews in reunification (e.g. Murphy et al., 2017; LaBrenz et al., 2020), demonstrating the need for a new rigorous meta-analysis, as conducted in our review, exploring the effectiveness of reunification interventions.

Design and aims

Following established systematic review methods, we identified published and unpublished literature that conducted robust evaluations of interventions and programmes aimed at supporting the reunification process. This enabled us to explore and compare the effectiveness of reunification interventions. The interventions and programmes evaluated used experimental (RCT) and QED designs. Based on the extraction of data, we synthesised study findings using meta-analysis procedures. In addition, we narratively synthesised key study findings related to equity variables,

guided by the PROGRESS-Plus framework (O'Neill et al., 2014). Furthermore, we used best fit framework analysis, guided by Proctor et al.'s (2011) implementation framework, to explore barriers and facilitators to implementing reunification interventions.

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 purely quantitative synthesis methods, reflecting a person-centred approach, and supporting knowledge translation and implementation (Cochrane, 2022). As such, this mixed-method systematic review synthesised both qualitative and quantitative evidence, before integrating this alongside new evidence from primary research, including focus groups with young people, parents, and professionals and a survey of professionals.

The inclusion of primary qualitative research adds essential value beyond evidence synthesis alone by grounding the review in contemporary practice and lived experience in England to support the development of a Practice Guide for use in England. Evidence synthesis alone cannot explain how reunification interventions are experienced, implemented, or constrained within the English children's social care system. The qualitative interviews, focus groups, and practitioner survey are therefore designed to generate England-specific insights into service delivery and user experiences under recent statutory arrangements, addressing well-documented gaps in the evidence base where England studies are sparse and perspectives of children, parents, and frontline professionals are under-represented. Primary research also plays a critical role in validating and interpreting findings from the synthesis, enabling us to triangulate findings from international evidence with an England-specific population. Finally, by embedding new primary research, the views of those who have provided or experienced reunification interventions are central in shaping credible, actionable recommendations, ensuring that conclusions about what works, for whom, and under what conditions are not only evidence-informed, but also feasible, acceptable, and relevant to current practice in England, rather than extrapolated solely from synthesis of existing literature.

As such, this report is broken down into the following sections:

- Evidence synthesis
- Primary research
- Conclusion and recommendations.

Operational definition, objectives, and research questions

Operational definition

Within this research, we define reunification as the process of a child or young person returning to live with their parent(s) or primary caregiver(s) after a period of care away from home. Reunification can include returning from foster care, kinship care, or residential care settings to the family home. This can be as part of a care order, voluntary accommodation, 'home on trial', or an informal return.

Research objectives

The objective of this systematic review is to:

- Assess the effectiveness of interventions in enhancing reunification outcomes
- Identify barriers and enablers to implementation
- Explore the perspectives of children, families, and practitioners on intervention acceptability
- Identify best practices to inform actionable recommendations.

This review is intended to support the identification of promising programmes and interventions, and to inform our understanding of how to improve the reunification process within England.

Findings from this review will inform the development of a Practice Guide to support reunification of families following a period of out-of-home care, which will form part of a set of Practice Guides aimed at supporting implementation of the Children's Social Care National Framework. The National Framework was recommended by the Independent Review of Children's Social Care to establish the purpose, principles, and outcomes of the children's social care system.

Research questions

This study aims to answer five research questions.

Overall, the research questions' mixed-methods evidence synthesis, combined with primary research, explore the key themes of what works (RQ1), for whom (RQ2), how and why (RQ3), implementation factors (RQ4), and perspectives of those that have received or provided reunification interventions (RQ5). RQs 1–4 are explored in the next section, and RQ5 in the following one. All components of the research were conducted in parallel.

Specifically, this review aimed to answer the following research questions:

RQ1. What works?

- Which interventions or services are most effective in improving reunification outcomes among families with care-experienced children aged 0–18?
- Under what conditions do these interventions achieve the best results?

This question identifies evidence-based interventions, helping policy makers and practitioners prioritise strategies that yield the best outcomes under various circumstances.

RQ2. For whom?

- How do the effectiveness and applicability of reunification interventions vary across different family demographics, contexts, and care experiences?
- What models of reunification are most effective for specific populations (e.g. families facing financial instability, minoritised ethnic groups, or families in urban versus rural settings)?

Exploring variations in intervention effectiveness ensures tailored recommendations that meet the unique needs of diverse populations and contexts.

RQ3. How and why?

- What are the key practice elements and components of successful reunification interventions?
- How do these elements contribute to the stability, safety, and long-term wellbeing of families and children?

Understanding the mechanisms underpinning successful interventions supports the development of replicable and scalable practices.

RQ4. Implementation

- What barriers and enablers impact the successful implementation of reunification interventions? How can these insights inform scalable, sustainable models of practice?

Insights into implementation challenges enable the design of practical, sustainable, and cost-effective solutions.

RQ5. Perspectives of those that have received or provided reunification interventions

- What are the views and experiences of parents, young people, and practitioners regarding the acceptability, relevance, and usefulness of reunification interventions?
- What barriers and enablers impact the successful implementation of reunification interventions?

Incorporating the lived experiences of users and providers ensures that interventions are relevant, accessible, and effective in practice. These perspectives will inform what improvements can be made to shape service design and delivery.

EVIDENCE SYNTHESIS

Methods

Protocol registration and ethical review

This systematic review followed a review protocol registered with the Open Science Framework (OSF)[7] and published on the Foundations website.[8] The protocol was developed by experts in evidence synthesis and social care, with experienced social care professionals supporting the development of key search terms and inclusion/exclusion criteria. The protocol was reviewed by a member of the Foundations Advisory Group and staff at Foundations more broadly before publication. There were no deviations from the protocol.

This report follows established reporting guidelines to support transparency. For quantitative data this includes the *Cochrane Handbook for Systematic Reviews of Interventions* (Chandler et al., 2019) and the PRISMA updated guidance for reporting systematic reviews (Page et al., 2021). The Cochrane guidelines for qualitative, implementation, and process evaluation evidence synthesis (Flemming et al., 2018) were followed for all other sections of the evidence synthesis.

As this was secondary data analysis/synthesis, the research team and Foundations established that no ethical review would be required.

Eligibility criteria

Robust eligibility criteria were established in line with the PICOT framework (population, interventions, comparators, outcome, time; see Table 1). This structured approach ensured that the evidence synthesis focused on studies that are methodologically rigorous, contextually relevant, and aligned with the overarching goals of improving reunification outcomes and associated practices. Unless otherwise specified, the eligibility criteria remained the same for effectiveness, qualitative, and implementation studies.

[7] See: osf.io/pgxft.
[8] See: https://foundations.org.uk/our-work/current-projects/systematic-review-of-interventions-to-support-reunification-associated-outcomes.

Table 1. Definitions of the PICOT elements

PICOT element	Definition
Population	The sample of subjects that is the focus of the study
Interventions	The treatment, service, or action being provided
Comparators	What the intervention is being compared with – e.g. standard services
Outcomes	The desired result or impact of the intervention
Timeframe	The length of time over which the intervention and outcome are observed

The eligibility criteria relevant to each element of PICOT are outlined below.

Population

This review focused on:

- Children and young people aged 0–18 years who have experience of reunification following a period of out-of-home care. This could include foster care, residential homes, or kinship care
- Parents who have had a child aged 0–18 years in out-of-home care and have experienced reunification.

The review focused on populations in high-income countries, as defined by the World Bank.[9] This decision was informed by the need for findings that are contextually relevant to the systems, policies, and resources available in places that typically have formalised child welfare systems, yet challenges such as resource constraints, systemic barriers, and inequities in service provision remain common. This review explicitly considers diversity within these populations, as defined by the PROGRESS-Plus framework (place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, social capital, socioeconomic position, age, disability, sexual orientation, other vulnerable groups; O'Neill et al., 2014).

Interventions

This review focused on specialist reunification services and programmes aimed at:

- Improving the likelihood of successful reunification
- Helping children thrive in their home environment post-reunification
- Supporting family relationships and dynamics with the aim of reunification, particularly addressing trauma and behavioural challenges that led to the period of out-of-home care.

[9] See: https://blogs.worldbank.org/en/opendata/world-bank-country-classifications-by-income-level-for-2024-2025.

For the purposes of this review, included interventions had to be planned, structured, delivered by trained professionals or peer mentors, and explicitly focused on supporting reunification, distinct from routine casework or informal support. Table 2 clarifies which interventions were eligible for inclusion as a form of reunification support.

Table 2. Inclusion and exclusion criteria for interventions

Category	Included interventions	Excluded interventions
Pre-reunification	Formal reunification assessments using structured tools (e.g. NSPCC Reunification Framework) Therapeutic problem solving courts supporting reunification (e.g. Family Drug and Alcohol Court [FDAC]) Court proceedings with robust transition/reunification plans and/or specialist advisers on reunification Multi-agency team around the family to coordinate reunification support and interventions Interventions to promote children's skills to support reunification – e.g. social and emotional regulation, problem solving, drug and alcohol education Therapeutic, attachment, and trauma-informed family interventions, to support reunification. Examples might include Dyadic Developmental Psychotherapy; Attachment, Regulation, Competency model; Eye Movement Desensitisation and Reprocessing therapy; systemic psychotherapy; cognitive behavioural therapy; Dialectical Behaviour Therapy; Playfulness, Acceptance, Curiosity, Empathy therapeutic approaches; and counselling Interventions to promote parents' skills to support reunification, knowledge of child development, appropriate expectations, use of behavioural techniques. Examples might include Non-Violent Resistance Substance misuse treatment for parents, to support reunification	Standard care and permanency planning for children looked after Conventional care proceedings without integrated therapeutic problem solving designed to support reunification Standard multi-agency support for children in care Interventions to promote children's skills not specifically to support reunification (e.g. care leavers, or supporting other exit routes from care) Therapeutic and other interventions to promote parents' skills not specifically to support reunification – e.g. children still at home, Pause, or parents expecting another child Substance misuse treatment, not specifically to support reunification Specialist mental health and domestic abuse interventions, not specifically to support reunification General contact and visitation arrangements for children in care Family group conferences not specifically for reunification – e.g. edge of care, pre-proceedings Parent mentor interventions not specifically for reunification

Category	Included interventions	Excluded interventions
	Specialist mental health and domestic abuse interventions, to support reunification Individualised transition plans, including increased contact and visitation and crisis plans Use of family group conferences and family group decision making to support reunification Parent mentor or befriending interventions to support reunification Child mentor, befriending, or Independent Visitor interventions to support reunification Financial support interventions (e.g. to support rent arrears) Education support for children to support a return to their parents	
Post-reunification	Integrated reunification programmes combining pre- and post-reunification support Success coach post-reunification support Parent mentor or befriending interventions to support reunification Post-reunification risk assessment and care planning Ongoing support for parents after child returns home – e.g. around parenting skills, behaviour management, substance misuse, domestic abuse, or mental health Education support for children who have returned to their parents – e.g. homework support, family–school partnerships, to support reunification Specialist support for families where adolescents have 'self-placed' back with their parents	Use of standard child protection procedures for children who have returned home, or their siblings

Comparators

For effectiveness-focused questions (RQs 1–3), eligible studies include a comparison group that include children and families receiving 'business-as-usual' services, no treatment, wait-list, or alternative reunification interventions. To strengthen causal inference, only randomised controlled trials (RCTs) and quasi-experimental designs (QEDs) were included. There were enough of these robust studies to eliminate other study designs where conclusions regarding the causal effects of interventions are harder to draw. Given the nature of child welfare decision making, basing conclusions on these experimentally rigorous designs ensures a more credible evidence base for guiding policy, practice, and the potential scale-up of effective interventions.

For implementation and qualitative evidence no comparison group was necessary.

Outcomes

Effectiveness outcomes

A range of outcomes were collected, building on those defined by the Reunification Practice Framework (Wilkins and Farmer, 2015). This framework is an evidence-informed guide developed by the NSPCC in partnership with the University of Bristol. Furthermore, additional outcomes of interest were identified by the Foundations Advisory Group and added to the list below. Outcomes extracted from included studies were:

- **Child safety and wellbeing.** Child's physical and emotional safety during and after the reunification process, including the impact on their mental health
- **Supporting children to remain at home and not return to care.** Likelihood of re-entry into the care system, discharging care order
- **Family relationships.** Quality of interactions and attachment between the child and their parents or caregivers
- **Parental engagement.** Parents' involvement and commitment to the reunification process and their child's wellbeing
- **Parental wellbeing.** Impact on mental health and wellbeing of parents
- **Parental substance use.** Impact on alcohol and drug use of parents/carers
- **Domestic abuse in the household.** Impact on domestic abuse, including children's and young people's and parents'/carers' exposure to domestic abuse and parental engagement in or experience of domestic abuse
- **Parenting skills and behaviours.** Examples include knowledge of child development, and use of behavioural techniques and trauma-informed, attachment-focused parenting approaches
- **Children's skills and behaviours.** Examples include social and emotional regulation, problem solving, drug and alcohol education, and healthy peer relationships
- **Children's educational outcomes.** Examples include school attendance, exclusion, and attainment
- **Children's contact with the youth justice system.** Examples include the child being arrested and being cautioned
- **Social support.** Social support available to the family (e.g. friendships, participation in community organisations, social network)

- **Home environment.** Examples include safety in the home, home as a positive environment, home being child friendly.

Data was extracted on both positive and adverse outcomes. Outcomes were measured along positive or negative dimensions – for example, within the outcome 'family relationships' studies can measure family conflict (negative indicator of family relationships) or the quality of the parent–child relationship (positive indicator of family relationships). The team extracted outcomes alongside an indicator of whether the outcome was positive or negative.

All included studies had to have an outcome that indicated the success (or failure) or quality of reunification, as listed above. Studies that simply gave a percentage of children and young people reunified with their families, without indicating the success or quality of the reunification, were excluded.

Implementation outcomes

Implementation outcomes (RQ4) were extracted in line with Proctor *et al.*'s (2011) Implementation Outcomes Framework. Implementation outcomes capture the effect of deliberate and planned strategies and efforts to implement new treatments, services, practice, or interventions. Studying implementation outcomes answers questions about the barriers and facilitators to achieving good implementation. Data was extracted that captures why implementation did or did not go well, and factors that influenced implementation. Information extracted includes:

- **Acceptability.** Stakeholders' perceptions that the intervention or change is agreeable, palatable, or satisfactory.
  Example indicators: Children's views on the intervention, participant engagement, satisfaction with content or delivery.
- **Adoption.** The decision or action to employ an intervention or implementation target.
  Example indicators: Uptake of the intervention by services or communities.
- **Appropriateness.** The perceived fit or relevance of the intervention to the given context or problem.
  Example indicators: Adaptations made to improve the intervention's fit with the context, perceived usefulness.
- **Feasibility.** The extent to which the intervention can be successfully implemented in a specific setting.
  Example indicators: Evidence of practicality or utility, ability to deliver the intervention in the target environment.
- **Fidelity.** The degree to which the intervention was delivered as intended.
  Example indicators: Training quality, dosage and intensity of the intervention, adherence to the prescribed approach.
- **Reach/penetration.** The extent to which the intervention has been integrated into a service setting or reached eligible recipients.
  Example indicators: Ratio of recipients served to the target population, evidence of saturation or integration.
- **Sustainability.** The ability to maintain or institutionalise the intervention over time.
  Example indicators: Evidence of routinisation, integration into policies or practices, durability of implementation efforts.

Timeframe

For questions on effectiveness (RQ1), outcomes were assessed at multiple time points, including pre-test, post-test, and follow-up periods. For broader questions (RQs 2–3), all outcomes, regardless of collection time, were included to ensure comprehensive synthesis. For the implementation question (RQ4), no timeframe was specified.

Study design

Different study designs were relevant for different research questions. RQ1, focused on effectiveness, was informed by studies that have an intervention and a comparison (i.e. RCTs and QEDs). To understand variation in effectiveness across different demographics and contexts (RQ2), and the mechanisms underpinning successful interventions (RQ3), both quantitative and qualitative evidence were used. Finally, RQ4 was informed by studies of implementation, through qualitative studies and process evaluations. In addition to the eligibility criteria outlined above, specific requirements had to be met for qualitative and implementation studies to be included:

Qualitative studies

To be eligible to be included as a qualitative study, providing outcomes associated with user perspectives, studies had to:

1. Be a qualitative study of children's, young people's, or parents' perspectives of a reunification intervention
2. Involve data collection. The study had to actively collect data exploring users' perspectives. This included from focus groups or interviews
3. Have a clearly defined intervention.

Case studies, observations, vignettes, and interviews with a single individual were excluded.

Process evaluations

To be eligible to be included as a process evaluation (i.e. providing implementation outcomes), studies had to:

1. Be an empirical study of the implementation of an intervention (qualitative, quantitative, or mixed methods)
2. Involve data collection. The study had to actively collect data exploring implementation of the study, and this was clearly defined as part of the study design. The process evaluation should not rely on study authors' opinions alone
3. Have a clearly defined intervention
4. Include stakeholders in the evaluation of the implementation process. Stakeholders include those that implement the intervention (e.g. professionals), recipients of the intervention (e.g. children and young people, parents), and commissioners. As above, studies were not eligible if they relied on study authors' opinions alone
5. Explore the factors that influence how the intervention works and why, consistent with Proctor et al.'s (2011) criteria.

Cost data was treated separately from the above. Any papers with information related to cost that included actual financial information (i.e. £10,000–£20,000 per intervention) were included.

Publication restrictions

For the team to be able to extract and interpret findings, all included studies had to be published in English.

No publication restrictions were placed on the publication period or publication status (i.e. both peer-reviewed and non-peer-reviewed papers were eligible).

Information sources

The following databases were searched for studies published up to June 2025, from the inception of each database. This approach allowed the identification of important and pertinent information from earlier periods that might otherwise be overlooked. For a full search record according to database, please see Appendix B.

- PsycInfo
- Web of Science (including Ovid MEDLINE, Social Sciences Citation Index, and ProQuest)
- PubMed
- Academic Search Complete.

To supplement the search strategy, websites of English government departments (e.g. Department for Education), LAs, and relevant charities (e.g. NSPCC, Action for Children) were identified and searched for unpublished reports and policy documents on reunification interventions. No earliest date was set for these information sources. This narrowed focus on websites from England was embedded to seek specific research from England, given Foundations' aim to create a Practice Guide in this context.

Furthermore, forward and backward citation searching was conducted to identify any additional studies. Reference lists of key systematic and rapid reviews identified in the 'Previous systematic reviews' section above were also searched. Searches were conducted between 1 June and 1 July 2025.

Professionals across England were contacted between 1 June and 1 July 2025 to share relevant unpublished evidence. This ensured the review contains up-to-date insights and reflects frontline realities. Professionals were identified through contacts of NCB, including its social care community of practices, registers of LA contacts, and through wider discussions with members of the Foundations Advisory Group and their peers.

Search strategy

One overarching literature search of databases was undertaken on 3 June. The key search terms related to the population of interest, context/setting, and intervention. The search strategy was developed by our in-house evidence synthesis expert. Co-authors with experience as social workers (BK, JS, CC) or research in social care (SB, RH) were provided with the search terms to review. In addition, two co-authors with experience conducting research into social care (SB, RH) and an external reviewer (Professor Elaine Farmer) appraised the search terms. Any omissions were added before the search being run. The final list of search terms is provided below.

Population terms

Focused on children, families, and caregivers:

("child*" OR "youth" OR "young people" OR "minor*" OR "adolescent*" OR "infant*" OR "toddler*" OR "baby" OR "babies" OR "vulnerable child*" OR "kid*" OR "boy*" OR "girl*" OR "youngster*" OR "newborn*" OR "teen*" OR "juvenile*" OR "neonate*" OR "schoolboy*" OR "schoolgirl*" OR "preschooler*" OR "preteen*" OR "offspring" OR "descendant*" OR "son*" OR "daughter*" OR "famil*" OR "parent*" OR "mother*" OR "father*" OR "caregiver*" OR "carer*" OR "child in care" OR "children in care" OR "CIC" OR "looked after child*" OR "child looked after")

Context/setting – out-of-home care

Targeting contexts related to care systems:

("out-of-home care" OR "out of home care" OR "OOHC" OR "foster care" OR "foster placement*" OR "foster" OR "kinship care" OR "residential care" OR "residential home*" OR "group home*" OR "children's home* OR "placement stability" OR "permanency" OR "state care" OR "public care" OR "secure estate" OR "Section 20" OR "S.20" OR "Special Guardianship" OR "SGO" OR "care order*")

Intervention terms

Identifying interventions targeting reunification:

("reunification" OR "family reunification" OR "reunion" OR "reintegration" OR "reincorporation" OR "exiting care" OR "return home from care" OR "Pre-unification" OR "post-unification" OR "placement with parent*" OR "Home on Trial" OR "readdition" OR "reassimilat*" OR "rejoin*" OR "reunit*" OR "restoration" OR "returning home" OR "parent-child reunification" OR "restorative practice*" OR "parental engagement" OR "parenting program*" OR "trauma-informed" OR "resilience program*" OR "home visit*" OR "home-visit*" OR "multi-agency collaboration" OR "attachment-focused")

These search strings were combined with AND to create specific searches, for example:

("children" OR "young people") AND ("out-of-home care" OR "foster care") AND ("reunification" OR "restoration")

Key intervention terms were also used for the grey literature.

Selection process

Identified records were filtered for inclusion in this review using EPPI-Reviewer across two phases: title and abstract screening, and full-text screening.

A total of three reviewers were involved in the title and abstract screening stage (II, JM, SH) following de-duplication. Each record was screened by one reviewer, with the priority screening tool used in EPPI-Reviewer alongside this. EPPI-Reviewer's priority screening is a machine-learning feature designed to increase the efficiency of title and abstract screening in systematic reviews while keeping decision making firmly in human hands. As reviewers begin screening, include and exclude decisions are used to train an active-learning model that analyses the textual features of records (such as titles and abstracts) and continuously re-orders the

remaining, unscreened studies. Records that the model estimates are more likely to be relevant are presented earlier in the screening queue, allowing reviewers to encounter potentially includable evidence sooner without changing inclusion criteria or reviewer judgement. Crucially, priority screening does not automate inclusion or exclusion decisions. All records remain available for manual review, and the model's sole function is to prioritise the order in which they are seen. This approach reduces reviewer fatigue, surfaces key studies earlier, and supports timely decision making while maintaining transparency, auditability, and alignment with systematic review standards. Single screening, in combination with priority screening tools, increases efficiency while retaining accuracy (Waffenschmidt et al., 2023; Callaghan et al., 2024).

Although some experts suggest a stopping criterion (i.e. a point at which screening can be stopped because it is unlikely any more relevant studies would be identified) can be used for automated screening (Callaghan and Müller-Hansen, 2020; Callaghan et al., 2024), we decided to screen all titles and abstracts to ensure no studies were missed. Consistent with best-practice guidance, the first 20% of titles and abstracts were dual-screened to ensure high agreement (Nussbaumer-Streit et al., 2023) before single screening commenced. High agreement in the initial studies dual-screened was attained, with 96% agreement. Disagreements were used to further train the reviewers ahead of single screening. All studies classed as 'includes' and 'maybes' went through to the full-text screening stage to be reviewed by human reviewers. A further random 10% of studies excluded at the title and abstract stage during single screening were also checked by a senior research manager, with full agreement between reviewers.

Four reviewers screened full texts independently (CP, II, JH, SH). Each full text was assessed by one reviewer according to the eligibility criteria. All reviewers were experienced in systematic reviewing and undertook additional training ahead of screening to support accuracy. If reviewers were unsure of inclusion, they requested an additional review by a senior research manager (JM) and discussed any inclusion queries, resolving any issues in classifying studies as include/exclude at an early stage. Following completion of full-text screening, a random 10% of excludes at the full-text stage were checked by a senior research manager, with full agreement. This was probably because any studies where screening decisions were unclear had been flagged early and support was given by senior researchers. Supporting this approach, researchers have highlighted that screening by a single experienced reviewer, with clear eligibility criteria and robust quality assurance, can be a valid and efficient alternative to conventional dual screening (Waffenschmidt et al., 2019; Nama et al., 2021).

In cases where there were multiple reasons for exclusion, a hierarchy was used (Table 3).

Table 3. Hierarchy of reasons for exclusion

Ranking	Exclusion reason
1	Does not target children, young people, parents, or families
2	Intervention is not relevant to reunification
3	Study design is not eligible

Ranking	Exclusion reason
4	Study is not conducted in a high-income country
5	Not written in English
6	Outcomes not relevant
7	Duplicate
8	Full text unavailable after contacting study author

As with all systematic reviews, there is the potential for bias arising from publication restrictions and access issues. In this review, we only included studies published in English due to the linguistic needs of the research team. As shown in the PRISMA flow diagram below, only four texts were excluded due to language, which suggests this had limited influence on the study. To be included, the research team had to be able to access full texts of the papers. Team members have access to a wide range of databases, which helped mitigate this issue, with authors contacted for access if unavailable through these sources. Of the studies screened, only 20 full texts were unavailable.

Data collection process

A codebook was created to inform the data extraction process, which has been published on the OSF website.[10] This detailed codebook was tailored to the specific research questions, to ensure comprehensive and uniform capture of relevant information, in the most efficient way. This approach aligns with the standards set by the Campbell Collaboration.[11]

The codebook was developed by two senior researchers (JM, SH) and piloted with a subset of eight studies by two reviewers (II, SH), including an RCT, QED, mixed-methods study, qualitative study, and process evaluation. This ensured that the codebook was able to capture relevant information for all study designs. The codebook was refined based on this early piloting before formal data extraction commenced, to ensure full topic coverage and useability. Minor revisions to support reviewer understanding of components (i.e. additional definitions) were made during extraction.

Ahead of data extraction commencing, reviewers received extensive training on using the codebook and extracting outcomes. Four reviewers were involved in the extraction process (CP, II, JH, SH), with each study extracted by a single reviewer.

Two senior researchers (JM, SH) provided support on queries surrounding data extraction. They checked the extraction in full for all components of the codebook for a sample of 5% of studies

[10] See: https://osf.io/ehpz5.

[11] See: https://www.campbellcollaboration.org/

(including intervention details, EDIE factors, study design, etc.), with additional quality assurance embedded on extraction fields and studies that reviewers highlighted as challenging. To minimise errors and biases, all outcome data was extracted by one reviewer and 100% of it was checked by a second for all study designs, thereby balancing rigour with efficient use of resources.

Data management and processing

All records identified in database and grey literature searches were imported directly into EPPI-Reviewer for removal of duplicate articles, screening, data extraction, and quality assessment. EPPI-Reviewer is a web-based application designed for all types of literature review, including systematic reviews and meta-analyses. It facilitates reference management, storage, annotation, and coding of PDF files, and supports both qualitative and quantitative analyses.

Data items

The full codebook used to inform data extraction can be accessed at https://osf.io/ehpz5. A brief summary of data items extracted is provided below. Available responses for each of the data items are provided in the codebook on the OSF and, as such, not summarised below.

- **Reference.** Authors; year of publication; source of funding; conflict of interest
- **Study characteristics.** Type of publication; region; country; study aims; study design
- **Intervention details.** Name of intervention; aims of intervention; theoretical foundation; type of intervention; timing of intervention (i.e. pre-, post-reunification, or both); key practice elements; therapist's approach; delivery method; delivery mode; who the intervention targets; location/setting of intervention; intervention provider; specialist training for providers; intended duration and frequency of intervention
- **Study method (quantitative studies only).** Study timing; measurement timing
- **Comparison details (quantitative studies only).** Number of groups; treatment for comparison groups; reported differences between groups (e.g. demographic characteristics); allocation to groups; unit of allocation; method of allocation; loss to follow-up; differences in those lost to follow-up; baseline values of key variables
- **Study method (qualitative studies and process evaluations).** Data collection methods; who the data was collected from
- **Study sample details.** Total number of participants; inclusion criteria; exclusion criteria; number/average age, ethnicity, gender, and special educational needs of individuals in sample; reasons for out-of-home care; details on care experience; family composition; location of families (i.e. rural or urban setting); family socioeconomic status; family cultural context (i.e. religion, nationality, language spoken at home)
- **Equity information.** Race/ethnicity/culture/language; sex/gender; socioeconomic status/experience of deprivation; education; SEND; neurodiversity; place of residence; multiple intersecting disadvantages; plus (e.g. personal characteristics associated with discrimination not listed above, time-dependent relationships, features of relationships). Regarding equity information, data was extracted on whether there were differential outcomes of interventions for groups based on any of the above characteristics or whether the study reported differences in implementation of the interventions for groups based on any of the characteristics

- **Outcomes data (quantitative studies only).** Outcome description (as defined in effectiveness outcomes); direction of effect; methods used to collect outcome data; author description of outcome; summary of study results (including statistical data); narrative summary of findings. For dichotomous outcomes, we extracted the number of participants with and without the outcome in the intervention and the comparison group(s) or, where this is not available, the proportion/percentage or the odds ratio. For continuous outcomes, we extracted the means and the standard errors for the intervention and comparison group(s) or, where these are not available, the t-value and p-value. Where the paper only reported results from regression models, coefficients were extracted and converted into Cohen's d using the Campbell Collaboration online calculator[12]
- **Implementation details.** Barriers and facilitators according to Proctor et al.'s (2011) implementation framework (acceptability, adoption, appropriateness, feasibility, fidelity, reach/penetration, and sustainability); any changes made to the intervention based on implementation findings; summary of any cost data.

Quality appraisal: Cochrane risk of bias, ROBINS-I tool, CASP, or ASSESS

Risk of bias assessment

Risk of bias for the included studies was assessed and reported at the study level. Risk of bias assessments provide an indication of the likelihood of the findings being misleading. Within a study, bias can occur in favour of the intervention, control group, or both. When a study is assessed as having a 'high risk of bias', this means we have less confidence in the findings it presents.

All reviewers were provided with in-depth training on conducting risk of bias assessments before applying this to the included studies. Risk of bias assessments were undertaken independently by four reviewers (CP, II, JH, SH). Risk of bias assessments for 5% of included effectiveness studies and 5% of included implementation studies were checked by a senior researcher (JM). Weekly meetings provided space for reviewers to raise any queries regarding risk of bias assessments and where these could not be resolved through initial discussion, a senior researcher undertook a second assessment of risk of bias (JM), before providing feedback to reviewers.

For the studies included in this review, the following tools were used dependent on study design:

- **Randomised controlled trials:** Assessed using the Cochrane Risk of Bias Tool for Randomised Trials (RoB-2; Higgins et al., 2019)
- **Quasi-experimental designs:** Assessed using the Risk of Bias in Non-Randomised Studies of Interventions (ROBINS-I; Sterne et al., 2016)
- **Qualitative studies:** Assessed using the Critical Appraisal Skills Programme (CASP) checklist for qualitative research (Critical Appraisal Skills Programme, 2024)

[12] See: https://www.campbellcollaboration.org/calculator.

- **Process evaluations:** Assessed using 'A comprehenSive tool to Support rEporting and critical appraiSal of qualitative, quantitative, and mixed-methods implementation reSearch outcomes' (ASSESS Tool; Ryan et al., 2022).

For mixed-methods studies, the two relevant tools were used (e.g. RCT with additional focus groups would be assessed using Cochrane's RoB-2 and CASP).

The RoB-2 assesses risk across five domains, with guidance given on assigning an overall judgement on the risk of bias. The five domains explored are the randomisation process, deviations from intended interventions, missing outcome data, measurement of the outcome, and selection of the reported result. Each study is rated as:

- **Low:** The study is judged to be at low risk of bias for all domains for this result
- **Some concerns:** The study is judged to raise some concerns in at least one domain for this result, but not to be at high risk of bias for any domain
- **High:** The study is judged to be at high risk of bias in at least one domain for this result or the study is judged to have some concerns for multiple domains in a way that substantially lowers confidence in the result.

The ROBINS-I tool assesses risk across seven domains: bias due to confounding, selection of participants into the study, classification of interventions, deviations from intended interventions, missing data, measurement of outcomes, and selection of the reported result. Each study is rated as:

- **Low:** The study is judged to be at low risk of bias for all domains
- **Moderate:** The study is judged to be at low or moderate risk of bias for all domains
- **Serious:** The study is judged to be at serious risk of bias in at least one domain, but not at critical risk of bias in any domain
- **Critical:** The study is judged to be at critical risk of bias in at least one domain
- **No information:** There is no clear indication that the study is at serious or critical risk of bias and there is a lack of information in one or more key domains of bias.

For RoB-2 and ROBINS-I, we used the flexibility in guidance to override non-blinding as a cause of concern. This is because it is unlikely that children, young people, and parents would be unaware whether they were in receipt of an intervention. This differs from medical fields where it is possible to 'blind' participants to the condition they are in. As such, non-blinding was assessed as *not* a cause for concern.

CASP is a series of prompts that support reviewers in being systematic in ensuring all important factors or considerations have been taken into account in the studies under review. The CASP checklist covers three key aspects: whether the results of the study are valid, what the results are, and whether they help locally in this synthesis. In this review, we appraised each study using CASP before rating them as:

- Positive/methodologically sound (low risk of bias)
- Negative/relatively poor methodology (high risk of bias)
- Unknown.

Reasons for giving a high risk of bias included a lack of transparency in the selection process, authors failing to report sufficient information to assess the study methodology or analysis, and the sampling methods being inappropriate for the research questions.

The ASSESS tool was only used to appraise the quality of process evaluations. ASSESS aims to facilitate better understanding, comparison, and critical appraisal of implementation efforts by evaluating core domains of risk, including study design appropriateness, data collection and measurement validity, confounding control, transparency of implementation process, and contextual factors influencing results. For mixed-methods studies, ASSESS examines the integration of qualitative and quantitative components, assessing whether methodological limitations in one part may compromise the overall findings. This includes evaluating the rationale for using mixed methods, the integration process, and the coherence between data sources.

Using the ASSESS tool, each implementation factor (acceptability, adoption, appropriateness, feasibility, fidelity, cost, and sustainability) is rated based on three main criteria:

1. Clarity of definition and measurement
2. Appropriateness of data sources and methods
3. Transparency and completeness of reporting.

Each criterion is scored using a three-point scale:

- 2 – High: Fully addressed with strong justification, appropriate methods, and clear reporting
- 1 – Moderate: Partially addressed or with minor methodological/reporting limitations
- 0 – Low: Poorly addressed, lacks clarity, or significant limitations.

This then provides a summary rating for each implementation domain.

Effect measures

Out of 112 outcomes, 64 were 'positive' (an increase in value indicated a more positive outcome – for example, 'emotion regulation') and 48 were 'negative' (an increase in value indicated a more negative outcome – for example, 'problem behaviours'). To enable the pooling of effect sizes through meta-analysis, the 'negative' outcomes were recoded so that an increase in value always indicated a more positive outcome.

The outcomes data included a mixture of effect sizes: 71 continuous outcomes (standardised mean differences or SMDs) and 41 binary outcomes (39 odds ratios and 2 risk ratios). The binary outcome data was approximately converted into an equivalent SMD by multiplying the natural log of the OR $\times \frac{\sqrt{3}}{\pi}$ (approximately 0.5513).[13] In practical terms:

[13] Because this transformation is a linear scaling, the standard error of the SMD can be obtained by applying the same $\frac{\sqrt{3}}{\pi}$ factor to the standard error of the log OR.

$$SMD\ (Cohen's\ d)\ \approx \frac{\sqrt{3}}{\pi}\ln(OR)\ =\ \frac{\ln(OR)}{1.814}$$

This formula was first proposed by Chinn (2000) and is also presented in the Cochrane Handbook. The R metafor package used for this work implements this logistic conversion to transform log-OR values to SMDs in an automated way.

Risk ratios were converted into odds ratios using the formula:

$$RR\ =\ \frac{OR}{(1\ -\ p0\ +\ (p0\ x\ OR)}$$

And subsequently into an SMD using the formula outlined above.

Synthesis methods

Mixed-methods review methodological approach

A convergent segregated approach was taken to this mixed-methods review. This is one of two convergent designs recommended in JBI mixed-methods systematic review guidance (Stern et al., 2020). It is used when a review addresses different but complementary aspects of a phenomenon, typically questions of *effectiveness* (quantitative) alongside questions of *experience, acceptability, or implementation* (qualitative). In this approach, quantitative and qualitative evidence are synthesised separately using methodologically appropriate techniques, and integration occurs only after these independent syntheses are complete. Unlike the convergent integrated approach, no data transformation (e.g. qualitisation) is undertaken; instead, findings are brought together through structured comparison, juxtaposition, and narrative integration. This enables reviewers to examine how different types of evidence relate to one another, whether they converge, complement, or diverge, while avoiding inappropriate methodological blending.

We used a convergent segregated approach in the current review because we addressed distinct but inter-related questions:

- What works, for whom, and under what conditions (effectiveness)
- How reunification interventions are experienced and implemented (acceptability, feasibility, barriers, and enablers).

In line with the convergent segregated approach, the review conducted separate syntheses of:

- Quantitative effectiveness evidence, using meta-analysis and meta-regression to estimate intervention effects
- Qualitative and process evidence, using framework-based and thematic synthesis to examine experiences, and implementation factors.

Meta-analysis

Preparation of data for analysis

Data extracted from the effectiveness studies was exported to Excel from EPPI-Reviewer. Outcomes data was merged with study-level information, then the data was cleaned and variables

were recoded or collapsed into new categories as relevant. Categorical moderators were created to examine whether the effectiveness of reunification interventions varies across specific subgroups.

Meta-analysis

A random-effects model was fitted to the data. The amount of heterogeneity (i.e. $\hat{\tau}^2$), was estimated using the restricted maximum-likelihood estimator (Viechtbauer, 2005). In addition to the estimate of $\hat{\tau}^2$, the *Q*-test for heterogeneity (Cochran, 1954) and the I^2 statistic (Higgins and Thompson, 2002) are reported. In case any amount of heterogeneity was detected (i.e. $\hat{\tau}^2>0$, regardless of the results of the *Q*-test), a prediction interval for the true outcomes was also provided (Riley, Higgins and Deeks, 2011). Studentised residuals and Cook's distances were used to examine whether studies may be outliers and/or influential in the context of the model (Viechtbauer and Cheung, 2010). Studies with a studentised residual larger than the $100\ x\ (\frac{1-0.05}{2k})^{\text{th}}$ percentile of a standard normal distribution were considered potential outliers (i.e. using a Bonferroni correction with two-sided α=0.05 for *k* studies included in the meta-analysis). Studies with a Cook's distance larger than the median plus six times the interquartile range of the Cook's distances were considered to be influential. The rank correlation test (Begg and Mazumdar, 1994) and the regression test (Sterne and Egger, 2005), using the standard error of the observed outcomes as predictor, were used to check for funnel plot asymmetry. The analysis was carried out using R (version 4.5.1) (R Core Team, 2020) and the metafor package (version 4.8.0) (Viechtbauer, 2010).

Due to the clustering of outcomes within studies, robust variance estimation (RVE) was used (via the metafor and clubSandwich packages in R) to account for within-study dependence without needing the exact covariance of effects. Tipton and Pustejovsky (2015) demonstrated that although RVE yields accurate inferences for overall effects with relatively few studies, statistical tests for moderators can suffer from inflated Type I error rates when the number of studies is low. To correct for this, the small-sample corrections proposed by Tipton and Pustejovsky (2015) were implemented, which include bias-reduced variance estimation (the CR2 method) and the use of Satterthwaite-adjusted degrees of freedom for hypothesis testing. These corrections substantially improve the accuracy of standard errors and help maintain appropriate Type I error rates in small-sample settings.

Moderator variables in this analysis are categorical, and some levels are unevenly represented across studies, further reducing the effective degrees of freedom. Consistent with current best practice, moderator analyses therefore applied small sample adjusted RVE methods using the robust() function in the metafor package, with the clubSandwich package providing the CR2 adjustments.

Meta-regressions vs subgroup analyses

Subgroup analysis means stratifying the data by moderator level and computing separate meta-analyses for each subgroup of studies. In contrast, meta-regression incorporates the moderator as a covariate in a single model using all studies. Conceptually, these are two ways to do the same thing. A categorical moderator in a meta-regression, with dummy variables, is statistically equivalent to an ANOVA or between-subgroups test. However, a practical advantage of the meta-regression

approach is that all data can be used in one model, and the overall error degree of freedom is based on the total number of clusters (26) minus model parameters.[14]

A subgroup analysis calculates the SMD within each subgroup and then compares effectiveness and heterogeneity with the other subgroups in the category. Subgroup analysis presents details about the variance within the subgroups (Qw) which is unexplained, and the variance between the subgroups (Qb), and whether those differences are statistically significant.

A multivariate meta-regression examined whether the intervention effects varied by ethnicity and gender, using the rma.mv() function from the metafor package in R. This model accounts for the dependency of effect sizes within studies by including a random intercept for each study (clustered by Study_ID).

Qualitative analysis

The qualitative component of this review provides a nuanced understanding of the barriers and facilitators that influence the implementation and effectiveness of reunification interventions. The scope of qualitative evidence includes process evaluations and other relevant studies that explore the implementation, accessibility, and lived experiences of reunification interventions. These studies helped uncover why certain interventions succeed or fail, for whom they work, and under what circumstances. Unlike the quantitative synthesis, which focused on measuring effectiveness, the qualitative analysis delved into the contextual and operational aspects of interventions, offering a deeper understanding of their dynamics.

To organise and categorise qualitative findings, the team adopted framework analysis methods (Gale et al., 2013) informed by implementation science. This approach ensured a structured and comprehensive synthesis of evidence, examining various dimensions of intervention implementation. Data was extracted through a combination of predefined categories, consistent with Proctor et al.'s (2011) implementation outcomes framework, and emerging themes, offering a balance between structure and flexibility. Key steps included coding data into predefined and emergent categories, iterative refinement of themes through team discussions, and integrating qualitative findings with quantitative evidence for a comprehensive understanding. As such, coding was both deductive (driven by existing frameworks) and inductive (identifying themes and insights important to the participants). These were then developed into findings statements. We also extracted data on user perspectives reflecting the views of children, young people, and parents on the acceptability, appropriateness, and usefulness of reunification interventions.

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[14] This approach can sometimes be more powerful than splitting the data into separate subgroups. For example, if Category A includes 4 studies and Category B includes 13, running a meta-regression that includes both groups allows you to compare them using about 15 degrees of freedom (17 studies minus 2 model parameters). In contrast, analysing Category A on its own would give you only 3 degrees of freedom, which is too few to reliably estimate or compare effects. By combining all studies in one model, meta-regression makes better use of the available data and provides a more stable estimate of the difference between groups.

Reporting bias assessment

The presence of publication bias arising due to missing results (i.e. studies that show null or negative findings are less likely to be published) was assessed by examining the distribution of results in a funnel plot. We created a funnel plot for the meta-analysis and visually examined it for effect size distributions. Furthermore, we conducted an Egger's regression test to detect asymmetry in funnel plots, which can indicate the presence of publication bias in meta-analyses, and a rank correlation test which uses the correlation between the ranks of effect sizes and the ranks of their variances (Begg and Mazumdar, 1994; Egger et al., 1997).

Certainty assessment

GRADE-CERQual (Lewin et al., 2018) was used to assess the confidence of findings from the qualitative evidence synthesis. GRADE-CERQual is a systematic approach used to assess how much confidence to place in findings from qualitative evidence syntheses. It assesses confidence in individual review findings based on four components: methodological limitations, coherence, adequacy of data, and relevance. This leads to an overall score of high, moderate, low, or very low confidence in the findings.

Due to time and budget limitations, it was not possible to undertake a GRADE assessment (Schünemann et al., 2013) for quantitative data. Furthermore, it was decided to prioritise the GRADE-CERQual following discussion with Foundations, because methodologically robust study designs were specified in our inclusion criteria for effectiveness studies, and process evaluations or qualitative research differed in methodological quality.

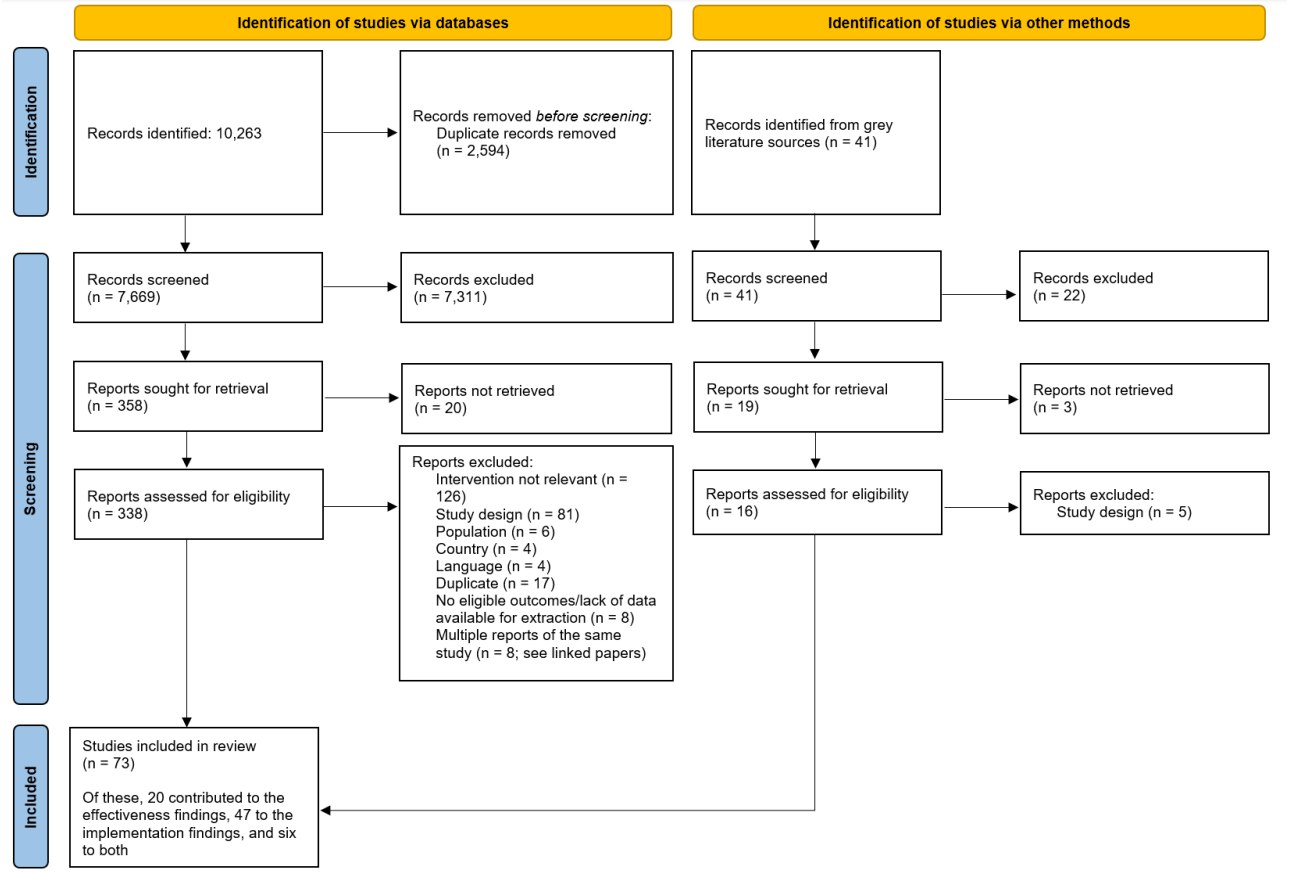
Findings

Study selection

Figure 1 presents the PRISMA flow diagram for the selection of studies. Across academic databases and websites, 10,263 records were found and 7,669 were screened by title and abstracts after de-duplication. Of these, 358 were screened at full text. An additional 41 studies were identified from grey literature and previous reviews, with 19 screened at full text. This review included a total of 73 studies. Twenty studies contributed to the review of effectiveness only (RQs 1–3), 47 studies provided evidence on implementation and user insights only (RQ4), and a further six provided relevant information for both (RQs 1–4).

Figure 1. PRISMA flow diagram

(go to accessibility text)



Characteristics of included studies

Twenty-six studies were included in the meta-analysis, consisting of 15 QEDs and 11 RCTs. A summary of included papers for effectiveness is provided in Appendix C. This included data from six studies also included in the review of implementation.

In the meta-analysis, the unit of analysis is the study rather than the paper. As such, those with the most comprehensive data reported were selected as lead papers where there were multiple reports on the same study. Papers were linked on EPPI-Reviewer using 'arms', which allowed additional data to be extracted and linked to the lead paper (e.g. additional follow-up timepoints). Lead papers are reported in Table 4 below, together with their linked papers.

For RQ4, 53 studies provided implementation and process insights. This included data from six studies also included in the review of effectiveness. A summary of included papers for implementation is provided in Appendix D.

Table 4. Lead papers for studies with multiple papers

Lead paper	Linked papers
Akin and McDonald, 2018	Akin et al., 2018a; Akin et al., 2018b; Akin et al., 2019
Harwin et al., 2011	Harwin et al., 2013, 2014, 2016, 2018
Phillips, 2019	Phillips, 2023

Excluded studies (effectiveness and implementation)

As described in the methods section, when reviewing papers at full-text stage, a hierarchy of reasons for exclusion was used. Table 5 presents the reasons for exclusion of papers identified via databases.

Table 6 presents this for papers accessed via the grey literature searches. Twenty papers were also identified for possible inclusion but could not be screened at full-text because we could not gain access to the papers, despite authors being contacted.

Table 5. Reasons for exclusion of papers screened at full-text from database searches

Reason for exclusion	Number of papers excluded
Does not target children, young people, parents, or families	6
Intervention is not relevant to reunification	126
Study design is not eligible	81
Study is not conducted in a high-income country	4
Study is not written in English	4
Outcomes are not relevant	4
Duplicate	17
Full text unavailable after contacting study author	20

Table 6. Reasons for exclusion of papers screened at full-text from grey literature searches

Reason for exclusion	Number of papers excluded
Does not target children, young people, parents, or families	N/A
Intervention is not relevant to reunification	N/A
Study design is not eligible	5
Study is not conducted in a high-income country	N/A
Study is not written in English	N/A
Duplicate	N/A
Full text unavailable after contacting study author	3

During data extraction, outcome data relevant to the aims of this report could not be extracted for a further four studies:

- For Taussig et al. (2012) and Spieker et al. (2014), it was not possible to extract specific effectiveness data related to permanency or stability following the return home for children who reunified, due to the way the outcome data was reported. In both cases, the available data did not differentiate between types of exits from care or provide follow-up information on the stability or success of reunification over time. Instead, these studies reported rates of children returning to family as a general outcome, without further details on whether these reunifications were sustained or aligned with longer-term measures of success. As such, although these studies provide useful descriptive data on interventions used to support the reunification process, they offer limited insight into the ultimate effectiveness of the interventions in achieving stable permanent family reunification.
- In another study by Lewandowski et al. (2004), the outcome measure of interest (parental engagement/involvement) was treated as a covariate in the analysis predicting reunification rather than as a variable compared between intervention and treatment-as-usual groups. In this case, we were unable to determine the intervention effects of parental involvement on reunification.
- Similarly, Suomi et al. (2020) reported that contact intervention, the intervention described in the study, is typically used by families with reunification as the permanency goal; however, there was no clear statement to clarify how many families had this reunification goal. Therefore, it is likely that the study included a mixture of families who did and did not have reunification as a permanency goal, making it difficult to establish how effective the intervention was at supporting the reunification process.

Risk of bias in studies

Effectiveness studies

For the review of effectiveness, 11 studies reported on the findings of RCTs and 15 reported on the findings of QEDs. Where multiple papers reported on the same study, we only assessed risk of bias in the lead paper, which avoided overrepresenting the risk of bias. We consider there to be a moderate to serious level of risk of bias across the included quantitative papers, with 83.3% of RCTs and QEDs presenting some to high concerns or moderate to serious risk of bias. For full RoB-2 and ROBINS-I assessments see Appendices D and E. Figure 2 and Figure 3 show the results of the RoB-2 and ROBINS-I by domain.

Figure 2. Summary of ROB-2 assessments for included RCTs

(go to accessibility text)

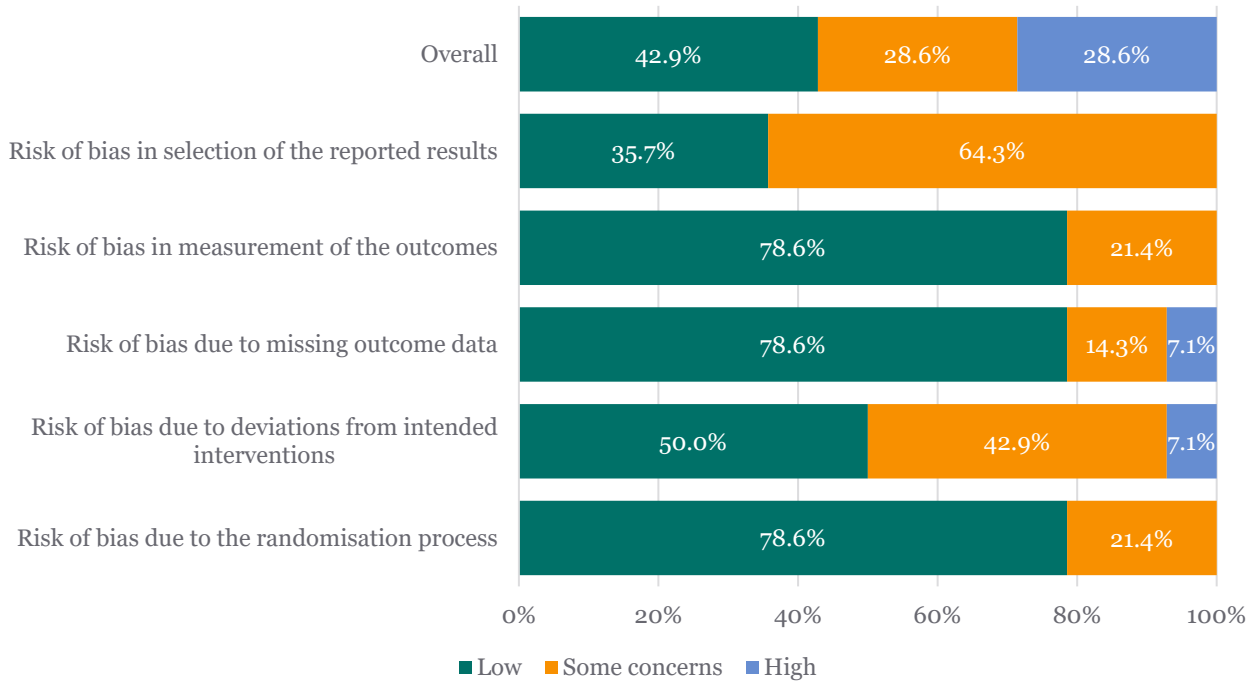
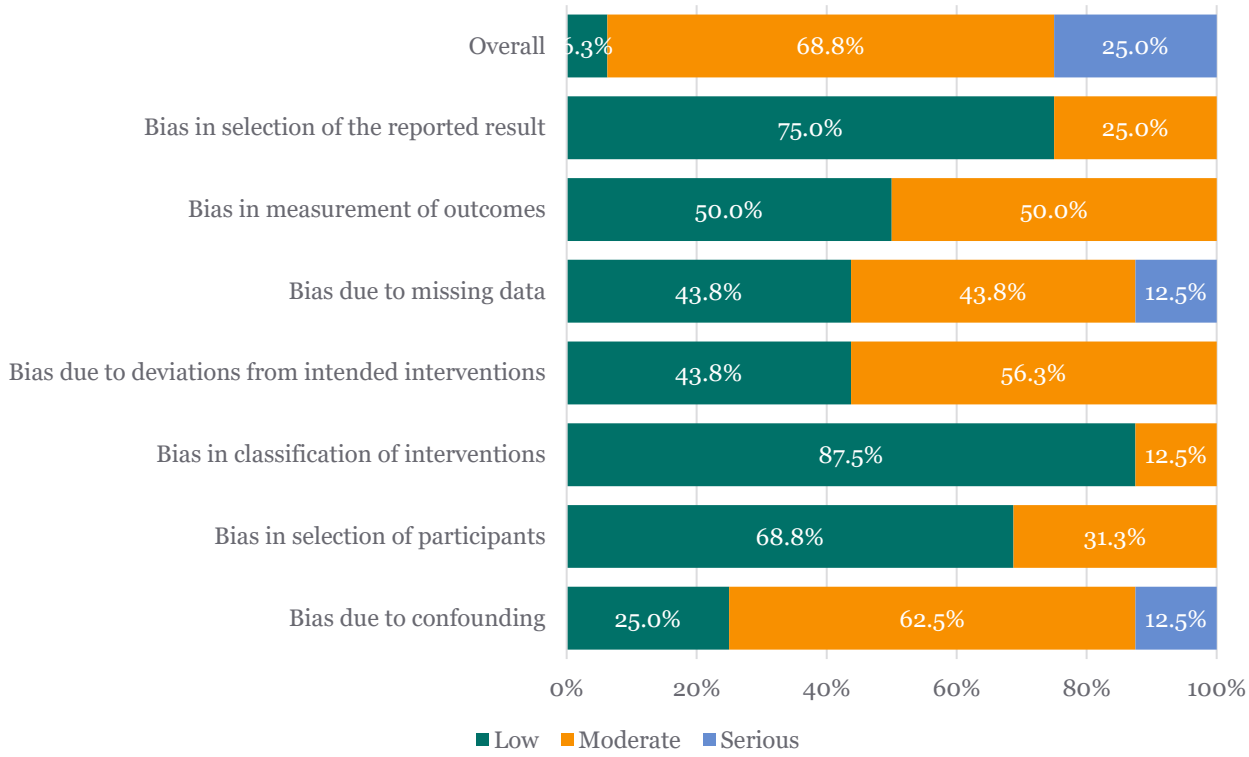


Figure 3. Summary of ROBINS-I assessments for included QEDs

(go to accessibility text)



Implementation studies

For the review of implementation, 53 studies were included, of which six were also included in the meta-analysis. Table 7 summarises the overall quality of studies according to the CASP criteria. For the full CASP assessment, see Appendix G. ASSESS does not provide an overall judgement on risk of bias. Instead, domain-specific judgements are made related to each of the implementation factors (e.g. acceptability, adoption). As such, the full ASSESS judgements are reported in Appendix H.

Table 7. CASP overall quality judgements

Reference	Quality judgement
Akin et al., 2018a	Positive/methodologically sound
Baginsky et al., 2017	Positive/methodologically sound
Balsells et al., 2017	Positive/methodologically sound
Balsells, Bailon et al., 2018	Positive/methodologically sound
Balsells, Bailon et al., 2022	Positive/methodologically sound

Reference	Quality judgement
Berry, McCauley, and Lansing, 2007	Negative/relatively poor methodology
Gill, 2015	Negative/relatively poor methodology
Harris and Becerra, 2020	Positive/methodologically sound
Harwin et al., 2011	Positive/methodologically sound
Harwin et al., 2013	Negative/relatively poor methodology
Holzner, 2018	Positive/methodologically sound
Huscroft-D'Angelo et al., 2019	Positive/methodologically sound
Jager et al., 2009	Negative/relatively poor methodology
Jenson, 2010	Positive/methodologically sound
Jivanjee, 1999	Positive/methodologically sound
Lalayants, 2020	Positive/methodologically sound
Lopez and Alejandra, 2017	Positive/methodologically sound
Madden et al., 2012	Positive/methodologically sound
Phillips, 2019	Positive/methodologically sound
Reese, 2018	Positive/methodologically sound
Salveron, Lewig, and Arney, 2009	Positive/methodologically sound
Somervell, Saylor, and Mao, 2005	Positive/methodologically sound
Spath, Werrbach, and Pine, 2008	Positive/methodologically sound
Stephens et al., 2015	Positive/methodologically sound
Teixeira, Narciso, and Henriques, 2022	Positive/methodologically sound
Trout and Epstein, 2010	Negative/relatively poor methodology
Urrea-Monclus et al., 2020	Negative/relatively poor methodology

Reference	Quality judgement
Urrea-Monclus et al., 2022	Positive/methodologically sound
Vaquero et al., 2020	Positive/methodologically sound

RQ1. What works?

This section focuses on what works in reunification. Specifically, it explores the two following questions:

a. Which interventions or services are most effective in improving reunification outcomes among families with care-experienced children aged 0–18?
b. Under what conditions do these interventions achieve the best results?

Description of interventions for effectiveness

Intervention type and context

Twenty-six studies were included in the review of effectiveness, which reported on 25 different reunification programmes:

- Attachment Biobehavioural Catch-up (Liming et al., 2025)

  A 10-session, manualised programme for parents with children aged 0 to 48 months, with home visits from coaches who provide coaching on nurturing, increasing sensitivity, and reducing intrusive or frightening caregiver behaviours
- Families for Iowa's Children project (Landsman, Boel-Studt, and Malone, 2014)

  An intensive family finding programme aiming to locate biological family members for children in care, then support family meetings and decision making to strengthen family relationships
- Family-Centered Out-of-Home Care (Lewandowski, 1997)

  A service in which one social worker is assigned to all family members to increase continuity of care, with a Family Support Team and ongoing assessment to provide more timely and meaningful services and increase family member involvement in assessment and treatment
- Family Drug and Alcohol Court (Harwin et al., 2011)

  A specialised problem solving court with a multidisciplinary team of practitioners working with substance misusing parents involved in care proceedings
- Family Drug Treatment Court (Mersky et al., 2023)

  A specialist court for families experiencing substance misuse and involvement in the child welfare system, staffed by a multidisciplinary team with a dedicated judge, aiming to support parents to address substance misuse, improve parenting skills, and provide a safe and stable home environment

- Family Group Decision Making (Sheets et al., 2009)

  A conference with extended family members (including friends and neighbours where relevant) held within 30–45 days of a child coming into foster care due to abuse or neglect, with private 'family time' and discussion of family strengths and wishes, aiming to develop a service plan
- Family Reunification Program (Pine et al., 2009)

  Intensive services provided to families experiencing a first-time removal, delivered at home and tailored to each family's needs, including regular parent–child visits, activities to improve family relationships, and individual, couple, and family therapy as required
- Family Reunification Services (Fraser, Walton, and Lewis, 1996)

  A 90-day service focused on building trusting relationships between the case worker and the family, providing individualised parent skills training, and practical assistance and support such as referral to substance misuse treatment programmes
- Family Unification Program (Pergamit, Cunningham, and Hanson, 2017)

  A programme providing Housing Choice Vouchers for child welfare-involved families to reduce the need to place children into out-of-home care and to speed up reunification of children already in out-of-home care
- Family Visit Coaching (Burnson et al., 2025)

  Coaches support parents to make the most of family visits, by providing pre-visit support and planning, in-visit support to help parents be attentive and receptive to their children's needs, and post-visit debriefs
- Hillsborough County Family Dependency Treatment Court (Chuang et al., 2012)

  A collaborative, multidisciplinary team which provides a holistic treatment approach to substance misusing parents involved in the child welfare system, aiming to provide a less adversarial experience and judicial continuity
- Intensive Reunification Program (Berry, McCauley, and Lansing, 2007)

  A 36-week programme with twice-weekly group sessions for parents and children, including a family meal, fun family activity, and educational and peer support groups covering topics chosen by the participants
- Multidimensional Treatment Foster Care Preschool (Miller, 2008)

  A programme for preschool children placed in foster care, providing training and 24-hour clinical support to foster parents to encourage positive child behaviour, support emotional regulation, and address developmental delays
- On The Way Home (Trout et al., 2012, 2020)

  A 12-month transition programme for school-aged children in out-of-home care, including school engagement support, small-group parent training, and a homework intervention encouraging a positive home environment for homework and learning
- Parent Management Training Oregon (Akin and McDonald, 2018)

  Weekly in-home sessions with individual families focusing on teaching five core parenting practices, with opportunities to practice new skills during a facilitated family session

- Parents for Parents (Trescher, 2020)

  A parent mentoring programme for parents involved in the child welfare system, providing guidance on navigating the system and engaging in services, as well as emotional support, encouragement and motivation from parent allies (parents who have successfully reunified with their children)
- Pathways Home (Degarmo et al., 2013)

  A 24-week programme of weekly individual parent management training sessions, also covering healthy self-care strategies
- Professional recovery coach program (Ryan et al., 2016)

  A programme for parents whose children are in out-of-home care and who require substance misuse treatment, in which recovery coaches support parents to obtain and engage with treatment, navigate the child welfare and judicial systems, and help with concurrent permanency planning
- Promoting First Relationships (Oxford et al., 2016)

  A 10-session home visiting programme using a manualised curriculum and video feedback to promote more sensitive parenting for families with toddlers who have been reunified
- Reasonable Efforts to Permanency through Adoption and Reunification Endeavors (Landsman et al., 2001)

  A programme for children with emotional and behavioural problems in residential treatment and their families, emphasising family relationships and parenting skills
- Recruitment and Kin Connections Project (Leon, Saucedo, and Jachymiak, 2016)

  A family finding programme in which Kin Connection Specialists conduct an intensive family search, assess the levels of support family members can provide, and support the caseworker to improve planning
- Strengthening Families Program (Akin et al., 2017)

  A 14-week structured, manualised programme for families focused on improving parenting skills, family skills, and child skills
- Success Coach (Rushovich, Hebert, et al., 2021)

  A post-reunification programme with twice-weekly home visits from a Success Coach over a period of two years, to assess family needs and strengths and to develop and implement a set of goals, as well as ongoing communication with the Success Coach and practical assistance with rent or transportation
- The Iowa Parent Partner Approach (Chambers et al., 2019)

  'Parent partners' (parents who have achieved successful reunification) provide parents with support, guidance, motivation, and hope through sharing their experiences and offering recommendations
- Trauma-focused Evaluation Program (Kemp et al., 2024)

  A programme for children in the pretrial phase of child welfare court involvement, comprising a comprehensive mental health evaluation at the family court giving recommendations related to mental health treatment, medical needs, educational support, peer relations, family functioning, and case management

We created a typology of interventions to enable comparisons to be made (see Figure 4).

Figure 4. Typology of reunification interventions

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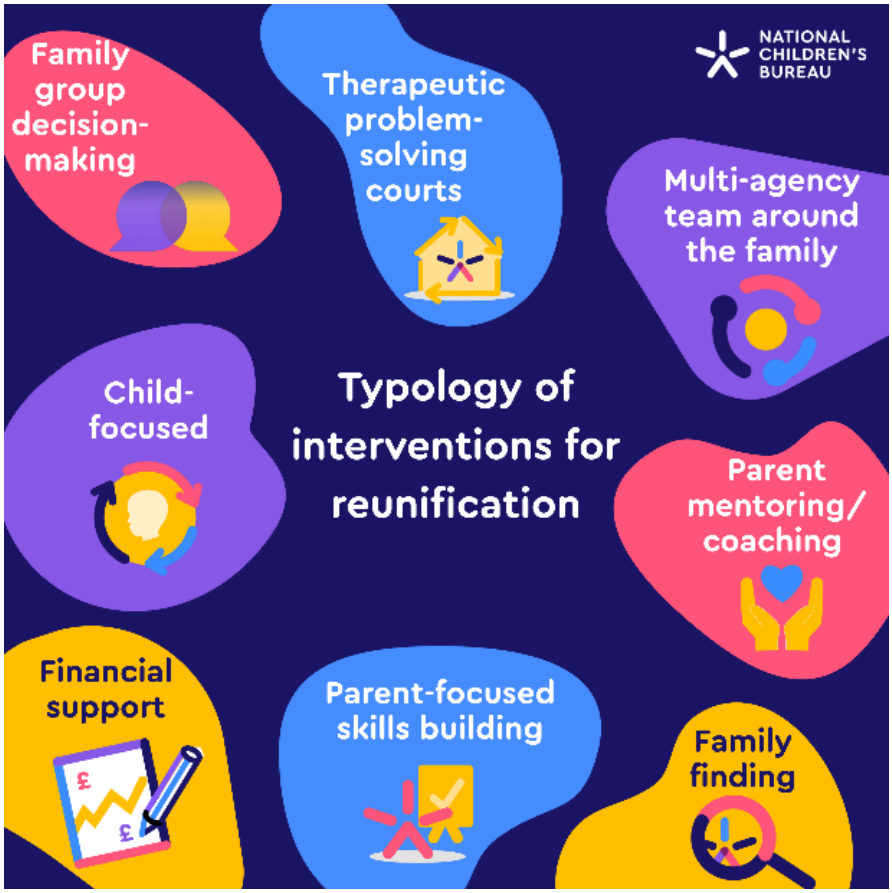

Detailed descriptions of each type of reunification intervention within the typology are as follows:

- **Parent-focused skills building (9 studies).** Interventions that focus on directly teaching parents skills such as problem solving, communication, emotion regulation, and positive parenting practices. Children may participate in these interventions as well, but the main focus is on the parents (Landsman et al., 2001; Berry, McCauley, and Lansing, 2007; Trout et al., 2012, 2020; Degarmo et al., 2013; Oxford et al., 2016; Akin et al., 2017; Akin and McDonald, 2018; Liming et al., 2025).
- **Parent mentoring/coaching (5 studies).** Interventions that involve a trusting, long-term relationship between a mentor or coach and the parent to provide support and advocacy (Ryan et al., 2016; Chambers et al., 2019; Trescher, 2020; Rushovich, Hebert, et al., 2021; Burnson et al., 2025).
- **Multi-agency team around the family (3 studies).** Interventions that focus on establishing a stable, trusting relationship between agencies and families to provide assessment, set goals, and coordinate support as needed. These interventions are generally

highly tailored to the family's needs, including signposting to other services as required (Fraser, Walton, and Lewis, 1996; Lewandowski, 1997; Pine et al., 2009).

- **Therapeutic problem-solving courts (3 studies).** Specialised courts that prioritise judicial continuity, service coordination, and addressing the underlying issues facing a family (Harwin et al., 2011; Chuang et al., 2012; Mersky et al., 2023).
- **Family finding (2 studies).** Interventions that aim to find relatives or family friends who can provide support to children and parents during the reunification process (Landsman, Boel-Studt, and Malone, 2014; Leon, Saucedo, and Jachymiak, 2016).
- **Child-focused (2 studies).** Interventions that primarily focus on supporting children's wellbeing or education (Miller, 2008; Kemp et al., 2024).
- **Family group decision making (1 study):** Interventions that bring families together to develop a plan for a child placed in out-of-home care (Sheets et al., 2009).
- **Financial support (1 study).** Interventions that solely provide financial support to families (Pergamit, Cunningham, and Hanson, 2017).

Interventions were further categorised according to their components:[15]

- **Parent-level components (17 studies).** Components that aim to improve parents' skills in parenting, communication, problem solving, or social-emotional learning.
- **Service-level components (16 studies).** Components that aim to improve the services or environment around the family to remove underlying causes of stress – for example, providing social support, financial support, housing support, access to substance misuse or mental health treatment.
- **Child-level components (8 studies).** Components that aim to support children's education, mental health, or socio-emotional skills.
- **Family-level components (7 studies).** Components that support parents and children to spend time together through home visits, outings, or group activities.

Most interventions took place before reunification (17 studies; 65.4%), 5 interventions took place both before and after reunification (19.2%), and 2 interventions took place after reunification only (7.7%). A further two interventions did not specify their timing or were variable across participants. The duration of the intervention was not clear for 11 studies (42.3%) and was variable across participants for six studies (23.1%). Four interventions were relatively short at 0 to 3 months, two lasted 6 to 9 months, and three lasted 9 to 12 months.

Half of the studies (50%) targeted parents only, 46.2% targeted both parents and children, and one study targeted children only. Three of the parent and child interventions also targeted professionals, while two of the parent–child and one of the parent interventions also targeted wider family members. Most studies (20 studies; 76.9%) offered one-to-one support through face-to-face sessions (sometimes supplemented with remote support, for example via a helpline); 11 studies offered this support to the whole family unit, and nine studies offered this to individual parents or children. Four studies offered one-to-one support as well as group activities, and two offered only group activities.

[15] All interventions had at least one of these components; many interventions had multiple components.

Around a third of the interventions were delivered by social workers or case managers (nine studies; 34.6%), six were delivered by family therapists or counsellors, six were delivered by parent educators or peer mentors, and five were delivered by community-based service providers such as substance misuse counsellors or housing support workers. Just under half of the interventions (12 studies; 46.2%) reported that providers received training. This included four out of the six interventions delivered by family therapists or counsellors, five out of the six interventions delivered by peer mentors, three out of the nine interventions delivered by social workers, and none of the interventions delivered by family therapists or counsellors. Ten interventions were delivered primarily in the family home (38.5%), nine primarily in formal settings, such as child welfare offices, courts or residential homes (34.6%), and one in the community (3.9%); six studies did not report where the intervention took place.

Most studies were conducted in the US, with one study conducted in England. The oldest study was published in 1996 and the most recent was published in 2025. Of all included studies, 7.7% were published between 1996 and 1999, 19.2% between 2000 and 2009, 46.2% between 2010 and 2019, and 26.9% between 2020 and 2025 (Figure 5). Fifteen studies (57.7%) had a quasi-experimental design and 11 were randomised controlled trials (42.3%). Twenty-two studies (84.6%) were academic journal articles, with three doctoral theses (11.5%) and one research report (3.9%). Almost a third of studies (30.8%) did not report their funding. Eleven studies (42.3%) received government funding, four studies received funding from a charitable foundation, two studies received both government and charitable funding, and one study reported receiving no funding at all. Only a quarter of the studies (26.9%) reported on any conflicts of interest, and all of these declared no conflicts.

Figure 5. Distribution of studies by year of publication

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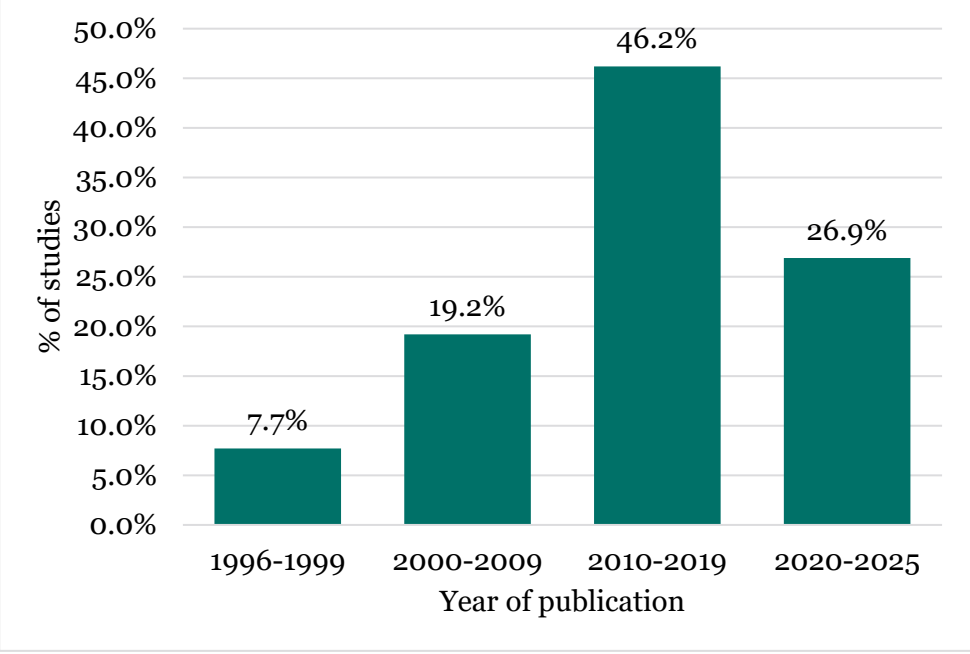

The included studies had 112 outcomes which were categorised into 12 outcome categories (see Table 8). Outcomes were further classified as either child (n=83) or adult (n=51)[16] for use in separate meta-analyses. Some outcomes, such as family relationships and social support, were included in both child and adult analyses as they reflect outcomes for the family unit.

Table 8. Outcome categories examined according to analysis type

Outcome	Number of outcomes (*k*)	%	Analysis
Supporting children to remain at home, and not return to care	29	25.9	Child
Parenting skills and behaviours	17	15.2	Adult
Child safety and wellbeing	16	14.3	Child
Children's skills and behaviours	13	11.6	Child
Family relationships	12	10.7	Both
Social support	10	8.9	Both
Parental substance use	5	4.5	Adult
Parental wellbeing	4	3.6	Adult
Parental engagement	3	2.7	Adult
Children's contact with the youth justice system	1	0.9	Child
Children's educational outcomes	1	0.9	Child
Permanency/case planning[17]	1	0.9	Child

[16] Social support and family relationships were classed as both child and adult outcomes, so these numbers do not sum to 112.

[17] Permanency/case planning refers to ensuring sufficient concurrent plans are in place to support children who reunify with their families. This includes having alternative plans in place should reunification fail, as well as ensuring formal and informal support networks available to family members are clearly defined.

Around a third of the outcomes were drawn from administrative records (n=45, 40.2%). Additional data was collected through caregiver reports (n=19, 17.0%), observation (n=18, 16.1%), self-completion questionnaires (n=16, 14.3%), practitioner or caseworker reports (n=12, 10.7%), and interviews (n=2, 1.8%).

For 77 outcomes, the timing of data collection was unclear or variable across participants. Where it was specified, 13 outcomes were measured at 6 months, 10 at 12 months, four at 18 months, four at 24 months, and four at 60 months.

Meta-analysis findings

Overall analysis

A total of k=112 outcomes were included in the analysis. The observed outcomes ranged from −0.92 to 1.33, with the majority being positive (70%). The estimated average outcome based on all outcomes without accounting for within-study clustering was SMD=0.172 (95% CI: 0.10 to 0.25, n=26, k=112),[18] indicating a positive effect. 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). Therefore, the average outcome differed significantly from zero (t=3.04, p=0.006)[19], which indicates that reunification interventions have an overall small but meaningful effect on outcomes for children, parents, and families. The change after adjusting for clustering indicates that there is within-study dependence in the outcomes and therefore subsequent analyses all adjust for clustering.

According to the Q-test, the true outcomes appear to be heterogeneous (Q (111)=797.341, p<0.001, $\widehat{\tau^2}$=0.109, I^2=86.1%). A 95% prediction interval for the true outcomes is −0.476 to 0.824. Hence, although the average outcome is estimated to be positive, in some cases the true outcome may in fact be negative.

Although an effect size of 0.25 would be deemed 'small' according to conventional benchmarks for Cohen's d (Cohen, 1988), these cutoffs are context-dependent. Effect sizes within social work and education are frequently in the small to moderate range (Kraft, 2020; Cibralic et al., 2025). A study of 141 education RCTs found an average effect size of only 0.06 (Lortie-Forgues and Inglis, 2019). Reunification is a complex process requiring challenging behaviour changes often from multiple individuals; we therefore do not expect large changes in outcomes. A previous meta-analysis of reunification interventions found some evidence for a positive effect, but effect sizes did not reach statistical significance, probably due to a small number of studies (Saunders-Adams, 2011). An effect size of 0.25 indicates that on average, children and families receiving reunification interventions score better than 60% of those who do not receive a reunification intervention, though with substantial variability across outcomes (Figure 6).

[18] Analysis included all 26 studies.

[19] T statistic and Satterthwaite p-value from cluster-robust model.

Figure 6. Hypothetical outcome distribution illustrating the average reunification intervention effect size

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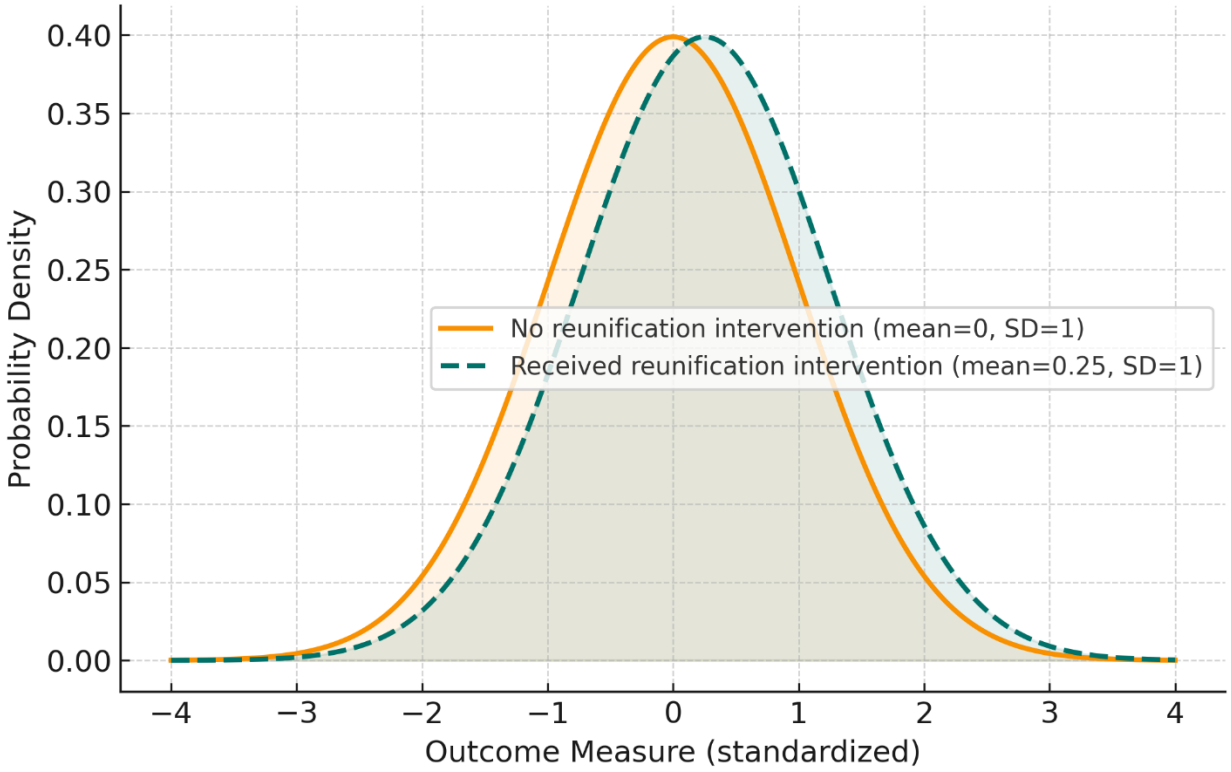

Sensitivity analyses

An examination of the studentised residuals revealed that none of the outcomes had a value larger than ±3.511 and hence there was no indication of outliers in the context of this model. Influence diagnostics and a leave-one-out sensitivity analysis were used to assess the robustness of the meta-analytic findings (Figure 7). This method systematically removes one outcome at a time and recalculates the pooled effect size. Examining the effect size change across iterations determines whether any individual outcomes significantly alter the results. Cook's distances were computed to identify outcomes that disproportionately influenced the overall effect. The Cook's distance threshold was set at 0.036[20] and the analysis showed no outcomes were identified as potentially influential.

The largest change in the pooled effect when omitting a single outcome was 0.012. This indicates that no single outcome materially altered the direction or significance of the pooled effect. Figure 8 shows the effect size estimates for each leave-one-out iteration, with the original pooled effect size (red dashed line) for reference. None of the individual removals caused a significant shift in the overall estimate.

[20] Calculated as 4 / *k*.

Figure 7. Influence diagnostics for individual outcomes

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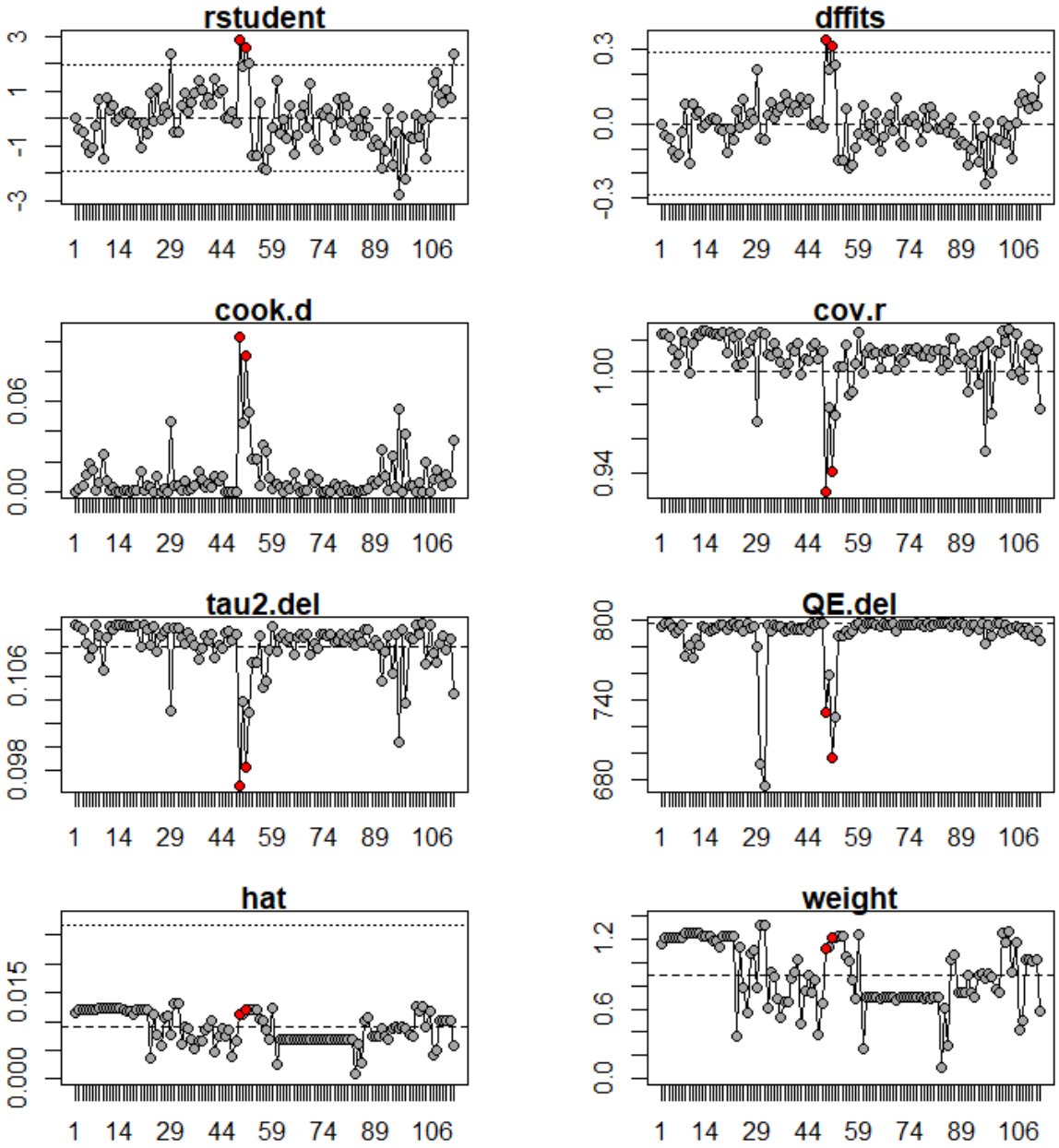

Figure 8. Leave-one-out sensitivity analysis

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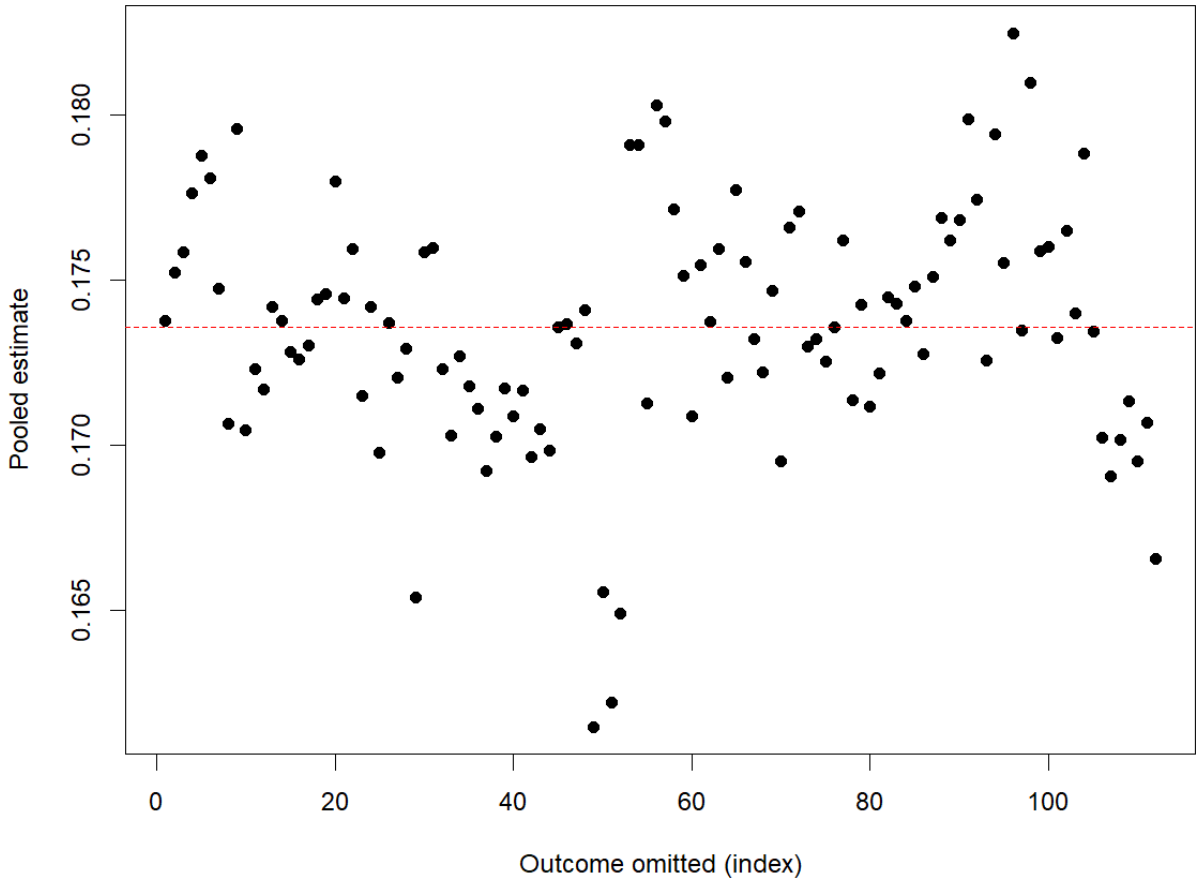

The leave-one-out analysis also examined the influence of individual outcomes on heterogeneity. The original meta-analysis (not accounting for clustering) indicated high heterogeneity (I^2=99.95%). Across the leave-one-out models, I^2 values ranged from 90.56% to 99.95%, with a mean of 99.78% (Figure 9).

Collectively, these results provide strong evidence that the pooled effect estimate is not unduly influenced by any individual estimate, and that the observed heterogeneity is not driven by a single outcome.

Figure 9. I^2 estimates from leave-one-out sensitivity analysis

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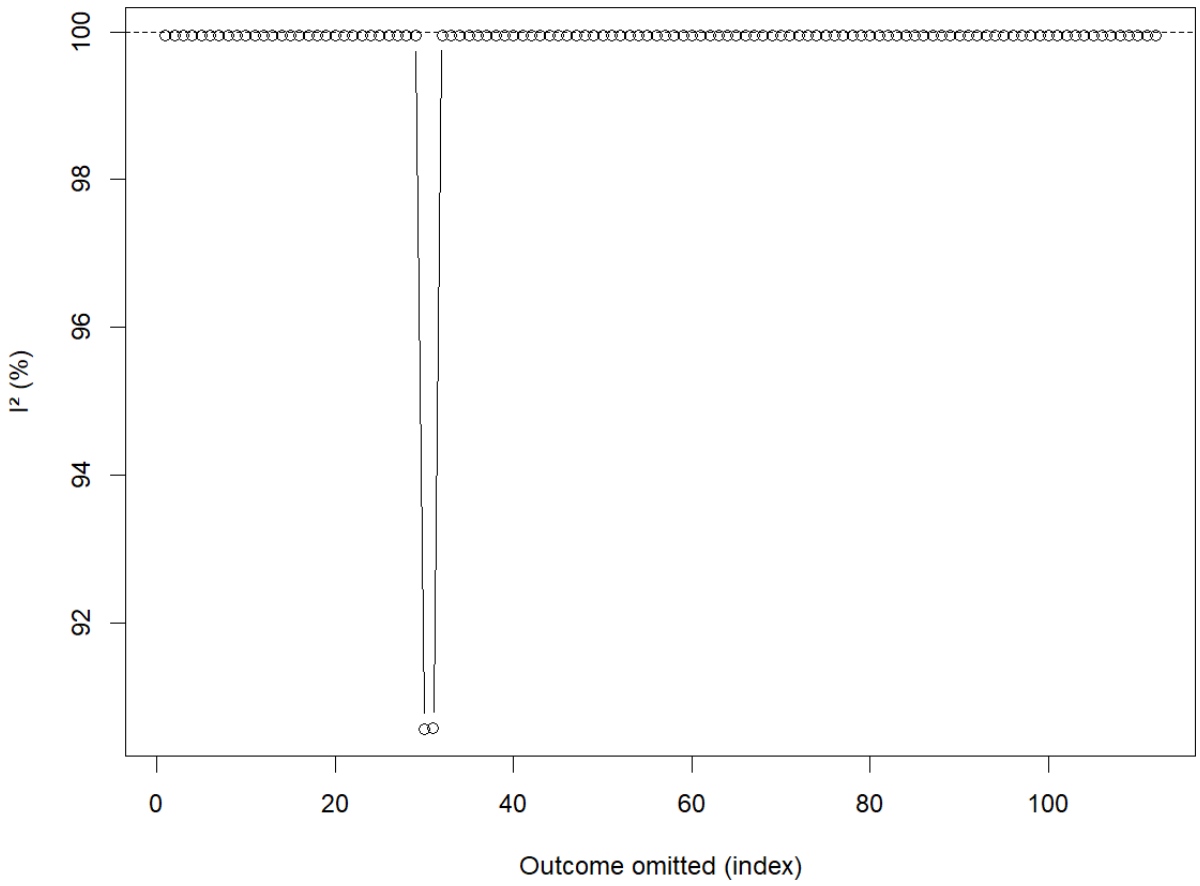

Publication bias

A funnel plot of the outcomes is shown in Figure 10. Neither the rank correlation nor the regression test indicated any funnel plot asymmetry (p=0.56 and p=0.21, respectively), suggesting that publication bias is not a source of bias for these outcomes.

Figure 10. Funnel plot of the estimates from a random-effects meta-analysis of reunification interventions

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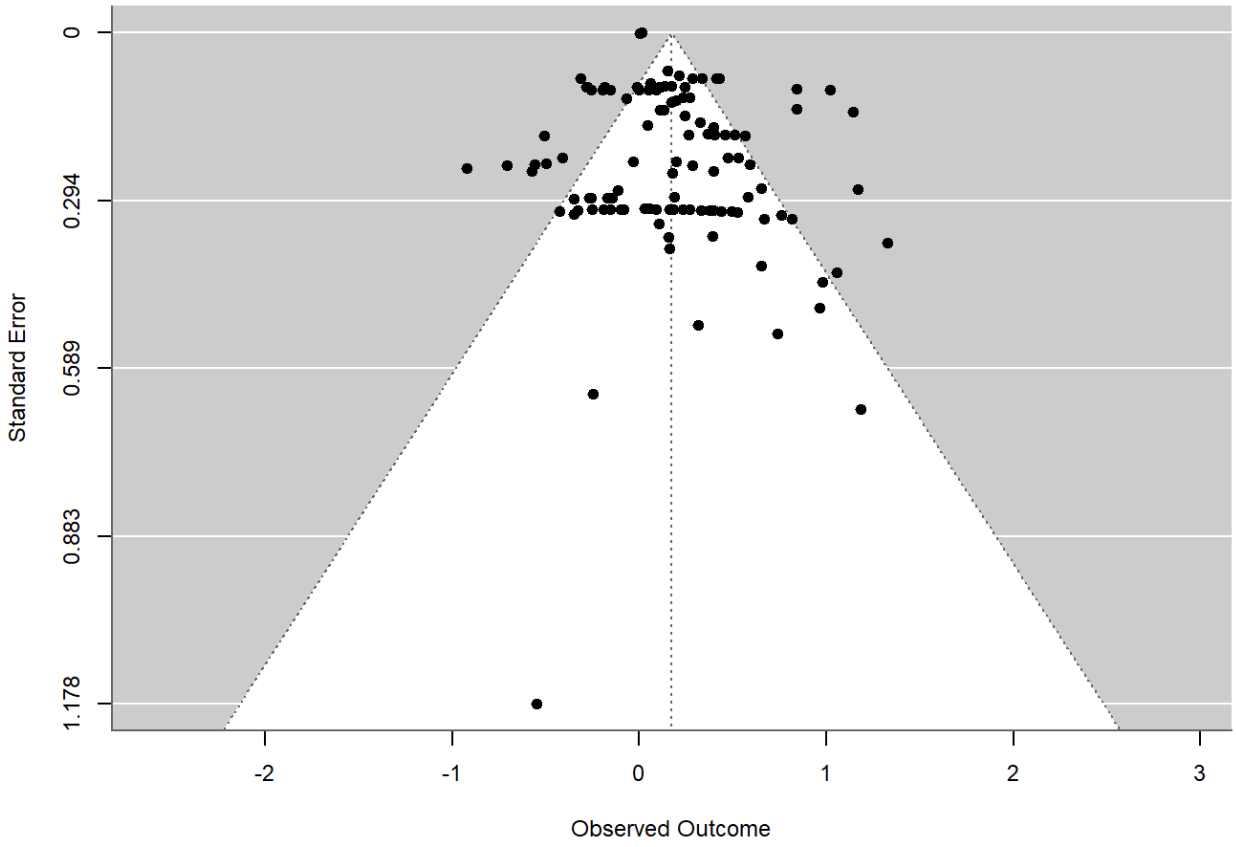

Investigation of heterogeneity

Meta-regressions were carried out to explore whether study-level moderators can explain the variability in effect sizes.

Decade

There is some evidence that studies published in the 2010s were associated with a greater positive effect (SMD=0.226, 95% CI: −0.01 to 0.46, p=0.06, n=12, k=74).[21] The overall test of moderators did suggest that decade explains some variability in effect sizes (QM (4) = 27.552, $p < 0.001$). However, substantial residual heterogeneity remained after accounting for decade (QE (108) = 793.175, $p < 0.001$), suggesting that other factors contribute to the variation in effect sizes.

[21] Akin et al. (2017); Akin and MacDonald (2018); Chambers et al. (2019); Chuang et al. (2012); Degarmo (2013); Harwin et al. (2011); Landsman et al. (2014); Leon, Saucedo, and Jachymiak (2016); Oxford et al., (2016); Pergamit, Cunningham, and Hanson (2017); Ryan et al. (2016); Trout et al. (2012).

Study design

There were 15 QEDs with 34 outcomes and 11 RCTs with 78 outcomes. Being measured as part of a QED was associated with more positive outcomes (SMD=0.282, 95% CI: 0.05 to 0.51, p=0.024, n=15, k=34),[22] but there was no significant association with RCT study design. The overall test of moderators (QM(2)=24.662, p<0.001) suggests that study design does explain some variability in effect sizes. However, substantial residual heterogeneity remained after accounting for study design (QE(110)=739.383, p<0.001), suggesting that other factors contribute to the variation in effect sizes.

Risk of bias

As different risk of bias assessments were carried out for QEDs and RCTs, a subgroup analysis was used to investigate the effect of the risk of bias assessment. Among QEDs, studies rated as 'low' or 'moderate' quality were associated with more positive outcomes (low: SMD=0.151, 95% CI: 0.13 to 0.17, p=0.007, n=1, k=2; moderate: SMD=0.344, 95% CI: 0.09 to 0.60, p=0.018, n=10, k=27).[23] The test of moderators indicates that the risk of bias does explain some variability in effect sizes among QEDs (QM(3)=14.314, p=0.003). However, substantial residual heterogeneity remains (QE(31)=232.888, p<0.001). Among RCTs, there was no significant effect of risk of bias, but the test of moderators suggests that risk of bias does explain some of the variability in effect sizes (QM(3)=17.267, p<0.001).[24] Again, significant heterogeneity remains (QE(75)=474.701, p<0.001).

Publication type, method of data collection, funding, and conflict of interest

A meta-regression was run to investigate the effect of publication type, method of data collection, funding, and conflict of interest. There were no significant effects of publication type or method of data collection. There was some evidence that receiving government funding was associated with more positive outcomes (government funding alone: SMD=0.425, 95% CI: −0.03 to 0.88, p=0.064, n=11, k=65; government and charitable foundation funding: SMD=0.371, 95% CI: −0.01 to 0.75, p=0.055, n=2, k=10).[25] There was also evidence that studies that did not declare their funding had

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[22] Akin et al. (2017); Berry, McCauley, and Lansing (2007); Burnson et al. (2025); Chambers et al. (2019); Chuang et al. (2012); Harwin et al. (2011); Landsman et al. (2001); Leon, Saucedo, and Jachymiak (2016); Lewandowski (1997); Liming et al. (2025); Mersky et al. (2023); Pergamit, Cunningham, and Hanson (2017); Pine et al. (2009); Sheets et al. (2009); Trescher (2020).

[23] Low: Pine et al. (2009); moderate: Akin et al. (2017); Burnson et al. (2025); Chambers et al. (2019); Chuang et al. (2012); Harwin et al. (2011); Leon, Saucedo, and Jachymiak (2016); Lewandowski (1997); Mersky et al. (2023); Pergamit, Cunningham, and Hanson (2017); Trescher (2020).

[24] RCT sub-group analysis: Akin and McDonald (2018); Degarmo et al. (2013); Fraser, Walton, and Lewis (1996); Kemp et al. (2024); Landsman, Boel-Studt, and Malone (2014); Miller (2008); Oxford et al. (2016); Rushovich, Hebert et al. (2021); Ryan et al. (2016); Trout et al. (2012, 2020).

[25] Government funding: Akin and MacDonald (2018); Chambers et al. (2019); Chuang et al. (2012); Degarmo et al. (2013); Landsman et al. (2001); Landsman, Boel-Studt, and Malone (2014); Leon, Saucedo, and Jachymiak (2016); Liming et al. (2025); Oxford et al. (2016); Trout et al. (2012, 2020); government and charitable funding: Harwin et al. (2011); Mersky et al. (2023).

more positive outcomes (funding not stated: SMD=0.527, 95% CI: 0.20 – 0.85, p=0.011, n=8, k=15).[26] Studies that declared no conflict of interest appeared to be associated with less positive outcomes (SMD=−0.312, 95% CI: −0.48 to −0.15, p=0.088, n=7, k=46). Altogether, although these moderators account for some of the variability in effect sizes (QM(13)=81.576, p<0.001), significant heterogeneity remains (QE(99)=462.018, p<0.001).

There are therefore several moderators that appear to account for some of the variability in outcomes, including lower-quality, less robust study designs. However, substantial heterogeneity remains, reflecting variability in additional factors such as programme implementation and outcome measurement.

Parent outcomes

A total of k=51 outcomes were included in the analysis. The estimated average outcome based on the random-effects model was SMD=0.34 (95% CI: −0.05 to 0.73, n=8, k=51).[27] There is therefore some evidence that reunification interventions are associated with improved outcomes for parents (t=2.05, p=0.08). The heterogeneity for this model was Q(50)=476.522, p<0.001, indicating substantial variation between studies in the effect on parent outcomes[28] (see Figure 11).

[26] Berry, McCauley, and Lansing (2007); Burnson et al. (2025); Fraser, Walton, and Lewis (1996); Kemp et al. (2024); Lewandowski (1997); Miller (2008); Sheets et al. (2009); Trescher (2020).

[27] Parent outcome sub-group analysis: Akin and McDonald (2018); Degarmo et al. (2013); Harwin et al. (2011); Landsman, Boel-Studt, and Malone (2014); Leon, Saucedo, and Jachymiak (2016); Oxford et al. (2016); Rushovich, Hebert et al. (2021); Trout et al. (2020).

[28] The forest plot shows the pooled effect from a standard random-effects model. In contrast, the results reported in the text are based on a cluster-robust multilevel model (CR2), which produces wider, more conservative confidence intervals; under this model the parent outcome effect is not statistically significant.

Figure 11. Forest plot showing effect size of reunification interventions on parent outcomes

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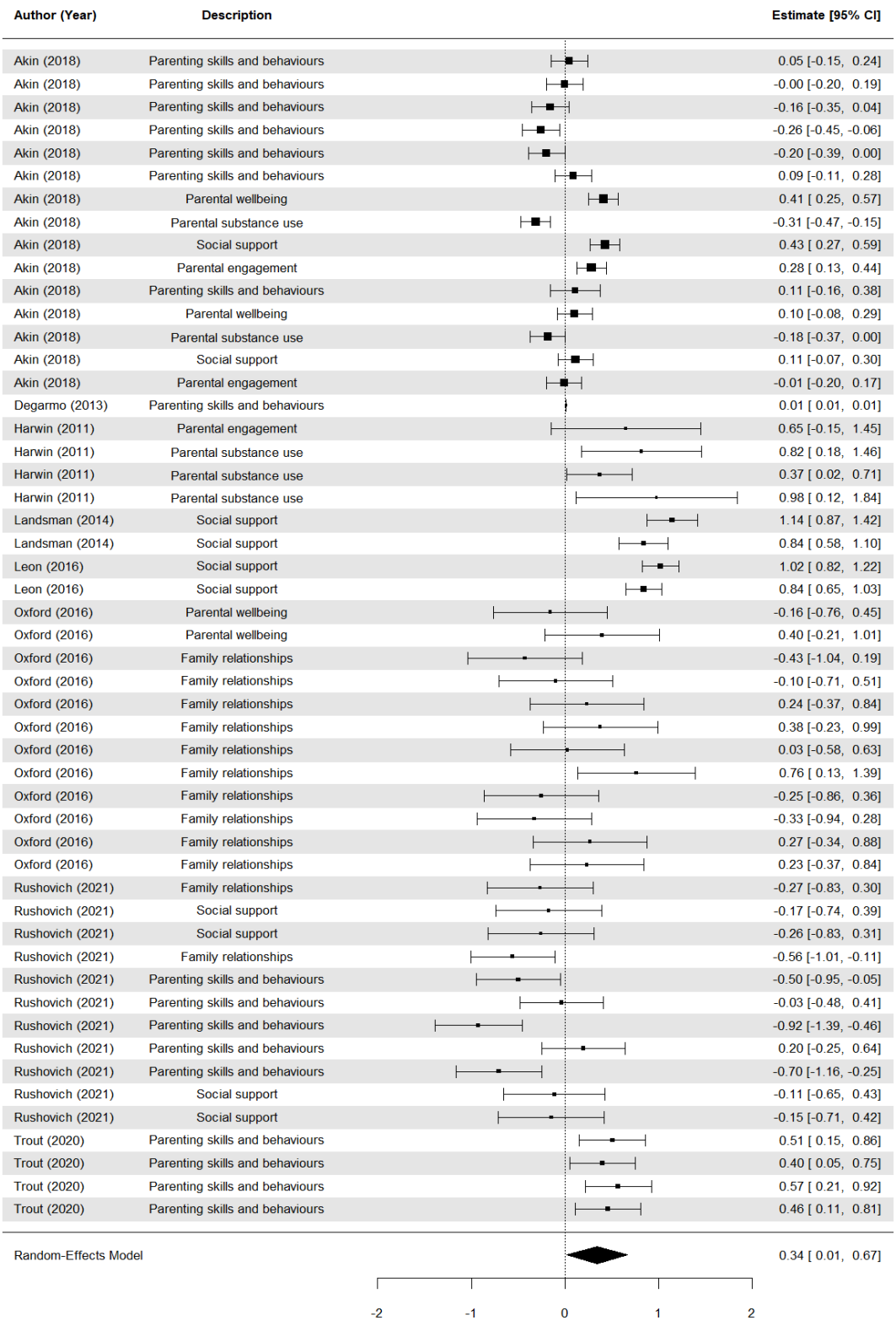

Child outcomes

A total of k=83 outcomes were included in the analysis. The estimated average outcome based on the random-effects model was SMD=0.252 (95% CI: 0.08 to 0.43, n=25, k=83).[29] Although the average effect size is smaller, the confidence intervals do not include zero and the p-value is smaller, indicating stronger evidence that reunification interventions have a small, positive effect on outcomes for children (t=2.97, p=0.007). The heterogeneity for this model was Q(82)=539.021, p<0.001, indicating substantial variation between studies in the effect on child outcomes (see Figure 12).

[29] Child outcome sub-group analysis: Akin et al. (2017); Akin and McDonald (2018); Berry, McCauley, and Lansing (2007); Burnson et al. (2025); Chambers et al. (2019); Chuang et al. (2012); Degarmo et al. (2013); Fraser, Walton, and Lewis (1996); Harwin et al. (2011); Kemp et al. (2024); Landsman et al. (2001); Landsman, Boel-Studt, and Malone (2014); Leon, Saucedo, and Jachymiak (2016); Lewandowski et al. (1997); Liming et al. (2025); Mersky et al. (2023); Miller (2008); Oxford et al. (2016); Pergamit, Cunningham, and Hanson (2017); Pine et al. (2009); Rushovich, Hebert et al. (2021); Ryan et al. (2016); Sheets et al. (2009); Trescher (2020); Trout et al. (2012).

Figure 12. Forest plot showing average effect of reunification interventions on child outcomes

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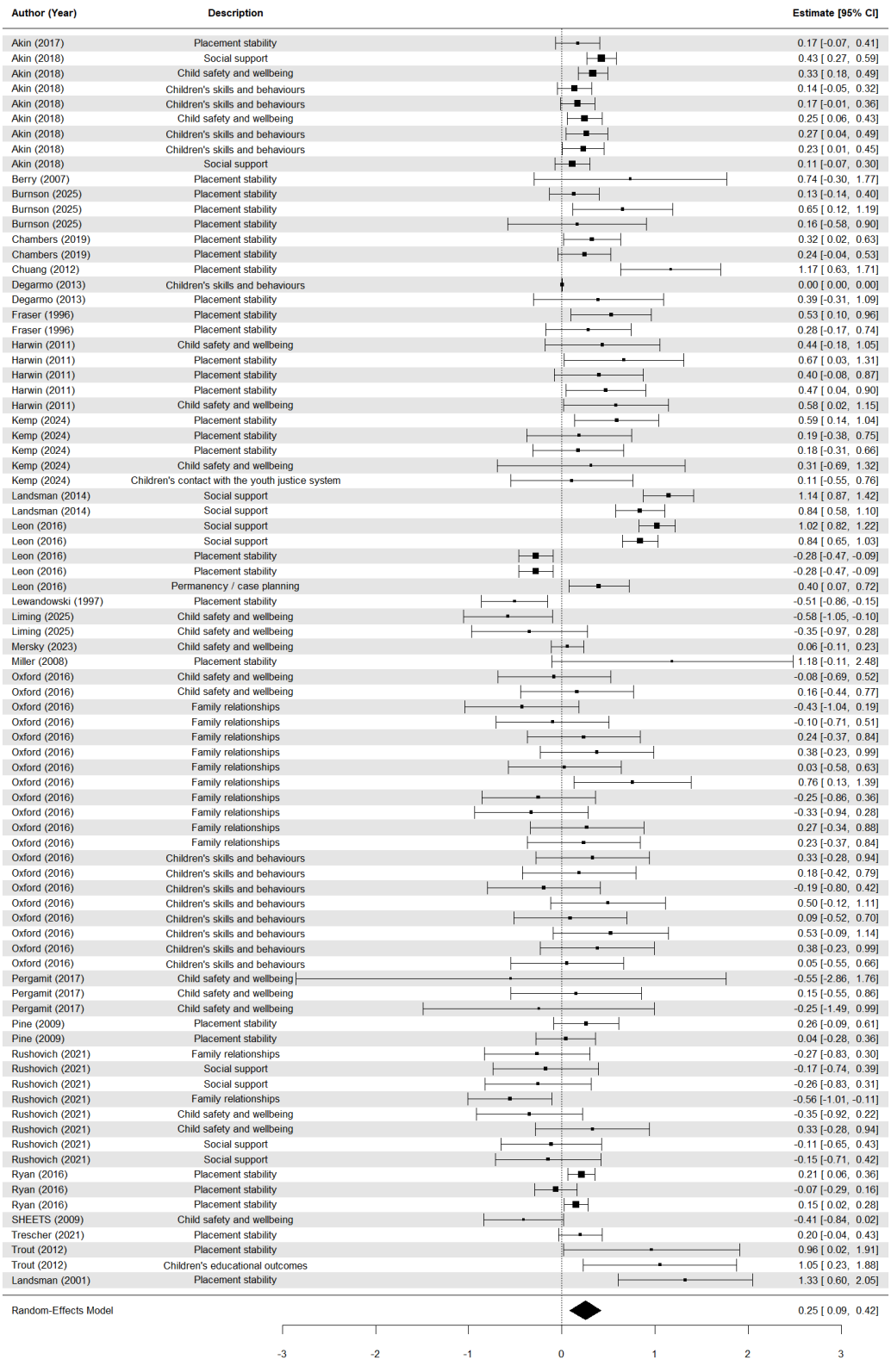

Effectiveness of different interventions

Each study intervention was classified into a non-overlapping category. A multiple meta-regression was carried out to explore the effectiveness of different intervention types (see Table 9).[30]

The intercept gives the estimate for child-focused interventions, while the other estimates indicate how much higher or lower the estimate is for other intervention types compared with child-focused interventions. None of the intervention types reached conventional significance ($p<0.05$) and the omnibus test was also not significant ($F=0.636$, $p=0.807$), indicating no overall effect of intervention type. Confidence intervals were very wide and there were low degrees of freedom, indicating that the models are underpowered. The current evidence base therefore does not give a definitive answer on the best approach to reunification intervention.

Table 9. Results from mixed-effects multiple meta-regression of intervention type on reunification outcomes

	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

[30] Analysis included all 26 studies.

Conditions for effectiveness

Here the conditions for intervention effectiveness (provider, location, delivery method, training for intervention personnel, and duration) were considered as moderators in mixed-effects meta-regressions (maintaining a random effect for overall effect size and using robust variance estimation for standard errors).[31] Given the relatively small number of independent studies (26), moderators were primarily examined one at a time (univariate analyses) to avoid overfitting and collinearity.

In terms of the intervention provider, there was no evidence that provider was associated with significantly different intervention effects (omnibus test $F_{(3,\ 10.64)}$=1.218, p=0.351). There were also no significant differences between interventions reporting training and those that did not ($F_{(1,\ 22.63)}$=1.165, p=0.292) or between different delivery modes ($F_{(3,\ 2.94)}$=0.179, p=0.904).

The location of the intervention was associated with variation in effect sizes across interventions ($F_{(3,\ 11.23)}$=11.154, p=0.001). Compared with agency or court settings, there was some evidence that less formal community settings were associated with more positive results (SMD=0.282, 95% CI [−0.047 to 0.61], p=0.082, n=1, k=1),[32] while interventions in the family home had less positive outcomes (SMD=−0.293, 95% CI [−0.67 to 0.09], p=0.121, n=10, k=74),[33] though neither of these results reached conventional significance. Contrasting community settings with interventions in the family home did suggest less positive outcomes for the former, but the small number of outcomes mean this should be interpreted with caution (SMD=−0.575, 95% CI [−0.82 to −0.33], p<0.001).

When examining duration as a categorical variable, interventions lasting 9–12 months were associated with larger effects, but this difference was non-significant (SMD=0.575, 95% CI [−0.33 to 1.48], p=0.137, n=3, k=7).[34] Where studies reported enough information to treat duration as a continuous variable, there was a trend towards longer interventions being associated with larger effects (Figure 13). There is therefore some indication that longer interventions may contribute to more positive outcomes, but uncertainty around this result is high.

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[31] Analyses included all 26 studies.

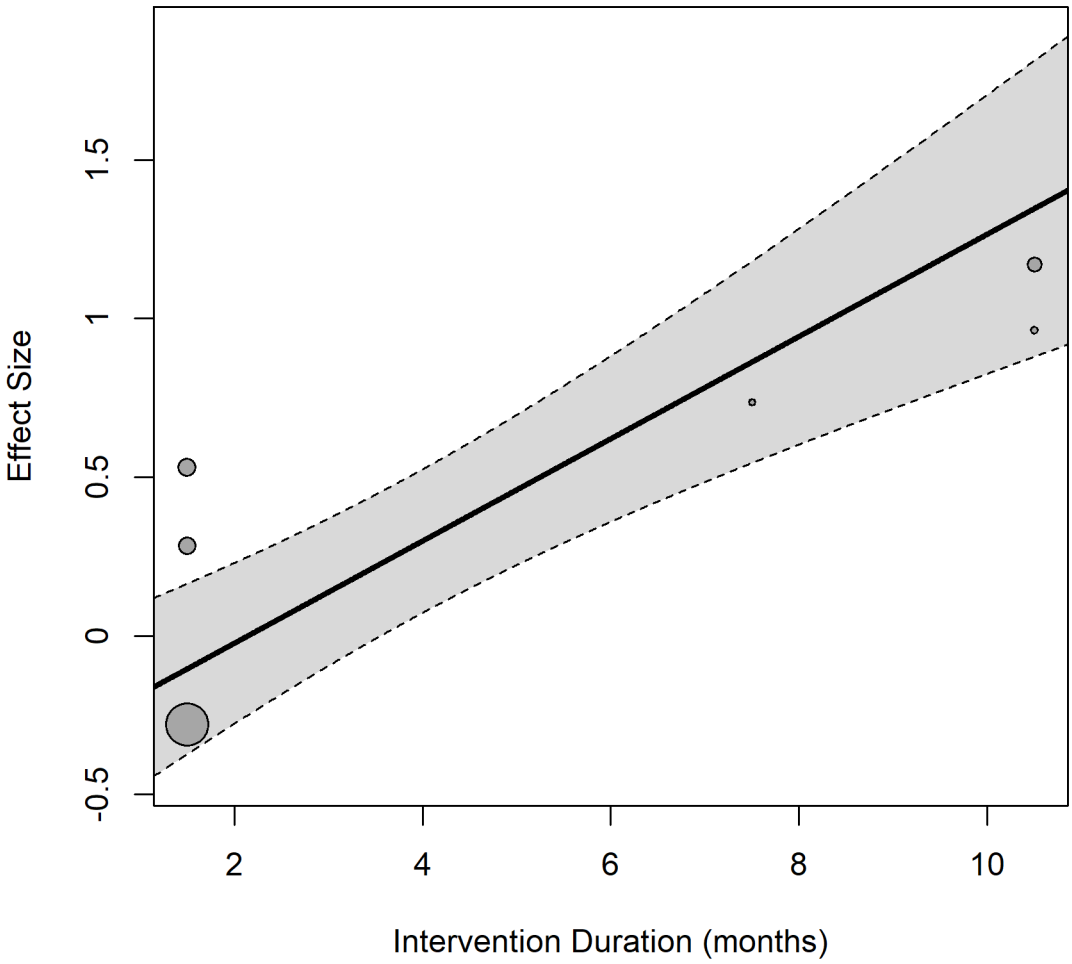
[32] Berry, McCauley, and Lansing (2007).

[33] Akin and MacDonald (2018); Burnson et al. (2025); Fraser, Walton, and Lewis (1996); Liming et al. (2025); Oxford et al. (2016); Pine et al. (2009); Rushovich, Hebert et al. (2021); Ryan et al. (2016); Trout et al. (2012, 2020).

[34] Chuang et al. (2012); Trout et al. (2012, 2020).

Figure 13. Bubble plot showing the association between intervention duration and reunification intervention effect size

(go to accessibility text)



Outcome domains

To investigate variation in the effectiveness of reunification interventions on different outcomes, a moderator analysis was carried out (Table 10). Across all outcomes, there was 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 to 0.54], p=0.008, n=17, k=29).[35] This provides good evidence that reunification interventions can improve the likelihood of stable reunification or permanency. Small positive but non-significant trends were observed for parental wellbeing and social support, though these results are underpowered. Effects for other outcomes, including child safety and wellbeing,

[35] Akin et al. (2017); Berry, McCauley, and Lansing (2007); Burnson et al. (2025); Chambers et al. (2019); Chuang et al. (2012); Degarmo et al. (2013); Fraser, Walton, and Lewis (1996); Harwin et al. (2011); Kemp et al. (2024); Landsman et al. (2001); Leon, Saucedo, and Jachymiak (2016); Lewandowski et al. (1997); Miller (2008); Pine et al. (2009); Ryan et al. (2016); Trescher (2020); Trout et al. (2012).

were near zero, though directions were generally positive. Considerable heterogeneity remained across domains, reflecting variability in programme implementation and outcome measurement.

Table 10. Results from moderator analysis investigating variation in effect sizes between outcome domains

Outcome domain	Outcomes (*k*)	Studies (*n*)	SMD	95% CI (lower, upper)	*p*	Approx I^2 (%)
Supporting children to remain at home and not return to care	29	17	0.32	(0.09, 0.54)	0.008	63
Parental wellbeing	4	2	0.27	(−0.12, 0.66)	0.071	~0
Social support	10	4	0.52	(−0.35, 1.38)	0.153	88
Children's skills/ behaviours	13	3	0.12	(−0.24, 0.48)	0.272	18
Parental engagement	3	2	0.24	(−2.31, 2.79)	0.445	36
Family relationships	12	2	−0.16	(−3.42, 3.10)	0.642	55
Child safety/ wellbeing	16	9	0.03	(−0.24, 0.29)	0.802	28
Parental substance use	5	2	0.12	(−5.09, 5.33)	0.815	81
Parenting skills/ behaviours	17	4	0.01	(−0.53, 0.56)	0.938	80

Further analysis was carried out to investigate the interaction between outcome domain and intervention type, to explore whether certain interventions are more effective at targeting specific outcome domains. There was some evidence that family finding interventions are less effective at supporting children to remain at home and not return to care (SMD=−1.40, 95% CI [−2.15, −0.66], p=0.026, n=1, k=2).[36] There was tentative evidence that parent mentoring and coaching may be associated with improved support for children remaining at home and not returning to care (SMD=0.186, 95% CI [−0.01, 0.38], p=0.057, n=4, k=9).[37] There was no evidence that any other interventions were particularly more or less effective in targeting certain outcomes, though this may result from the analysis being underpowered.

[36] Leon, Saucedo, and Jachymiak (2016).

[37] Burnson et al. (2025); Chambers et al. (2019); Ryan et al. (2016); Trescher (2020).

RQ2. For whom?

This section explores variations in intervention effectiveness according to the unique needs of diverse populations and contexts. Specifically, the two following questions are explored:

a. How do the effectiveness and applicability of reunification interventions vary across different family demographics, contexts, and care experiences?
b. What models of reunification are most effective for specific populations (e.g. families facing financial instability, ethnic minority groups, or families in urban versus rural settings)?

Reporting of PROGRESS-Plus characteristics

All of the included effectiveness studies reported at least one PROGRESS-Plus characteristic in baseline demographic information. As is shown in Table 11, the most frequently measured characteristic was ethnicity, followed by gender/sex. Within the Plus category, we included age, SEND, family composition, and details of the care experience and reasons for out-of-home care.

Table 11. Reporting of PROGRESS-Plus characteristics

PROGRESS-Plus characteristic	Number of studies [study reference]
Place of residence	10 [5; 9; 11; 12; 14; 16; 18; 19; 21; 22]
Race, ethnicity, culture, language	25 [1–23; 25; 26]
Occupation	N/A
Gender/sex	24 [1; 2; 4–26]
Religion	1 [8]
Education	N/A
Socioeconomic status	14 [1–4; 6; 8; 9; 15; 18; 19; 21; 22; 25; 26]
Social capital	N/A
Plus: age	Child age: 22 [1; 2; 4–21; 25; 26] Adult age: 5 [6; 7; 16; 19; 21]
Plus: SEND	Child SEND: 8 [2–4; 7; 9; 11; 25; 26] Parental learning disabilities: 3 [3; 9; 21]

PROGRESS-Plus characteristic	Number of studies [study reference]
Plus: family composition	13 [1–3; 7–9; 13; 14; 16; 20–22; 24]
Plus: care experience	14 [1; 2; 4; 5; 7; 8; 11; 12; 14; 17; 18; 20; 25; 26]
Plus: reasons for out-of-home care	17 [1–10; 13–16; 19; 20; 22]

Study references:

(1) Akin et al., 2017; (2) Akin and McDonald, 2018; (3) Berry, McCauley, and Lansing, 2007; (4) Burnson et al., 2025; (5) Chambers et al., 2019; (6) Chuang et al., 2012; (7) Degarmo et al., 2013; (8) Fraser, Walton, and Lewis, 1996; (9) Harwin et al., 2011; (10) Kemp et al., 2024; (11) Landsman et al., 2001; (12) Landsman, Boel-Studt, and Malone, 2014; (13) Leon, Saucedo, and Jachymiak, 2016; (14) Lewandowski, 1997; (15) Liming et al., 2025; (16) Mersky et al., 2023; (17) Miller, 2008; (18) Oxford et al., 2016 (19) Pergamit, Cunningham, and Hanson, 2017; (20) Pine et al., 2009; (21) Rushovich, Hebert, et al., 2021; (22) Ryan et al., 2016; (23) Sheets et al., 2009; (24) Trescher, 2020; (25, 26) Trout et al., 2012, 2020.

Population characteristics

Population characteristics of the included effectiveness studies are summarised in the tables in Appendix C. The average age of children participating in interventions ranged from 0.56 (Liming et al., 2025) to 15.63 (Trout et al., 2012). The average age of adults participating in interventions ranged from 29.7 (Chuang et al., 2012) to 37.42 (Rushovich, Hebert, et al., 2021).

Most studies (n=18) had roughly equal numbers of each gender (Akin et al., 2017; Akin and McDonald, 2018; Burnson et al., 2025; Chambers et al., 2019; Degarmo et al., 2013; Fraser, Walton, and Lewis, 1996; Kemp et al., 2024; Landsman, Boel-Studt, and Malone, 2014; Leon, Saucedo, and Jachymiak, 2016; Lewandowski, 1997; Liming et al., 2025; Miller, 2008; Oxford et al., 2016; Pergamit, Cunningham, and Hanson, 2017; Pine et al., 2009; Rushovich, Hebert, et al., 2021; Trout et al., 2012, 2020). Two studies only had female participants (Harwin et al., 2011; Ryan et al., 2016), three studies had more female than male participants (Chuang et al., 2012; Mersky et al., 2023; Trescher, 2020), and one study had more male than female participants (Landsman et al., 2001).

Studies were categorised according to the proportion of the sample identifying as different ethnicities. Where 85% or more of the sample identified as white, the sample was categorised as ‘Majority white’, and where 85% or more identified as Black or Global Majority, the sample was categorised as ‘Majority Black or Global Majority’. Where between 50 and 84% of the sample identified as Black or Global Majority, the sample was categorised as ‘Diverse/balanced’. Just under half of studies (n=12) had a majority white sample (Akin et al., 2017; Akin and McDonald,

2018; Degarmo et al., 2013; Fraser, Walton, and Lewis, 1996; Landsman et al., 2001; Landsman, Boel-Studt, and Malone, 2014; Lewandowski, 1997; Miller, 2008; Oxford et al., 2016; Rushovich, Hebert, et al., 2021; Trout et al., 2012, 2020), and 11 studies had a diverse or balanced sample (Berry, McCauley, and Lansing, 2007; Burnson et al., 2025; Chambers et al., 2019; Chuang et al., 2012; Harwin et al., 2011; Kemp et al., 2024; Liming et al., 2025; Mersky et al., 2023; Pergamit, Cunningham, and Hanson, 2017; Pine et al., 2009; Sheets et al., 2009). Two studies had a Majority Black or Global Majority sample (Leon, Saucedo, and Jachymiak, 2016; Ryan et al., 2016).

Only one study reported on religion, with Fraser, Walton, and Lewis (1996) reporting that around two-thirds of their sample (66.7%) were affiliated with the Church of Jesus Christ of Latterday Saints (Mormon), though 54.4% indicated that religion was unimportant. One study reported on language, with Burnson et al. (2025) reporting that Spanish was the primary language for 11% and 8.8% of their intervention and control samples respectively.

Eight studies reported on children's SEND (Berry, McCauley, and Lansing, 2007; Burnson et al., 2025; Degarmo et al., 2013; Harwin et al., 2011; Landsman et al., 2001; Trout et al., 2012, 2020; Akin and McDonald, 2018). For three studies, 0–25% of the sample children had SEND, for two studies 26–50% had SEND, and for three studies more than 50% of the sample had SEND. Three studies reported on adults with learning disabilities (Berry, McCauley, and Lansing, 2007; Harwin et al., 2011; Rushovich, Hebert, et al., 2021), with one study with 0–25% of the adult sample with learning disabilities, and two studies with 26–50% with learning disabilities.

Just over half (53.8%) of studies reported on children's prior placements in care; nine studies reported on the average number of these placements (Akin et al., 2017; Burnson et al., 2025; Degarmo et al., 2013; Fraser, Walton, and Lewis, 1996; Landsman, Boel-Studt, and Malone, 2014; Lewandowski, 1997; Pergamit, Cunningham, and Hanson, 2017; Trout et al., 2012, 2020). The average number of placements ranged from 0.16 (Burnson et al., 2025) to 5 (Degarmo et al., 2013).

Seventeen studies listed the reasons for children in the sample being in care. The most common reason for children being in care was neglect (8 studies: Lewandowski, 1997; Berry, McCauley, and Lansing, 2007; Pine et al., 2009; Leon, Saucedo, and Jachymiak, 2016; Pergamit, Cunningham, and Hanson, 2017; Mersky et al., 2023; Kemp et al., 2024; Burnson et al., 2025), followed by parental substance misuse (7 studies: Akin et al., 2017; Chambers et al., 2019; Chuang et al., 2012; Degarmo et al., 2013; Harwin et al., 2011; Liming et al., 2025; Ryan et al., 2016). For two studies, the main reason was child behaviour (Akin and McDonald, 2018; Fraser, Walton, and Lewis, 1996).

Among the 10 studies that specified place of residence, the majority were in urban settings (7 studies: (Harwin et al., 2011; Landsman et al., 2001; Mersky et al., 2023; Oxford et al., 2016; Pergamit, Cunningham, and Hanson, 2017; Rushovich, Hebert, et al., 2021; Ryan et al., 2016). Two studies took place in a mixture of urban and rural settings (Landsman, Boel-Studt, and Malone, 2014; Chambers et al., 2019), and one study was in a rural setting (Lewandowski, 1997).

Thirteen studies had samples with indicators of low socioeconomic status – for example, low household income, eligibility for benefits such as free school lunches, unemployment, homelessness, or parental incarceration (Akin et al., 2017; Akin and McDonald, 2018; Berry, McCauley, and Lansing, 2007; Chuang et al., 2012; Fraser, Walton, and Lewis, 1996; Harwin et al., 2011; Liming et al., 2025; Oxford et al., 2016; Pergamit, Cunningham, and Hanson, 2017; Ryan et al., 2016; Rushovich, Hebert, et al., 2021; Trout et al., 2012, 2020). One study reported household

income but noted that the median household income in the sample was higher than would be expected for a child welfare sample (Burnson et al., 2025).

In terms of family composition, the most common indicator reported by studies was whether a child was being reunified with a single parent or both parents. Thirteen studies reported this information, and in 10 of those studies more than half of children were being reunified with a single parent (Akin et al., 2017; Akin and McDonald, 2018; Degarmo et al., 2013; Harwin et al., 2011; Lewandowski, 1997; Mersky et al., 2023; Pine et al., 2009; Rushovich, Hebert, et al., 2021; Ryan et al., 2016; Trescher, 2020).

Variation in effectiveness across demographic characteristics

Here different demographic characteristics (sample gender, ethnicity, age, SEND, place of residence, family composition, socioeconomic status, reasons for being in care, and previous care placements) were considered as moderators in mixed-effects meta-regressions (maintaining a random effect for overall effect size and using robust variance estimation for standard errors). As with RQ1, moderators were primarily examined one at a time (univariate analyses) given the relatively small number of independent studies.

There was no evidence that reunification intervention outcomes varied according to the sample's gender, ethnicity, SEND status, socioeconomic status, reason for being in care, or number of previous care placements. There was some evidence that outcomes varied by the average age of the children in the sample, with samples with older children being associated with more positive outcomes (SMD=0.039, 95% CI [−0.004, 0.08], p=0.069, n=19, k=94).[38]

Outcomes also varied by place of residence, with interventions in rural locations being associated with less positive outcomes than interventions in more urban locations (SMD=−0.706, 95% CI [−1.01, −0.34], p=0.004, n=1, k=1).[39] This could reflect the lower availability of services in rural areas.

There was also some evidence that family composition was associated with varying outcomes ($F_{(2, 4.39)}$=4.119, p=0.098). Compared with samples where most families had a single parent, samples where single parents were in the minority had more positive outcomes from reunification interventions (SMD=0.353, 95% CI [−0.07 to 0.78], p=0.073, n=3, k=8).[40]

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[38] Akin et al. (2017); Akin and MacDonald (2018); Burnson et al. (2025); Chambers et al. (2019); Degarmo et al. (2013); Fraser, Walton, and Lewis (1996); Kemp et al. (2024); Landsman et al. (2001); Landsman, Boel-Studt, and Malone (2014); Leon, Saucedo, and Jachymiak (2016); Lewandowski (1997); Liming et al. (2025); Mersky et al. (2023); Oxford et al. (2016); Pergamit, Cunningham, and Hanson (2017); Rushovich, Hebert, et al. (2021); Sheets et al. (2009); Trout et al. (2012, 2020).

[39] Lewandowski (1997).

[40] Berry, McCauley, and Lansing (2007); Fraser, Walton, and Lewis (1996); Leon, Saucedo, and Jachymiak (2016).

Most effective interventions for specific groups

To investigate whether certain interventions were more effective for specific demographic groups, meta-regression models were run with an interaction term between the type of intervention and the demographic variable. These exploratory models provide some tentative findings regarding how intervention type may differ for specific groups; however, many of the demographic variables were only available for a subset of outcomes, and some intervention categories were represented in very few studies, meaning the confidence intervals are wide and uncertainty is high.

There was no significant interaction between intervention type and sample gender, socioeconomic status, place of residence, SEND status, parent age, or family composition.

For ethnicity, there was weak evidence that parent mentoring or coaching interventions may be more effective in diverse samples than majority white samples (SMD=1.43, 95% CI [−0.45, 3.31], p=0.094, n=2, k=5).[41] Where neglect was the main reason for being in care for the sample, parent-focused skills-building interventions appeared to be more effective (SMD=1.536, 95% CI [0.12, 2.95], p=0.043, n=1, k=1), though this was based on only one study.[42]

Models including child age were highly unstable and produced implausibly large coefficients. There is a suggestion that multi-agency teams may be more effective for older children, and that parent-focused skills building may become slightly more effective with age.

Multi-agency teams also appear to be more effective in samples that have had a higher number of placements on average (SMD=0.731, 95% CI [0.19, 1.27], p=0.029, n=2, k=3),[43] though this may be related to the similar effect found for age (because age is likely to be correlated with the number of previous placements).

Narrative summary of equity-related outcomes

This narrative summary of equity-related outcomes supplements the meta-analysis by providing additional insights into how reunification interventions may affect different demographic groups. Here, we draw on detail provided by the authors of nine studies on similarities and differences in the effectiveness of reunification interventions based on the personal characteristics of participants, along the dimensions of identity defined by the PROGRESS-Plus framework (place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, social capital, socioeconomic position, age, disability, sexual orientation, other vulnerable groups; O'Neill et al., 2014). Studies where personal characteristics of the sample were described (e.g. gender) but not specifically related to outcomes of interest, or did not contribute to the understanding of who reunification interventions work for, have not been included in this section. Process evaluations are not included in this section because this is provided in detail in the implementation section.

Personal characteristics, where narrative was available, included place of residence, race/ethnicity/culture/language, gender/sex, education, socioeconomic status, and other vulnerable groups

[41] Burnson et al. (2025); Chambers et al. (2019).

[42] Berry, McCauley, and Lansing (2007).

[43] Fraser, Walton, and Lewis (1996); Lewandowski (1997).

(specifically, parental age and child's history of violence). No studies explored occupation, religion, or social capital. Of the nine included studies, one was from England and Wales (Harwin et al., 2013) and the remainder were from the US (Lewandowski, 1997; Ryan et al., 2006; Sheets et al., 2009; Enano et al., 2017; Akin and McDonald, 2018; Bai et al., 2019, 2020; Saulnier, 2023).

Place of residence

Two US-based studies explored the impact of families' place of residence on the effectiveness of reunification interventions, finding that the geographic location of interventions contributed to variations in reunification outcomes. Specifically, when comparing an integrated case-management model using recovery coaches, Ryan et al. (2006) found that families residing in Chicago, where there are more-concentrated poverty, service access disparities, and housing instability, had more unstable reunifications than those in the wider Cook County area. Similarly, a programme providing housing vouchers was found to be associated with a 15% reduction in new reports of abuse and neglect among reunified families in San Diego. Comparatively, in Portland, the second intervention site, participation was linked to an increase in new reports – 25% for substantiated cases and 57% for all cases (Pergamit, Cunningham, and Hanson, 2017). Although the authors do not provide an explanation for the increase in new reports in Portland, the programme may be more effective in San Diego given the higher average costs of rent and less availability of affordable housing. Taken together, these findings suggest that factors such as concentrated poverty, service access disparities, and housing instability and affordability may influence family outcomes. Other factors such as differences in delivery/decision making across areas may also contribute to this but were not explored in the primary research. Thus, place-based differences underscore the importance of tailoring supports to address the distinct challenges faced by families in different communities.

Race/ethnicity/culture/language

Four studies explored the impact of ethnicity on the effectiveness of reunification interventions, all of which were conducted in the US.

Ethnicity was found to significantly moderate reunification outcomes for parents who had engaged in a parenting intervention. For example, Akin and McDonald (2018) examined a US-based in-home Parent Management Training Oregon (PMTO) model, utilising social interaction learning theory to enable parents to perceive themselves as agents of change in their children's behaviour, while maintaining their own wellbeing. Caregivers of non-Latino children were 1.65 times more likely to show improvements in their use of social support networks post-intervention than caregivers of Latino children. However, the authors did not provide an explanation for why caregivers of Latino children had less improvement in developing and using social support networks.

Engagement with reunification interventions was found to differ depending on the ethnicity of families. For example, Enano et al. (2017) found a trend suggesting that African American and Latino parents were less likely to attend an orientation session than Caucasian parents, although this did not reach statistical significance. Saulnier (2023) also found ethnic disparities in engagement with Child-Parent Psychotherapy in the US. Black families, on average, attended fewer sessions than other ethnic groups, and Black children had significantly lower rates of completing the intervention than white and Latino children. Providers identified systemic racism within the

child welfare system as a primary factor impacting Black families' ability to complete Child-Parent Psychotherapy. Clinicians described how structural barriers such as surveillance, poverty, and marginalisation create additional burdens for Black families, which in turn disrupt consistent participation in therapy. In addition to systemic issues, implicit bias in service delivery contributed to unequal outcomes. Some clinicians expressed concern that cultural differences in parenting – such as differing beliefs about authority, discipline, and play – could be misinterpreted through a narrow therapeutic lens, leading to judgements about whether a family is "meeting goals" and affecting decisions around reunification. These dynamics suggest that Black families were held to standards not fully aligned with their cultural context. In contrast, Latino families experienced the highest completion rates. These families benefited from intentional cultural matching within the programme, where Spanish-speaking families were often paired with Spanish-speaking clinicians. This likely contributed to stronger engagement and higher completion rates, reflecting the value of cultural responsiveness in therapeutic relationships.

In one study, ethnicity was found to impact outcomes following engagement in a reunification intervention. Specifically, Sheets et al. (2009) explored ethnic differences in outcomes in a US-based family group decision making (FGDM) model, a process that brings together family members, community supports, and professionals to make plans for children in the child welfare system. They found that this model was particularly effective in improving exit outcomes for African American and Hispanic children, groups historically experiencing slower rates of reunification compared with white children. In regions where FGDM had a significant effect, 32% of African American children whose families participated in FGDM had successfully returned home, compared with only 11% in the control group. Similarly, 40% of Hispanic children in the FGDM group were reunified compared with 13% in the control group. Although the gains for white children were smaller, they were still significant, with 25% reunified in the FGDM group compared with 14% in the control group.

Gender/sex

Three studies explored the impact of gender on the effectiveness of reunification interventions. Of these, two focused on the gender of parents (Harwin et al., 2013; Enano et al., 2017), while one discussed the impact of the child's gender (Akin and McDonald, 2018).

Parent gender was found to differentially impact reunification outcomes, dependent on the type of intervention. Specifically, Harwin et al. (2013) examined a Family Drug and Alcohol Court (FDAC) implemented in England and Wales for parents who used substances. Although FDAC was more effective than the control (no FDAC available) overall at stopping substance misuse and achieving reunification, this differed by parents' gender. In the FDAC cohort, 39% of mothers and 27% of fathers stopped using substances, compared with 21% of mothers and none of the fathers in the control group. This demonstrates that FDAC was more effective than the control for both mothers and fathers, but more so for mothers. However, of the mothers in the FDAC cohort who stopped using substances, all were reunified with their children, whereas only half of the fathers who stopped using substances were reunified. This demonstrates that reunification was more likely for mothers ending their substance misuse. Substance misuse variables (e.g. length of use, number and type of drugs), child factors (e.g. age, health, safety), and service histories (e.g. length of family contact with children's services) were not found to affect this relationship.

In comparison, Enano et al. (2017) evaluated a parent mentor programme implemented in the US. Findings indicated that mothers were less likely to attend the parenting intervention programme orientation than fathers. Enano et al. suggested that this indicates that parent mentor programmes can be particularly successful in engaging fathers and thus could be utilised to address a general lack of engagement that is often identified as an issue in many child welfare cases. The authors suggested that given the increased engagement of fathers, the parent mentor programme could embed sessions focusing on fatherhood, which may further increase father engagement with both the child welfare process and their children. However, Enano et al. did not provide any explanation for why mothers were less likely to engage in the programme.

Although summaries of the impact of parental gender on engagement with, and effectiveness of, reunification interventions were only available from two studies, this highlights that mothers and fathers may engage differently, depending on the type of intervention. However, more research is needed in this space to further test this assumption.

Only one study examined the impact of the child's gender on outcomes associated with reunification. Akin and McDonald (2018) found that at a six-month follow-up after parents participated in PMTO, the child's gender was a significant predictor of changes in parental mental health. Specifically, parents of girls were 1.32 times more likely than those of boys to show improvements in their mental health. These findings suggest potential gender-related differences in how parents benefit from interventions with caregiver wellbeing components. However, these were novel findings without support from prior literature, meaning the authors were unable to provide clarifications on why this occurred. There was also no available evidence on the impact of a child's gender on their own wellbeing following their parents' engagement in the reunification intervention.

Education

Two US-based studies examined the impact of educational attendance or attainment on the effectiveness of reunification interventions, one focused on children and young people (Lewandowski, 1997), and the other on parents (Ryan et al., 2006).

Regarding children and young people, a US-based evaluation of a reunification intervention providing in-depth family support using a strengths-based approach found that reunification was more likely to fail when children had higher rates of 'educational neglect' and truancy (Lewandowski, 1997). This may be because unsuccessful reunifications were associated with parents reporting having difficulty managing their children's behaviour, preventing them from being able to get their children to school. These findings highlight the need for targeted interventions that address children's and young people's educational needs, while also supporting parents in developing behavioural management strategies. However, it must be acknowledged that this finding was based on a single study over 25 years old.

One study examined the impact of parental educational attainment on the effectiveness of an integrated case-management model using recovery coaches (Ryan et al., 2006). Parents with a high school diploma or GED were more likely to achieve reunification than those with lower levels of educational attainment. While this may highlight a potential protective effect of parental education, further research is needed in this space.

Socioeconomic status

Three studies explored the socioeconomic positions of families in the implementation and effectiveness of reunification interventions, all of which were from the US. Socioeconomic disadvantage, particularly unemployment and homelessness, affected reunification outcomes. Specifically, parents who were unemployed at the onset of a recovery coaching programme were less likely to achieve stable reunification than those who were employed. Similarly, families experiencing homelessness faced lower rates of stable reunification (Ryan et al., 2006). These findings highlight the critical role of economic stability, employment opportunities, and housing security as foundational supports for successful and sustained family reunification. However, it is important to note that the US child welfare system typically requires parents to secure employment before reunification is considered or agreed, meaning this finding may be country-specific and more research is needed outside the US to examine this.

Critically, two process evaluations highlighted the role of persistent structural and attitudinal barriers that disproportionately affect families experiencing poverty, and impact the likelihood of successful reunification. Bai et al. (2019) evaluated a programme focusing on establishing stable housing for families. Although programme providers emphasised that once clients achieved stable housing and completed their case plans, they should be considered ready for reunification, child welfare workers often remained hesitant, reflecting biases that intersect with socioeconomic status. Similarly, a process evaluation of a reunification intervention for housing unstable families found that structural challenges associated with housing instability were compounded by stigmatising and emotionally draining interactions with child welfare systems (Bai et al., 2020). These studies highlight how families facing housing instability are subject not only to material inequities but also to professional scepticism that delays family reunification, extending children's time in out-of-home placements. Such delays can deepen the economic and emotional strain on these families, exacerbating existing inequities rather than mitigating them through the intended support mechanisms. This underscores how aligning perspectives and addressing implicit biases is critical to promoting socioeconomic equity in reunification outcomes.

Age

No studies directly explored the effectiveness of reunification interventions based on the child's age. However, one study highlighted the moderating role of parental age on substance use outcomes following a reunification intervention. Akin and McDonald (2018) focused on the impact of parental age, finding that at a six-month follow-up after parents participated in PMTO, parents' older age was associated with a decreased likelihood of improvements in substance use. Substance misuse variables (e.g. length of use, number and type of drugs), child factors (e.g. age, health, safety), and service histories (e.g. length of family contact with children's services) were not found to affect this relationship. Given that continued substance use impacts the likelihood of children and young people returning to and remaining in the care of parents, this study highlighted that reunification interventions may need to consider and be adapted to meet the needs of parents depending on their age. However, because these were novel findings, without support from prior literature, authors were unable to clarify why this occurred. Furthermore, this was the only study to investigate parental age on reunification-related outcomes, highlighting the need for further research in this space.

Violence in the household

One US-based evaluation of a reunification intervention providing in-depth family support using a strengths-based approach found that reunification was most likely to fail when children were physically violent in the household (six of 14 families), compared with those where parents were physically violent (three of 22 families; Lewandowski, 1997). This may be due to the increased rates of reunification failure when parents reported difficulty managing their child's behaviour, highlighting that parents may have been more able to voice their own needs compared with children.

When reunification failed, children with a history of violence in the household were more frequently placed in specialised care settings such as behavioural group homes and residential treatment facilities as a result. These findings highlight the need for targeted, family-centred interventions that address violence in the household and provide parents with the skills and support to manage challenging behaviours. Without such supports, children may be placed in increasingly restrictive environments. Critically, this study also highlights the need to ensure children and young people are supported to voice their experiences, preventing them from being at further risk of harm in the household. However, it must be acknowledged that this finding was based on a single study over 25 years old.

RQ3. How and why?

This section aims to understand the mechanisms underpinning successful interventions to support the development of replicable and scalable practices. Specifically, it explores the following two questions:

a. What are the key practice elements and components of successful reunification interventions?
b. How do these elements contribute to the stability, safety, and long-term wellbeing of families and children?

Practice elements and components

To identify the key practice elements and components associated with successful reunification interventions, moderator and subgroup analyses were used.

Theoretical framework

The theoretical framework for each intervention was extracted and coded into indicators for whether the intervention incorporated principles of social learning theory, was trauma-informed, and/or took a strengths-based approach. Moderator analyses found no evidence that interventions incorporating these theoretical components were associated with greater effectiveness.[44] Theoretical orientation alone does not appear to predict intervention effectiveness across studies of family reunification.

[44] Analyses included all 26 studies.

Levels of support

Different practice elements were extracted from studies of family reunification. The broad range of interventions meant many practice elements were only present in one or two studies. Practice elements were therefore coded into broader indicators of the intervention's target level of support: child-level (e.g. intervention teaches children emotion regulation skills, social skills, or problem solving skills, or supports education or mental health), family-level (e.g. intervention involves the child visiting the home, parents and children spending time together as part of a group, or family outings), parent-level (e.g. intervention teaches parenting skills, communication, emotion regulation, or problem solving skills, or helps parents identify social support), and/or service/ system level (e.g. provides financial support, practical assistance, or links parents to additional services). These levels are not mutually exclusive because an intervention could target multiple levels. Each level was investigated as a moderator to explore whether interventions targeting that level are associated with large effects.[45] No significant differences were identified, suggesting that the level at which support is targeted does not systematically predict effectiveness in reunification interventions. Residual heterogeneity remained high (*QE* $p<0.001$) across all four models, implying that other unmeasured factors likely contribute to variability in outcomes.

Pairwise correlations were run among the level dummies to assess collinearity. Correlations were small to moderate, with the largest correlation being between parent-level and service-level (−0.34). As the levels were not highly collinear, a joint model and a model exploring the effect of the number of levels targeted were also run. In the joint model (adjusted for overlap), individual coefficients were all around zero with wide confidence intervals and small p-values (Table 12). The omnibus test confirmed that no level of support showed a unique association with reunification outcomes ($F_{(1,\ 15.14)}=0.256$, $p=0.62$). Additional analysis testing the number of levels targeted suggested a small positive slope ($\beta=0.049$, CI: −0.16 to 0.26; Figure 14) but the association was not significant ($p=0.62$). As most interventions only target one level, and study precision was heterogeneous, this multi-level pattern must be treated as tentative.

Table 12. Results from cluster-robust meta-regression of intervention level of supports

	SMD	SE	*t*	df[1]	*p*	95% CI (lower)	95% CI (upper)
Intercept	0.162	0.240	0.675	12.040	0.513	−0.36	0.68
Parent level	0.028	0.213	0.133	11.030	0.897	−0.44	0.50
Child level	0.091	0.228	0.400	10.250	0.698	−0.41	0.60
Family level	0.049	0.169	0.291	8.440	0.778	−0.34	0.44

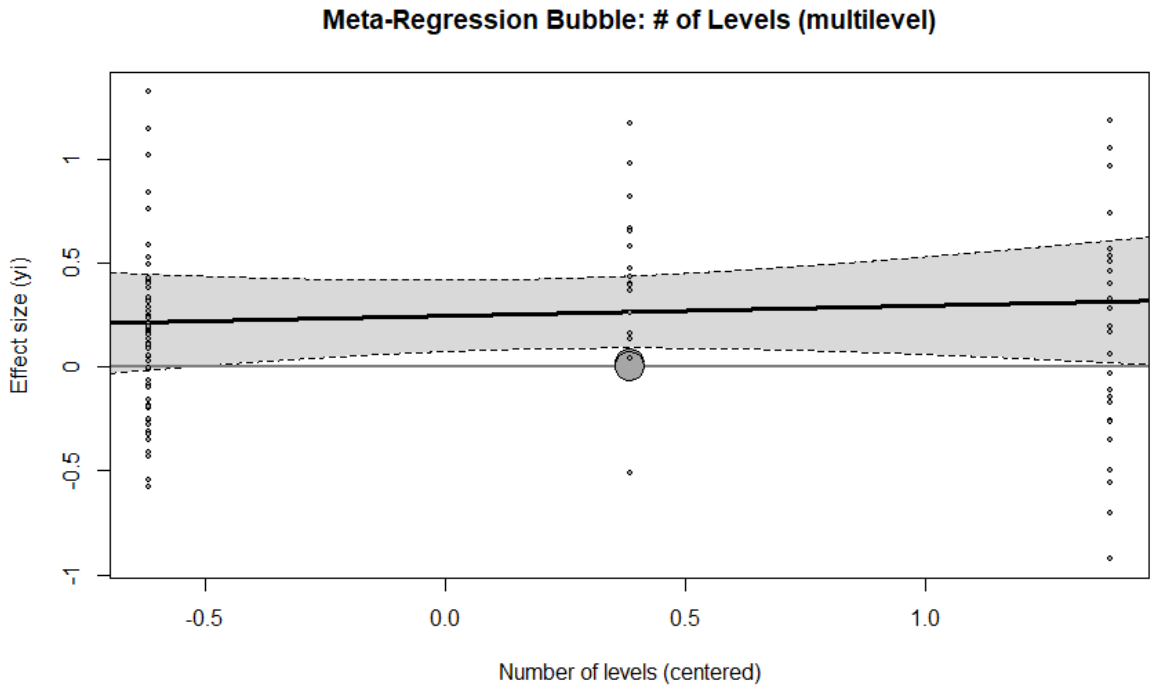
[45] Analyses included all 26 studies.

	SMD	SE	*t*	df[1]	*p*	95% CI (lower)	95% CI (upper)
Service level	0.067	0.225	0.297	11.610	0.772	−0.42	0.56

[1] Satterthwaite degrees of freedom.

Figure 14. Association between number of levels targeted by intervention and effect size of reunification interventions

(go to accessibility text)



Contribution to stability, safety, and wellbeing

As presented previously in RQ1, across all outcomes and studies, the multi-level model indicated a small positive average effect (SMD=0.25; 95% CI [0.08, 0.42]; *p*=0.006; *k*=112, n=26).

Contribution of different practice elements

When investigating practice elements, a service- (system)-level component was associated with improved parental substance use outcomes (SMD=0.73, 95% CI [0.24, 1.22], *p*=0.003; *k*=6, n=2),[46] demonstrating the positive impact on reunification of linking parents with treatment services. Presence of a parent-level component was associated with lower social support scores

[46] Harwin (2011); Landsman (2001).

(SMD=−0.96, 95% CI [−1.39, −0.53], p<0.001; k=15; n=4)[47]; meaning that when interventions explicitly targeted parents individually (e.g. parent skills training, parent mentoring), those interventions were linked to worse measured social support outcomes.

No moderators reached statistical significance for children remaining at home or child safety.

RQ4. Implementation

This section presents the findings relating to the following question:

a. What barriers and enablers impact the successful implementation of reunification interventions?

Fifty-three studies were included in the review of implementation. Of these, six were also included in the review of effectiveness data (Berry, McCauley, and Lansing, 2007; Harwin et al., 2011; Akin et al., 2014, 2017; Trescher, 2020; Rushovich, Hebert, et al., 2021). Thirty-three of the studies were conducted in the US, 11 in the UK (of which 10 were England only and one was England and Wales), six in Spain, two in Australia, and one in Portugal.

Thirty-two different approaches to reunification assessments and interventions were examined, with full details provided in Appendix D. The most examined were reunification practice frameworks (five studies), drug and alcohol courts (five studies), post-reunification services (four studies), social support during reunification (four studies), and the Strengthening Families Program (three studies).

Regarding the implementation outcomes examined, acceptability was examined in 34 studies, adoption in 14 studies, appropriateness in 12 studies, feasibility in 14 studies, fidelity in 20 studies, reach in nine studies, sustainability in seven studies, and cost in seven studies.[48] Details on the interventions, population sample sizes, settings, data collection methods, and outcomes examined are in Appendix D.

Findings

After analysing the included studies, several factors that facilitated or hindered the implementation of interventions for reunification were identified. This section focuses on common themes across reunification frameworks and interventions, rather than specific intervention types. These findings have been summarised in the 18 statements discussed below, organised using Proctor et al.'s (2011) Implementation Outcomes Framework. Summaries of each finding statement are provided, along with specific examples drawn from the qualitative studies and process evaluations. GRADE-CERQual was used to assess confidence in each of the 18 finding statements. The results indicate that there is a high degree of confidence in six of the findings, moderate degree of confidence in 11

[47] Akin (2018b); Landsman (2001); Leon (2016); Rushovich (2021).

[48] Most studies assessed multiple implementation outcomes, meaning the sum of these will not equate to the overall number of included studies.

findings, and low degree of confidence in one finding. Table 13 shows the GRADE-CERQual evidence summary, and the full GRADE-CERQual assessment is available in Appendix I.

Table 13. CERQual assessment of confidence in the evidence summary

Finding statement	Summary	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment	Studies contributing to the review finding
Acceptability.1	Interpersonal skills of intervention providers are essential to building trusting relationships with parents, children, and young people, supporting the perception of reunification interventions as acceptable	Moderate	This finding was graded as moderate confidence because of the moderate concerns about methodological limitations	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, 2022; 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, 2022; Vaquero et al., 2020; Rushovich, Hebert, et al., 2021; Saulnier, 2023; Julings and Allan, 2024
Acceptability.2	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	Moderate	This finding was graded as moderate confidence because of the moderate concerns about methodological limitations and minor concerns about adequacy	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

Finding statement	Summary	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment	Studies contributing to the review finding
Acceptability.3	Reunification is perceived as more acceptable when underpinned by a clear framework with appropriate assessments and action plans	Moderate	This finding was graded as moderate confidence because of the moderate concerns about methodological limitations and adequacy	Gill, 2015; Hyde-Dryden, Gibb, et al., 2015; Farmer and Patsios, 2016; Baginsky et al., 2017; Magilton, 2018; Ford and McKay, 2024
Adoption.1	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	High	This finding was graded as high confidence because of the only minor concerns about methodological limitations and adequacy	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
Adoption.2	Successful adoption/uptake of reunification interventions requires wider stakeholders' buy-in, commitment, openness, and effective communication	High	This finding was graded as high confidence because of the only minor concerns about methodological limitations	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

Finding statement	Summary	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment	Studies contributing to the review finding
Appropriateness.1	Flexibility in implementation, enabling an individualised approach that considers the specific needs of children and parents, improves the appropriateness of reunification interventions	Moderate	This finding was graded as moderate confidence because of the moderate concerns about methodological limitations and minor concerns about adequacy	Berry, McCauley, and Lansing, 2007; Jager et al., 2009; Farmer, 2014; Holzner, 2018; Bai et al., 2020
Appropriateness.2	Reunification interventions are more appropriate when they are responsive to the cultural and linguistic needs of participants	Moderate	This finding was graded as moderate confidence because of the moderate concerns about methodological limitations and minor concerns about adequacy	Madden et al., 2012; Hyde-Dryden, Gibb, et al., 2015; Lopez and Alejandra, 2017; Chambers et al., 2018; Harris and Becerra, 2020
Appropriateness.3	Considering the mental health and special educational needs and disabilities of family members, and accommodating adaptations where necessary, improves the appropriateness of reunification interventions	Moderate	This finding was graded as moderate confidence because of the moderate concerns about methodological limitations and minor concerns about adequacy	Harwin et al., 2011; Hyde-Dryden, Lawson, et al., 2015; Bai et al., 2019; Harris and Becerra, 2020

Finding statement	Summary	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment	Studies contributing to the review finding
Feasibility.1	The feasibility of implementing reunification interventions is affected by staff availability, multi-agency collaborations, and effective management	High	This finding was graded as high confidence because of the only minor concerns about methodological limitations	Spath et al., 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
Feasibility.2	The feasibility of implementing reunification interventions is affected by the availability of resources, including sufficient funding and infrastructure, with variation between locations	High	This finding was graded as high confidence because of the only minor concerns about methodological limitations	Hyde-Dryden et al., 2015; Stephens et al., 2015; Tyler et al., 2018; Bai et al., 2019; Rushovich et al., 2021; Ford and McKay, 2024a; Julings and Allan, 2024
Fidelity.1	Interventions are typically adapted to the needs of different contexts and individuals, reducing fidelity to the original design	Moderate	This finding was graded as moderate confidence because of the moderate concerns about adequacy	Magilton, 2018; Bai et al., 2020; Ford and McKay, 2024
Fidelity.2	The recommended frequency and dosage of reunification interventions was not always met, reducing fidelity	Moderate	This finding was graded as moderate confidence because of the moderate concerns about methodological limitations and adequacy	Trescher, 2020; Urrea-Monclus et al., 2020; Saulnier, 2023

Finding statement	Summary	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment	Studies contributing to the review finding
Fidelity.3	Fidelity can be enabled by staff training and monitoring that reunification interventions are implemented correctly, although the quality of this varies	High	This finding was graded as high confidence because of the only minor concerns about methodological limitations	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., 2018; Chambers et al., 2018; Bai et al., 2019; Harris and Becerra, 2020; Malvaso and Delfabbro, 2020; Rushovich et al., 2021; Teixeira et al., 2022; Julings and Allan, 2024
Reach.1	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	Moderate	This finding was graded as moderate confidence because of the minor concerns about methodological limitations and adequacy	Farmer, 2014; Balsells et al., 2017; Saulnier, 2023; Ford and McKay, 2024

Finding statement	Summary	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment	Studies contributing to the review finding
Reach.2	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	Moderate	This finding was graded as moderate confidence because of the moderate concerns about methodological limitations and minor concerns about adequacy	Balsells et al., 2017; Chambers et al., 2018; Holzner, 2018; Bai et al., 2020; Trescher, 2020; Julings and Allan, 2024
Sustainability.1	Persistent workforce shortages, difficulty retaining and recruiting intervention providers, and high caseloads hinder the sustainability of reunification interventions	High	This finding was graded as high confidence because of the only minor concerns about adequacy	Chambers et al., 2018; Rushovich et al., 2021; Saulnier, 2023; Ford and McKay, 2024
Sustainability.2	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 them	Moderate	This finding was graded as moderate confidence because of the minor concerns about methodological limitations and moderate concerns about adequacy	Hyde-Dryden et al., 2015; Farmer and Patsios, 2016; Magilton, 2018; Ford and McKay, 2024

Finding statement	Summary	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment	Studies contributing to the review finding
Cost.1	Reunification interventions are cost-effective compared with standard care, but implementation is affected by budget constraints	Low	This finding was graded as low confidence because of the serious concerns about methodological limitations	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

Acceptability

The first implementation outcome concerns the acceptability of reunification interventions to children and young people, parents, and professionals. Acceptability refers to the perceptions that the intervention or change, and drivers underpinning this, are agreeable, palatable, or satisfactory.

Finding Ac.1. Interpersonal skills of intervention providers are essential to building trusting relationships with parents, children, and young people, supporting the perception of reunification interventions as acceptable

Confidence in finding Ac.1: Moderate

Contributing studies: 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

Children, young people, and parents highlighted the value of positive interpersonal skills and attributes of practitioners as critical to reunification interventions being perceived as acceptable, and key to their initial and continued engagement. Children and young people were more likely to deem reunification interventions acceptable if trusting and caring relationships were established with professionals. For example, one adolescent found engaging in a reunification intervention acceptable because the professional "took care of me very well, they gave me affection, they were very attentive to me, they treated me very well" (Vaquero et al., 2020). Furthermore, young people credited reunification practitioners with advocating on their behalf, highlighting their desires (including returning home) with other child welfare practitioners (Malvaso and Delfabbro, 2020).

Parents valued being treated by practitioners in a kind, sensitive, and fair manner, with respect, and without judgement. These skills and attributes were credited by parents as helping them to build their "confidence" and motivating them to engage with a reunification intervention (Harwin et al., 2011, 2013; Malvaso and Delfabbro, 2020), while enabling them to overcome the initial distrust and fear they experienced due to their prior experiences with child welfare services (Rushovich, Hebert, et al., 2021). Emotional affirmation from practitioners was highlighted by many parents as key to helping them manage overwhelming emotions and stress during highly vulnerable times.

> "She always told me, 'You're not a bad mother. You're a great mom.'"
> – Bai et al., 2020

This tone of empathy and care allowed parents to feel safe and understood, which is critical for individuals with histories of trauma, substance use, or system involvement. In an intensive reunification programme run twice weekly in the US, practitioners and parents noted that parents were often angry, frustrated, and uncooperative initially. However, the patience, warmth, and flexibility of the practitioners, and the time taken to work through anger and frustration at the beginning of the process, were key in helping parents perceive the intervention as acceptable and begin more constructive work (Berry, McCauley, and Lansing, 2007).

Parents especially noted the "connection, comfort and guidance" provided by having support from someone who had been through similar experiences, such as a parent mentor (Lalayants, 2020). They reported feeling understood and empowered, and that they were able to work together with someone they trust to navigate the child welfare system (Harwin et al., 2011; Holzner, 2018). This was echoed by parent mentors, who felt their understanding of the system and reunification process enabled them to identify with parents, increasing the acceptability of engaging in an intervention.

> "More than anything, was the communication, having someone who spoke my language."
> – Parent: Chambers et al., 2018

> "We've been through the system, and we know what people are going through, and we can really identify with the stuff they're experiencing. And that's what makes it so successful."
> – Parent mentor: Holzner, 2018

It must be acknowledged that building a trusting relationship with practitioners takes time and requires continued engagement from all parties involved. Saulnier (2023) highlights that parents often bring complex emotional dynamics to reunification interventions, including shame, guilt, and fear, which require more intensive rapport-building efforts.

> "I began to see them as useful after eight months or so, not before, because I saw that they wanted to help me get my children back and be well."
> – Vaquero et al., 2020

Key factors supporting parents to view reunification interventions as acceptable included clear communication, action plans, and long-term support. In addition, helping parents to understand the situation and need for a reunification intervention is critical for accepting the support. The development of trust helped reduce the stigma parents associated with system involvement and fostered deeper engagement with reunification interventions.

Finding Ac.2. 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

Confidence in finding Ac.2: Moderate

Contributing studies: 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

Once trusting relationships with practitioners were established, these relationships became highly valuable to parents. Indeed, one parent described their coach as a "crutch" (Julings and Allan, 2024). This can lead to challenges when reunification support ceases, as evidenced by parents expressing disappointment when services ended, desiring post-closure check-ins or longer-term support (Bai et al., 2020). Some parents suggested the need for follow-up sessions to discuss any challenges, while allowing them to "stand on their own two feet" (Julings and Allan, 2024).

Trout et al. (2014) found that 89.6% of parents and 70.8% of children and young people believed post-reunification services were important or very important, with transition plans key to the

success. Such transition plans can prevent a sense of abandonment when ending long-term relationships with practitioners. Huscroft-D'Angelo et al. (2019) emphasised that continued mental health support, in particular, was needed for families post-reunification, to avoid any stressors associated with the child returning home leading to any reoccurrence of the problems that led to the child's initial removal. This demonstrates that once families establish positive relationships with professionals, often following a lengthy rapport- and trust-building stage, continued post-reunification services are perceived as highly acceptable and valuable for maintaining successful reunifications and enabling families to feel supported.

Finding Ac.3. Reunification is perceived as more acceptable when underpinned by a clear framework with appropriate assessments and action plans

Confidence in finding Ac.3: Moderate

Contributing studies: Gill, 2015; Hyde-Dryden, Gibb, et al., 2015; Farmer and Patsios, 2016; Baginsky et al., 2017; Magilton, 2018; Ford and McKay, 2024

Six studies evaluated an England-based NSPCC Reunification Practice Framework, which supports practitioners to apply structured professional judgements when making decisions on whether and how a child or young person should reunify with their parents. It provides practical guidance and tools for practitioners to support decision making (Farmer and Patsios, 2016). Practitioners and managers praised the Framework as being, clear, simple, and practical to implement, although some remarked on the length and complexity of the framework, suggesting that the "action sections should be as brief as possible to allow an easier overview" (Farmer and Patsios, 2016). Overall, practitioners expressed strong support for reunification practice when this was underpinned by a clear value base and framework.

Ford and McKay (2024) conducted a process evaluation to explore challenges that LAs in England face in delivering effective practice related to reunification. Most respondents (74%) across 75 of the 153 LAs that responded were using a reunification tool or framework, with 44% using the NSPCC Reunification Practice Framework. Ford and McKay (2024) highlighted that practitioners recognised a significant cultural shift over time, with reunification becoming a more accepted and embedded aspect of care planning:

> "There has been a huge shift from when we first started, so I think we've seen the culture change … People just feeling more confident to have conversations around returning children home."

This shift was particularly evident in specialist reunification teams, where practitioners demonstrated a deep understanding of the aims and benefits of reunification. Supporting this, Baginsky et al. (2017) highlighted that specialised reunification teams were recognised by courts as providing more comprehensive and consistent assessments and updates on parents' progress than social workers less experienced in reunification.

Parents with experience of the Taking Care Reunification Practice Framework[49] praised it for being better than previous assessments they had undertaken, especially due to the in-depth nature of the framework, the development of a chronology, and positive relationships with NSPCC social workers (Hyde-Dryden, Gibb, et al., 2015). Supporting this, Magilton (2018) highlighted that the framework allows a collaborative approach between practitioners and parents, which can support the reunification process, including recognition of areas of change needed:

> "... enables staff and parents to think creatively and realistically about risk and protective factors together".

This means that the framework can help to identify a wide range of support required, ensuring that all needs are adequately targeted (Gill, 2015).

Adoption

Adoption refers to the uptake of a reunification intervention or the establishment of an implementation target. It can be measured through indicators such as the uptake by services and communities.

Finding Ad.1. 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

Confidence in finding Ad.1: High

Contributing studies: 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

Some locations have specific reunification strategies, and others have adopted interventions as part of a wider social care policy. The level of adoption across areas varies, with some locations showing more uptake and consistency in implementation than others. In England, Ford and McKay (2024) found that only 19% of LAs have a dedicated reunification team when they surveyed staff from 75 LAs. Moreover, 56% of survey respondents reported that their LA does not have a reunification-specific strategy (Ford and McKay, 2024). Instead, many authorities in both England and the US embed their reunification efforts into broader permanency and care planning, or into existing workflows (Bai et al., 2019; Ford and McKay, 2024). In contrast, the Parent Management Training Oregon intervention was adopted after a long planning and strategic process, indicating a deliberate decision focused upon reunification (Akin et al., 2014). However, a lack of strategy does not mean that frameworks are not adopted. Ford and McKay (2024) found that 74% of survey respondents used a type of structured tool during the reunification process. Thus, it can be suggested that frameworks are adopted even when there is not a specific reunification team.

After successful implementation of reunification interventions in a single location, many providers aimed to expand adoption across multiple sites to share their success (Salveron, Lewig, and Arney, 2009). For example, the State of Michigan replicated the Boysville of Michigan Family

[49] Taking Care Reunification Practice Framework was the earlier version of the NSPCC Reunification Practice Framework.

Reunification Project across the state and provided information about the programme to Ohio, Wisconsin, Indiana, Washington, and Toronto (Administration for Children et al., 1991). In addition to multiple locations, adoption occurred across a range of systems. In one case, the Parent Mentorship Programme in California was adopted across domestic violence shelters, correctional facilities, and formal child welfare processes (Holzner, 2018). Therefore, there is an indication that some interventions can be adopted by other locations accordingly.

Finding Ad.2. Successful adoption/uptake of reunification interventions requires wider stakeholders' buy-in, commitment, openness, and effective communication

Confidence in finding Ad.2: High

Contributing studies: 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

The commitment and attitude of various stakeholders were imperative for the adoption of an intervention. Support from authority figures was deemed important for successful implementation (Harwin et al., 2011). Commitment from other staff, such as intervention providers and social workers, was crucial in enabling the everyday features of the intervention to take place. In the case of the Partnering for Success (PFS) programme in the US, staff helped with transportation and counselling referrals (Bai et al., 2019). A willingness to share personal experiences when interacting with families was perceived as particularly beneficial for mentor-based programmes, enabling the facilitating support groups, orientations, and outreach (Holzner, 2018). As one mentor recalled:

> "We actually went into one of the shelters … and when I shared my story of domestic violence, it just opened up so many doors … So, explaining to them about domestic violence, because I understood it … and that has been able to open their eyes to be, wanting to be safe."

Therefore, the attitude of staff and volunteers is important for bringing an intervention into new environments.

In addition to commitment, there is an indication that stakeholders working together can impact adoption of reunification interventions (Phillips, 2019, 2023), with effective communication helping to make a well-informed decision about the safety of reunification for a child and the types of interventions needed. In the case of PFS, the collaboration between child welfare workers and PFS staff allowed the programme to be adopted (Bai et al., 2020). Child welfare staff integrated the PFS staff into their work, especially when they had particularly high caseloads and limited time. However, there were reports that the child welfare workers appeared to view PFS staff as assistants rather than equal partners (Bai et al., 2019). One remarked:

> "Well if she [PFS worker] wants to be there, then let her monitor the visit. That will give us time to do something else."

This suggests a lack of desire to work together or appreciate each other's skills and expertise in the reunification process (Bai et al., 2019). Such instances made collaboration feel adversarial rather than cooperative. However, Spath et al. (2008) identified that good communication, clear

expectations and goals with partners, valuing teamwork, and regular interagency meetings support effective collaborations and improve the adoption of reunification interventions.

Appropriateness

Appropriateness refers to the perceived fit or relevance of an intervention to the given context or problem. This could include adaptations made to improve the intervention's fit with the context or its perceived usefulness.

Finding Ap.1. Flexibility in implementation, enabling an individualised approach that considers the specific needs of children and parents, improves the appropriateness of reunification interventions

Confidence in finding Ap.1: Moderate

Contributing studies: Berry, McCauley, and Lansing, 2007; Jager et al., 2009; Farmer, 2014; Holzner, 2018; Bai et al., 2020

Reunification interventions that were flexible and individualised were seen as most appropriate by parents and professionals (Jager et al., 2009). Parent mentors described tailoring their support to meet the specific needs of each individual, creating a personalised and responsive care plan (Holzner, 2018):

> "I always ask, 'What do you need?' … I will focus only on that."

Indeed, a lack of flexibility in implementing an intensive reunification programme in the US was criticised as a key barrier to its success (Berry, McCauley, and Lansing, 2007). This led to changes in implementation, with more flexibility in implementation allowed and content modified to respond to parents' needs and concerns. This approach was deemed to be more appropriate and effective for addressing challenges faced in the reunification process.

Similarly, the Partnering for Success (PFS) programme in the US was praised for addressing critical unmet needs of families involved in the child welfare system, indicating a high level of appropriateness (Bai et al., 2020). Clients were often managing multiple complex stressors including poverty, trauma, substance use, housing instability, and lack of social support. PFS addressed these intersecting challenges directly by providing tangible supports (housing, transportation, childcare supplies) and emotional coaching and counselling. The programme's alignment with the needs of its population was further reinforced by its flexible, strengths-based approach and emphasis on trauma-informed care. The support provided was not only practical but deeply responsive to the emotional and relational needs of parents, helping them build trust, self-advocacy skills, and resilience. As one worker summarised:

> "They're faced with a lot, and a lot of times it's just a matter of having someone work with you alongside and just normalize that."

Despite this, research in England suggested that there is a clear mismatch between the needs of families and the reunification services offered (Farmer, 2014). For instance, 46% of mothers and 17% of fathers involved in reunification were identified as misusing substances, but only 5% of these parents were offered substance misuse treatment. In addition, only 26% of families had all their identified needs addressed before reunification took place, indicating that many families with

complex and entrenched issues were not matched with adequate interventions. This gap between identified needs and provided services raises concerns about the appropriateness of reunification interventions, suggesting that reunification efforts were sometimes carried out without addressing underlying issues, which are critical for the long-term success of the process. This highlights the necessity of individualised reunification plans that are flexible and responsive to the needs of families.

Finding Ap.2. Reunification interventions are more appropriate when they are responsive to the cultural and linguistic needs of participants

Confidence in finding Ap.2: Moderate

Contributing studies: Madden et al., 2012; Hyde-Dryden, Gibb, et al., 2015; Lopez and Alejandra, 2017; Chambers et al., 2018; Harris and Becerra, 2020

Approaches that are responsive to the cultural and linguistic needs of families should be consistently embedded at all stages of the reunification process, from assessment through intervention to after-care services. Considering assessment, Hyde-Dryden, Lawson, et al. (2015) evaluated the implementation of the NSPCC Taking Care practice framework in England, an evidence-based assessment and planning framework that supports social workers in making decisions regarding reunification between children and parents. Two parents who had English as a second language felt they did not understand the assessment process until they were partially through it, despite a translator being available. It was suggested that cultural differences, including understanding court processes, English children's services, and the meaning of key terms such as adoption led to challenges in understanding. Identifying these challenges early and responding to them efficiently (e.g. using easy-to-understand language or providing more time to establish understanding) could improve the reunification assessment process.

The need for culturally responsive approaches to reunification interventions was highlighted as critical in many studies, with professionals demonstrating respect for cultural backgrounds and speaking parents' preferred languages consistently highlighted as supporting successful reunification (Chambers et al., 2018). Authors evaluating a parenting programme for its cultural and contextual relevance to Black and Global Majority and low-income families highlighted that adaptations were made, including "modifying the language of materials … scripts of role-plays, and examples used … to ensure relevance", "overtly addressing corporal punishment", and "offering a clear distinction between problem solving and conflict resolution". Lopez and Alejandra (2017) highlighted that without these cultural adaptations, the intervention ran the risk of being perceived as irrelevant and could have alienated clients.

Developing an understanding of cultural differences was also flagged as helping to reduce a misalignment between professional expectations and the lived realities of parents (Harris and Becerra, 2020). To support this, Madden et al. (2012) highlighted the need for professionals to be trained in how to adapt and provide interventions that are culturally competent, and reduced caseloads would further support this. Findings underscore the importance of culturally competent, linguistically accessible services as a foundation for equitable outcomes in family reunification efforts.

Finding Ap.3. Considering the mental health and special educational needs and disabilities of family members, and accommodating adaptations where necessary, improves the appropriateness of reunification interventions

Confidence in finding Ap.3: Moderate

Contributing studies: Harwin et al., 2011; Hyde-Dryden, Lawson, et al., 2015; Bai et al., 2019; Harris and Becerra, 2020

For parents, children, and young people with additional needs, consideration must be given to how assessments and interventions can be suitably adapted to meet these needs. Concerning assessments, Hyde-Dryden, Lawson, et al. (2015) evaluated the implementation of the NSPCC Taking Care practice framework. The authors indicated that the framework was adaptable to a range of client needs, although two parents with learning disabilities reported needing longer to absorb information about the assessment process, changes they needed to make, and how to embed these, as well as additional time to discuss with their advocates. The Taking Care process was praised as a more positive experience than previous assessments, with the NSPCC worker showing understanding and catering for parents' needs. Similarly, the Taking Care practice framework supported the embedding of additional time for a young person with ADHD to build a good relationship with their social worker, enabling them to share their views. Providing additional time and support for parents, children, and young people with SEN or learning disabilities can aid in more positive experiences of the reunification process, improving engagement.

Implementing reunification interventions that are adapted to the needs of families relies on professionals having adequate knowledge and training. However, an evaluation of a Family Drug and Alcohol Court indicates that the professionals lack specialism and knowledge in relation to learning disabilities and adult mental health concerns, which can impact the effectiveness of the intervention (Harwin et al., 2011). To overcome this knowledge gap, a clinical nurse was embedded within the team to support parents with additional needs. While this may be sufficient in specific circumstances, ensuring interventions meet the needs of families relies on all professionals having a working knowledge of learning disabilities and mental health, including ways to effectively adapt interventions to ensure they are suitable.

For some individuals with learning disabilities, substance use, or mental health concerns, their ability to communicate effectively can be impacted (Bai et al., 2019). This can also be impacted by experiences of trauma, which are common among parents involved in child welfare cases (Harris and Becerra, 2020). For example, Harris and Becerra (2020) found that parents felt the system ignored the complexity of their emotional states and lacked understanding when they experienced communication difficulties due to their trauma experiences:

> "I was literally going crazy in my head … guilt, depression … And when I finally did talk to her and explain, she was like, 'Oh, well. If you would have told me that, there would be no CPS case.'"

Having one consistent professional support them through the reunification process, with time given to building rapport and learning ways to communicate effectively, can support parental engagement and successful reunification (Bai et al., 2019). In addition, devoting time to helping parents regulate their emotions in high-stress interactions can support continued engagement with the reunification process (Harris and Becerra, 2020). However, this is reliant on professionals

having sufficient knowledge and understanding of communication difficulties associated with learning disabilities, trauma, and mental health concerns. This includes being able to recognise difficulties when they present and knowing how to respond to them effectively and adapt any ways of working to meet needs.

Feasibility

Feasibility is the extent to which the intervention can be implemented successfully in a specific context. Indicators of feasibility include an ability to deliver the intervention and evidence of practicality.

Finding Fe.1. The feasibility of implementing reunification interventions is affected by staff availability, multi-agency collaborations, and effective management

Confidence in finding Fe.1: High

Contributing studies: 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

Many reunification interventions are reliant on staff for programme delivery. However, staff do not always have the capacity to implement the intervention. Staffing problems can extend across the hierarchy, including a lack of management resources (Baginsky et al., 2017; Julings and Allan, 2024). Staffing problems can be exacerbated by already stretched teams, limiting the time available to implement (Ford and McKay, 2024). For example, FDAC staff worked on 30 to 35 active cases, making the team feel overstretched and struggle to dedicate the time needed for each case (Harwin et al., 2011). Conflicting priorities could also make it difficult to manage workloads, especially during periods of external deadlines (Harwin et al., 2011). The issue of large workloads was corroborated by Farmer and Patsios (2016), who found that staff resources were one of the main barriers to implementation. They noted challenges such as having a "busy diary" and a "huge increase in referrals and numbers of looked after children". In contrast, in the Family-to-Family model, these challenges were managed by reducing caseloads to provide staff with the time to supply intensive, individualised support to families (Chambers et al., 2018).

In addition to staff availability, the accessibility of staff and their ability to communicate with both other agencies and parents can affect the feasibility of the intervention (Baginsky et al., 2017; Holzner, 2018; Chambers et al., 2018; Harris and Becerra, 2020). Spath et al. (2008) examined the partnership between private and state welfare agencies in an intervention aiming to reunify families. They found that good communication was the most cited reason for the success of an intervention (18 out of 41 respondents); in particular, high accessibility to partners was regarded as important. The FDAC also deemed multi-agency collaboration to be vital, as shown by the Cross Borough Operational Group and Commissioning Group fostering ongoing collaboration between the three pilot boroughs (Harwin et al., 2011). In English LAs, staff described initial difficulties engaging with partners such as Independent Reviewing Officers, CAFCASS, and the family courts, noting that trust and a shared language around reunification were often lacking (Ford and McKay, 2024). Communication difficulties were also explored by Bai et al. (2019), who discovered that staff in the Partnering for Success programme found it infeasible to implement when they struggled to communicate consistently with their clients because "it's really hard to support somebody that you

really don't know". Therefore, as well as the presence of staff, their accessibility and communication can also have an impact on the feasibility of implementation.

Finding Fe.2. The feasibility of implementing reunification interventions is affected by the availability of resources, including sufficient funding and infrastructure, with variation between locations

Confidence in finding Fe.2: High

Contributing studies: Hyde-Dryden, Lawson, et al., 2015; Stephens et al., 2015; Tyler et al., 2018; Bai et al., 2019; Rushovich, Hebert, et al., 2021; Ford and McKay, 2024; Julings and Allan, 2024

Financial limitations were an oft-cited reason for difficulties implementing an intervention. Indeed, Ford and McKay (2024) found that 69% of LAs in England had faced financial challenges when attempting to deliver effective reunification practice. Furthermore, Tyler et al. (2018) evaluated the views of legal professionals on challenges faced by families during reunification and recommendations for post-reunification support to promote stability. During the focus groups, the professionals discussed the challenges that would make stable reunification less feasible, including financial issues. This was corroborated by Julings and Allan (2024), who evaluated Family Safeguarding for Children in Care, a programme featuring five different pilot projects to support reunification. Resource concerns were raised about Central – Specialist Adolescent Service Hertfordshire, with accessible budgets being suggested as an improvement for providing activities for families. In contrast, staff in the Partnering for Success programme were provided with flexible discretionary funds to help them deliver the programme (Bai et al., 2019). One worker reflected on this practical support, noting that Partnering for Success could "provide bus tickets or give clients rides", which directly helped recipients. These financial resources made the programme feasible even within the constraints of complex child welfare systems.

A lack of other infrastructural resources was also cited as a reason that reunification interventions cannot be delivered. Stephens et al. (2015) evaluated parents' support needs post-reunification, including the issue of access to resources. All six respondents mentioned the importance of housing for stable reunification. One mother described how her children were in care for an extra six months due to a lack of housing. Some respondents also discussed difficulties in accessing medical support. One father stated that his son "had no medical" support when he returned home, and another parent described how their son had not been given "anything" for his asthma. Thus, resource issues can extend beyond finances to other practical support.

The availability of resources can vary by location, meaning that feasibility may be impacted more in some regions than others. For example, in their evaluation of the Taking Care reunification practice framework, Hyde-Dryden et al. (2015) found that the availability of support, such as therapeutic services, may vary across different LAs in England. Similarly, the feasibility of implementing the Success Coach model was hindered by uneven access to critical community resources across counties (Rushovich, Sepulveda, et al., 2021). Both caseworkers and programme staff reported that parenting programmes, mental health services, and substance treatment were often limited or unavailable, especially in rural areas. As one caseworker described, "in a small county, there's hardly any support". In interventions where delivery occurs across multiple locations, it is critical that low-resource contexts are provided with the materials they need to deliver at the same level and quality as other areas.

Fidelity

Fidelity is the implementation outcome that measures the degree to which the intervention was implemented and delivered as intended.

Finding Fi.1. Interventions are typically adapted to the needs of different contexts and individuals, reducing fidelity to the original design

Confidence in finding Fi.1: Moderate

Contributing studies: Magilton, 2018; Bai et al., 2020; Ford and McKay, 2024

Interventions were sometimes adapted to fit the context they were being delivered in, meaning that they may not have been implemented as originally intended. In their evaluation of the challenges faced by LAs in England during reunification processes, Ford and McKay (2024) found that some authorities were using reunification frameworks, such as the NSPCC Reunification Practice Framework, inconsistently across teams and adapting frameworks to suit local contexts. It appeared that some practitioners were using the tools and applying them flexibly, and a systematic approach across the teams was lacking. However, it was argued that the lack of detailed national guidance means that LAs have developed their own interpretations of what constitutes best practice when delivering reunification implementation models. Similarly, Magilton (2018) found that only one LA used the NSPCC Reunification Practice Framework in its original format. The findings showed that the main change made to the Framework was shortening it, including one LA transforming it into a summary instead. One manager described how they had "tailored" the Framework, but it remained "the basis behind our assessments". Thus, the Framework is deemed by some LAs to be adaptable, instead of following a prescribed approach.

Sometimes, programmes would be adapted to meet the needs of individual participants. Bai et al. (2020) conducted a process evaluation to explore how the Partnering for Success (PFS) programme as part of the Family Critical Time Intervention (FCTI) was implemented for housing unstable families with children in foster care. While the programme largely followed the structure of the FCTI model, adaptations were made in response to client needs and contextual realities. For example, rather than adhering strictly to the 12-month service timeline, PFS workers closed cases when families had reached key stability markers: stable housing, permanency, school enrolment, and connections to services. One PFS worker acknowledged, "It is healthy to close cases … and communicating to clients like 'you can do this'", but also noted that "things aren't always gonna be tied up in this really pretty bow". This flexible approach suggests that, while the programme retained the core process of FCTI, it adjusted timelines and intensity to match client progress. Magilton (2018) also found that the length of the intervention could be changed to meet differing needs. However, the needs may be applicable to a whole context rather than only the individual, in contrast to PFS. For example, one LA in England implemented the NSPCC Reunification Practice Framework over four instead of six months because of the timings of court processes. These findings suggest that implementation fidelity is not always possible or deemed suitable in certain contexts. The need for flexibility in implementation (as seen in Finding Ap.1) is more critical for successful reunification, although modifications to interventions should be regularly assessed and evaluated.

Finding Fi.2. The recommended frequency and dosage of reunification interventions was not always met, reducing fidelity

Confidence in finding Fi.2: Moderate

Contributing studies: Trescher, 2020; Urrea-Monclus et al., 2020; Saulnier, 2023

Some interventions had a prescribed dosage and frequency for the participants. Saulnier (2023) conducted a mixed-methods study to examine how Child-Parent Psychotherapy was implemented in a large child welfare setting in the US. Procedural fidelity was impacted by low session frequency: only 9 out of 171 cases met the recommended frequency of weekly sessions, with sessions occurring every 15 days on average. The complex scheduling required to include biological parents, especially in conjunction with foster caregivers, was cited as a contributing factor to this deviation. Similarly, Trescher (2020) examined the fidelity of the Parents for Parents programme through whether the dosage was as prescribed. Dependency 101 sessions were intended to be held twice a month but were held once a month in each county. There was a lack of consistency on the data recorded for the number of Dependency 201 and mentoring sessions, so the author did not draw conclusions on their fidelity.

Critically, infrequent delivery of an intervention could be because of participant behaviour. For example, Urrea-Monclus et al. (2020) found that there were concerns about the fidelity and quality of the "Walking family" positive parenting programme due to parental attitudes. Part of the programme includes family visits, but the authors stated that not all participants had the number of visits required to keep pace with the programme. One child reported that they had not seen their father "for three or four months because he is as stubborn as a mule", suggesting that parental behaviour can affect dosage fidelity. Thus, personal and structural challenges can prevent interventions from being implemented as intended.

Finding Fi.3. Fidelity can be enabled by staff training and monitoring that reunification interventions are implemented correctly, although the quality of this varies

Confidence in finding Fi.3: High

Contributing studies: 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; Teixeira et al., 2022; Julings and Allan, 2024

Many authors highlighted the importance of training staff to ensure that the intervention was delivered as intended (Administration for Children et al., 1991). The training would often cover skills and strategies needed to deliver the programmes (Holzner, 2018). Practitioners and staff reflected on the quality of the training and how their practices had improved as a result (Farmer and Patsios, 2016; Holzner, 2018; Julings and Allan, 2024). For example, staff participating in

FSCIC's[50] Trauma Hub reported on how the training "helps us to understand the child and parent behaviour", potentially leading to higher-quality programme delivery (Julings and Allan, 2024).

However, the quality of the training was not always consistent, which may have affected the fidelity of intervention delivery. Staff in the Adolescent Reunification Program in Australia were sometimes critical of the training quality and its ability to help staff manage more complex cases (Malvaso and Delfabbro, 2020). One respondent suggested that "if we can all be trained in what [the therapist] has, we could help clients in the same way". The quality was especially low in rural areas, with staff citing a lack of adequate training and support as one of the reasons it was harder to deliver the intervention in these regions. Furthermore, training did not always provide staff with the skills required to deliver elements of the intervention. Farmer and Patsios (2016) evaluated the NSPCC Reunification Practice Framework in three LAs in England. The framework included generating chronologies and the data showed that "developing chronologies was a skill that not all the workers had", suggesting that extra training may be required. This was corroborated by Hyde-Dryden et al. (2015), who reported that social workers of differing levels of expertise were undertaking the chronologies, potentially leading to differing levels of quality. The need for extra training was noted; indeed, during the learning sets, nine practitioners proposed additional training for the intervention, including "more workshops, a training day, on-line resources and a video" (Farmer and Patsios, 2016). This was echoed by the managers, who believed that the practitioners would need further training to implement the framework.

In addition to initial training, some implementers monitored the interventions to check for fidelity. Ongoing feedback and supervision were provided to ensure the quality of the interventions (Chambers et al., 2018; Bai et al., 2019; Harris and Becerra, 2020; Teixeira, Narciso, and Henriques, 2022). For example, all Parent Management Training Oregon (PMTO) sessions were video recorded and uploaded to a secure portal for potential review by trained coaches and fidelity raters (Akin et al., 2018). Practitioners submitted four recorded sessions as part of their certification, followed by annual ratings. Until certification was obtained, staff received quarterly fidelity ratings in knowledge, structure, active teaching, process, and overall delivery. When practitioners received a rating of 1–3 ("needs work"), they would be provided with additional training. Initial fidelity scores averaged 5.0, and through structured training and ongoing coaching they rose to 6.3, exceeding the target fidelity benchmark of 6.0 (Akin et al., 2014). Similarly, Rushovich et al. (2021) found that fidelity to the Success Coach post-reunification programme was actively monitored through a multi-layered supervision system. Supervisors conducted monthly case reviews, evaluated staff performance, and tracked service delivery through the Success Coach database, which included case notes, assessment scores, and detailed logs of services provided. In both examples, the consistent monitoring ensured that the model could be delivered as intended.

Reach/penetration

This implementation outcome examines the extent to which the intervention has been integrated into a service setting or reached eligible recipients. This can be determined by the ratio of

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recipients to the target population and any evidence of the implementation's saturation or integration.

Finding R.1. 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

Confidence in finding R.1: Moderate

Contributing studies: Farmer, 2014; Balsells et al., 2017; Saulnier, 2023; Ford and McKay, 2024

Reunification practice shows uneven penetration both within and across regions. Efforts are more concentrated, and reach is relatively high among adolescents (particularly in regions grappling with acute placement shortages), where reunification is seen as a more urgent or necessary solution (Ford and McKay, 2024). In contrast, the reach of reunification with younger children is notably limited. Many authorities acknowledged that their teams often lack the confidence, specific training, or mandate to engage effectively with this group. Moreover, there is a tendency to overlook younger children who appear "settled" in placements, even when reunification would be developmentally beneficial, suggesting a potential gap in proactive practice. Consequently, many families remain unsupported, with 40% of children and 17% of parents receiving no support during or after reunification (Farmer, 2014).

Furthermore, inconsistencies in service provision occur depending on parents' gender. For example, in the US, biases and assumptions surrounding parents' cognitive capacity, mental health, and substance use act as a barrier to parental engagement in Child-Parent Psychotherapy (CPP). Fathers were significantly underrepresented, with only 11.7% of cases having a father participate, compared with 50.9% having a mother participate (the remainder were foster carers; Saulnier, 2023). Reach and penetration were also affected by inconsistencies in after-care service provision, which was unavailable in some areas (Balsells et al., 2017).

Finding R.2. 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

Confidence in finding R.2: Moderate

Contributing studies: Balsells et al., 2017; Chambers et al., 2018; Holzner, 2018; Bai et al., 2020; Trescher, 2020; Julings and Allan, 2024

Many reunification programmes struggled with inconsistent engagement and low reach. For example, the family group conference (FGC) expansion had notably low engagement; only 17 of the 67 eligible families engaged with this service. Practitioners attributed this to families' beliefs that FGCs "didn't work" in the past, not wanting to be a "burden" to family and friends, and feeling overwhelmed at the number of professionals involved (Julings and Allan, 2024). A programme aiming to connect with parents at initial shelter care hearings, Parents for Parents (P4P), faced similar significant challenges, with a lack of attendance from parents and difficulties contacting and reaching parents ahead of hearings (Trescher, 2020).

This contrasts with programmes that demonstrate success through highly localised, relationship-based adaptive models. For example, the Family-to-Family pilot intentionally focused on a small, defined group and achieved strong engagement with both families and community partners, with parents reporting close, positive working relationships with caseworkers (Chambers et al., 2018). The Parent Mentorship Programme (PMP) (Holzner, 2018) also had a broad and diverse reach, integrating into non-traditional settings like correctional facilities and domestic violence shelters. To do so, specific cultural and linguistic barriers had to be effectively addressed, with opportunities for translations and materials/sessions adapted for those unable to read. This suggests that although deep penetration is possible with tailored and targeted approaches, the challenge remains in achieving consistent, system-wide reach without leading to a "saturation" of support that could cause families to disengage (Balsells et al., 2017).

Sustainability

Sustainability refers to the ability of providers to maintain or institutionalise the intervention over time.

Finding S.1. Persistent workforce shortages, difficulty retaining and recruiting intervention providers, and high caseloads hinder the sustainability of reunification interventions

Confidence in finding S.1: High

Contributing studies: Chambers et al., 2018; Rushovich et al., 2021; Saulnier, 2023; Ford and McKay, 2024

Maintaining and expanding reunification services depend on the availability of skilled practitioners with the time, supervision, and expertise to deliver nuanced, relationship-based work. However, high caseloads, recruitment difficulties, and limited professional development opportunities restrict the growth and expertise in reunification, particularly for those working with younger children where reunification expertise is less available. Without targeted investment in training and retention, the depth and reach of reunification practice are unlikely to grow sustainably (Ford and McKay, 2024).

High staff turnover was a concern in some interventions (Rushovich, Hebert, et al., 2021; Saulnier, 2023). According to Ford and McKay (2024), 65% of LAs in England shared concerns about recruitment and staff retention. High turnover of clinicians was flagged as a barrier disrupting therapeutic continuity and adding to service lengths in Child-Parent Psychotherapy (Saulnier, 2023). This was described by clinicians as leading to families having to "start over", increasing their scepticism of the system and support. Given the intensive relational work required to build trust with parents, such disruptions threaten the long-term viability and sustainability of reunification interventions. Staffing barriers were also highlighted as a concern when moving from a pilot reunification programme, which specified reduced caseloads and dedicated resources, to wider implementation in mainstream services where these could not be guaranteed (Chambers et al., 2018). This demonstrates that for reunification interventions to be sustainable, wider systemic barriers leading to workforce shortages and high caseloads need to be sufficiently addressed.

Finding S.2. 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

Confidence in finding S.2: Moderate

Contributing studies: Hyde-Dryden et al., 2015; Farmer and Patsios, 2016; Magilton, 2018; Ford and McKay, 2024

While some LAs in England have begun embedding reunification within broader permanency planning frameworks by reallocating resources, building specialist teams, and formalising pathways, many others continue to face fragile infrastructure and policy "cliff edges" (Ford and McKay, 2024). The absence of a shared national framework remains a major barrier to sustainability. Inconsistent tools, varied thresholds, and unclear responsibilities across agencies lead to fragmented practice and variable outcomes. Many authorities voiced a strong desire for national guidance, akin to the Working Together to Safeguard Children guide, that sets out clear expectations, offers practical tools, and reinforces that reunification is "everybody's business". Such a framework, they suggested, would help solidify partner engagement, support consistent decision making, and provide a platform for scaling good practice (Ford and McKay, 2024).

Farmer and Patsios (2016) evaluated a Reunification Practice Framework in three LAs. Over half of practitioners believed that the framework would be "easy" for other LAs to use due to its clarity, demonstrating that this should be sustainable to implement. Regarding the Taking Care reunification practice framework, Hyde-Dryden et al. (2015) found that staff buy-in and familiarisation with the framework are key for its sustainable use. However, restructuring within LAs may lead to a lack of consistent use of the Framework, because:

> "The challenges of reorganisation and staff retention have been too great to overcome enough to embed the tool."

In contrast, some LAs had the strategic buy-in and committed personnel to enable sustainability. One manager reported that the Framework "fitted well" into their strategy, while another described how "the working group were all passionate, keen and wouldn't let it drop", demonstrating the clear commitment of staff (Magilton, 2018). However, Hyde-Dryden et al. (2015) flagged concerns that there would not be enough resources available if the NSPCC was not involved in implementing the framework, demonstrating the need for external collaborations to maintain sustainable implementation.

Cost

Finding C.1. Reunification interventions are cost-effective compared with standard care, but implementation is affected by budget constraints

Confidence in finding C.1: Low

Contributing studies: 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

Three studies from England and three from the US provided data related to the cost of implementing reunification interventions. These were consistently considered more cost-effective than standard care. For example, in England, Coventry City Council (2025) estimated that it saved £3,049,361 from providing reunification interventions to 34 families from 2021 to 2024. Similarly, FDACs were estimated to save £1,215 per family supported, while the shorter hearings and lower necessity for lawyers present provided a cost-saving of £682 per family. Children whose parents engaged in FDAC hearings also spent less time in out-of-home placements, resulting in a median saving of £4,193 for the LA (Harwin et al., 2011). Family Treatment Courts (FTC) in the US were also viewed as cost-effective; Sieger et al. (2023) calculated that the overall cost of the FTC over the four years of the project was $635,640.23, including the costs of a coordinator, in-kind support for staff, and substance use treatment. The results suggested that FTC could save on average 361.2 days in foster care and approximately $26,245.67 per child, presuming that the cost of one day of foster care is $92. Furthermore, Somervell, Saylor, and Mao (2005) found that having access to a public health nursing intervention for women, as part of a drug dependency court, can lead to cost savings associated with reunification. However, exact costs or associated savings were not reported.

An intervention aimed at reducing child removals due to poverty-related conditions provided $2.98 million in payments to 4,218 families in 2002 and an additional $698,777 to support 1,404 families through the Housing Advocacy Program (Eamon and Kopels, 2004). While these expenditures represented only 0.3% of DCFS's[51] total $1.4 billion budget, they yielded significant fiscal returns, with children from families who received cash assistance less likely to enter care or spending fewer days in care. Reunification was also significantly more likely for families receiving cash assistance, with an estimated saving of $1,798 per family.

However, financial pressures also serve as a significant barrier to delivering the level of pre- and post-reunification support that practitioners believe is needed for long-term success. Budget constraints frequently limit the capacity of reunification teams and restrict access to essential support services, such as therapeutic input, parenting programmes, or sustained multi-agency involvement (Ford and McKay, 2024). This creates a paradox: although reunification may be economically advantageous in theory, the up-front investment required to ensure its stability is often seen as unaffordable within current funding envelopes.

Moreover, financial considerations appear to shape not only the feasibility but also the strategic focus of reunification efforts. The prioritisation of adolescents who are often in costly, unstable placements reflects an economic calculus as much as a clinical or developmental one. For younger children, whose placements may be less expensive and more stable, the financial imperative to pursue reunification appears to be less immediate (Ford and McKay, 2024). As a result, decisions around who is considered for reunification, and how intensively they are supported, are often filtered through a lens of resource optimisation rather than solely through assessments of family readiness or child wellbeing. Without sufficient funding and strategic investment, authorities face ongoing tension between the need to contain costs and the aspiration to provide robust, child-centred reunification support. This dynamic highlights the importance of a long-term, 'invest-to-

[51] Department of Children and Family Services

save' approach, where up-front funding for high-quality reunification is recognised not just as a moral imperative but as a financially sound strategy.

PRIMARY RESEARCH

Research questions

RQ5. Perspectives of those that have received or provided reunification interventions

This chapter reports on findings from the primary research to understand the lived experiences of young people, parents, and families who have experienced successful or unsuccessful reunification. It also explores the experiences of professionals working to reunify families. This section explores the following research questions:

a. What are the views and experiences of individuals with experience of reunification, specifically parents, young people, and practitioners, regarding the acceptability, relevance, and usefulness of reunification interventions?
b. What barriers and enablers impact the successful implementation of reunification interventions?

Methods

Protocol registration

This primary research followed a review protocol registered with the OSF[52] and published on the Foundations website.[53] The protocol was developed alongside the evidence synthesis protocol, by experienced qualitative researchers and social care practitioners. The protocol was reviewed by a member of the Foundations Advisory Group and staff at Foundations more broadly before publication. A protocol for the primary research had to be written separately from the evidence synthesis protocol because this was used for a full ethical review. Two separate protocols were also requested by Foundations. There were no deviations from the protocol.

This report utilised the CASP checklist to support rigour, transparency, and quality in reporting (Critical Appraisal Skills Programme, 2024).

Ethical review

Ethical approval for this study was obtained from NCB's ethical review panel (Approval ID: EP1001). The panel included four subject matter experts independent of the research. Three held

[52] See: osf.io/f9bdy.

[53] See: https://foundations.org.uk/our-work/current-projects/systematic-review-of-interventions-to-support-reunification-associated-outcomes.

senior roles at NCB, and a fourth reviewer was external to NCB to provide further independence and an external perspective.

All participants were fully informed of the research purpose, process, and potential emotional impact given the subject matter, with written consent obtained. Participants were informed of their right to withdraw without needing to give a reason and without facing any negative consequences. This was reiterated throughout the research process to ensure that they felt in control of their participation. Confidentiality was strictly maintained, with all personal information securely stored and access limited to the research team. Any identifying details were removed to protect privacy. Anonymity was preserved through the reporting of data in aggregate or generalised form to prevent identification. After participation, all individuals were debriefed and provided with appropriate support resources.

Safeguarding considerations for the study were comprehensive and aligned with NCB's safeguarding policy. An initial risk assessment was conducted during a screening call (outlined below) to identify participants with active key workers, whose contact details were collected for follow-up if needed. Two facilitators were available at all focus groups, enabling participants to be taken to a breakout room should a safeguarding concern be disclosed. This included explaining any necessary reporting steps to the participant involved. NCB policy requires safeguarding concerns to be recorded in NCB's CRM system (Salesforce) and the designated safeguarding lead and/or deputy leads immediately contacted for follow-up. All facilitators held enhanced DBS checks, received regular safeguarding training, and followed consent and inclusion best practices to ensure safe, ethical engagement.

Design

The primary research followed a sequential mixed-methods design. Initial focus groups were conducted with professionals, parents, and young people, followed by the development and distribution of a survey for professionals. Further focus groups were conducted with professionals, young people, and parents. In addition, one-to-one semi-structured interviews were conducted with parents and young people who preferred this format, ensuring they were able to participate.

Participants

Focus group participants

Parents and young people (aged 16–25) were eligible to participate if they had direct experience of reunification within the past 10 years. The age range for young people was selected because it enabled young people to participate in focus groups without parents or guardians present, having the opportunity to speak more freely. They were also able to give full, informed consent, without the need for parental/carer consent, as per NCB policies.

Professionals were eligible to participate if they had supported a family with reunification within the past 10 years. Twenty-eight participants took part in focus groups or one-to-one interviews. This included 12 young people, 6 parents, and 10 professionals. Across all focus groups, 75% of participants were female, 17.86% were male, 3.57% identified as transgender, and 3.57% identified as non-binary. Regarding ethnicity, 82.14% of participants identified as white and 17.86% as Black and Global Majority. SEND were reported by 21.43% of participants.

Although the EDIE targets indicated in the protocol were attained overall, the extent to which they were attained within each focus group type differed. Of the 12 young people, 58.33% were female, 25% were male, 8.33% identified as transgender, and 8.33% as non-binary. Seventy-five percent of young people were white and 25% were Black and Global Majority, and 30% reported having SEND. Regarding time in out-of-home care, 8.33% of young people had spent 1–2 years in care, 33.33% 3–5 years, 25% 5–10 years, 8.33% 10+ years, and 25% reported being in care since infancy (aged <one year) and remaining in care until the age of 18 years (with short periods of reunification). Three out of the 12 (25%) young people self-reported that they had experienced successful reunification and nine (75%) had experienced unsuccessful reunification.

For the six parents, despite targeted recruitment, all participants were female, 83% were white, 17% were Black and Global Majority, and 30% reported SEND. Regarding care experience, 16.67% of parents had a child in out-of-home care for less than one year, 50% for 1–2 years, and 33.33% for 3–5 years. Five out of the six parents (83.33%) self-reported that they had experienced successful reunification and one had experienced unsuccessful reunification.

Of the 10 professionals, 86.08% were female, 13.92% were male, 92.41% were white, and 7.59% were Black and Global Majority. No disabilities were reported among the practitioners; however, this may have been due to the method used for recruitment. Unlike young people and parents, who completed a short survey before the focus group, practitioners provided demographic information by email and were asked to inform NCB if they had any disabilities that required adjustments to the format and processes of the focus group. Given that adjustments may not have been required, it is reasonable to assume that disabilities among practitioners were under-reported.

Survey participants

The survey received 77 responses from professionals working with care-experienced children, young people, or their families, of which 13 had only completed the demographic characteristics. A further 11 dropped out of the survey following the questions about their role. After removing these null responses, the final sample size was 53. A further 14 respondents dropped out of the survey at later points; the relevant sample size for each section is specified. As the analysis was descriptive rather than inferential, imputation of missing data was not considered appropriate. There were no obvious trends in the demographic characteristics of those who dropped out so data appears to be missing at random.

The majority of respondents were female (92.5%) and identified as white (English, Welsh, Scottish, Northern Irish, or British: 81.1%; Gypsy or Irish traveller: 3.8%; Irish: 3.8%; any other white background: 1.9%). Other ethnicities represented were Indian (5.7%), Black Caribbean (1.9%), and mixed white and Asian (1.9%).

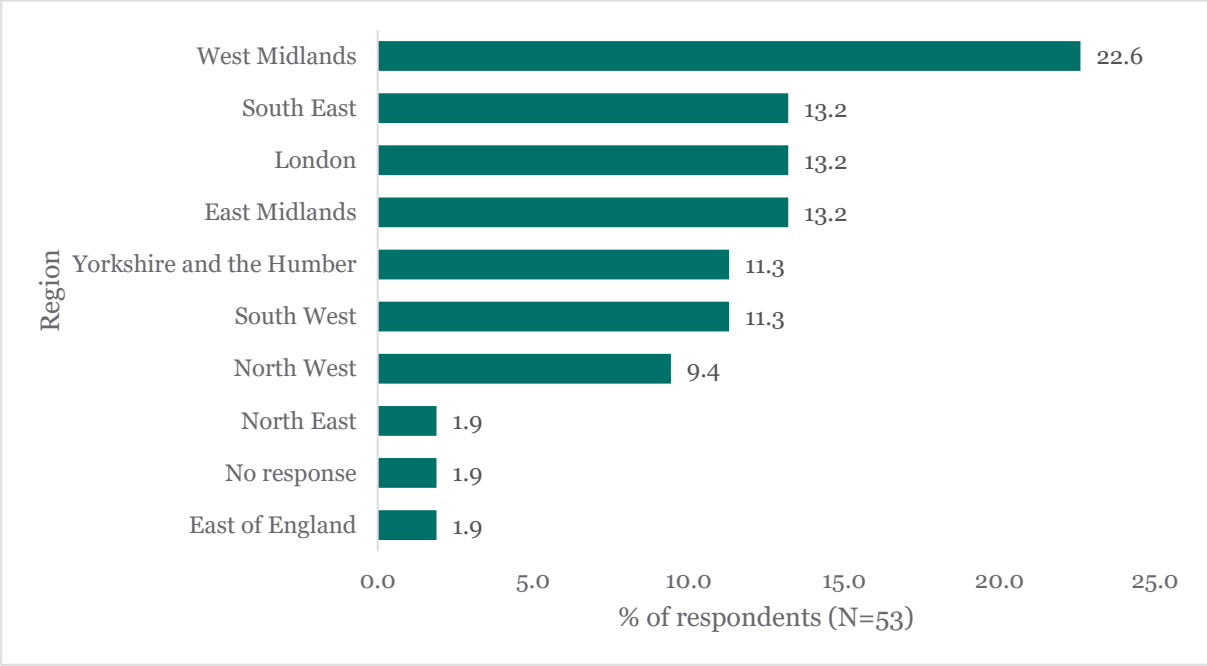
Most respondents worked for their LA (75.5%). Among these respondents, 15 were social workers, 13 were team managers or coordinators, 11 were support workers or practitioners, and one was a foster carer. Among respondents working for other organisations, five worked for CAFCASS as a Family Court Adviser or children's guardian, two worked for fostering agencies, two were foster or kinship carers, one was an independent social worker, one was a freelance consultant working with several LAs, one worked in the charity sector, and one in supported accommodation. Fourteen respondents (26.4%) worked in a specialist reunification team and over three-quarters (79.2%) worked to support families with reunification regularly. Almost all respondents (90.6%) had direct

experience of supporting families with reunification within the past 10 years, although this was not a requirement of participation in the survey. Those without direct experience of reunification were also included to capture the views of professionals who have decided that reunification is not appropriate for the families they work with or work in LAs where reunification is not prioritised.

Around a fifth of respondents had been in their role for less than a year (20.8%), half for 1 to 4 years (49.1%), 11.3% for 5 to 9 years, and 18.9% for 10 years or more. Respondents worked across England, with the Midlands and London/south-east being particularly well represented (Figure 15).

Figure 15. Regional distribution of practitioner survey respondents

(go to accessibility text)



Recruitment

The recruitment of participants began with stakeholder mapping. This involved identifying key organisations and stakeholders connected to reunification through existing relationships at NCB and Foundations, as well as searching for new contacts via local authority websites. In total, 70 different individuals, organisations, and networks were identified. A range of recruitment materials were then created, tailored to the different recruitment groups (young people, parents, and practitioners). These were shared with individuals, organisations, and networks so that they could disseminate the call for recruitment. Alongside this stakeholder mapping, NCB ran a social media campaign to promote the call for recruitment. This included posting on LinkedIn, X, Facebook, Bluesky, and Instagram. This approach was used to recruit participants across focus groups, one-to-one interviews and the survey.

Materials and measures

Focus groups

Young people and parents who expressed interest in participating took part in short screening calls before being selected for a focus group. This call ensured their experience was relevant and provided an outline of the focus group ground rules and processes. Participants were then invited to choose from one of three available dates, with the option of a one-to-one interview available if preferred. Verbal consent was sought at this stage, with participants completing a consent form via email afterwards. Professionals interested in participating contacted the researchers via email to book onto a focus group and were offered an available place. Ahead of the focus groups, professionals were asked to complete a consent form. The focus groups followed a semi-structured approach, underpinned by topic guides with open-ended questions, probes, and prompts. The guides also included facilitator scripts for the briefing and debriefing sections and instructions for online activities used in the young people's focus groups. Verbal consent was re-sought at the outset of all focus groups.

Regarding the focus groups, key topics included decision making (e.g. what should adults do to make sure young people are listened to before being reunified?), support (e.g. how do you think support from social workers or other services affects the reunification process?), and hopes and ideas (e.g. what do you think is the most important thing to get right in reunification?). Full topic guides for each of the focus groups are available online.[54]

Survey

The survey for professionals was developed in partnership between NCB's social care and research teams, before being piloted internally with a social care expert and externally with a social worker prior to dissemination. The survey covered similar themes to the focus group, namely attitudes towards reunification, decision making processes, organisational factors affecting the reunification process, and the availability and effectiveness of specialist support for families, as data from initial focus groups was used to identify key themes where more quantitative data could be useful. This included rating attitudes towards reunification, ranking types of support or interventions, and quantifying the prevalence of barriers and enablers. For example, professionals were asked to rate factors that posed a barrier to supporting children and families through the reunification process on a 1–4 Likert scale, where 1 = very frequently a barrier and 4 = never a barrier. Examples of factors included having up-to-date information about the parent(s)'s current situation, reliable communication between parents and LA, suitable housing, availability of financial support for families, appropriate educational placements for children being reunited, and adequate social worker capacity. The survey also included some qualitative open-ended questions around hope and

[54] See: osf.io/pgxft.

ideas for the future of reunification in England and gathered basic demographic information. The full survey is online.[55]

Procedure

Focus groups with young people, parents, and practitioners were conducted online via Microsoft Teams or Zoom and lasted 1.5 hours. Each session was facilitated by two experienced researchers, with young people's groups supported by interactive online tools. Facilitators received preparatory training from a practitioner with systemic therapeutic expertise, ensuring discussions were person-centred and emotionally safe.

Activities included interactive tools such as polls and mind maps, and participants could engage verbally, via chat, or by contributing to alternative formats such as written responses or voice recordings. Participants were reminded of ethical principles, including anonymity and the right to withdraw, before the focus groups started. Focus groups concluded with a short, uplifting debrief and optional informal feedback.

All sessions were recorded, professionally transcribed, and followed by internal facilitator debriefs and written memos to capture key themes and learning. Young people and parents were reimbursed with a £25 voucher and received a follow-up email within 24 hours with thanks, information about next steps of the research, and a link to access the voucher. Parents' and practitioners' focus groups followed a similar format but did not include interactive online activities. Risk assessments were conducted in advance, and procedures were in place to support any participants showing signs of distress, including access to private breakout rooms. All participants were advised how to seek support or step away if needed.

Survey responses from professionals were collected through a landing page on NCB's website and delivered via SurveyMonkey. Participants first viewed the information sheet, then consented before accessing the full survey. A debrief page followed completion, offering further opportunities to share practice examples and contact details. Each page had a 'withdraw' button, redirecting to an amended debrief for those who exited early. Survey responses were stored securely and analysed using R.

Equality, diversity, inclusivity, and equity (EDIE)

The project team was deeply committed to embedding EDIE throughout every stage of the research. This included an inclusive research design, a diverse team with a range of protected characteristics, and comprehensive training on EDIE and race equality. Research questions were designed to reflect a wide range of social identities and experiences, with deliberate efforts made to avoid bias in language and assumptions. All research materials were reviewed by subject matter experts and specialists in EDIE before undergoing final quality assurance checks. Recruitment strategies actively prioritised participation from marginalised and underrepresented groups, using practices such as positive action (e.g. explicitly stating that all individuals, regardless of ethnicity,

[55] See: osf.io/pgxft.

gender, disability, or other protected characteristics are encouraged to apply), targeted outreach (i.e. reaching out to spaces and networks that underrepresented groups frequent), and accessible communication. Recruitment materials were written in plain language and assessed for readability using the Flesch-Kincaid scoring system to confirm they were suitable for a broad audience.

To ensure the research process was inclusive and accessible, adjustments were offered to participants with disabilities, including flexible participation options and accessible formats. Focus groups were held remotely and scheduled with consideration for family responsibilities and religious observances. Creative, participatory methods were used in focus groups to enable diverse forms of expression and reduce power imbalances. Researchers maintained reflexive diaries to examine personal biases, and peer reviews of analysis helped ensure balanced interpretation.

Reflexivity

Our positionality as researchers shapes what we study, how we conduct research, and our interpretation of data (Rowe, 2014). This is influenced by personal characteristics of researchers, including gender, race, experiences, values, and beliefs (Yip, 2024). Traditionally, researchers have viewed themselves, or been viewed by others, as having either an insider or outsider perspective, depending on the extent to which they have a shared understanding of the experiences, identities, backgrounds, or roles that are being researched. However, there has been a recent shift in this perspective, with the recognition that researchers can occupy positions along a continuum, rather than purely taking an insider or outsider perspective. This continuum is fluid and context-dependent, affected by factors such as the setting, pre-existing relationships with participants, professional and lived experiences of researchers, and the stage of the research process (Milligan, 2016).

Our research team that conducted and analysed focus group data fell within this continuum. Our lead facilitator and analyst (KC) approached this research from a partial insider position. Reflecting on his positionality, KC summarises: “I have a professional background as a researcher specialising in children’s social care which provides me with a deep understanding of the structures, legislation, and challenges faced in English social care systems. In addition, I have interacted with some of the participants through other research projects, meaning we have pre-existing professional relationships, shared knowledge, and excellent rapport, which helps reduce the power differential [Ozano and Khatri, 2018]. However, I also recognise my outsider status; as a white, university-educated male with no social care involvement in my family or professional/learned experience as a social worker in children’s social care, I do not share lived experiences of social care with participants. This distance allows for a degree of analytical detachment, but it also requires sensitivity to power dynamics and awareness of how my professional identity may influence what participants choose to disclose” (Tinker and Armstron, 2008). The wider team involved in facilitating focus groups and evaluating analytical codes and narratives created included those with professional experience of providing children’s social care (RH, JS).

Throughout the primary research, the team remained reflexive about their positionality, as insiders to the profession or research topic and outsiders to the lived experience of social care involvement. We have remained thoughtful of how this shapes our assumptions, interactions, and interpretations. To critically examine how our positionality influenced the data collection and

analysis, we have maintained reflexive journals throughout the research process and have undertaken peer debriefing sessions following each focus group and throughout our analytic process and theme development.

Analysis

Focus groups

To gather rich data, a qualitative approach was taken (Denzin and Lincoln, 2011). Reflexive thematic analysis (TA) was used to analyse verbatim transcripts of focus groups and interviews with young people, parents, and professionals. TA was also used to analyse written contributions from young people created in focus groups via online whiteboard activities. TA is an approach used to identify and structure recurring patterns within data, without being bound to any specific theoretical framework (Braun and Clarke, 2014). This enables the researcher to choose an ontological approach that fits their research project. In the present study, a social constructionist perspective was taken. This assumes that knowledge and meaning are created through experiences, including culture, social interaction, and language, rather than existing as objective truths (Andrews, 2012).

Braun and Clarke's six phases of TA were used to guide the analysis (Braun and Clarke, 2006, 2019). An inductive approach was taken and began with familiarisation with the data, involving reading all transcripts several times, noting initial observations and reflections. Second, initial descriptive coding took place, identifying features relevant to the research question. Third, higher order codes were developed. Consistent with good practice recommendations, group meetings occurred between researchers to discuss codes and how these can be developed into themes (Scharp and Sanders, 2019). Fourth, themes were created using an inductive approach, whereby these are determined by the data. Fifth, relationships between themes and participant type (young people, parents, professionals) were explored. Finally, themes were refined, named, and defined, with a narrative developed.

Analysis was led by a senior researcher (KC) who had co-facilitated all focus groups and supported and reviewed by two other researchers (JS and RH). One of these additional researchers, who had also undertaken fieldwork, took part in the familiarisation stage by reading all focus group memos and one full transcript, then reviewing the initial descriptive coding. Both evaluated the higher order themes before they were revised and developed into a narrative by the senior researcher. NVivo was used for coding data by themes, data type, and participant type and for retrieval of coded data to enable development of the higher order themes and narrative.

Survey

In line with the research question's focus on exploring practitioners' perspectives and needs, survey data analysis was descriptive rather than inferential, using percentages to summarise demographic characteristics and responses. Data was exported from SurveyMonkey to Excel, where it was cleaned. Basic cross-tabulations were run in R to generate percentages, and charts were produced in Excel. Free text responses to open-ended questions were summarised and key themes identified to inform the narrative from the quantitative data.

Triangulation

Triangulation involves examining a phenomenon of interest using multiple methodological approaches. In this report, we aimed to triangulate findings from the evidence synthesis, implementation synthesis, and primary research to identify any areas of convergence and divergence, enabling us to contextualise these within the English context to support the development of a Practice Guide on reunification in England. Due to the mixed-methods review and primary research having to be conducted at the same time, however, it was not possible to triangulate all findings. To support triangulation, our interview schedules were developed to cover all research questions from the evidence synthesis. Our overall findings from the primary research are reported in this chapter, with the similarities and differences to the evidence synthesis findings summarised in the 'Triangulating the data' conclusion.

Findings

Focus group findings

Thematic analysis resulted in the creation of two themes addressing the first research question, '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?' These covered: (a) aims and focus of reunification support, and (b) specific approaches to reunification interventions.

Three themes were developed addressing the second research question, 'what barriers and enablers impact the successful implementation of reunification interventions?' These included: (a) organisational culture and professional attitudes, (b) informing and consulting young people, parents, and placements, and (c) access to services and resources. Each of these themes are addressed below, with supporting quotes from young people, parents, and professionals.

Views regarding the acceptability, relevance, and usefulness of reunification interventions

Aims, focus, and broad delivery methods of reunification support

Participants identified key areas that they perceived as needing to be the focus and aims of reunification interventions. These were informed by reflections on factors that participants valued from their experience of participating in, or delivering, reunification interventions, including those that they perceived as directly contributing to successful reunification. For several young people and parents who did not feel supported throughout the reunification process, this experience highlighted areas that they would have ideally liked support with, had it been available. Based on these insights, the following areas were seen as relevant foci for reunification interventions.

Support with building family relationships

Parents, young people, and professionals all highlighted the importance of providing ongoing support and mediation to build effective relationships between those most involved in reunification, particularly the parent and child being reunified, as well as any siblings of the child

or new spouses of the parent. Parents and young people alike highlighted the scale and speed of change in family relationships that came with participating in reunification interventions and achieving reunification. They emphasised that this could have an emotional impact, and tensions could arise among family members. Support with managing this was perceived as particularly beneficial. This finding was echoed by insights from professionals delivering reunification interventions, who emphasised that considerable resources were invested in families to help them to work through and overcome potential tensions and conflicts. This was reflected in provision of family-based therapies or ad-hoc sessions facilitated by practitioners.

For young people, engaging in the reunification process led to increased contact with family members that they had been separated from. As contact increased and reunification was initially implemented, young people valued opportunities to check in with social workers or another trusted adult not affected by the reunification, enabling them to reflect on complex emotions that arise as a result of the reunification process. Following reunification, young people would also have liked more consistent opportunities to check in and reflect on the return home with professionals. This was flagged as an opportunity to identify any additional areas of support that the young person or parents may benefit from.

> "[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."
> – Young person

It was vital that young people were able to discuss the reunification process with individuals they trusted. For some, they did not want to have this conversation with parents or foster carers, who have their own interests and experiences of the process and associated outcomes. In addition, young people highlighted that they were aware that parents and foster carers were also experiencing complex emotions throughout the reunification process that needed protecting and were concerned about adding to this.

> "Sometimes you'd be with the same foster carer for a long time, and they sometimes become like family, it can feel that way … it can feel like you're betraying them a little bit. So, I feel like just having that open, non-judgemental communication to be able to say, you know, I'm feeling really nervous or I'm really excited."
> – Young person

Some young people suggested that these discussions and support could be with a social worker. However, this depended on whether the young person had developed enough trust with the social worker to have open and fruitful discussions on this topic.

> "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."
– Young person

"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."
– Young person

Recovery from care experiences to support engagement with reunification interventions.

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. This emphasised the need for focused reunification interventions and support.

For young people and parents, contact with the children's social care system affected their confidence, self-esteem, and sense of identity. Participants flagged that, if these issues are sufficiently addressed, this could improve parents' and young people's decision making and ability to seek support, and help sustain reunification. For young people, foster carers were highlighted as a potential source of support that could help them develop confidence, self-esteem, and identity. Parents suggested that one-to-one therapy, peer support, and specialist charities could play a similar role for them. Meanwhile, professionals described a role for reunification support workers and specialist charities in rebuilding parents' self-esteem and ability to access wider support.

"It's important to have a strong and secure sense of self – how you see yourself can come from how you're treated. Foster carers should do weekly or monthly sessions about loving yourself – like identity, hearing how loved they are, safe."
– Young person

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 their continued and honest engagement with social workers throughout the reunification process. Specifically, parents reflected that although they acknowledged that they wanted or needed support to make reunification work, they were often not open with social workers about their support needs, due to prior experiences.

"By the very nature of having your child removed, you've become a vulnerable person, and we don't recognise that enough and put into place the safeguards for vulnerable people, because I'm not sure you can be labelled anything worse in our society than a bad mother."
– Parent

Recognising and addressing the impact of care experience on parents and young people, as well as the sense of vulnerability felt, was highly important to parents and young people throughout the

reunification process. Due to the challenges of engaging with professionals, parents highlighted that they drew on and sought support from charities and formal peer support services, in addition to their own network of informal social support. They suggested that these sources of support were better at gaining their trust and rebuilding their confidence in, and ability to access, other services.

> "You do not want a social worker that's been part of a child protection team coming into your home, further analysing those behaviours, because you've come … Anyone that's come through any proceedings has lived under that risk assessment lens for too long."
> – Parent

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. They also suggested, however, that in an ideal world there would be less stigma affecting parents who have had children removed, and they would be better placed to access similar support from their own informal support networks. Some young people also made similar points about the supportive benefits of being connected to people with similar experiences and how this was made more challenging by stigma. No specific limitations of this kind of peer support were highlighted.

All participant groups described that care experience and reunification specifically impact families' housing needs, access to education, health needs, and engagement in positive activities. Difficulties in addressing these needs were seen as a barrier to successful reunification (see Access to services and resources, below). To recover from care experiences and support stable reunification, professionals highlighted that they targeted these factors when supporting families. However, young people flagged that these were areas in which they would have liked to receive more support throughout the reunification process. Young people suggested that practical support, such as providing knowledge of, and signposting to, local services and facilities at a neighbourhood level could ease their return to their family. Alongside providing practical support to families, professionals negotiated with other departments to secure funding that enabled families to access resources and therapies needed to sustain reunification.

Notwithstanding the challenges of rebuilding trust with social workers and the value of signposting and practical support, all participant groups suggested that children's social care should remain involved with families in the aftermath of reunification. Professionals described gradually stepping back from families once they had reunified. Discharging of care orders was seen as something to be done once a family's reunification appeared stable.

> "When the young person first returns home, our social work assistants go out on a minimum weekly basis, where we check in and do direct work with the children. We see them on their own. We speak to mum or dad. It is a very intense few weeks. We only really reduce that direct work if we find we're going, and it's just for a general catch-up. If we're going, and we're thinking, oh, actually, this visit isn't necessarily needed at the minute, we'll start to reduce that. Then we go to two-weekly, and then we'll go to four-weekly, and we'll continue that until we

discharge."
– Professional

One young person described how their parent fought to keep their care order in place because they still felt they needed support, whereas the LA wanted to discharge the order.

> "I went to all these hearings, and when I moved home, and obviously, everyone was very confused, and the LA were like, 'Well, we can discharge a care order now, we can get rid of it. This is fine, we, they're doing really well at home, they don't need support', all this and that. So, but we, me and mum and our lawyers, we basically just said we're going to keep the care order, but at home. I can't remember what the plan was. It was like a parent and cooperation plan or something that they put me on. We only discharged the care order this year because it's finally been sorted."
> – Young person

More generally, among young people and parents, ongoing support from children's social care post-reunification was seen as lacking. Such challenges in accessing support from social care and other services are discussed further below (see Access to services and resources).

Addressing factors that led to a child's removal in supportive and safe environments

It is arguably self-evident that factors leading to a child's removal would need to be addressed before a successful reunification can take place, and therefore activities with this particular focus would be a key consideration in reunification practice. Consistent with this assumption, young people, parents, and professionals highlighted the importance of providing support specific to the needs of families that had led to care proceedings. Young people suggested that, as part of wider support for reunification, parents should get help to avoid repeating mistakes that led to care proceedings. To support this, professionals said that a range of support and services were needed, which related to parenting skills, substance misuse, and domestic abuse, to help parents move towards reunification. They highlighted that reassuring children and young people that the concerns which had led to them entering care had been addressed was an important part in preparing them for reunification.

> "So, our interventions are we normally use any recommendations from proceedings as to what would govern the work that we would do and then look at gaps around that. So, if it's concerns around parenting, concerns around neglect, domestic abuse, we would then deliver interventions around that, so we were specifically working towards what the issues were and what the outcomes from proceedings were."
> – Professional

Several parents described how changes in their own behaviours and circumstances had facilitated reunification. There was, however, wider scepticism in this participant group about children's social care's role in supporting this. Some parents suggested that they were helped to make changes more by friends, individuals, or organisations independent from the responsible local authority. Parents questioned the legitimacy of decisions to remove children in some cases and suggested that

removals could have been avoided if more support had been provided when parents initially encountered social care.

> "If I would have got the earlier intervention to prevent the removal of my children, the support that I needed, then reunification wouldn't be needed. Sometimes we need to look way before. During the court … Twenty-one weeks for me to sort my life out in court proceedings is not going to work. Getting all this information from us experts about dry houses, about the support before a child is removed … The local authority doesn't have that information. I'm giving them that information. I'm giving them the knowledge of it. It's textbook, isn't it? If it's not in the book they don't know about it."
> – Parent

The context in which factors that led to a child's removal were addressed was highly important. For some parents, attending group sessions was anxiety-provoking and could prevent engagement, hindering reunification efforts. As such, professionals needed to adapt the way reunification interventions were provided, ensuring that parents felt safe in the environment. At times, this meant professionals had to provide one-to-one support, before transitioning parents to participating in group activities.

> "So, might give our own support around domestic abuse work. So, they might be at group sessions that are held locally, and parents are really quite anxious to go to those, so we can deliver those courses. Because we've got the time and the relationship, we can deliver those courses. Then it might be once they've done that, we can say, 'Right, let's try and go to a group together.' So just being able to ease their anxieties around accessing because they've been used to perhaps being judged or they're quite nervous and anxious to access support that's out there. Because we've got the relationship, we can ease them into it and then step away."
> – Professional

Some professionals and young people also highlighted that support aimed at facilitating reunification could have benefits, even if reunification was not ultimately successful. In both cases this related to having improved relationships with one or both parents and a stronger support network to draw on. In a similar vein, some of the foci listed above could be seen as having wider benefits, such as developing self-esteem, confidence, and identity, which could support better outcomes beyond reunification.

Specific approaches to reunification interventions

When discussing what works to support families throughout reunification, participants generally spoke about the aims of support and the relational and systemic aspects of delivery, as set out in the sections above. This was particularly the case for parents and young people, who indicated a desire for more therapeutic support. In general, parents and young people did not specify a particular model or intervention that they may have benefited from. By contrast, professionals mentioned several specific therapies and programmes that they had provided to support reunification and offered a degree of critical appraisal of some of them. 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 (MST), life story work, and Functional Family Therapy.

Several professionals described the use of MST with families. MST is a programme where an allocated therapist works intensively, and 'on call', with the family for three to six months. The therapy considers multiple aspects of the child's life, including their family, school, local area, and friends (Foundations, 2025b). Some LAs commissioned specialist MST teams to provide this support. They suggested it was helpful in continuing to repair parent–child relationships in the months following reunification, demonstrating the need for MST to continue post-reunification. A particular benefit of MST was that it could support parents to recognise and take responsibility for actions that had contributed to the removal of the child, as well as identifying what they could do differently going forwards. For young people, seeing their parents acknowledge this and consider changes they could make helped in repairing damaged relationships.

> "So, the therapy aspect of things really has a big part to play within that, and parents being able to say, 'I got that wrong, and I'm really sorry, but this is what I'm doing now to put it right.' So that kind of therapy model, MST, works really well in that regard."
> – Professional

Some other professionals, however, highlighted that a fixed intervention like MST may not be able to support more complex cases, such as where parents have had repeat removals, which may require more tailored support over a longer time period.

> "[Our team have] got the flexibility, whereas MST is, obviously, a very fixed intervention. The placement and stability support team have got the capacity to offer a more bespoke offer and that's not necessarily time-limited."
> – Professional

Participants also highlighted the value of Functional Family Therapy (FFT) for reunification support. FFT is delivered to young people and their parents through eight to 30 weekly therapy sessions (Foundations, 2025a). It focuses on skills in the context of assessed relational functions of behaviour (e.g. separation, contact) within each relationship in the family system (for example, mother–father, father–child, mother–child dyads). One professional explained how it had been used successfully with some local families in the transition to reunification and first few months beyond this. Its strengths were seen to include how it addressed parenting and moving forward as a family. Professionals also suggested, however, that it may not work for all families and should be complemented with one-to-one therapy to build confidence and capacity for reflection. Other professionals and young people also suggested that reunified families would need to be settled and comfortable before accessing such therapy as a family group.

> "I think through that transition and that immediate, probably two or three months, certainly within [our local authority], we've got a Functional Family Therapy team. That is our go to intervention to support reunification at that point. It doesn't fit for all families, and I'm not an FFT specialist, so I can't … But they would certainly be working on parenting, what is our family story as well, what's our family narrative, how can we understand what's happened within our family and how we're moving forward … [but] what I've certainly seen over time

> is the need for more therapeutic work at times, building parents' reflective function as well around thinking about what the, I guess, the long-term legacies of what not being able to parent for a while has meant for everybody within the family."
> – Professional

Professionals and parents shared positive experiences of Family Group Conferences (FGC). 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 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.

> "We use [FGC] routinely as well to support reunification work and bringing extended family in and kinship networks and foster carers to come up with what the ongoing support plan for families is going to be."
> – Professional

Parents highlighted that FGC provides a holistic and individualised approach, targeting the specific needs of families. This ensured parents had adequate planning in place to ensure they would be supported in different situations post-reunification, including emergencies.

> "I think the FGC is a really important ingredient as well. They organise what I need for my new home, for my home at that time, when my son comes back. Say, emergency, or I need to go somewhere, who will look after my son. In my network there are people from my church, and in whatever situation, who will do this, who will do that, who will support me. So, we have all the plans in place, so it's all happening in that time. So, it's quite holistic I think."
> – Parent

Life story work was highlighted by professionals as having an important role in preparing children and young people for reunification with their families. Life story work refers to activities that involve the recording, exploring, or eliciting an account(s) of a care-experienced person's life or personal history, in order to have an impact on the individual's understanding of themselves and their identity (Hammond, Young, and Duddy, 2020). Professionals stated that it helped children and young people process and come to terms with their family and care history, understand what was happening next, and cope with conflicting emotions that may result from this. Young people also suggested that being able to talk these things through with someone would have made reunification a better experience for them.

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. Professionals acknowledged that parents could be reluctant to engage with named,

generic parenting programmes because they had often already participated in these or had been offered them before their child was removed. Some professionals described using parenting programmes that were more structured and intensive, which they thought were more appropriate for parents preparing for reunification.

> "I'd say a lot of our families have had a lot of intervention previously as well. Well, before they've got through to us. If you mention a programme … Or a generic intervention, yes, … then they've done that. They're absolutely not interested in doing it again! It's about really understanding the specific needs of that family and their journey to date, and really tailoring the support to them."
> – Professional

Experiences of barriers and enablers impacting the successful implementation of reunification interventions

Organisational culture and professional attitudes

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 among 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. There was an acknowledgement, partly due to high workload and capacity, that social workers may be reluctant to invest time in supporting children who were in stable placements. This meant the potential for reunification was not regularly explored, even when young people had expressed a desire (for example, at their regular care reviews) to spend more time with their family.

> "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.
> – Professional

Some professionals indicated that a historic lack of prioritisation and of time and resources to dedicate to reunification had contributed to individual reunifications not being planned as well as they could have been. Indeed, several of the young people and parents described what they saw as a failure to adequately plan, or make preparations for, their eventual reunification. Whereas for some this was seen as unavoidable, others suggested they would have welcomed more support either for themselves or for other family members before the child went back to live with their family.

> "Mine was very unexpected, it wasn't planned out … I had to deal with it on my own. Just to prevent that from happening, really, just ensuring that the

> individual and the family are being worked with from the start, so that doesn't happen, it doesn't happen for anyone else, really."
> – Young person

Professionals suggested that, to varying degrees, reunification was starting to be prioritised more in their LA area. This shift was being driven by an acknowledgement that remaining in care often does not result in good outcomes for children and young people, and increasing costs of placements led to a reappraisal of options for supporting families instead. They cited improvements to care reviews, such as requiring consideration of the family's current potential for reunification, even where the child has previously been assumed to need long-term foster care, and encouraging Independent Reviewing Officers (IROs) to scrutinise this. They also described providing training to colleagues and informal advice to case-holding social workers to break down barriers to exploring the option of reunification for individual children.

> "We've launched a bit of a panel for us as well. In respect of your question about when do you know? We've tried to make it quite laid back in the sense that, if practitioners are thinking about reunification and want to come along and have a chat, then we can talk about what needs to happen next for it to progress."
> – Professional

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. Examples described by professionals included school staff being reluctant to engage directly with the parents of a reunified child rather than through a social worker, and concerns that the child's living standards may decline if they were reunified.

> "What we're finding is that some of the barriers are around supporting other agencies and areas to make that shift. Particularly in education and health, I think it can be really challenging for them to think about. I think that's about culture, and it's about where you're coming from ethically … We're getting challenged about moving children back into maybe a one-bedroomed flat in a council estate with mum … We're not social engineering, and I think in social work, that's really strong, isn't it, but I think for other agencies, there's a lot of work to do to help them come to terms with why children were removed and what the benefits are of returning."
> – Professional

Informing and consulting young people, parents, and foster carers/residential carers

Focus groups explored the decision making and planning processes surrounding reunification, considering how children, young people, parents, and placements (i.e. foster carers and residential carers in children's homes) are, or should be, involved. Young people had mixed experiences of the extent to which they were listened to throughout the process. Some young people felt they had been

listened to by social workers, as they were ultimately reunified and that was what they had expressed a desire for. By contrast, some young people remembered going from a care placement to living with their family but not being involved in meetings or receiving information beforehand. This included some who did not want to go back home at the time.

> "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."
> – Young person

Young people also highlighted that their negative experiences in the care system, including feeling uninvolved in decision making processes, acted as a barrier to their engagement with social workers when planning reunification. In general, young people suggested that they wanted to have more involvement in planning reunification, with a particular focus on being more informed about why they were able to move home at that particular time. They also highlighted that they needed opportunities to discuss any questions and concerns they may have regarding the reunification process.

> "You want them to come back and be like this is the situation and just having I think honesty is so important. If they're saying, you know, you're going back to your mum and dad, why do you think that's suitable? That would be the question I'd be asking is why do you think that's suitable? How are you going to support me? Allowing like a young person to have the confidence to ask those questions, especially when they're a teenager and they're settled. Well, not necessarily settled, but they're older and they are sort of like just trying to get their GCSEs done or whatever. Why now? Why not before? Why not in the future? Just those sorts of questions that it's just like what is your reasoning, and do you think I'm going to be safe? Being able to ask that and being told the honest answer."
> – Young person

For professionals, managing expectations was a key consideration in how they sought to involve young people. At times, positive expectations that were unrealistic to achieve were created via supervised contact, and managing these perceptions was critical. Some young people and professionals also highlighted that reunification could be impacted by limitations of contact centres, including their clinical atmosphere and lack of resources to support family activities. Instead, tailored use of contact in the run-up to reunification was portrayed by all participant groups as helpful. This included gradually increasing frequency, reducing supervision, and introducing overnight stays and days out. This was seen as creating opportunities for parents and young people to get to know each other again in real-world situations. Importantly, participants discussed the need to embed opportunities to pause and reflect on progress and challenges before moving to the next stage of reunification.

> "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 are about shifting that family time model away from just going and having a fun time to some more realistic

experiences on family time."
– Professional

Managing uncertainty and the impact it may have on young people's wellbeing was also seen as important by professionals. For some, this was used as a justification for not informing young people regarding their initial exploration of the possibility for reunification. Some professionals shared examples of providing information retrospectively in a letter to the young person, such as recording what was done, decisions made, and why. Importantly, some young people also suggested that they would prefer not to be told everything at the time.

Professionals highlighted that, in practice, young people have more agency over where they live when they reach 16 to 17 years and ultimately when they leave care. Some professionals gave examples of young people who had run away from their placements to go home or chose to reunite with their family on formally leaving care. Due to this, professionals suggested it was important to explore the potential for reunification, including with the young person themselves, as they approached their late teens. They explained that this would allow discussions and planning with the young person, enabling any associated risks to be considered and, where possible, mitigated.

> "For some of our 16–17-year-olds, we've done the assessment, and it's been high risk, but we've then written a young person's version, which, there's actually, these are the reasons we don't think this is the best option. These are the worries. These are the strengths. These are the things we acknowledge, but if you are going to make the decision to return home … It's unlikely that there's going to be any actual route, even if you wanted to prevent that. This is what we're going to do to mitigate. This is why we'd like to support you … We've found that's quite a good way to get young people to engage with us. Say, 'Look, we accept this is going to be your decision, but can we put these things in place to support?' and then done safety planning work."
> – Professional

Reflections from all participant groups suggested that children's and young people's placements before reunification played an important role in successful reunification. Professionals described how parents, foster carers, and residential workers could work together to ease children's and young people's transition back to the family home. They also stressed that foster and residential carers may have anxieties about the proposed reunification and inadvertently obstruct smooth transitions, if they were not properly involved and able to provide reassurance. Some young people and parents described the end of involvement of foster carers as being too abrupt, creating feelings of frustration and loss, demonstrating the need for post-reunification support from known and trusted adults.

> "That's yet again another loss. They've not even had a goodbye with the foster parents, and then woo, straight back to mummy. To me, that can be quite mentally a lot to handle for both me and my child."
> – Parent

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

before their child was removed and a desire to get their child 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 chance of longer-term reunification was judged.

Access to services and resources

Participants described a range of barriers to accessing the services and resources that support successful reunification, and, in some cases, solutions pursued to overcome these. Common across young people and parents was a feeling of being abandoned by services following reunification. They described having significant trauma and change that they needed to process but not having the support available to discuss concerns and feeling unable to get input from social workers when they wanted. This was particularly problematic post-reunification, with some participants suggesting that a lack of ongoing support led to the reunification eventually breaking down.

> "The support I received from the local authority was eight weeks and signed off, but I had one phone call and one home visit. There wasn't support available."
> – Parent

> "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."
> – Young person

While professionals described continuing to work with families for some time before the care order was discharged (see 'Recovery from care experiences to support engagement with reunification interventions' above), some also highlighted that when they eventually stand back, families may feel unsupported.

> "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."
> – Professional

A lack of consistent access to therapies for children, young people, and parents was highlighted as an issue by all participant groups. Professionals and parents expressed concern that when therapies were recommended in court submissions and judgements, these could not always be secured, sometimes because there was no local provision. Professionals highlighted that some of the support sought for parents and for children and young people related to mental health needs, which the NHS could not be relied on to provide. Largely, therapeutic support was limited to what children's social care could commission or provide through their own teams. Professionals also pointed out that staff working directly with parents and children to support reunification, either

therapeutically or otherwise, had finite capacity and some families had to wait for support, leading to delays in reunification.

> "I'd just say everybody's touched on it, that mental health support is really difficult. We know it's a service that's in crisis, and there's just, the waiting lists are just so long. So, those presenting factors that we really want to address and really explore, kids could be – and it loses its momentum, then, doesn't it? Parents lose faith and children lose faith, and it's just a really difficult … There's no solution, I don't think, and we have to work with what we've got."
> – Professional

A lack of access to suitable accommodation for newly reunified families was also perceived by professionals as a significant and common problem. They described how long waiting lists for social housing meant that, even if families were prioritised, they would have to wait many months or years for a home of the right size. They highlighted how a housing benefit rule (known as the 'bedroom tax') made this problem more common by forcing parents to move to smaller dwellings after their children had been removed. Professionals set out a range of solutions they had pursued for families affected by this, including funding extensions to parents' existing houses; paying off rent arrears to facilitate 'swaps' with other families; paying costs towards private rented accommodation; and arranging for reunified siblings to 'take turns' between their parents' and grandparents' homes.

> "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 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."
> – Professional

Participants described several ways in which low incomes in families pose challenges to successful reunification. Young people discussed wanting to continue with hobbies that they had taken on while in care, but that their families could not afford. They and professionals also reflected that it could be hard for parents to find the money to arrange positive activities to do together to successfully bond as a family. Professionals suggested that this may be harder for children and young people to cope with because they lost activities they enjoyed, as well as the social networks that they had gained through them. More broadly, participants were concerned about how the stresses of poverty could affect the success of reunification. Professionals described a range of mitigations they had provided, such as spending money to clear parental debts and prioritising access to youth clubs and befriending for reunified young people.

> "They shared my hobbies, but my dad couldn't afford to send me anymore, so I did ballet and gymnastics at the time, and that meant I'd lost like two major social circles in my life and I really struggled with that, as well."
> – Young person

Securing the right education placements for children and young people was also highlighted as a key consideration in making reunification work well. Professionals described three elements to this issue. First, it was important for children and young people to be settled in education because this would give them somewhere to be during school hours, limiting demands on their parents. Second, young people may have moved further away from the school during their care placement, but professionals working with them would want to avoid changing schools if possible. Third, 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.

Survey findings

Local authority policies and approach

There was a high degree of uncertainty surrounding reunification policies and processes among professionals. Specifically, 37.5% of professionals working in LAs were unsure whether there was a written reunification policy, and 10% were certain there was not one available. For professionals working outside LAs, the majority were not sure whether a written reunification policy was available (84.6%; see Table 14). However, several professionals noted that they work across multiple LAs and that policies, cultures, and approaches towards reunification vary considerably. Forty-five per cent of respondents reported that their LA has a specialist reunification team, and half that their LA has a clear, shared understanding of which children and families are eligible for reunification.

Generally, respondents reported that their LA had a supportive culture around reunification (77.5% strongly supports or supports) and most felt that their LA had a balanced or proactive approach to reunification (65% balanced, proactive, or very proactive). However, 5% of professionals highlighted that their LA actively discouraged reunification. In the free text box, several respondents noted that the culture around reunification is a "work in progress", noting that practice varies within the organisation, and that strong leadership is needed to drive cultural change:

> "Some practitioners are keen advocates for reunification … Others are more risk-averse."
> – Reunification Team Manager

> "Some workers are better than others; it needs to come from stronger leadership."
> – Independent Reviewing Officer

When asked what factors affect the decision to pursue reunification, the top response was the child's wishes (84.9%), followed by a change in the parent(s)'s situation (83%) and the parent(s)'s wishes (66%). Fewer respondents cited the ability of the current placement to support preparation as a factor (34%). Other factors noted included financial pressure, whether reunification was likely to be sustainable, and support from social workers. Several respondents emphasised the importance of assessing child safety and the risks associated with reunification.

Table 14. Responses to questions about local authority policies and approach to reunification, for those who work in the LA and those who work in other organisations

	Local authority	Other organisation
	N = 40	N = 13
Local authority has a written reunification policy		
Yes	52.5%	15.4%
No	10.0%	0.0%
Not sure	37.5%	84.6%
Local authority has a specialist reunification team		
Yes	45.0%	–
No	40.0%	15.4%
Not sure	15.0%	84.6%
Local authority has a clear, shared understanding of which children and families are eligible for reunification		
Yes – written policy	30.0%	7.7%
Yes – informal	20.0%	7.7%
No	15.0%	0.0%
Not sure	35.0%	84.6%
Local authority culture around reunification		
1 – strongly supports	32.5%	23.1%
2 – supports	45.0%	23.1%
3 – neither supports nor discourages	17.5%	53.8%
4 – discourages reunification	5.0%	0.0%

	Local authority	Other organisation
Local authority's approach to reunification		
1 – very reactive	2.5%	–
2 – reactive	7.5%	15.4%
3 – balanced	22.5%	23.1%
4 – proactive	25.0%	7.7%
5 – very proactive	17.5%	23.1%
Did not answer	25.0%	30.8%

Involvement of children and young people

Respondents reported high levels of involvement for children and young people in the decision making surrounding the possibility of reunification taking place, with 51.3% saying that children and young people are very involved, 33.3% saying they are somewhat involved, and 15.4% saying they are a little involved.[56] However, there appears to be less involvement in the process of reunification once the decision has been made to progress with it; respondents reported that 23.1% of children and young people are very involved, 56.4% somewhat involved, and 20.5% a little involved. Several respondents noted in their comments that children's and young people's involvement depended on their age, understanding, and circumstances:

> "It very much depends on their age and pre-care experiences."
> – Independent social worker

One foster carer noted that although it is important to involve children in decisions, they may not fully understand the challenges or risks of returning to their parents:

> "While gaining the child's view is important, their lack of insight into the issues they/the parents face and the consequences of that should hold a greater weight."
> – Foster carer

Who should support reunification

Respondents were asked to rate the importance of involving different groups of professionals in the reunification process. Kinship carers and foster carers were rated the most important to involve (84.6% and 79.5% 'very important', respectively), followed by residential care staff (69.2% 'very

[56] Fourteen respondents dropped out of the survey at this point so the total N for subsequent sections is 39.

important'), highlighting the importance of involving a child's current carers. Teachers and other education professionals were also rated as 'very important' by most respondents (59%), again reflecting the need to include those who are involved in children's day-to-day lives.

Involving housing workers and Independent Domestic Violence Advisers was rated by 43.6% and 41% of professionals respectively as 'very important'. Around a third of respondents thought that it was very important that counsellors, youth workers, health professionals, and probation services be involved (35.9%, 33.3%, 33.3%, and 30.8%, respectively). Life coaches were the only group where a significant proportion of respondents said that they did not need to be involved at all in the reunification process (23.1%), and only a fifth thought it was 'very important' to involve them. Respondents also listed other professionals who should be involved, with several highlighting the role of Independent Reviewing Officers, fostering agencies, and the wider social work team, including managers. One respondent commented:

> "Please include the role of commissioning and contracts! If that team is not appropriately involved and informed a plan can quickly disintegrate."
> – Consultant working across different LAs

Finally, one respondent noted:

> "… any professional involved significantly in a child['s] care should be able to put forward their views/concerns about reunification."
> – Foster carer

Barriers to reunification

Respondents were asked how frequently 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. 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.

Reliable communication between parents and the LA was a common barrier reported by respondents (87.2% frequently or sometimes a barrier). Along similar lines, having up-to-date information about the parent(s)'s current situation was frequently or sometimes a barrier for 76.9% of respondents.

Workforce and capacity barriers were also reported, with 69.3% of respondents reporting that social worker capacity was frequently or sometimes a barrier. Family support worker capacity appeared to be less of an issue, with 43.6% stating this was never or rarely an issue. Other barriers included the funding available for children's services (64.1%) and the availability of services, with access to community-based services being slightly more of a barrier than access to specialist reunification services, although both were common (69.2% versus 61.5%). One respondent noted that the funding and support available for reunification were much less than for alternatives, such as adoption. It did appear that reunification skills and expertise were also a challenge perceived by respondents (71.8% frequently or sometimes a barrier). One Reunification Team Manager explained how their team was helping social workers to streamline the process of reunification:

> "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 guidance, to support the cultural shift re planned and proactive reunification practice."
> – Reunification Team Manager

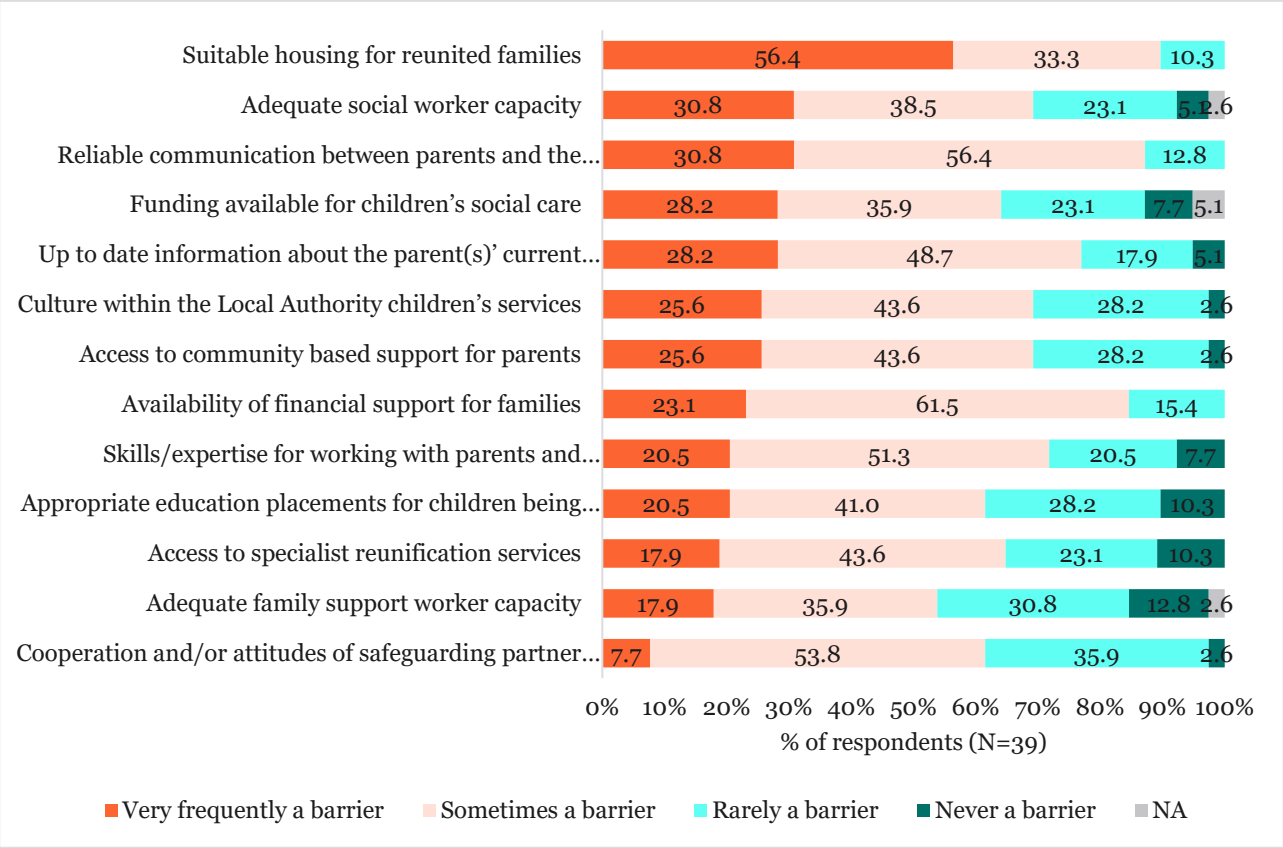
The culture within the LA was reported as a barrier by 69.2% of respondents, while the cooperation or attitudes of safeguarding partner organisations were reported as a barrier by 61.5%. A few respondents elaborated on the challenges they face:

> "The attitude amongst many colleagues is often one of horror and hostility at the thought of returning a young person home to family or even just repairing relationships."
> – Supported accommodation worker

> "I have seen excellent joint working and communication between partner organisations, foster carers, social workers and parents, as well as poor communication and poor cultural views about capacity to change and what is good enough."
> – Service Delivery Manager

Figure 16. Frequency of barriers to reunification

(go to accessibility text)



Availability and impact of services

Respondents were asked to rate the impact and accessibility of services to support reunification in their area (Figure 17). In terms of impact, most services were seen as broadly effective, with only two respondents rating any services as having no impact (parent skills and financial support). Similarly, very few services were reported to be completely unavailable in an area, but there was a lot of variation in availability, with many not often accessible to families.

The most impactful services or approaches were a gradual increase in family time and multi-agency teams, and these were also among the most accessible services. One respondent did note that there could be barriers to a gradual increase in family time, such as if a parent withdraws, or if expectations about timescales were not well-managed by the professional network. Therapeutic support for parents and children was rated very highly, yet these were 'not often accessible' according to 45.9% and 32.4% of respondents respectively. On the other hand, family group decision making was not perceived by respondents as one of the most impactful interventions but was among the most accessible. Parenting programmes were rated the least impactful of the services (29.7% 'large impact', 21.6% 'small impact') and programmes to improve parents' other skills were more impactful (48.6% 'large impact', 10.8% 'small impact'), but parenting programmes were more likely to be accessible to families, with only 13.5% of respondents saying these were not

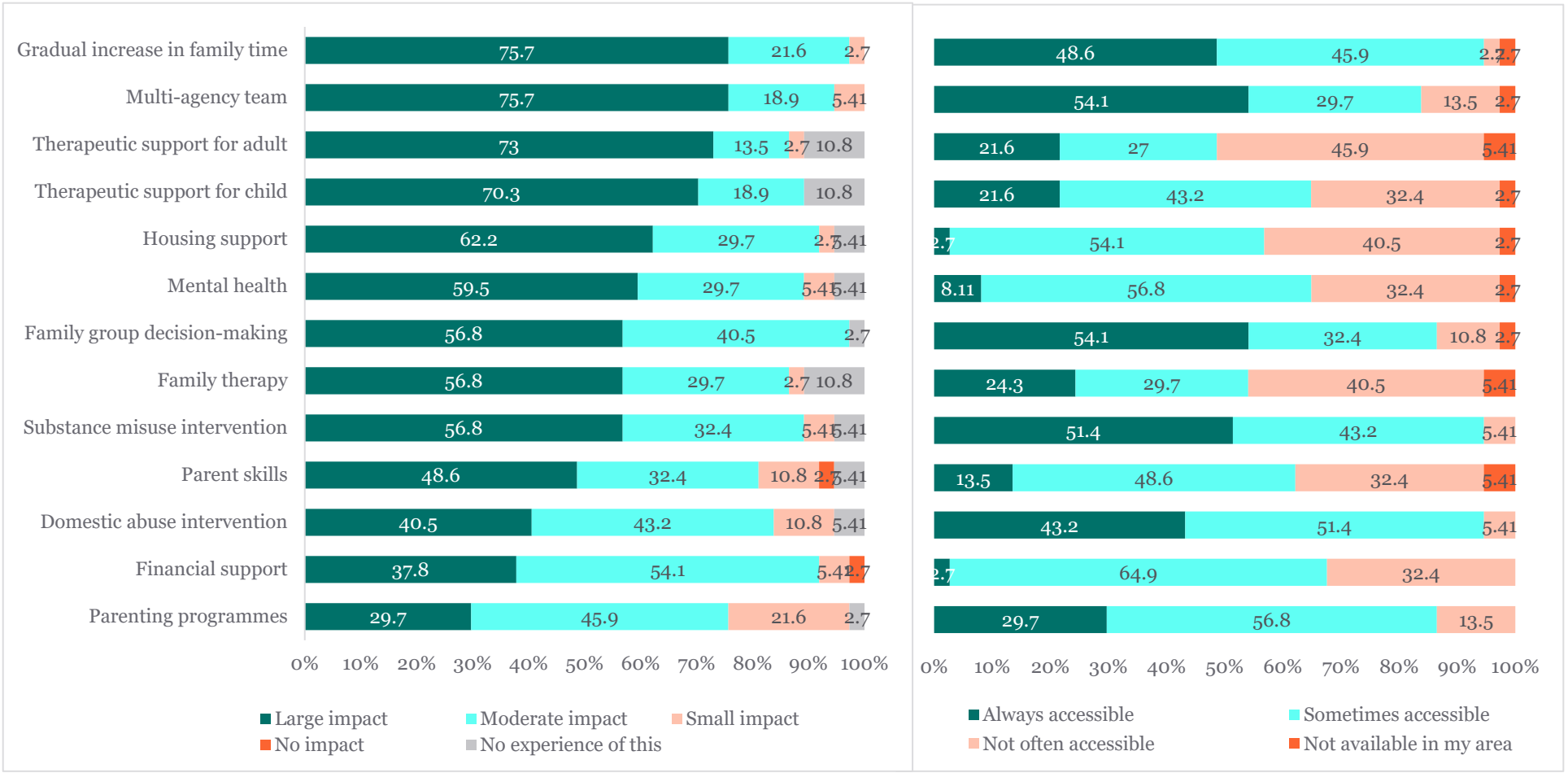
often or never accessible, compared with 37.8% for parent skills interventions. However, parenting programmes may not be appropriate for all families – for example, one respondent commented that parenting programmes in their area were not available for families with children under 10 years.

Housing support was perceived by 91.9% of respondents as having a large or moderate impact but, reflecting the barriers mentioned above, housing support and financial support were least likely to be available to families; only 2.7% of respondents said these are always available when needed. Mental health services (for parents and/or children and young people) were also rated quite highly (59.5% 'large impact') but were often not accessible to families (35.1% not often or never accessible). This contrasts with domestic abuse and substance misuse interventions, which were much more likely to be available (only 5.4% not often or never accessible). Several respondents commented on the barriers to accessing mental health services for children and young people, explaining that Child and Adolescent Mental Health Services (CAMHS) eligibility criteria often state that children must be in a "settled living situation", which is unlikely to be the case during reunification. Specialist support for those with autism or ADHD may also be less available. No comments were added regarding parental mental health in the open text responses.

Overall, there does seem to be a disconnect between the perceived effectiveness and availability of services, particularly for housing support, mental health, and therapeutic support for parents and children. It is important to note that although services may be available, this does not guarantee that they are of high quality or that families engage positively with them. A few respondents commented that long-term support was vital to help families sustain change, and that the sequencing of interventions was also important – for example, addressing any substance misuse, mental health, or domestic abuse issues first, then building up the parent–child relationship with a gradual increase in contact, and continuing support post-reunification to enable parents to engage in ongoing work and/or therapy.

Figure 17. Impact and availability of services to support reunification

(go to accessibility text)



CONCLUSION AND RECOMMENDATIONS

Conclusion

This robust mixed-methods systematic review, combined with new primary research, has examined evidence to provide a rounded assessment of the impact, effectiveness, and practical considerations of implementing reunification interventions. This included evaluating the overall effectiveness of reunification interventions, how effective they are for different groups of intervention users, identifying effective practice and intervention components, considering the barriers and facilitators to implementation, and gaining insights into the perspectives of young people, parents, and professionals who have received or provided reunification interventions. Across the review, 73 studies were included. Of these, 20 contributed to the evidence on effectiveness only, 47 examined implementation factors only, and six contributed to both. Regarding the primary research, 28 participants from England took part in focus groups or 1:1 interviews (12 young people, six parents, 10 professionals) and a further 53 professionals completed the survey. We have triangulated findings from the systematic review and primary research below, summarising key similarities and differences.

What works? Effectiveness of reunification interventions for children and their families

Overall, the meta-analysis found that **reunification interventions are associated with a small but positive impact on successful reunification outcomes for parents, children, and families**. Together, the outcomes explored include: supporting children to remain at home and not return to care, parenting skills and behaviours, child safety and wellbeing, children's skills and behaviours, family relationships, social support, parental substance use, parental wellbeing, parental engagement, children's contact with the youth justice system, children's educational outcomes, and permanency/case planning. The effect size of 0.25 (95% CI: 0.08 to 0.42) provides evidence for a meaningful impact on outcomes, demonstrating that those receiving a reunification intervention have, on average, better outcomes than 60% of those not receiving a reunification intervention. This result is robust to sensitivity analyses, with no evidence of publication bias, showing no undue influence of any single study and indicating that this finding is reliable. There is some evidence that the effect size was moderated by study type and quality, with lower-quality and quasi-experimental studies associated with smaller effect sizes, a result commonly observed in meta-analytic reviews (Kraft, 2020).

There is stronger evidence overall that **reunification interventions have a positive impact on child outcomes, while the evidence for impact on adult outcomes is weaker**, though still indicative of a positive effect. **Effect sizes are generally small and imprecise, with no clearly superior intervention type.**

There is strong evidence that **interventions had a positive effect on supporting children to remain at home and avoid re-entering care**. There is **tentative evidence for a**

positive association with parental wellbeing and social support, but no evidence for child wellbeing or safety. Reducing re-entry to care is positive and is often used as a measure of successful reunification. However, regarding child wellbeing and safety, it is important to note that there may be cases where children are reunified inappropriately and may have lower levels of wellbeing and suffer repeat abuse or neglect. One longitudinal study using local authority data in England did find that rates of repeat abuse and neglect were high (Lutman and Farmer, 2013), and a census-based study in England also found that stability and wellbeing outcomes for maltreated children who went home were worse than for those that remained in care (Wade et al., 2010). There is some tentative evidence that family finding interventions may be less effective, and parent mentoring or coaching interventions may be more effective, at supporting children to remain at home and not return to care. However, these findings are based on a small number of studies and so further evidence would be needed to confirm them and explore the reasons why different intervention types may be more or less effective. **Intervention provider, provider training, and delivery model are not significantly associated with successful reunification outcomes.** However, this may simply reflect reporting issues in the studies underpinning the evidence synthesis. For example, 12 studies indicated that they did provide training, whereas 14 did not state whether training was provided. There is some tentative evidence that **interventions of longer duration, and those delivered in community settings, may be linked to more positive outcomes**, but further evidence and replication is needed before we can be confident in these findings. In addition, the available evidence does not support identifying a precise duration threshold (e.g. > six months) because the data available is continuous in nature.

This review extends the evidence base in this area. A previous meta-analysis of reunification interventions found no evidence for a positive effect (Saunders-Adams, 2011), and a meta-analysis of family group decision making found no evidence that it was better or worse than conventional child protection procedures (McGinn et al., 2020). Meta-analyses of family drug treatment courts and housing assistance did find that these interventions were associated with a higher likelihood of reunification, though family drug treatment courts were not associated with children remaining at home (Zhang et al., 2019; Bai et al., 2025).

For whom? Effectiveness of reunification interventions for particular groups

There is **insufficient evidence to detect differences in the effectiveness of reunification interventions by gender, ethnicity, socioeconomic status, or SEND**. There is also **insufficient evidence that effectiveness varied by the reason for being in care or the number of previous care placements**, though it is important to acknowledge the limitations in the reporting of equity-related variables, which makes it challenging to incorporate these moderators into statistical analyses and potentially reduces the power of the analyses to detect an effect. This limitation has been noted by other systematic reviews within this field (Sitjes-Figueras, Maneiro, Garcia-Molsosa, and López-López, 2025). Evidence from past research does indicate that reason for being in care and number of previous care placements are important factors impacting the success of reunification (Saunders-Adams, 2011; Carlson et al.,

2020; Goldacre et al., 2022). Furthermore, given the US-heavy evidence base, external validity outside the US remains uncertain.

Findings indicate a **trend towards reunification interventions being more effective for older children**, young people, and parents, including cultural, linguistic, and SEND factors, while also considering the wider circumstances surrounding the family (e.g. housing, finances, social support).

Although the findings indicate that reunification interventions may be more effective for older children, the evidence is limited and does not pinpoint the specific age groups it may apply to. Findings from the implementation synthesis highlight that there is a lack of confidence among, and specialist training for, staff to support reunification with younger children. As such, older children may have more positive outcomes from reunification interventions because staff feel more skilled in providing support to families with adolescents, and specialist resources are also found to be prioritised for this group, although evidence is limited. These findings differ from previous reviews, which suggested variation in reunification success over developmental stages, with infants and adolescents being less likely to reunify and having higher care re-entry rates than children of primary school age (Saunders-Adams, 2011; Thoburn, Robinson, and Anderson, 2012; Opoku et al., 2025). However, older children and adolescents are more likely to return home of their own accord, which presents a much more challenging context for reunification (Cunningham et al., 2021b; Hood et al., 2022). Although they are sometimes viewed as needing less protection, adolescents are still vulnerable to risks, such as sexual exploitation or gang involvement (Wilkins and Farmer, 2015). Reunification interventions may therefore be able to have a greater impact for older children who may face more challenging situations. Further research is needed to explore specifically the impact of reunification interventions on families where a child is taken into care from birth, particularly given best-practice guidance recommending that parents are given maximum opportunities to parent their baby, wherever safe and in the baby's best interests, including the possibility of reunification (Mason et al., 2023).

Interventions in rural locations are associated with less positive outcomes than those in urban areas, a finding that echoes a recent systematic review (Sitjes-Figueras, Maneiro, Garcia-Molsosa, and López-López, 2025). However, there has been much less research on interventions in rural areas, with most studies in the review focusing on urban areas. Families in rural areas experience numerous disadvantages, including fewer, more expensive services, lower wages, higher food and transport costs, and more difficulty accessing benefits than those in urban areas (Action with Communities in Rural England, 2023). These pressures may make reunification, and access to reunification services, more challenging in rural areas in England.

There is some evidence that **interventions involving two-parent families are more effective**. Evidence, predominantly from US studies, has shown that reunification is less likely for lone-parent households (Saunders-Adams, 2011). It may be more difficult for single parents to engage with reunification interventions due to broader challenges, such as finding childcare or taking sufficient time off work or having income available to attend interventions. However, evidence from England shows that changes in family composition (such as a family member leaving) prior to reunification were associated with more stable reunification (Farmer and Wijedasa, 2013).

For ethnicity, there is weak evidence that parent mentoring or coaching interventions may be more effective in diverse samples (where between 50 and 84% of the sample identified as Black or Global Majority) than in majority white samples. This may be because parents are better able to relate to and trust other parents compared with social work practitioners, and this may particularly be the case for parents from Black and Global Majority backgrounds, who frequently encounter discrimination and bias (O'Bryant, 2025). However, small sample sizes and wide confidence intervals mean these findings should be interpreted with caution pending further research.

Parent-focused skills-building interventions appear to be more effective where neglect is the main reason for being in care, due to the focus on improving knowledge of children's needs and how to respond effectively. Similarly, there is **tentative evidence that parent-focused skills building is more effective for older children**. It may be that skills around communication, managing behaviour, and supporting social relationships are more beneficial with older children, with past research demonstrating that training in parenting skills leads to a reduction in externalising behaviour among children (Cooley et al., 2014). These findings highlight the importance of matching interventions to different needs or age groups. For example, for younger children and/or those where neglect has been a concern, a focus on the social and emotional aspects of parenting, attachment, and bonding may be important, whereas for older children a focus on communication and the importance of supporting social relationships may be more relevant.

Supplementary narrative synthesis of findings from nine studies highlights that place of residence and socioeconomic status influence outcomes, with **families in areas of concentrated poverty or with poorer access to services, and those experiencing housing instability, facing greater barriers to successful reunification**. This is consistent with past research that family poverty, financial precarity, and poor housing affect the likelihood of reunification and increase the risk of returning to care post-reunification, should the experience of deprivation continue (Bywaters et al., 2020; Goldacre et al., 2022). In addition, **culturally responsive interventions improve engagement and outcomes for Black and Global Majority families, whereas systemic racism and implicit bias hinder completion of interventions**. These systemic issues have been flagged as known issues across child welfare systems internationally and are recognised as barriers to the reunification process (O'Bryant, 2025).

Three studies cite **gender differences in engagement and outcomes depending on the type of intervention**. Specifically, Family Drug and Alcohol Courts appear to lead to more successful outcomes for mothers who had stopped using substances than fathers who also stopped (Harwin et al., 2013). By contrast, fathers are more likely to engage in parental mentoring programmes than mothers (Enano et al., 2017). Past research has suggested that gender differences in engagement and outcomes associated with reunification interventions arise due to practical (e.g. work schedules), social (e.g. assumptions on parental roles/norms), and systematic (e.g. legal/referral practices) factors, in addition to the prioritisation of mother-centred services in intervention design (Jukes et al., 2024). Finally, **parents with higher education levels are more likely to achieve reunification** (Ryan et al., 2006). However, authors flag that these are novel findings with more research needed to understand them. While

these narrative insights supplement the findings of the meta-analysis, it is important to note that interpretations are very limited due to the small number of studies conducting comparisons on the effectiveness of reunification interventions dependent on characteristics of participants.

How and why? Common elements of effective interventions

Effect sizes for different theoretical frameworks and practice components were generally small and imprecise, and **no single theoretical framework or practice component emerged as clearly more effective than others**. This may reflect the wide variety of interventions included, with small sample sizes per category meaning the analysis may have been underpowered to detect such effects. Practice components were investigated through the type of support given: child-level (activities with the child), parent-level (activities with parents), family-level (opportunities for families to spend time together), or systems-level (linking families with additional support or services). Although no solitary level of support emerged as more significant, there is **some tentative evidence that multiple levels of support can be more beneficial than a single component of support**. Conceptually it makes sense that offering more holistic support to address a family's needs will be more effective than targeting only one area for improvement (Sitjes-Figueras, Maneiro, Garcia-Molsosa, and López-López, 2025). These findings are tentative and primarily based on studies from the US, where holistic programmes may be more effective because of high rates of admissions to care and an expectation that agencies work towards reunification. In England, reunification work is often more targeted as child protection and is part of a wider continuum of family help. Robust evaluations of interventions in England, where interventions with varying levels of support can be compared and contrasted, would help to corroborate and explore whether single- or multi-component services are more effective.

Service-level support is associated with improved parental substance use outcomes, suggesting that linking parents to services is particularly effective when substance misuse is an issue. Parental substance misuse requires intensive support over a prolonged period, with community support services being offered when initial treatment ends. Substance misuse may also require other interventions to be more tailored – for example, parenting interventions require more focus on issues relating to substance use, stress management, and parenting support (Hood et al., 2022). For example, Family Drug and Alcohol Courts target parents' substance misuse and help them to get treatment but also focus on other issues that may exacerbate substance misuse, such as housing problems and domestic abuse (Harwin et al., 2011).

Parent-level support is associated with lower social support scores. It may be that when interventions work specifically with parents to improve their skills or provide mentoring, this does not simultaneously build family connections or help parents feel less isolated. More integrated programmes that involve families spending time together or that link parents to other support services may therefore be preferable to interventions that focus solely on parenting.

Implementation of reunification interventions

Consistent with a previous systematic review of effective practice elements (Cunningham et al., 2021a), our findings indicate that **reunification interventions are perceived as more**

acceptable when underpinned by a national framework. For example, the NSPCC Taking Care practice framework was praised for being adaptable to meet the specific needs of children, young people, and parents. Supporting this, our findings highlight that **reunification interventions are perceived as most appropriate when there is a degree of flexibility in implementation, enabling an individualised approach that considers the specific needs of families**. These include ensuring interventions are culturally responsive and meet the linguistic, mental health, and special educational needs of families. While this impacts the degree to which interventions are delivered as originally intended, the need for individualisation and flexibility is perceived as most important. However, an individualised approach does mean that sufficient resourcing must be available to identify and meet the needs of families. If the ecology of services is not available, then assessments may identify needs which care plans cannot sufficiently address.

Past research has found that parents' desire to engage in reunification interventions can be affected by a reluctance to accept continued scrutiny, due to their experiences with social care, particularly if they had previously experienced angry or adversarial relationships with social care professionals (Goldacre et al., 2022; Ulrich, 2022). Our findings directly echo this, with **prior experience of negative, highly emotional, and fraught relationships with social care professionals reducing parental engagement in reunification interventions**. Beyond this, we found that practical barriers, such as having difficulty understanding written materials and the reunification process, further reduce parental engagement. However, our findings suggest that **utilising targeted approaches and adapting interventions to overcome practical barriers improve parental engagement with reunification interventions**.

Building strong trusting relationships between intervention providers, parents, children, and young people is critical to encouraging and supporting engagement with reunification interventions. This is in line with past research, which highlights that the development of a positive therapeutic relationship between families and professionals, characterised by mutual trust, respect, and empathy, creates a safe space for families to openly discuss concerns and explore their issues (Morris et al., 2022; Phillips, 2023). Indeed, our findings indicate that when these positive relationships are established, **children, young people, and parents strongly value the continuation of post-reunification support with trusted professionals.** As such, it is important that intervention providers consider how they will engage parents who may be angry with child welfare professionals, given their past experiences, and how they can address problems, such as substance use, that require at least some level of ongoing scrutiny and monitoring. This is of particular importance given that some reunification interventions may be led by the child welfare professionals originally involved in the child's removal. In the US, for example, attempts to overcome this issue have included embedding success coaches and parent mentors to engage parents and act as a bridge between parents and professionals (Francis et al., 2021).

The **adoption, feasibility, and sustainability of implementing reunification interventions are impacted by contextual factors in children's social care services, including persistent workforce shortages, difficulty retaining and recruiting trained professionals, and high caseloads**. Furthermore, **high rates of staff turnover threaten the long-term viability and sustainability of reunification interventions**, given the

intensive relational work required to build trust with parents, children, and young people. Other **barriers include insufficient funding and poor access to resources or necessary interventions**. Our findings indicate that having **effective multi-agency collaborations can support the implementation of reunification interventions**. The barriers and facilitators identified here are consistent with those known to affect children's social care provision broadly and for reunification specifically (Morris et al., 2022; Ulrich, 2022; Phillips, 2023).

Our findings indicate that the resourcing barriers outlined above impact the decision to implement reunification interventions, as well as the extent to which they are delivered as intended. In some studies, these **barriers prevent the recommended frequency and intensity of interventions from being met**. This is particularly problematic because early cessation of treatment and support is known to elevate the risk of problematic behaviours (such as addiction) re-emerging, which can have direct implications for the success and stability of reunification (Hood et al., 2021; see the 'For Whom' conclusions for further discussion on this). To overcome this, our findings suggest that **fidelity can be enhanced when staff receive training on running reunification interventions and with regularly embedded monitoring of how these are implemented**.

The **extent to which interventions are integrated into service settings or reach eligible recipients differs due to inconsistencies in service provision across areas, with reunification interventions less likely to be provided to families of young children or fathers.** Past research has found that older children are more likely to be reunified, but also more likely to re-enter care after reunification (Hood et al., 2021; Sitjes-Figueras, Maneiro, Garcia-Molsosa, and López-López, 2025), yet prioritisation may reflect their ability to express preferences, stronger parental bonds, and parents' greater willingness to engage (Sitjes-Figueras, Maneiro, Garcia-Molsosa, and López-López, 2025). Limited provision for fathers often stems from difficulties identifying or contacting them and exclusion from care planning, particularly for Black and Global Majority fathers due to a lack of culturally competent services (Coakley, 2008; Malm, Zielewski, and Chen, 2008). Additional barriers include biased policies, economic challenges, professional negativity, and undervaluing paternal involvement (Coakley, 2013). Finally, many reunification interventions were designed for mothers as primary caregivers, making them less father-friendly and reducing engagement (Tully et al., 2017).

Our findings from research based in England highlight that **an absence of statutory national guidance on reunification hinders consistent delivery of interventions across LAs, as well as impacting the financial investment and resourcing decisions made to accommodate them** (Ford and McKay, 2024). Our findings indicate a strong desire for national guidance on reunification, which provides clear expectations on assessment and decision making before and after reunification, and what support should be available, offers practical tools to support the reunification process, and guides monitoring and improvement of reunification practice. As part of this process, assessments should examine whether reunification is appropriate and safe for children and young people. This would help solidify partner engagement, support consistent decision making, and provide a platform for scaling good practice. This would also ensure equitable access to reunification support, regardless of the LA.

Across the studies examined, **reunification interventions are consistently found to be more cost-effective than standard care**. By supporting safe and sustained family reunification, these programmes not only improve outcomes for children, young people, and parents but also generate substantial savings through decreased placement costs and reduced demand for statutory services. However, budgetary constraints and limited resourcing remain significant barriers to the consistent provision and scaling of reunification services across areas. As a result, the potential long-term savings and positive outcomes associated with these interventions are often undermined by short-term funding pressures and the absence of dedicated investment in reunification practice.

Perspectives of those that have received or provided reunification interventions are consistent with past research (Morris et al., 2022; Phillips, 2023); findings from the primary research demonstrate that **developing trusting and constructive relationships with those delivering support is valued by families and is seen as a key success factor by professionals**. Survey respondents identified that a **lack of reliable communication between parents and the LA acts as a barrier in building trusting and constructive relationships**. This is an issue known to affect the social work profession broadly, as well as specifically hindering opportunities for reunification (Baginsky, 2023; Velasquez and Merrill, 2023). To develop trusting relationships, the impact of care experience on children, young people, and parents and how this factors into their interactions with services needs to be recognised and addressed (Ulrich, 2022). Specifically, our findings indicate that **for parents, negative experiences of past interactions with social workers in the run-up to their child entering care acted as a barrier to their engagement in reunification interventions**. Young people flag that they want support to help them recover from negative experiences, both before entering care and while in care, which would enable them to proactively repair relationships with parents, while retaining positive relationships with other important adults in their lives (e.g. foster carers).

To develop trust, participants highlight the importance of **consistency in intervention providers, as well as responsiveness to a family's needs before, during, and after reunification**. However, there are known barriers to delivering such qualities in social care, including high levels of staff turnover and capacity issues that can impact successful reunification (Cunningham et al., 2021a). Consistent with this, our findings indicate that **challenges with prioritising reunification work and developing trusting relationships with parents often occur due to capacity issues, leading to multiple professionals being involved in delivering discrete intervention components**. Professionals suggest that **dedicated reunification-focused teams may lead to more positive experiences and outcomes for families**, due to the reduced and specific caseload, echoing findings from past qualitative research (Teixeira, Narciso, and Henriques, 2022). As such, it is possible that dedicated teams within LAs may help to mitigate the difficulties that professionals report while leading to improved outcomes. These teams, as described in focus groups, work alongside child protection and children in care teams, but with a smaller number of solely reunification-focused caseloads and specialist skills in reunification interventions. Notably, our survey findings indicate that **although dedicated reunification teams are fairly common in England, they are not universally available across all LAs**.

According to Article 12 of the Convention on the Rights of the Child (2009), children's views should be considered during adult decision making on any matters that concern them, while giving due regard to their age and maturity. Echoing this, our findings highlight that it is **critical for children and young people to have space and time to discuss their feelings, concerns, and expectations as part of the preparation for reunification**. However, professionals highlighted that involving children in the earliest stages of decision making regarding reunification could be unsettling (and so is often not pursued). As such, conversations need to be sensitively managed in terms of how and when they involve children and young people, and should consider their age, maturity, and understanding.

Participants flagged that **parents, foster/kinship carers, and multi-agency partners (e.g. education and police) should be involved in the decision making process**, because they can provide valuable insights to inform planning for reunification. Professionals suggest that anxieties expressed by parents, foster/kinship carers, and multi-agency partners can often be addressed by communicating a clear rationale and thought-through plan for reunification. Hood et al. (2022) identified some of the key areas of reunification planning, including individualised transition and care plans, management of pre-reunification contact, coordination of multi-agency provision, therapeutic and psychoeducational skills training, specialist drug and alcohol services, and educational and social support. Furthermore, professionals highlighted the **value of providing training to multi-agency partners in building confidence and skills contributing to the reunification process** as a method of relieving their anxiety surrounding children and young people returning home to parents.

Findings from the primary research highlight the importance of **taking a holistic approach to support the success of reunification**. Reflecting on the needs of families**, barriers to reunification include securing suitably sized housing and constraints on family finances**. Indeed, housing issues were seen as a reunification barrier by 89.7% of survey respondents, and 84.7% highlighted a lack of financial support for families as a barrier. As such, professionals often **need to collaborate with housing teams** or use their social care budget to support family expenses to help successfully reunify children with parents. Importantly, a systematic review found that addressing the economic needs of families significantly improved the likelihood of positive reunification outcomes (Sitjes-Figueras, Maneiro, Garcia-Molsosa, and López-López, 2025). Multiple housing concerns, including access to good quality housing, unaffordability of housing, overcrowding, and the growing use of temporary accommodation have been flagged as troubling and significant issues affecting families in the UK, with support needed from dedicated LA housing provision teams to prevent this impacting the likelihood of a child being taken into, or returning to, care following reunification (ADCS, 2025).

Post-reunification, many young people and parents experience a sense of abandonment by services. This includes concerns that support does not continue long enough after children and young people have moved back home with their parents, and, if support is available, it is not sufficiently responsive when issues arise. Young people, parents, and professionals all highlight the **value of continuing to work with families post-reunification to prevent re-entry**. Given that past research has identified three to six months post-reunification as a critical period when most re-entries to care happen (Goldacre et al., 2022), it is vital that support continues to be provided for several months to ensure the stability and

sustainability of reunification. This could be attained by sufficiently resourcing post-reunification interventions and support service transitions, such as how post-reunification support ends or is gradually withdrawn.

Systemic barriers, particularly a lack of resources and financial constraints, affect the provision and prioritisation of reunification services. For instance, parents and practitioners highlight that **interventions identified as necessary by family courts or reunification teams are often unavailable or difficult to secure for families locally**. For example, required mental health interventions often have long waiting lists on the NHS, and therapeutic support is limited to what children's social care can commission or provide through its own teams. This echoes past research, which showed that the availability of support services (e.g. drug and alcohol interventions) is directly related to the likelihood of stable reunification (Hood et al., 2022).

Our findings show there are indications of emerging good practice across English LAs to support reunification. For instance, **some LAs prioritise reunification by establishing reunification-focused teams or funding independent provision**. In addition, **over three-quarters of survey respondents indicated that their LA has a culture that supports or strongly supports reunification**, with only 5% saying that their LA actively discourages it. Furthermore, **most respondents feel their LA is proactive in supporting reunification**. This is particularly important given that a positive organisational culture towards reunification acts as a facilitator to implementing support services (Magilton, 2018; Ford and McKay, 2024).

Triangulating the data

Triangulation involves examining a phenomenon of interest using multiple methodological approaches. In this report, we have triangulated findings from the evidence synthesis, implementation synthesis, and primary research to identify any areas of convergence and divergence. Triangulation improves the rigour of research by reducing reliance on a single research methodology and offering a more comprehensive understanding of the phenomenon of interest (Hong et al., 2017) – in this case, reunification. Given that our evidence synthesis findings are largely based on data from the US (96% USA, 4% England), triangulation with the implementation findings (20% of underlying studies from England/England and Wales) and primary research (only participants from England) enabled us to contextualise these within the English context to support the development of a Practice Guide on reunification in England. Due to the mixed-methods review and primary research having to be conducted at the same time, it was not possible to triangulate all findings (see the section on triangulation in Limitations below). As such, this section is limited to findings that were possible to triangulate. Furthermore, this section focuses only on triangulation between the different methodological approaches in this report, meaning conclusions drawn here have not been linked to past research.

First, our overarching finding from the evidence synthesis was that **reunification interventions are associated with a small but positive impact on successful reunification outcomes for parents, children, and families**. Consistent with this, findings from the primary research indicated that reunification interventions helped repair

parent–child relationships and build parenting skills, supporting stable returns of children and young people to their parents. Our finding that there was **stronger evidence for the impact of reunification interventions on positive child outcomes, while the evidence for impact on adult outcomes is weaker**, may be explained by insights from the primary research. Specifically, participants in the primary research flagged that interventions supported parents to understand and recognise the impact of their past behaviours on their children, which was seen as particularly beneficial for young people, because it provided acknowledgement of their experiences and supported them to want to engage in the reunification process. We found **no clearly superior intervention type** for improving reunification outcomes. Echoing this, professionals in the primary research cited many different forms of intervention as beneficial for reunification, with no single intervention type clearly preferred. This included (but was not limited to) life story work, MST, FFT, and FGC.

Findings from the evidence synthesis diverge from the implementation and primary research findings regarding training of professionals. Specifically, our evidence synthesis findings indicate that **intervention provider training is not significantly associated with successful reunification outcomes**. By contrast, the implementation and primary research findings cited the additional benefits of training staff in helping to improve attitudes towards reunification, while also ensuring the fidelity of intervention provision. Insights from the implementation data provide two hypotheses for the divergence in findings. First, this may be due to difficulty retaining staff who have received training, meaning interventions that reported training staff may not always be delivered by the staff who had received the training. Second, provision of training is not directly reflective of the quality of training, with the implementation findings suggesting that training did not always provide staff with the skills necessary for delivering elements of interventions. Critically, this divergence may also simply reflect reporting issues affecting the studies underpinning the evidence synthesis, with over half of studies failing to report on whether training was provided. As such, it is possible that training may have been provided in studies, despite this not being explicitly stated.

There is tentative evidence suggesting that **interventions of longer duration may be linked to more positive outcomes**, but uncertainty around this finding is high. However, this is consistent with findings from the implementation and primary research components, with the need for longer-term interventions, including post-reunification support, identified as vital for preventing children, young people, and parents from feeling abandoned. Post-reunification support, in particular, is praised by participants for supporting more stable reunifications, particularly during the critical period when most re-entries to care happen (three to six months post-reunification).

Considering the specific demographics and experiences of the samples, our evidence synthesis findings indicate that there is **insufficient evidence to detect differences in the effectiveness of reunification interventions by gender, ethnicity, socioeconomic status, or SEND**. Despite this, findings from the implementation review and primary research highlight the need for tailored interventions that meet the diverse needs of children, young people, and parents, including cultural, linguistic, and SEND factors, while also considering the wider circumstances surrounding the family (e.g. housing, finances, social support).

There is a **trend towards reunification interventions being more effective for older children**, although evidence is limited. Supporting this, findings from the implementation synthesis highlight a lack of confidence among, and specialist training for, staff to support reunification with younger children. Findings from the primary research also indicate that professionals in England may prioritise using limited specialist resources to support reunification of adolescents with parents, because they are at an age where they could choose to self-exit care and return home. Professionals suggest that if they are supported through the reunification process and the family engages in interventions while under social care supervision, risk management procedures and ongoing support can be put into place. As such, older children may have more positive outcomes from reunification interventions because staff are more skilled in providing support to families with adolescents, while specialist resources are also prioritised for this group. Similarities in the barriers and facilitators to providing reunification interventions were identified across the implementation synthesis and primary research. Key facilitators identified across both included the need to build trusting relationships between families and professionals, maintaining consistency in intervention providers, and establishing effective multi-agency relationships. By contrast, barriers that could hinder implementation include insufficient funding of reunification interventions, workforce shortages, and high rates of staff turnover.

Recommendations and next steps

Drawing on the findings from the mixed-methods review and primary research, this section outlines key recommendations for consideration by Foundations in moving forward with the development of Practice Guidance. It also includes any resulting implications and recommendations for national policy, before finishing with recommendations for strengthening the research evidence in this field.

Policy and practice recommendations

1. Given their positive impact, the use of reunification interventions should be promoted and prioritised, becoming common practice and implemented with all eligible families embarking on the reunification process.
2. As no single intervention type was found to be more effective, the decision on which to employ should be based on an assessment of the specific needs and experiences of the children, young people, and parents involved.
3. For parents where neglect was the main reason for being in care, interventions that focus on parent skills building should be used.
4. Tentative evidence suggests interventions of longer duration may be linked to more positive outcomes, and young people, parents, and professionals cited the value of long-term and post-reunification support. As such, ongoing support should be provided before, during, and post-reunification.
5. Practical assistance (e.g. housing and financial support), as well as mental health support to manage any trauma experiences from care involvement, should be regularly embedded as part of reunification services.

6. LAs should examine the availability of intervention services, including access to substance misuse and mental health services, ensuring that necessary services are available and commissioning/arranging the delivery of them where needed.
7. To support effective implementation, consistency is needed in professionals providing reunification support, enabling trusting relationships to be built between families and intervention providers.
8. To enable staff to provide ongoing interventions and support, systemic barriers must be addressed, including reducing workforce shortages and high caseloads, and ensuring sufficient funding is available for implementing long-term reunification support.
9. There must be equitable access to reunification interventions, with improved access to support specifically for fathers and parents of younger children.
10. Children, young people, and parents should be involved in the development of action plans which guide the reunification process as much as possible, considering their age, understanding, and maturity.
11. Multi-agency collaborations should be established to meet the specific needs of families. For example, for some families this could include healthcare professionals, education providers, and accommodation providers, alongside social care professionals, while other families may need input from substance use workers, police, or the courts.
12. A national statutory framework to support professionals by providing clear and consistent guidance on reunification should be developed and embedded into practice. This should provide clear expectations on assessment and decision making before, during, and post-reunification, the support that should be available, and practical tools to aid the reunification process (e.g. transition and action plans), and guide how reunification interventions should be monitored.
13. Regular staff training on understanding and delivering interventions should be provided to improve fidelity to intervention delivery.
14. Training provided should directly relate to the different roles of staff involved in reunification. For example, if a social worker has more of an assessment and care coordination role, training should be prioritised for assessing suitability for reunification, whereas intervention providers will require more training on the delivery of a specific model.
15. Regular monitoring of how reunification interventions are being implemented should be embedded to improve fidelity to intervention delivery, and identify any barriers to implementation, areas for improvement, or training needs.

Research recommendations

1. There is a strong need for further research outside the US, and specifically in the UK. The available evidence base on the effectiveness of reunification interventions remains limited and heavily concentrated in the US, reducing the external validity of these findings for England and elsewhere.
2. Rigorous, high-quality RCTs and QEDs exploring the effectiveness of reunification interventions are urgently needed to strengthen causal inference, given that 83.3% of studies included in this review presented a moderate to serious risk of bias.

3. Research exploring the effectiveness of reunification interventions needs to embed the systematic collection and reporting of PROGRESS-Plus factors (e.g. ethnicity, age, SEND) to support equity-focused analyses that can inform policy and practice developments to better meet the needs of diverse families.
4. To fully understand the impact of reunification interventions on children, young people, and parents, more research is needed across all 12 outcome categories outlined in this report. Children's contact with the youth justice system, children's educational outcomes, and permanency/case planning were only examined in a single study each.
5. Longitudinal studies should be conducted to examine outcomes for children, young people, and parents following reunification interventions across a longer span (most studies only followed up after one or two years).
6. The intervention typology developed should be used to guide areas for future research. This review found that four of the eight intervention types were only examined in one or two studies each (family finding, child-focused interventions, family group decision making, and financial support), highlighting the need for more high-quality research into these.
7. Examining factors contributing to the reach and sustainability of reunification interventions should be prioritised in implementation research, because they are currently examined in less than 20% of the included studies.
8. There is a clear need for high-quality research into the cost-effectiveness of reunification interventions, with significant methodological concerns in some of the underpinning studies limiting our confidence in findings.
9. Research needs to empirically examine the effectiveness of dedicated reunification-focused teams. While these are flagged in the findings of the primary research as a way of improving targeted reunification support, empirical evidence is needed to understand whether they lead to more positive outcomes for children, young people, and parents.
10. Research is needed to understand how positive organisational cultures and attitudes towards reunification can be developed among professionals and stakeholders working with families towards reunification, given that this is highlighted as vital for prioritising and embedding reunification interventions.
11. Fathers' perspectives towards participating in reunification interventions must be explored – this is an understudied area of research, yet vital for improving interventions in the future to support their engagement.

LIMITATIONS

Studies measuring effectiveness

While meta-analysis remains the 'gold standard' for measuring the effectiveness of interventions, the review did encounter some limitations. Although results were robust to publication bias and sensitivity analyses, weaknesses in the underlying evidence base present a challenge to the validity and reliability of the findings. First, most studies in the meta-analysis were conducted in the US, with only one conducted in England, limiting the validity of the findings for the English context. Given that social care provision, funding, and priorities differ across countries, it is vital that this limitation is addressed through future research. Second, the quality of the primary studies is relatively poor, with 83.3% of studies presenting a moderate to serious risk of bias. This issue is more pronounced for QEDs than RCTs (respectively, 93.8% and 57.2% had moderate to serious risk of bias), pointing to the need for more rigorous and high-quality research on reunification interventions. Heterogeneity of study results was also high, even after adjusting for study-level moderators, a finding echoed by other meta-analyses of reunification interventions (McGinn et al., 2020). Some of the exploratory moderator analyses were underpowered, with a small number of outcomes per category, limiting our ability to detect small effects. Absence of significant findings should therefore not be seen as conclusive, again highlighting the need for further robust evaluations of reunification interventions.

Reporting bias may also introduce error into review findings – for example, for practical reasons we have only included studies published in English. Reviewers conducting screening and data extraction received training and ongoing supervision, as well as being guided by a shared codebook, to ensure consistency and limit reporting errors. In some studies, potentially relevant outcomes could not be included because the statistical information provided was insufficient to calculate an effect size. Examples of this include the child wellbeing outcomes from Leon, Saucedo, and Jachymiak (2016), children remaining at home and school involvement outcomes from Trout et al. (2020), and parental engagement outcomes from Trescher (2020). Due to budget and time limitations, single screening was used throughout, although extensive checks by a second reviewer, regular training, weekly meetings to discuss screening and extraction challenges, and the escalation of any difficult papers to a senior researcher for dual screening or extraction were embedded to support accuracy.

Studies measuring implementation

Synthesising the barriers and facilitators to implementing reunification interventions is vital for understanding why outcomes vary, where changes are needed (e.g. to improve feasibility or adoption of interventions), and support continuous improvement in implementing interventions (Nilsen, 2020). However, the confidence in the generalisability of findings across intervention types and settings directly relates to the extent to which each of Proctor et al.'s (2011) implementation outcomes was examined across the 53 included studies. While acceptability was examined in 60.1% of studies, followed by fidelity in 35.71%, the remainder were assessed in a

quarter of studies or less. In order of frequency, these included adoption (25%), feasibility (25%), appropriateness (21.43%), reach (16.07%), sustainability (12.5%), and cost (12.5%). Considerable variation in the degree to which different implementation outcomes are studied is a common issue across implementation science. Our findings are consistent with past research, with a review of 10 years of implementation science finding that acceptability, fidelity, feasibility, and adoption are the most frequently assessed outcomes (Proctor et al., 2023).

While the impact of the number of studies was often mitigated by their high methodological quality, relevance, coherence, and adequacy, this was not the case for cost data. Regarding cost, only seven studies were available, with our confidence in the findings rated as low due to serious methodological concerns in some of the underpinning studies. This directly impacts the conclusions that can be drawn and highlights the importance of more research being undertaken to fully understand the cost-effectiveness of reunification interventions. Despite this, our findings remain consistent with past research, which indicated that potential longer-term costs associated with failed reunifications can be avoided if reunification support that meets the needs of families is provided (Holmes, 2024).

Within the field of implementation science, there is limited guidance and no gold standard approach on integrating findings that use different methodologies and evaluate different interventions targeting the same outcome (Mohammed, Moles, and Chen, 2016). This was particularly challenging for the current study, where a wide variety of approaches (e.g. practice frameworks) and interventions were evaluated. In summary, of the 53 studies included, 32 different approaches and interventions for reunification were examined. Of these, only reunification practice frameworks (five studies), Family Drug and Alcohol Courts (five studies), post-reunification services (four studies), social support during reunification (four studies), and the Strengthening Families Program (three studies) were examined in more than two studies. As such, it was not possible to examine implementation facilitators and barriers for specific intervention types. To overcome this, the current study focused on exploring common themes across approaches to reunification in general. Further studies would be needed before in-depth insights on implementation outcomes for specific types of reunification interventions could be developed. Despite this limitation, the findings still provide valuable information on the barriers, facilitators, and processes involved in implementing reunification interventions.

Primary research

Transferability in qualitative research remains a controversial and contentious topic of debate, with the focus on exploring subjective experiences and personal meaning limiting the possibility of findings being transferable beyond the immediate participant group (Carminati, 2018). However, some argue that findings from qualitative research can be perceived as transferable, when specific precautions are undertaken (Polit and Beck, 2010). Recommended precautions include ensuring the research is reliable, valid, and rigorous (Polit and Beck, 2010). To support this, the inclusion of different participant groups (professionals, parents, and young people) provided the opportunity to triangulate perspectives on approaches to supporting reunification in England. However, a key limitation is that participant groups had to be recruited independently of each other. This meant that the sampling approach did not allow for triangulation in relation to

individual cases of reunification, or corroboration or verification of the individual experiences shared.

Given that memory retrieval is known to be imperfect, malleable, and influenced by emotional states (Blakey et al., 2019), it is important to consider the impact of recall on the findings from this research. Specifically, some parents and young people were recalling events that they found challenging or traumatic which had happened up to 10 years before their participation in the research. This timescale was set to enable parents and young people to have sufficient distance from challenging or traumatic events that they felt able to discuss them, while remaining recent enough that the findings reflect the systems and processes of social care today. However, there is a possibility that for those nearing the end of the 10-year timeframe, recall may have been more challenging or less accurate, compared with those who reunified more recently.

It is also important to consider participants' motivations for taking part in the research and how this could influence study findings. Specifically, researchers have highlighted that self-identified volunteers may bring personal agendas, preconceptions, and priorities on the topic that can unduly influence research findings (Domecq et al., 2014). Given that most young people and parents had participated in research with NCB or other advocacy organisations specialising in children's social care previously, they may have a particular drive to influence improvements in policy and practice informed by their own negative experiences. Although we applied reflexivity throughout the focus groups and analysis, this could also be embedded at an earlier stage to consider research engagement (Phoenix et al., 2018).

Across the focus groups and survey, there were difficulties in recruiting the proposed number of participants. This was most pronounced in the case of the parent focus groups, for which six were recruited instead of a target of 15. The sensitive nature of the topic was likely to have prevented some parents from wanting to participate. To support recruitment, options for one-to-one interviews were added and promoted, although dropouts remained high. However, similar to transferability, the notion of sample size in qualitative research is up for debate (Malterud, Siersma, and Guassora, 2016). Instead of focusing on the number of participants, qualitative researchers should focus on the depth and detail gained from interviews, ensuring this enables sufficient data for analysis (Carminati, 2018). In the current study, this was achieved across all participant groups. However, it was not possible to directly compare participants' experiences based on their personal characteristics (e.g. gender, ethnicity), due to the limited number of participants. In addition, despite targeted recruitment strategies, no fathers signed up to participate in the research. We recognise this as a key limitation of our findings, given known gender differences in the provision and experience of reunification interventions (see the Implementation of reunification interventions conclusions above; Tully et al., 2017).

Triangulation

To the best of our knowledge, this was the first project to combine a robust mixed-methods evidence synthesis with primary research. This means there is no best-practice guidance available on combining and interpreting data during triangulation. Despite this, the triangulation process has provided valuable insights, enabling us to relate the findings from a predominantly US-focused evidence base to the experiences of young people, parents, and professionals in England.

Due to the project timescale, we had to run the evidence synthesis and primary research components of this project simultaneously. This meant we were unable to present the findings from the evidence synthesis to participants in the primary research to gain direct feedback on how these findings reflect their own experiences. Instead, we had to focus on gathering user and provider perspectives in general and explore whether they relate to any findings from the evidence synthesis post-hoc. As such, it was not possible to triangulate all our findings. In future, we would prefer to utilise a sequential method (see Hong et al. (2017) for a typology of convergent and sequential synthesis designs), starting with the evidence synthesis and followed by the primary research, to ensure all findings could be sufficiently triangulated.

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APPENDICES

Appendix A. Long descriptive text

The descriptions below follow the Foundations accessibility-text format: a short description of the visual, a breakdown of the information shown, and the main interpretation. Percentages are rounded to one decimal place unless the figure displays a more precise value. Where a visual feature is not defined in the original figure, this is stated rather than inferred.

Figure 1. PRISMA flow diagram

The image is a PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow diagram. It shows how records were identified through database and website searching and through other methods, then screened, assessed for eligibility and included in the review.

Below is a breakdown of the flow diagram.

1. Identification through databases and websites

- Records identified: 10,263
- Duplicate records removed before screening: 2,594.

2. Screening of database and website records

- Records screened: 7,669
- Records excluded at title and abstract screening: 7,311
- Reports sought for retrieval: 358
- Reports not retrieved: 20
- Reports assessed for eligibility: 338
- Reports excluded: intervention not relevant, 126; ineligible study design, 81; ineligible population, 6; ineligible country, 4; ineligible language, 4; duplicate, 17; no eligible outcomes or insufficient data for extraction, 8; and multiple reports of the same study, 8.

3. Identification and screening through other methods

- Records identified from grey literature sources: 41
- Records screened: 41; records excluded: 22
- Reports sought for retrieval: 19; reports not retrieved: 3
- Reports assessed for eligibility: 16; reports excluded because of study design: 5.

4. Included studies

- Studies included in the review: 73
- Of these, 20 contributed to the effectiveness findings, 47 contributed to the implementation findings, and 6 contributed to both.

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Figure 2. Summary of RoB 2 assessments for included randomised controlled trials

The image is a horizontal 100% stacked bar chart. Each row is a RoB 2 risk-of-bias domain. Each bar is divided into the proportions judged low risk, some concerns and high risk.

Domain-level judgements:

- Randomisation process: 78.6% low risk, 21.4% some concerns and 0.0% high risk
- Deviations from intended interventions: 50.0% low risk, 42.9% some concerns and 7.1% high risk
- Missing outcome data: 78.6% low risk, 14.3% some concerns and 7.1% high risk
- Measurement of outcomes: 78.6% low risk, 21.4% some concerns and 0.0% high risk
- Selection of the reported results: 35.7% low risk, 64.3% some concerns and 0.0% high risk
- Overall judgement: 42.9% low risk, 28.6% some concerns and 28.6% high risk.

The overall row shows that 57.2% of assessments had either some concerns or a high risk of bias.

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Figure 3. Summary of ROBINS-I assessments for included quasi-experimental designs

The image is a horizontal 100% stacked bar chart. Each row is a ROBINS-I risk-of-bias domain. Each bar is divided into the proportions judged low, moderate or serious risk of bias.

Domain-level judgements:

- Bias due to confounding: 25.0% low, 62.5% moderate and 12.5% serious
- Bias in selection of participants: 68.8% low, 31.3% moderate and 0.0% serious
- Bias in classification of interventions: 87.5% low, 12.5% moderate and 0.0% serious
- Bias due to deviations from intended interventions: 43.8% low, 56.3% moderate and 0.0% serious
- Bias due to missing data: 43.8% low, 43.8% moderate and 12.5% serious
- Bias in measurement of outcomes: 50.0% low, 50.0% moderate and 0.0% serious
- Bias in selection of the reported result: 75.0% low, 25.0% moderate and 0.0% serious
- Overall judgement: 6.3% low, 68.8% moderate and 25.0% serious.

The overall row shows that 93.8% of assessments were at moderate or serious risk of bias.

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Figure 4. Typology of reunification interventions

The image is a circular infographic. The centre reads “Typology of interventions for reunification”. Eight coloured shapes around the centre name the intervention types identified in the review.

The eight intervention types are:

- Family group decision-making
- Therapeutic problem-solving courts
- Multi-agency team around the family
- Parent mentoring or coaching
- Family finding
- Parent-focused skills building
- Financial support
- Child-focused interventions.

The infographic presents categories only; it does not show quantities or rank the intervention types.

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Figure 5. Distribution of studies by year of publication

The image is a vertical column chart showing the percentage of the 26 effectiveness studies published in four time periods. The horizontal axis lists publication periods and the vertical axis shows the percentage of studies.

- 1996 to 1999: 7.7%
- 2000 to 2009: 19.2%
- 2010 to 2019: 46.2%
- 2020 to 2025: 26.9%.

The largest group of studies was published between 2010 and 2019.

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Figure 6. Hypothetical outcome distribution illustrating the average reunification intervention effect size

The image shows two overlapping bell-shaped probability distributions. The horizontal axis is the standardised outcome measure, running from about -4 to +4, and the vertical axis is probability density, running from 0 to about 0.40.

- The solid orange curve represents no reunification intervention and has a mean of 0 and a standard deviation of 1
- The dashed teal curve represents receipt of a reunification intervention and has a mean of 0.25 and a standard deviation of 1.

The intervention curve is shifted 0.25 standard deviations to the right. The distributions overlap substantially, illustrating a small positive average effect. As explained in the report, an effect size of 0.25 means that, on average, children and families receiving an intervention score better than about 60% of those not receiving one.

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Figure 7. Influence diagnostics for individual outcomes

The image contains eight small diagnostic plots arranged in four rows and two columns. The horizontal axis in each panel is the outcome index. The panels are labelled studentised residuals (rstudent), DFFITS, Cook's distance (cook.d), covariance ratio (cov.r), change in estimated between-outcome variance when an outcome is deleted (tau2.del), change in the heterogeneity statistic when an outcome is deleted (QE.del), leverage (hat), and model weight.

- Grey points and connecting lines show the diagnostic value for each outcome
- Dotted horizontal lines show reference thresholds where applicable
- Red points mark the most extreme diagnostic values in several panels.

The accompanying analysis found no studentised residual larger than plus or minus 3.511. The Cook's distance threshold was 0.036 and no outcome was identified as potentially influential. The figure labels outcomes only by index, so the specific study or outcome represented by an index cannot be identified from the figure alone.

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Figure 8. Leave-one-out sensitivity analysis

The image is a scatter plot. The horizontal axis is the index of the outcome omitted in each re-analysis, and the vertical axis is the recalculated pooled estimate. A red dashed horizontal line marks the original pooled estimate, which is approximately 0.17.

All recalculated estimates remain positive and close to the dashed reference line. The largest change in the pooled effect after omitting one outcome was 0.012. No single outcome materially changed the direction or significance of the result.

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Figure 9. I-squared estimates from leave-one-out sensitivity analysis

The image is a scatter plot. The horizontal axis is the index of the outcome omitted in each re-analysis, and the vertical axis is the I-squared measure of heterogeneity, shown as a percentage. A dashed horizontal line marks the original I-squared value near 100%.

- Across the leave-one-out models, I-squared ranged from 90.56% to 99.95%
- The mean I-squared value was 99.78%
- Most points are very close to 99.95%; two adjacent omissions reduce I-squared to about 90.56%.

Heterogeneity remained very high regardless of which single outcome was removed.

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Figure 10. Funnel plot of estimates from a random-effects meta-analysis of reunification interventions

The image is a funnel plot used to examine possible publication bias. The horizontal axis is the observed outcome estimate and the vertical axis is standard error, with more precise estimates at the top. Each black dot represents one of the 112 outcomes. A vertical dotted line marks the pooled estimate, and diagonal dotted lines form the expected funnel around it. The area inside the funnel is white and the area outside is grey.

Most points cluster near the top of the plot and around small positive effects. The observed outcomes in the analysis ranged from -0.92 to 1.33. Neither the rank-correlation test nor the regression test indicated funnel-plot asymmetry ($p = 0.56$ and $p = 0.21$, respectively), so the analysis did not identify evidence of publication bias.

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Figure 11. Forest plot showing effect sizes of reunification interventions on parent outcomes

The image is a forest plot containing 51 parent-related outcomes from eight studies. The left columns give the author and year and the outcome description. The graph shows a square for each effect estimate and a horizontal line for its 95% confidence interval. A vertical line at zero represents no effect. Estimates to the right of zero favour the intervention and estimates to the left favour the comparison group.

Outcome categories shown include parenting skills and behaviours, parental wellbeing, parental substance use, social support, parental engagement and family relationships.

- Individual estimates range from -0.92 to 1.14.
- Many individual confidence intervals cross zero, showing substantial uncertainty and variation between outcomes.
- The random-effects summary diamond shown at the bottom is 0.34, with a 95% confidence interval from 0.01 to 0.67.

The pooled result is positive, but the wide variation across rows shows that parent outcomes were heterogeneous.

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Figure 12. Forest plot showing the average effect of reunification interventions on child outcomes

The image is a forest plot containing 83 child-related outcomes from 25 studies. The left columns give the author and year and the outcome description. The graph shows a square for each effect estimate and a horizontal line for its 95% confidence interval. A vertical line at zero represents no effect. Estimates to the right of zero favour the intervention and estimates to the left favour the comparison group.

Outcome categories shown include placement stability, social support, child safety and wellbeing, children's skills and behaviours, family relationships, contact with the youth justice system, permanency or case planning, and educational outcomes.

- Individual estimates range from -0.58 to 1.33
- Many individual confidence intervals cross zero, but more estimates are positive than negative
- The random-effects summary diamond shown at the bottom is 0.25, with a 95% confidence interval from 0.09 to 0.42.

The pooled confidence interval does not cross zero, indicating an overall small positive effect on child outcomes.

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Figure 13. Bubble plot showing the association between intervention duration and reunification intervention effect size

The image is a bubble plot. The horizontal axis is intervention duration in months, covering approximately 1.5 to 10.5 months, and the vertical axis is effect size, covering approximately -0.5 to 1.8. Six circles are shown: three near 1.5 months, one near 7.5 months and two near 10.5 months. A solid regression line slopes upward and a grey confidence band with dashed boundaries widens towards the ends of the line.

The upward line indicates a trend towards larger effects for longer interventions, but the uncertainty is wide. Interventions lasting 9 to 12 months had an estimated standardised mean difference of 0.575, with a 95% confidence interval from -0.33 to 1.48 and p = 0.137. This association was not statistically significant. The figure uses different bubble sizes but does not provide a key defining what bubble size represents, so that feature cannot be described more specifically.

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Figure 14. Association between number of levels targeted by an intervention and effect size

The image is a meta-regression bubble plot. The horizontal axis is the centred number of levels targeted by the intervention, and the vertical axis is effect size. Outcomes form three vertical bands, corresponding to different numbers of targeted levels. A thick fitted line has a slight upward slope. A grey confidence band bounded by dashed lines crosses zero across the plotted range.

- The estimated slope was 0.049
- The 95% confidence interval was -0.16 to 0.26
- The p-value was 0.62.

The graph therefore shows no statistically significant association between the number of levels targeted and intervention effect size. The figure uses different bubble sizes but does not provide a key defining what bubble size represents.

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Figure 15. Regional distribution of practitioner survey respondents

The image is a horizontal bar chart showing the percentage of 53 practitioner survey respondents from each English region. The bars are ordered from the smallest percentage to the largest.

- East of England: 1.9%
- No response: 1.9%
- North East: 1.9%
- North West: 9.4%
- South West: 11.3%
- Yorkshire and the Humber: 11.3%
- East Midlands: 13.2%
- London: 13.2%
- South East: 13.2%
- West Midlands: 22.6%.

The West Midlands was the most represented region. The Midlands, London, and the South East were particularly well represented overall.

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Figure 16. Frequency of barriers to reunification

The image is a horizontal 100% stacked bar chart based on 39 respondents. Each row is a potential barrier and each bar is divided into very frequently a barrier, sometimes a barrier, rarely a barrier, never a barrier and not applicable.

Percentages for each barrier are listed in the order: very frequently; sometimes; rarely; never; not applicable.

- Cooperation or attitudes of safeguarding partner organisations: 7.7%; 53.8%; 35.9%; 2.6%; 0.0%
- Adequate family support worker capacity: 17.9%; 35.9%; 30.8%; 12.8%; 2.6%
- Access to specialist reunification services: 17.9%; 43.6%; 23.1%; 10.3%; 0.0%
- Appropriate education placements for children being reunited: 20.5%; 41.0%; 28.2%; 10.3%; 0.0%
- Skills or expertise for working with parents and reuniting families: 20.5%; 51.3%; 20.5%; 7.7%; 0.0%
- Availability of financial support for families: 23.1%; 61.5%; 15.4%; 0.0%; 0.0%

- Access to community-based support for parents: 25.6%; 43.6%; 28.2%; 2.6%; 0.0%
- Culture within local authority children's services: 25.6%; 43.6%; 28.2%; 2.6%; 0.0%
- Up-to-date information about the parents' current situation: 28.2%; 48.7%; 17.9%; 5.1%; 0.0%
- Funding available for children's social care: 28.2%; 35.9%; 23.1%; 7.7%; 5.1%
- Reliable communication between parents and the local authority: 30.8%; 56.4%; 12.8%; 0.0%; 0.0%
- Adequate social worker capacity: 30.8%; 38.5%; 23.1%; 5.1%; 2.6%
- Suitable housing for reunited families: 56.4%; 33.3%; 10.3%; 0.0%; 0.0%.

Suitable housing was the most frequently reported barrier: 89.7% said it was very frequently or sometimes a barrier. Reliable communication between parents and the local authority was next at 87.2%, followed by financial support at 84.6%.

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Figure 17. Impact and availability of services to support reunification

The figure contains two horizontal 100% stacked bar charts covering the same 13 services or approaches. One chart shows perceived impact and the other shows availability. The figure presents percentages but does not state the number of respondents for these two charts.

A. Perceived impact

Percentages are listed in the order: large impact; moderate impact; small impact; no impact; no experience of this.

- Gradual increase in family time: 75.7%; 21.6%; 2.7%; 0.0%; 0.0%
- Multi-agency team: 75.7%; 18.9%; 5.4%; 0.0%; 0.0%
- Therapeutic support for adults: 73.0%; 13.5%; 2.7%; 0.0%; 10.8%
- Therapeutic support for children: 70.3%; 18.9%; 0.0%; 0.0%; 10.8%
- Housing support: 62.2%; 29.7%; 2.7%; 0.0%; 5.4%
- Mental health support: 59.5%; 29.7%; 5.4%; 0.0%; 5.4%
- Family group decision-making: 56.8%; 40.5%; 0.0%; 0.0%; 2.7%
- Family therapy: 56.8%; 29.7%; 2.7%; 0.0%; 10.8%
- Substance misuse intervention: 56.8%; 32.4%; 5.4%; 0.0%; 5.4%
- Parent skills intervention: 48.6%; 32.4%; 10.8%; 2.7%; 5.4%
- Domestic abuse intervention: 40.5%; 43.2%; 10.8%; 0.0%; 5.4%
- Financial support: 37.8%; 54.1%; 5.4%; 2.7%; 0.0%
- Parenting programmes: 29.7%; 45.9%; 21.6%; 0.0%; 2.7%.

A gradual increase in family time and multi-agency teams had the highest large-impact ratings, both at 75.7%. Parenting programmes had the lowest large-impact rating, at 29.7%.

B. Availability

Percentages are listed in the order: always accessible; sometimes accessible; not often accessible; not available in the respondent's area.

- Gradual increase in family time: 48.6%; 45.9%; 2.7%; 2.7%
- Multi-agency team: 54.1%; 29.7%; 13.5%; 2.7%
- Therapeutic support for adults: 21.6%; 27.0%; 45.9%; 5.4%
- Therapeutic support for children: 21.6%; 43.2%; 32.4%; 2.7%
- Housing support: 2.7%; 54.1%; 40.5%; 2.7%
- Mental health support: 8.1%; 56.8%; 32.4%; 2.7%
- Family group decision-making: 54.1%; 32.4%; 10.8%; 2.7%
- Family therapy: 24.3%; 29.7%; 40.5%; 5.4%
- Substance misuse intervention: 51.4%; 43.2%; 5.4%; 0.0%
- Parent skills intervention: 13.5%; 48.6%; 32.4%; 5.4%
- Domestic abuse intervention: 43.2%; 51.4%; 5.4%; 0.0%
- Financial support: 2.7%; 64.9%; 32.4%; 0.0%
- Parenting programmes: 29.7%; 56.8%; 13.5%; 0.0%.

Family Group Decision Making and multi-agency teams were most often rated always accessible, both at 54.1%, followed by substance misuse interventions at 51.4%. Housing and financial support were least often rated always accessible, both at 2.7%. Therapeutic support for adults was not often accessible or unavailable for 51.3% of respondents, and family therapy for 45.9%. The two charts show a mismatch between perceived impact and availability, particularly for housing, mental health and therapeutic support.

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Appendix B. Full search strategy

Database (additional sub-databases selected as part of search)	Date of database inception	Limits or filters	Number of results
PsycInfo	1967	None	2,318
Web of Science (Ovid MEDLINE, Social Sciences Citation Index, ProQuest)*	WoS: 1997 (built from the Social Citation Index, which was first introduced in 1964) Ovid MEDLINE: 1946 SSCI: 1972 ProQuest: 1938	None	6,393
Pubmed	1996	None	124
Academic Search Complete	1997	None	1,428

NB. The same search strategy was used for all databases, as described in the chapter on 'Conclusions and recommendations'.

* WoS allows these additional databases to be selected when conducting a search, meaning the number of results is the combined total for these databases.

Appendix C. Characteristics of included studies for effectiveness

Reference	Study design	Intervention name and country	Population	Comparison group	Outcomes reported	Summary of findings	Risk of bias rating
Akin et al., 2017	QED	Strengthening Families Program US	Parents and children (219 participants in intervention group, 274 in comparison group)	Treatment-as-usual (TAU)	Supporting children to remain at home and not return to care	No statistical difference between intervention and control group in the likelihood of re-entry following reunification	Moderate

Reference	Study design	Intervention name and country	Population	Comparison group	Outcomes reported	Summary of findings	Risk of bias rating
Akin and McDonald, 2018	RCT	Parent Management Training Oregon (PMTO) US	Parents and children (461 participants received PMTO, 457 in comparison group)	TAU	Parenting skills and behaviours Parental wellbeing Parental substance use Parental engagement Social support Child safety and wellbeing Children's skills and behaviours	Children in the PMTO intervention group demonstrated healthier social-emotional wellbeing trajectories than the comparison group. The intervention group showed improvements in both problem behaviours and social skills For caregiver functioning (mental health, substance use, social support, readiness for reunification), the intervention group showed initial improvements at six months, but some gains (notably in substance use and social supports) declined by 12 months	Low
Berry, McCauley and Lansing, 2007	QED	Intensive Reunification Program US	Parents and children (31 families in total: 15 in intervention group, 16 in comparison group)	TAU	Supporting children to remain at home and not return to care	Over half of the families in the intervention group achieved stable reunification, compared with only four families in the comparison group	Serious

Reference	Study design	Intervention name and country	Population	Comparison group	Outcomes reported	Summary of findings	Risk of bias rating
Burnson et al., 2025	QED	Family Visit Coaching US	Parents and children (125 participants in intervention group, 250 in comparison group)	TAU	Supporting children to remain at home and not return to care	Findings indicated no significant difference between groups in terms of experiencing a re-report or foster care re-entry. Children in the comparison group had a higher rate of substantiation than children whose parents participated in the intervention	Moderate
Chambers et al., 2019	QED	Iowa Parent Partner Approach US	Parents (500 participants in intervention group, 500 in comparison group)	TAU	Supporting children to remain at home and not return to care	Families who participated in the Iowa Parent Partner program had higher rates of family reunification and lower rates of subsequent child removals than comparison group families	Moderate
Chuang et al., 2012	QED	Hillsborough County Family Dependency Treatment Court US	Parents (95 families in intervention group, 424 in comparison group)	TAU	Supporting children to remain at home and not return to care	Re-entry into care within 12 months after permanency was achieved was less likely in the intervention group compared with the comparison group	Moderate

Reference	Study design	Intervention name and country	Population	Comparison group	Outcomes reported	Summary of findings	Risk of bias rating
Degarmo et al., 2013	RCT	Pathways Home US	Parents (53 families in intervention group, 50 in comparison group)	TAU	Supporting children to remain at home and not return to care Parenting skills and behaviours Children's skills and behaviours	Re-entry into foster care was nearly twice as likely for the comparison group as the intervention group. There was no significant impact of the intervention on problem behaviours	Some concerns
Fraser, Walton, and Lewis, 1996	RCT	Family Reunification Services US	Parents (57 participants in intervention group, 53 in comparison group)	TAU	Supporting children to remain at home and not return to care	Children were more likely to remain with parents who had received reunification services, compared with those in the comparison group	Some concerns

Reference	Study design	Intervention name and country	Population	Comparison group	Outcomes reported	Summary of findings	Risk of bias rating
Harwin et al., 2011	QED	Family Drug and Alcohol Court England	Parents (140 mothers in intervention group, 100 in comparison group for five-year outcomes)	TAU	Supporting children to remain at home and not return to care Child safety and wellbeing Parental substance use Parental engagement	Mothers in the intervention groups were more likely to cease substance misuse and to sustain this over the five-year follow-up period. More mothers in the intervention group who were reunited with children at the end of proceedings experienced no disruption to family stability at three-year follow-up	Moderate
Kemp et al., 2024	RCT	Trauma-focused Evaluation Program US	Children (68 participants in intervention group, 57 in comparison group)	TAU	Supporting children to remain at home and not return to care Child safety and wellbeing Child's contact with the youth justice system	Children in the intervention group were more likely to have their original case closed (i.e. achieve permanency) at 24 months post-baseline. There were no statistically significant differences between the intervention and comparison group on guardianship changes, termination of parental rights, new child welfare petitions, or new contact with the youth justice system	Some concerns

Reference	Study design	Intervention name and country	Population	Comparison group	Outcomes reported	Summary of findings	Risk of bias rating
Landsman et al., 2001	QED	Reasonable Efforts to Permanency through Adoption and Reunification Endeavors (REPARE) US	Parents and children (82 participants in intervention group, 57 in comparison group)	TAU	Supporting children to remain at home and not return to care	REPARE was more successful than TAU in achieving stable outcomes for children 12 months after the programme	Serious
Landsman, Boel-Studt, and Malone, 2014	RCT	Families for Iowa's Children project US	Parents and children (125 participants in intervention group, 118 in comparison group)	TAU	Social support	The intervention group was more effective than standard child welfare services in engaging a wider network of family and informal social support, with more family/informal supports engaged in the child's service planning	Some concerns

Reference	Study design	Intervention name and country	Population	Comparison group	Outcomes reported	Summary of findings	Risk of bias rating
Leon, Saucedo, and Jachymiak, 2016	QED	Family Finding US	Parents and children (196 participants in intervention group, 262 in comparison group)	TAU	Supporting children to remain at home and not return to care Permanency /case planning Social support	There were no differences between the comparison group and intervention on reunification rates, placement stability, or externalising behaviour and internalising symptoms. However, the intervention was associated with better concurrent planning than the comparison group	Moderate
Lewandowski, 1997	QED	Family-Centred Out-of-Home Care (FCOHC) US	Parents (220 participants in intervention group, 154 in comparison group)	TAU	Supporting children to remain at home and not return to care	Children whose parents received the intervention were more likely to return to out-of-home care following reunification than those in the comparison group	Moderate

Reference	Study design	Intervention name and country	Population	Comparison group	Outcomes reported	Summary of findings	Risk of bias rating
Liming et al., 2025	QED	Attachment Biobehavioural Catch-up (ABC) US	Parents (66 participants in intervention group, 139 in comparison group)	TAU	Child safety and wellbeing	Intervention recipients were significantly more likely to experience reunification during the study period and be reunified at faster rates compared with the comparison group. There was no significant difference between intervention and comparison groups for subsequent maltreatment reports and substantiation	Serious
Mersky et al., 2023	QED	Family Treatment Court US	Parents (266 participants in intervention group, 382 in comparison group)	TAU	Child safety and wellbeing	The likelihood of having an investigated CPS report after reunification did not significantly differ between intervention and comparison groups	Moderate
Miller, 2008	RCT	Multidimensional Treatment Foster Care Preschool US	Parents and children (37 participants in intervention group, 41 in comparison group)	TAU	Supporting children to remain at home and not return to care	Among children with suspected or confirmed prenatal drug exposure, those in the intervention group were significantly more likely than the comparison group to be successfully reunified with a parent	High

Reference	Study design	Intervention name and country	Population	Comparison group	Outcomes reported	Summary of findings	Risk of bias rating
Oxford et al., 2016	RCT	Promoting First Relationships US	Parents and children (18 participants in intervention group, 25 in comparison group)	Alternative intervention: Early education support	Children's skills and behaviours Child safety and wellbeing Parental wellbeing Family relationships	While immediate post-test effects were limited, the intervention group showed notable positive outcomes at six-month follow-up, including reduced child behaviour problems and increased child competence, suggesting the intervention may require more time to take effect for birth parents	Low
Pergamit, Cunningham and Hanson, 2017	QED	Family Unification Program US	Parents (201 participants in intervention group, 115 in comparison group)	TAU	Child safety and wellbeing	Of the two intervention sites (Portland and San Diego), neither showed a significant impact on the probability of reunification, compared with the comparison group. Findings regarding re-reports of abuse and neglect were mixed, with reductions in new reports associated with the intervention condition in San Diego, and an increase in rates of reports in Portland among the intervention condition	Moderate

Reference	Study design	Intervention name and country	Population	Comparison group	Outcomes reported	Summary of findings	Risk of bias rating
Pine et al., 2009	QED	Family Reunification Program US	Parents and children (135 families in intervention group, 121 in comparison group)	TAU	Supporting children to remain at home and not return to care	Families who took part in the intervention experienced slightly greater stability 24 months after intake relative to the comparison group. However, this did not reach statistical significance	Low

Reference	Study design	Intervention name and country	Population	Comparison group	Outcomes reported	Summary of findings	Risk of bias rating
Rushovich, Sepulveda, et al., 2021	RCT	Success Coach US	Parents and children (25 families in intervention group, 38 in comparison group)	TAU	Child safety and wellbeing Family relationships Social support Parenting skills and behaviours	Post-reunification, there were fewer maltreatment allegations in intervention recipient families than in the comparison group. Substantiated maltreatment was also lower in the intervention group, with fewer children re-entering state care. In terms of family wellbeing, both groups showed improvements in family functioning, social support, and concrete support over time, with small positive effect sizes reported for social and concrete support. However, families receiving the intervention reported a decline in nurturing and attachment and challenges with discipline	High

Reference	Study design	Intervention name and country	Population	Comparison group	Outcomes reported	Summary of findings	Risk of bias rating
Ryan et al., 2016	RCT	Professional Recovery Coach Program US	Parents (1,112 parents in intervention group, 511 in comparison group)	TAU	Supporting children to remain at home and not return to care	Overall, there was a low rate of reunification within the timeframe of the study, indicating that children with substance-abusing parents were not likely to return home after a period of care. Despite this, the study showed that recovery coaches do significantly increase the rate of achieving stable reunification, with the intervention group being twice as likely to achieve a stable reunification relative to the comparison group	Some concerns
Sheets et al., 2009	QED	Family Group Decision Making (FGDM) US	Parents (303 parents in intervention group, 121 in comparison group)	TAU	Child safety and wellbeing	Families were more satisfied with FGDM conferences relative to standard practice, which is reflected in feelings of empowerment and expectations. Children of families who participated in FGDM conferences also experienced less anxiety when compared with those exposed to standard practice	Serious

Reference	Study design	Intervention name and country	Population	Comparison group	Outcomes reported	Summary of findings	Risk of bias rating
Trescher, 2020	QED	Parents for Parents (P4P) US	Parents (136 parents in intervention group, 349 in comparison group)	TAU	Supporting children to remain at home and not return to care	Parents who took part in the intervention were less likely to have their parental rights terminated than those in the comparison group	Moderate
Trout et al., 2012	RCT	On The Way Home US	Parents and children (24 families in intervention group, 20 in comparison group)	TAU	Supporting children to remain at home and not return to care Children's educational outcomes	At 12-months follow-up, children in the intervention group were more likely to remain at home, compared with those in the comparison group. In addition, intervention group children were more likely to remain in school and graduate than comparison group children	High
Trout et al., 2020	RCT	REPARE US	Parents and children (98 families in intervention group, 89 in comparison group)	TAU	Parenting skills and behaviours	Findings from this study were mixed. Parents in the intervention group showed greater levels of empowerment and self-efficacy compared with the control group	High

Appendix D. Characteristics of included studies for process evaluation

Reference	Study design	Intervention name	Country	Population	Sample size	Outcomes assessed	Setting	Qualitative data collection method(s)
Administration for Children et al., 1991	Process evaluation	Boysville of Michigan Family Reunification Project	US	Parents/ carers, children, and young people	39 families	Adoption Fidelity	Not stated/ unclear	Not stated/ unclear
Akin et al., 2014	RCT with process insights	Parent Management Training Oregon Model	US	Parents/ carers, children, and young people aged 3–16 years	30 parents/ carers 30 children and young people	Adoption Fidelity	Family home	N/A
Akin et al., 2017	QED with process insights	Strengthening Families Programme	US	Parents/ carers, children, and young people aged 3–12 years	493 children: 274 in comparison group, 219 in intervention group	Fidelity	Community	N/A
Akin et al., 2018	Qualitative	Strengthening Families Programme	US	Parents/ carers, wider family members –e.g. grandparents– children and young people	10 parents/ carers	Fidelity	Community	Telephone interviews

Reference	Study design	Intervention name	Country	Population	Sample size	Outcomes assessed	Setting	Qualitative data collection method(s)
Baginsky et al., 2017	Qualitative	The New Orleans Intervention Model	England	Parents/ carers	54 participants (not specified)	Acceptability Feasibility	Intervention offices	Semi-structured interviews
Bai et al., 2019	Process evaluation	Partnering for Family Success Program	US	Parents/ carers	23 staff members	Adoption Appropriateness Feasibility Fidelity	Family home	Interviews and focus groups
Bai et al., 2020	Process evaluation	Partnering for Family Success Program	US	Parents/ carers	36 staff members	Acceptability Adoption Appropriateness Fidelity Reach	Family home	Interviews

Reference	Study design	Intervention name	Country	Population	Sample size	Outcomes assessed	Setting	Qualitative data collection method(s)
Balsells et al., 2017	Qualitative	Social support during reunification	Spain	Parents/ carers	135, including 42 parents in child welfare plans or recently reunited with a child, 63 professionals, and 30 children and adolescents who have undergone a foster process	Acceptability Reach	Not stated/ unclear	Interviews
Balsells Bailon et al., 2018	Qualitative	Parenting skills post-reunification	Spain	Parents/ carers	135, including 42 parents in child welfare plans or recently reunited with a child, 63 professionals, and 30 children and adolescents who have undergone a foster process	Acceptability	Family home	Interviews and focus groups
Balsells Bailon et al., 2022	Qualitative	'Camina en familia' (Walking Family)	Spain	Parents/ carers	16 families, including 23 parents and 20 children and young people	Acceptability	Not stated/ unclear	Interviews and focus groups

Reference	Study design	Intervention name	Country	Population	Sample size	Outcomes assessed	Setting	Qualitative data collection method(s)
Berry, McCauley, and Lansing, 2007	QED & qualitative	Intensive Reunification Program	US	Parents/ carers, children, and young people	7 families	Acceptability Appropriateness	Community	Interviews and focus groups
Chambers et al., 2018	Process evaluation	Pomona Families First Project	US	Parents/ carers, children, and young people	13 professionals and 17 parents/ carers	Acceptability Appropriateness Feasibility Fidelity Reach Sustainability	Community	Interviews, survey, analysis of written documents
Coventry City Council, 2025	Process evaluation	Coventry Council Reunification Team	England	Parents/ carers, children, and young people	Not stated/ unclear	Cost	Not stated/ unclear	Cost data
Eamon and Kopels, 2004	Process evaluation	Cash assistance and housing advocacy programme	US	Cost analysis only	Not stated/ unclear	Cost	Family home, community	Cost data

Reference	Study design	Intervention name	Country	Population	Sample size	Outcomes assessed	Setting	Qualitative data collection method(s)
Farmer, 2014	Process evaluation	Assessment of general reunification services	England	180 children, aged from birth to 14, who were all returned home from care	Not stated/ unclear	Appropriateness Reach	Not stated/ unclear	Case file analysis, interviews
Farmer and Patsios, 2016	Qualitative and process evaluation	Reunification Practice Framework	England	Parents/ carers, children, and young people	27 professionals at Time 1, 24 at Time 2; 28 managers at Time 1, 27 at Time 2. Interview with one key senior manager in each authority	Acceptability Feasibility Fidelity Sustainability	Not stated/ unclear	Interviews and survey
Ford and McKay, 2024	Process evaluation	Reunification Practice Framework	England	Professionals, parents/ carers, children, and young people	75 LAs replied to survey, with interviews with staff from six LAs	Acceptability Adoption Feasibility Fidelity Reach Sustainability Cost	Home, community	Interviews and survey

Reference	Study design	Intervention name	Country	Population	Sample size	Outcomes assessed	Setting	Qualitative data collection method(s)
Gill, 2015	Qualitative	Reunification Practice Framework	England	Professionals, parents/ carers, children, and young people	Reviewed files of 548 children in the Taking Care service	Acceptability	Home, community	Case file analysis
Harris and Becerra, 2020	Qualitative	Parenting education programme	US	Parents/ carers	27 parents/ carers, 18 staff	Acceptability Adoption Appropriateness Feasibility Fidelity	Not stated/ unclear	Interviews and focus groups
Harwin et al., 2011	QED with process evaluation	Family Drug and Alcohol Court	England	Parents/ carers	140 FDAC mothers, 100 comparison mothers; 201 FDAC children and young people, 149 comparison children and young people	Acceptability Adoption Appropriateness Feasibility Cost	Family court	Interviews, focus groups, survey
Harwin et al., 2013	Qualitative	Family Drug and Alcohol Court	England & Wales	Parents/ carers	37 FDAC parents (28 mothers, nine fathers)	Acceptability	Family court	Interviews, focus groups, court observations

Reference	Study design	Intervention name	Country	Population	Sample size	Outcomes assessed	Setting	Qualitative data collection method(s)
Holzner, 2018	Qualitative	Parent Mentorship Program	US	Parents/ carers	11 parents/ carers	Acceptability Adoption Appropriateness Feasibility Fidelity Reach	Not stated/ unclear	Interviews, triangulated with observations, review of artefacts and field notes
Huscroft-D'Angelo et al., 2019	Qualitative	Post-reunification services	US	Legal professionals' perspectives of needs of parents/ carers	13 legal professionals	Acceptability	Not stated/ unclear	Focus groups, survey
Hyde-Dryden, Gibb, et al., 2015	Qualitative and process evaluation	Reunification Practice Framework	England	Professionals, parents/ carers, children, and young people	21 professionals and 10 families	Acceptability Appropriateness Feasibility Fidelity Sustainability	Home, community	Interviews

Reference	Study design	Intervention name	Country	Population	Sample size	Outcomes assessed	Setting	Qualitative data collection method(s)
Jager et al., 2009	Qualitative	Families in Transition Programme: hybrid of individual, child, couple, and family therapy, along with outreach services	US	Parents/ carers, children, and young people	N/A – auto-ethnography	Appropriateness	Home, community	Auto-ethnographic approach
Jenson, 2010	Qualitative	Model reunification programme focused on development of working alliance between staff and parents	US	Parents/ carers	135 families	Acceptability	Not stated/ unclear	Interviews
Jivanjee, 1999	Qualitative	Therapeutic foster care	US	Children and young people, parents/ carers	10 parents, 12 professionals caring for parents, 12 professionals caring for children	Acceptability	Home	Interviews

Reference	Study design	Intervention name	Country	Population	Sample size	Outcomes assessed	Setting	Qualitative data collection method(s)
Johnson-Motoyama et al., 2013	Process evaluation	Strengthening Families Program	US	Children and young people, parents/ carers	N/A – cost–benefit analysis	Cost	Family centre	N/A
Julings and Allan, 2024	Process evaluation	Family Safeguarding for Children in Care programme	England	Children and young people, parents/ carers	7 families, 23 staff involved in programme delivery and 10 social workers	Acceptability Feasibility Fidelity Reach	Not stated/ unclear	Interviews
Lalayants, 2020	Qualitative	Peer Support Services Program, including family coaches	US	Parents/ carers	24 parents/ carers	Acceptability	Not stated/ unclear	Interviews and focus groups
Landsman, Thompson, and Barber, 2003	Process evaluation	Iowa Mediation for Permanency Project	US	Professionals and parents/ carers	118 families	Acceptability	Not stated/ unclear	Satisfaction measures
Lopez and Alejandra, 2017	Qualitative	Parent Management Training Oregon Model	US	Parents/ carers	14 parents/ carers	Appropriateness	Home	Interviews

Reference	Study design	Intervention name	Country	Population	Sample size	Outcomes assessed	Setting	Qualitative data collection method(s)
Madden et al., 2012	Process evaluation	Pre- and post-reunification service	US	Children and young people, parents/ carers	31 participants (including young people, caregivers, and programme staff)	Appropriateness	Home	Interviews
Magilton, 2018	Process evaluation	Reunification Practice Framework	England	Professionals, parents/ carers, children, and young people	17 participants (service or practice leads or social workers)	Acceptability Fidelity Sustainability	Home, community	Interviews
Malvaso and Delfabbro, 2020	Qualitative	Adolescent Reunification Program	Australia	Children and young people, parents/ carers	14 caregivers, six young people, seven professionals	Acceptability Fidelity	Home, community	Interviews
Phillips, 2019	Qualitative	Multi-agency communication /support	US	Professionals	21 professionals	Adoption	Not stated/ unclear	Interviews
Phillips, 2023	Qualitative	Multi-agency communication /support	US	Professionals	21 professionals	Adoption	Not stated/ unclear	Interviews

Reference	Study design	Intervention name	Country	Population	Sample size	Outcomes assessed	Setting	Qualitative data collection method(s)
Reese, 2018	Qualitative	Court-ordered 30-day drug rehabilitation programme	US	Parents/ carers	10 female parents	Adoption	Not stated/ unclear	Interviews
Rushovich, Hebert, et al., 2021	RCT with process insights	Success Coach post-reunification programme	US	Children and young people, parents/ carers	47 treatment group families; 38 control group families	Acceptability Feasibility Fidelity Sustainability	Home, remote	Interviews, focus groups
Salveron, Lewig and Arney, 2009	Qualitative	Parents Plus Playgroups	Australia	Children and young people, parents/ carers	17 parents, 15 staff	Adoption	Community	Interviews
Saulnier, 2023	Process evaluation	Child-Parent Psychotherapy	US	Children and young people under 6 years of age, parents/ carers	14 professionals	Acceptability Fidelity Reach Sustainability	Home or clinic playroom	Interviews
Sieger et al., 2023	Process evaluation	Family Treatment Court	US	Parents/ carers	N/A – cost analysis	Cost	Home, court	Cost data

Reference	Study design	Intervention name	Country	Population	Sample size	Outcomes assessed	Setting	Qualitative data collection method(s)
Somervell, Saylor, and Mao, 2005	Qualitative	Drug Dependency Court	US	Parents/ carers	50 families	Cost	Community	Interviews
Spath, Werrbach, and Pine, 2008	Qualitative, process evaluation	Family Reunification Program	US	Children and young people, parents/ carers	41 professionals	Adoption Feasibility	Home	Interviews and survey
Stephens et al., 2015	Qualitative	Post-reunification parental support	US	Parents/ carers	Six parents, including 4 mothers and 2 fathers	Acceptability Feasibility	Home	Focus groups
Teixeira, Narciso, and Henriques, 2022	Qualitative	The Life Project	Portugal	Children and young people, parents/ carers	33 professionals	Fidelity	Foster home, residential children's home	Focus groups
Trescher, 2020	QED, process evaluation	Parents for Parents Programme, Drug Dependency Court	US	Parents/ carers	144 parents/ carers	Acceptability Fidelity Reach	Not stated/ unclear	Survey

Reference	Study design	Intervention name	Country	Population	Sample size	Outcomes assessed	Setting	Qualitative data collection method(s)
Trout and Epstein, 2010	Qualitative	Aftercare Model	US	Adolescents	10 adolescents, 10 teachers, 11 parents	Acceptability	Home, educational settings	Focus groups
Trout et al., 2014	Process evaluation (quantitat-ive)	Treatment Family Home programme – transition component	US	Children and young people, parents/ carers	48 children and young people, 48 parents/ carers	Acceptability Adoption	Home	Survey
Tyler et al., 2018	Qualitative, process evaluation	Post-reunification services	US	Children and young people, parents/ carers	14 legal professionals	Acceptability Feasibility	Not stated/ unclear	Focus groups, survey
Urrea-Monclus et al., 2020	Qualitative	Walking Family	Spain	Parents/ carers	66 parents, 57 children and young people	Acceptability Fidelity	Home	Focus groups
Urrea-Monclus et al., 2022	Qualitative	Walking Family	Spain	Children and young people, parents/ carers	59 children and young people	Acceptability	Not stated/ unclear	Interviews and focus groups

Reference	Study design	Intervention name	Country	Population	Sample size	Outcomes assessed	Setting	Qualitative data collection method(s)
Vaquero et al., 2020	Qualitative	Social support for families	Spain	Children and young people, parents/ carers	42 parents/ carers, 30 children and young people, 63 professionals	Acceptability	Not stated/ unclear	Interviews and focus groups

Appendix E. Detailed risk of bias assessments for included studies: RoB-2

Reference	Risk of bias due to the randomisation process	Risk of bias due to deviations from intended interventions	Risk of bias due to missing outcome data	Risk of bias in measurement of outcomes	Risk of bias in selection of the reported result	Overall
Akin and McDonald, 2018	Low risk	Low risk	Low risk	Low risk	Low risk	Low
Degarmo et al., 2013	Low risk	Some concerns	Low risk	Low risk	Low risk	Some concerns
Fraser, Walton, and Lewis, 1996	Some concerns	Low risk	Some concerns	Low risk	Some concerns	Some concerns
Kemp et al., 2024	Low risk	Low risk	Low risk	Low risk	Some concerns	Some concerns
Landsman, Boel-Studt, and Malone, 2014	Low risk	Some concerns	Low risk	Some concerns	Some concerns	Some concerns
Miller, 2008	Low risk	High risk	Low risk	Low risk	Some concerns	High
Oxford et al., 2016	Low risk	Some concerns	Low risk	Low risk	Some concerns	Low
Rushovich, Sepulveda, et al., 2021	Low risk	Low risk	High risk	Low risk	Low risk	High

Reference	Risk of bias due to the randomisation process	Risk of bias due to deviations from intended interventions	Risk of bias due to missing outcome data	Risk of bias in measurement of outcomes	Risk of bias in selection of the reported result	Overall
Ryan et al., 2016	Low risk	Some concerns	Low risk	Low risk	Some concerns	Some concerns
Trout et al., 2012	Some concerns	Some concerns	Low risk	Some concerns	Some concerns	High
Trout et al., 2020	Some concerns	Low risk	Some concerns	Some concerns	Some concerns	High

Appendix F. Detailed risk of bias assessments for included studies: RoBins-I

Reference	Bias due to confounding	Bias in the selection of participants into the study	Bias in classification of interventions	Bias due to deviations from intended interventions	Bias due to missing data	Bias in measurement of outcomes	Bias in selection of reported result	Overall
Akin et al., 2017	Moderate	Low	Low	Low	Low	Low	Low	Moderate
Berry, McCauley, and Lansing, 2007	Serious	Low	Low	Moderate	Moderate	Moderate	Low	Serious
Burnson et al., 2025	Moderate	Low	Low	Low	Low	Low	Low	Moderate
Chambers et al., 2019	Moderate	Low	Low	Moderate	Moderate	Low	Low	Moderate
Chuang et al., 2012	Moderate	Low	Low	Low	Moderate	Low	Low	Moderate
Harwin et al., 2011	Moderate	Low	Low	Low	Moderate	Moderate	Low	Moderate
Landsman et al., 2001	Moderate	Moderate	Low	Moderate	Serious	Moderate	Moderate	Serious
Leon, Saucedo, and Jachymiak, 2016	Moderate	Low	Low	Moderate	Low	Moderate	Low	Moderate
Lewandowski, 1997	Low	Moderate	Moderate	Moderate	Moderate	Moderate	Low	Moderate

Reference	Bias due to confounding	Bias in the selection of participants into the study	Bias in classification of interventions	Bias due to deviations from intended interventions	Bias due to missing data	Bias in measurement of outcomes	Bias in selection of reported result	Overall
Liming et al., 2025	Serious	Low	Low	Low	Moderate	Moderate	Low	Serious
Mersky et al., 2023	Low	Low	Low	Low	Low	Low	Low	Moderate
Pergamit, Cunningham, and Hanson, 2017	Low	Moderate	Low	Moderate	Low	Low	Low	Moderate
Pine et al., 2009	Moderate	Low	Low	Moderate	Moderate	Low	Moderate	Low
Sheets et al., 2009	Moderate	Moderate	Low	Low	Serious	Low	Moderate	Serious
Trescher, 2020	Low	Low	Low	Moderate	Low	Moderate	Moderate	Moderate

Appendix G. Full CASP assessment for qualitative studies

Q1. Was there a clear statement of the aims of the research?
Q2. Is a qualitative methodology appropriate?
Q3. Was the research design appropriate to address the aims of the research?
Q4. Was the recruitment strategy appropriate to the aims of the research?
Q5. Was the data collected in a way that addressed the research issue?
Q6. Has the relationship between researcher and participants been adequately considered?
Q7. Have ethical issues been taken into consideration?
Q8. Was the data analysis sufficiently rigorous?
Q9. Is there a clear statement of findings?

Reference	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Quality judgement
Akin et al., 2018	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	Positive/methodologically sound
Baginsky et al., 2017	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Positive/methodologically sound
Balsells et al., 2017	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Can't tell	No	Yes	Positive/methodologically sound
Balsells, Bailon et al., 2018	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Positive/methodologically sound

Reference	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Quality judgement
Balsells, Bailon et al., 2022	Yes	Yes	No	Yes	Yes	Can't tell	Yes	Yes	Yes	Positive/methodologically sound
Berry, McCauley and Lansing, 2007	No	Yes	Can't tell	Can't tell	Yes	No	No	No	Yes	Negative/relatively poor methodology
Gill, 2015	Yes	Yes	No	Yes	Can't tell	Can't tell	Can't tell	Can't tell	No	Negative/relatively poor methodology
Harris and Becerra, 2020	Can't tell	Yes	Yes	No	Yes	Can't tell	Can't tell	Yes	No	Positive/methodologically sound
Harwin et al., 2011	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Positive/methodologically sound
Harwin et al., 2013	Yes	No	No	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	Yes	Negative/relatively poor methodology
Holzner, 2018	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Positive/methodologically sound
Huscroft-D'Angelo et al., 2019	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Positive/methodologically sound
Jager et al., 2009	No	Yes	Can't tell	No	Yes	No	Can't tell	Yes	Yes	Negative/relatively poor methodology

Reference	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Quality judgement
Jenson, 2010	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Positive/methodologically sound
Jivanjee, 1999	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Positive/methodologically sound
Lalayants, 2020	Yes	Yes	Yes	Yes	Yes	Can't tell	No	Yes	Yes	Positive/methodologically sound
Lopez and Alejandra, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Positive/methodologically sound
Madden et al., 2012	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Positive/methodologically sound
Phillips, 2019	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Positive/methodologically sound
Phillips, 2023	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Positive/methodologically sound
Reese, 2018	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Positive/methodologically sound
Salveron, Lewig, and Arney, 2009	Yes	Yes	Yes	Can't tell	Yes	No	No	Yes	Yes	Positive/methodologically sound

Reference	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Quality judgement
Somervell, Saylor, and Mao, 2005	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Positive/methodologically sound
Spath, Werrbach, and Pine, 2008	Yes	Yes	No	Yes	No	Can't tell	Can't tell	Yes	Yes	Positive/methodologically sound
Stephens et al., 2015	Yes	Yes	Can't tell	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Positive/methodologically sound
Teixeira, Narciso, and Henriques, 2022	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Positive/methodologically sound
Trout and Epstein, 2010	Yes	Yes	No	Yes	Yes	Can't tell	Can't tell	No	Yes	Negative/relatively poor methodology
Urrea-Monclus et al., 2020	Yes	Yes	No	No	Yes	Can't tell	Yes	Yes	Yes	Negative/relatively poor methodology
Urrea-Monclus et al., 2022	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Positive/methodologically sound
Vaquero et al., 2020	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Positive/methodologically sound

Appendix H. Full ASSESS findings for process evaluations

Reference	Acceptability	Adoption	Appropriateness	Feasibility	Fidelity	Reach	Cost	Sustainability
Administration for Children et al., 1991	N/A	Higher bias	N/A	N/A	Higher bias	N/A	N/A	N/A
Akin et al., 2014	N/A	Lower bias	N/A	N/A	Lower bias	N/A	N/A	N/A
Bai et al., 2019	Lower bias	Lower bias	Lower bias	Lower bias	Lower bias	N/A	N/A	N/A
Bai et al., 2020	Lower bias	Lower bias	Lower bias	N/A	Lower bias	Lower bias	N/A	N/A
Chambers et al., 2018	Lower bias	N/A	Lower bias	Lower bias	Lower bias	Lower bias	N/A	Lower bias
Coventry City Council, 2025	N/A	N/A	N/A	N/A	N/A	N/A	Unclear	N/A
Eamon and Kopels, 2004	N/A	N/A	N/A	N/A	N/A	N/A	Higher bias	N/A

Reference	Acceptability	Adoption	Appropriateness	Feasibility	Fidelity	Reach	Cost	Sustainability
Farmer, 2014	N/A	N/A	Lower bias	N/A	N/A	Lower bias	N/A	N/A
Farmer and Patsios, 2016	Lower bias	N/A	N/A	Lower bias	Lower bias	N/A	N/A	Lower bias
Ford and McKay, 2024	Lower bias	Lower bias	N/A	Lower bias	Lower bias	Lower bias	Higher bias	Lower bias
Hyde-Dryden, Gibb, et al., 2015	Higher bias	N/A	Higher bias	Higher bias	Higher bias	N/A	N/A	Higher bias
Johnson-Motoyama et al., 2013	N/A	N/A	N/A	N/A	N/A	N/A	Higher bias	N/A
Julings and Allan, 2024	Higher bias	N/A	N/A	Higher bias	Higher bias	Higher bias	N/A	N/A
Landsman, Thompson and Barber, 2003	Lower bias	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Magilton, 2018	Lower bias	N/A	N/A	N/A	Lower bias	N/A	N/A	Lower bias

Reference	Acceptability	Adoption	Appropriateness	Feasibility	Fidelity	Reach	Cost	Sustainability
Malvaso and Delfabbro, 2020	Lower bias	N/A	N/A	N/A	Lower bias	N/A	N/A	N/A
Rushovich, Hebert, et al., 2021	Lower bias	N/A	N/A	Lower bias	Lower bias	N/A	N/A	Higher bias
Saulnier, 2023	Lower bias	N/A	N/A	N/A	Lower bias	Lower bias	N/A	Lower bias
Sieger et al., 2023	N/A	N/A	N/A	N/A	N/A	N/A	Unclear	N/A
Trescher, 2020	Higher bias	N/A	N/A	N/A	Higher bias	Higher bias	N/A	N/A
Trout et al., 2014	Unclear	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tyler et al., 2018	Lower bias	N/A	N/A	Lower bias	N/A	N/A	N/A	N/A

Appendix I. Full-GRADE CERQual assessment for qualitative findings

Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence in the evidence	Studies contributing to the review finding
Finding statement: Acceptability.1: Interpersonal skills of intervention providers are essential to building trusting relationships with parents, children, and young people, supporting the perception of reunification interventions as acceptable					
No or very minor concerns: the studies contributing to this finding represented the focus population and context	Moderate concerns: in the studies contributing to the finding, there were concerns about bias, limited description of the relationships between researchers and participants, ethical issues, and sometimes a lack of detail reported on the rationale for the research design and recruitment	No or very minor concerns: the finding is supported by the data from the contributing studies	No or very minor concerns: the finding is broadly supported by a wide range of studies which offer sufficiently rich detail	Moderate: this finding was graded as moderate confidence because of the moderate concerns about methodological limitations	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, 2022; 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, 2022; Vaquero et al., 2020; Rushovich, Hebert, et al., 2021; Saulnier, 2023; Julings and Allan, 2024

Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence in the evidence	Studies contributing to the review finding
Acceptability.2: 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					
No or very minor concerns: the studies contributing to this finding represented the focus population and context	Moderate concerns: in the studies contributing to the finding, there was limited description of the relationships between researchers and participants, and ethical issues	No or very minor concerns: the finding is supported by the data from the contributing studies	Minor concerns: the finding is broadly supported by a range of studies, some of which offer sufficiently rich detail	Moderate: this finding was graded as moderate confidence because of the moderate concerns about methodological limitations and minor concerns about adequacy	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
Acceptability.3: Reunification is perceived as more acceptable when underpinned by a clear framework with appropriate assessments and action plans					
No or very minor concerns: the studies contributing to this finding represented the focus	Moderate concerns: in some of the studies contributing to the finding, there were concerns about bias, limited description of the	No or very minor concerns: the finding is supported by the data from	Moderate concerns: the finding is supported by studies rich in detail, but all	Moderate: this finding was graded as moderate confidence because of the moderate concerns about	Gill, 2015; Hyde-Dryden, Gibb, et al., 2015; Farmer and Patsios, 2016; Baginsky et al., 2017; Magilton, 2018; Ford and McKay, 2024

Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence in the evidence	Studies contributing to the review finding
population and context	relationships between researchers and participants, ethical issues, and sometimes a lack of detail reported on the rationale for recruitment and research design	the contributing studies	focus on the same case study, meaning the finding lacks breadth	methodological limitations and adequacy	
Adoption.1: 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					
No or very minor concerns: the studies contributing to this finding represented the focus population and context	Minor concerns: in one study contributing to the finding, there were limited description of the relationships between researchers and participants, ethical issues, and rationale for recruitment, and in another there was a concern about bias	No or very minor concerns: the finding is supported by the data from the contributing studies	Minor concerns: the finding is broadly supported by a range of studies, some of which offer sufficiently rich detail	High: this finding was graded as high confidence because of the only minor concerns about methodological limitations and adequacy	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

Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence in the evidence	Studies contributing to the review finding
Adoption.2: Successful adoption/uptake of reunification interventions requires wider stakeholders' buy-in, commitment, openness, and effective communication					
No or very minor concerns: the studies contributing to this finding represented the focus population and context	Minor concerns: in some of the studies contributing to the finding, there was limited description of the relationships between researchers and participants, and ethical issues	No or very minor concerns: the finding is supported by the data from the contributing studies	No or very minor concerns: the finding is broadly supported by a wide range of studies which offer sufficiently rich detail	High: this finding was graded as high confidence because of the only minor concerns about methodological limitations	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
Appropriateness.1: Flexibility in implementation, enabling an individualised approach that considers the specific needs of children and parents, improves the appropriateness of reunification interventions					
No or very minor concerns: the studies contributing to this finding represented the focus	Moderate concerns: in some of the studies contributing to the finding, there was limited description of the relationships between researchers and	No or very minor concerns: the finding is supported by the data from	Minor concerns: the finding is broadly supported by a range of studies, some of which	Moderate: this finding was graded as moderate confidence because of the moderate concerns about methodological	Berry, McCauley, and Lansing, 2007; Jager et al., 2009; Farmer, 2014; Holzner, 2018; Bai et al., 2020

Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence in the evidence	Studies contributing to the review finding
population and context	participants, ethical issues, a lack of detail reported on the rationale for the research design and recruitment, and clear aims were not stated	the contributing studies	offer sufficiently rich detail	limitations and minor concerns about adequacy	
Appropriateness.2: Reunification interventions are more appropriate when they are responsive to the cultural and linguistic needs of participants					
No or very minor concerns: the studies contributing to this finding represented the focus population and context	Moderate concerns: in some of the studies contributing to the finding, there was limited description of the relationships between researchers and participants, and ethical issues. In one study, there was a lack of detail reported on recruitment, and clear aims were not stated	No or very minor concerns: the studies contributing to this finding represented the focus population and context	Minor concerns: the finding is broadly supported by a range of studies, some of which offer sufficiently rich detail	Moderate: this finding was graded as moderate confidence because of the moderate concerns about methodological limitations and minor concerns about adequacy	Madden et al., 2012; Hyde-Dryden, Gibb, et al., 2015; Lopez and Alejandra, 2017; Chambers et al., 2018; Harris and Becerra, 2020

Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence in the evidence	Studies contributing to the review finding
Appropriateness.3: Considering the mental health and special educational needs and disabilities of family members, and accommodating adaptations where necessary, improves the appropriateness of reunification interventions					
No or very minor concerns: the studies contributing to this finding represented the focus population and context	Moderate concerns: in some of the studies contributing to the finding, there was limited methodological rigour. In one study, there was a lack of detail reported on recruitment, clear aims were not stated, and there was limited description of the relationships between researchers and participants, and ethical issues	No or very minor concerns: the finding is supported by the data from the contributing studies	Minor concerns: the finding is broadly supported by a range of studies, some of which offer sufficiently rich detail	Moderate: this finding was graded as moderate confidence because of the moderate concerns about methodological limitations and minor concerns about adequacy	Harwin et al., 2011; Hyde-Dryden, Lawson, et al., 2015; Bai et al., 2019; Harris and Becerra, 2020

Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence in the evidence	Studies contributing to the review finding
Feasibility.1: The feasibility of implementing reunification interventions is affected by staff availability, multi-agency collaborations, and effective management					
No or very minor concerns: the studies contributing to this finding represented the focus population and context	Minor concerns: in some of the studies contributing to the finding, there was limited description of the relationships between researchers and participants, and ethical issues	No or very minor concerns: the finding is supported by the data from the contributing studies	No or very minor concerns: the finding is broadly supported by a wide range of studies which offer sufficiently rich detail	High: this finding was graded as high confidence because of the only minor concerns about methodological limitations	Spath et al., 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
Feasibility.2: The feasibility of implementing reunification interventions is affected by the availability of resources, including sufficient funding and infrastructure, with variation between locations					
No or very minor concerns: the studies contributing to this finding represented the focus	Minor concerns: in some of the studies contributing to the finding, there were concerns about bias and limited description of the relationships between	No or very minor concerns: the finding is supported by the data from	No or very minor concerns: the finding is broadly supported by a wide range of	High: this finding was graded as high confidence because of the only minor concerns about	Hyde-Dryden et al., 2015; Stephens et al., 2015; Tyler et al., 2018; Bai et al., 2019; Rushovich et al., 2021; Ford and McKay, 2024; Julings and Allan, 2024

Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence in the evidence	Studies contributing to the review finding
population and context	researchers and participants, and ethical issues	the contributing studies	studies which offer sufficiently rich detail	methodological limitations	
Fidelity.1: Interventions are typically adapted to the needs of different contexts and individuals, reducing fidelity to the original design					
No or very minor concerns: the studies contributing to this finding represented the focus population and context	No or very minor concerns: the studies contributing to this finding were considered to have a low level of bias	No or very minor concerns: the finding is supported by the data from the contributing studies	Moderate concerns: the finding is supported by three studies rich in detail, but two focus on the same case study	Moderate: this finding was graded as moderate confidence because of the moderate concerns about adequacy	Magilton, 2018; Bai et al., 2020; Ford and McKay, 2024
Fidelity.2: The recommended frequency and dosage of reunification interventions was not always met, reducing fidelity					
No or very minor concerns: the studies contributing to this finding represented	Moderate concerns: in the studies contributing to the finding, there were concerns about bias and a lack of detail reported on	No or very minor concerns: the finding is supported by the data from	Moderate concerns: the finding is supported by only three	Moderate: this finding was graded as moderate confidence because of the moderate	Trescher, 2020; Urrea-Monclus et al., 2020; Saulnier, 2023

Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence in the evidence	Studies contributing to the review finding
the focus population and context	the rationale for the research design and recruitment	the contributing studies	studies, although rich in detail	concerns about methodological limitations and adequacy	
Fidelity.3: Fidelity can be enabled by staff training and monitoring that reunification interventions are implemented correctly, although the quality of this varies					
No or very minor concerns: the studies contributing to this finding represented the focus population and context	Minor concerns: in some of the studies contributing to the finding, there were concerns about bias, and limited description of recruitment, the relationships between researchers and participants, and ethical issues	No or very minor concerns: the finding is supported by the data from the contributing studies	No or very minor concerns: the finding is broadly supported by a wide range of studies which offer sufficiently rich detail	High: this finding was graded as high confidence because of the only minor concerns about methodological limitations	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., 2018; Chambers et al., 2018; Bai et al., 2019; Harris and Becerra, 2020; Malvaso and Delfabbro, 2020; Rushovich et al., 2021; Teixeira et al., 2022; Julings and Allan, 2024

Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence in the evidence	Studies contributing to the review finding
Reach.1: 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					
No or very minor concerns: the studies contributing to this finding represented the focus population and context	Minor concerns: in one study contributing to the finding, there was limited description of data collection and analysis, the relationships between researchers and participants, and ethical issues	No or very minor concerns: the finding is supported by the data from the contributing studies	Minor concerns: the finding is supported by only four studies, although rich in detail	Moderate: this finding was graded as moderate confidence because of the minor concerns about methodological limitations and adequacy	Farmer, 2014; Balsells et al., 2017; Saulnier, 2023; Ford and McKay, 2024
Reach.2: 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					
No or very minor concerns: the studies contributing to this finding represented the focus	Minor concerns: in the studies contributing to the finding, there were concerns about bias, and, in one study, limited description of data	No or very minor concerns: the finding is supported by the data from	Minor concerns: the finding is broadly supported by a range of studies, some of which	Moderate: this finding was graded as moderate confidence because of the moderate concerns about	Balsells et al., 2017; Chambers et al., 2018; Holzner, 2018; Bai et al., 2020; Trescher, 2020; Julings and Allan, 2024

Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence in the evidence	Studies contributing to the review finding
population and context	collection and analysis, the relationships between researchers and participants, and ethical issues	the contributing studies	offer sufficiently rich detail	methodological limitations and minor concerns about adequacy	
Sustainability.1: Persistent workforce shortages, difficulty retaining and recruiting intervention providers, and high caseloads hinder the sustainability of reunification interventions					
No or very minor concerns: the studies contributing to this finding represented the focus population and context	No or very minor concerns: the studies contributing to this finding were considered to have a low level of bias	No or very minor concerns: the finding is supported by the data from the contributing studies	Minor concerns: the finding is supported by only four studies, although rich in detail	High: this finding was graded as high confidence because of only minor concerns about adequacy	Chambers et al., 2018; Rushovich et al., 2021; Saulnier, 2023; Ford and McKay, 2024

Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence in the evidence	Studies contributing to the review finding
Sustainability.2: 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 them					
No or very minor concerns: the studies contributing to this finding represented the focus population and context	Minor concerns: in one study contributing to this finding, there were concerns about bias	No or very minor concerns: the finding is supported by the data from the contributing studies	Moderate concerns: the finding is supported by studies rich in detail, but all focus on the same case study, meaning the finding lacks breadth	Moderate: this finding was graded as moderate confidence because of the minor concerns about methodological limitations and moderate concerns about adequacy	Hyde-Dryden et al., 2015; Farmer and Patsios, 2016; Magilton, 2018; Ford and McKay, 2024
Cost.1: Reunification interventions are cost-effective compared with standard care, but implementation is affected by budget constraints					
No or very minor concerns: the studies contributing to this finding represented the focus	Serious concerns: in five studies, there were concerns about bias or a lack of clarity on methodology to assess the level of bias. In the	No or very minor concerns: the finding is supported by the data from	No or very minor concerns: the finding is broadly supported by a wide range of	Low: this finding was graded as low confidence because of the serious concerns about	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

Relevance	Methodological limitations	Coherence	Adequacy	CERQual assessment of confidence in the evidence	Studies contributing to the review finding
population and context	remaining two studies, there was limited description of the relationships between researchers and participants	the contributing studies	studies which offer sufficiently rich detail	methodological limitations	