What Works *for* Children's Social Care

IMPROVING THE CHANCES OF SUCCESSFUL REUNIFICATION FOR CHILDREN WHO RETURN HOME FROM CARE: A RAPID EVIDENCE REVIEW

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About the Independent Review of Children's Social Care

The Independent Review of Children's Social Care was announced in January 2021 and will report in Spring 2022. Josh MacAlister is leading the review which has a wide ranging and ambitious scope. The review is a chance to look afresh at children's social care. It will look at issues through the perspective of children and families throughout their interactions with children's social care, from having a social worker knock on the door, through to children being in care and then leaving care. What Works for Children's Social Care is supporting the review by producing and commissioning evidence summaries, rapid reviews and new analysis.

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EXECUTIVE SUMMARY

Introduction

Reunification is the term used when children return home to their parents after a period in out-of-home care. Improving outcomes for children in care is a key social policy goal and although it is the most common way for children to leave care, rates of subsequent re-entry to care are high compared to other exit routes such as adoption and special guardianship (Selwyn et al., 2015; McGrath-Lone et al., 2017). UK research into reunification has examined aspects of reunification practice as well as the factors associated with recurrence of abuse or children's re-entry to care after they return home (Murphy and Fairclough, 2014; Biehal et al., 2015; Carlson et al., 2020; Hood et al., 2021). Similar evidence has been gathered in international reviews and studies (Cordero, 2004; Esposito et al., 2014; Gypen et al., 2017; Sanmartin et al., 2020). Practice guidance is also a useful source of evidence about how agencies and social workers can support reunification through their existing provision (Wilkins and Farmer, 2015). However, there is a need to understand more about the specialist interventions that can improve the chances of successful reunification. As part of work undertaken to support the Independent Review of Children's Social Care, What Works for Children's Social Care commissioned a rapid evidence review into this area to capture a growing evidence base and inform the recommendations of the Review.

Objectives

The aim of the review was to contribute to the knowledge base on how to improve the chances of a successful reunification for children who return home from care. The objectives were to answer the following research questions:

1. What specialist services and interventions have been found to improve the outcomes of reunification?
2. What types of support (for children, parents, families, networks) included in these services help to improve the outcomes of reunification?

The population of interest in this review was children (aged 0-17) who return home to their parents following an episode of out-of-home care. In the UK, some children are placed at home under a care order and are included in the administrative data on reunification, whereas in the United States reunification refers to out-of-home care only. However, reunification does not include care leavers who return home after 'ageing out' of care. The intervention of interest was specialist services designed to support reunification and improve its chances of success. The context for the intervention was social care services for children who were looked after by the state between 2000 and 2021.

Methods

The study was a rapid evidence review undertaken using systematic methods. The review protocol was registered in advance on the OSF website: https://osf.io/n7x24/. A keyword search was carried out on five electronic databases: Scopus, Cochrane, PubMed, PsychINFO, and Web of Science. Terms were selected in relation to four domains: 1) the population of children in care who return home to live with their parents, 2) the intervention of being supported to have a successful reunification, 3) the outcome of whether reunification was in fact successful (defined in various ways), 4) the context of services for children who are or were in care. Citation searches were limited by date (2000-2021), language (English), and type (report or peer-reviewed journal article). The database search was supplemented by a manual search of reviews and key websites, including for grey literature. Other inclusion criteria were that the study should report on primary research and have been carried out either in the UK or certain other countries with a comparable child welfare system (Republic of Ireland, United States, Canada, Australia). Two stages of screening, first of titles/abstracts and second of full text articles, were undertaken in specialist software for collaborative reviews (Rayyan) using a decision-making flowchart to help standardise responses. Two reviewers provided an independent rating for each record and any discrepant ratings resolved either in a research meeting or through allocation to a third reviewer.

For the final sample of included full texts, the quality of research including potential sources of bias was appraised using the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018). This tool is particularly suitable for systematic reviews that will include a mixture of quantitative and qualitative methodologies and has been found to have sound psychometric properties by Pace et al. (2012). A pro-forma was used to extract data from each study and an adapted Framework method (Gale et al., 2013) was used to guide the analysis and synthesis of findings. Preliminary themes and definitions of quality were discussed by the review team and summarised in table format. Finally, quantitative and qualitative material were brought together and reported using a narrative approach (Elliott, 2005).

Results

After a systematic search of electronic databases and key websites, a total of 990 records were identified and screened against the inclusion criteria, with 15 empirical studies eventually included in the review. They comprised 13 studies from the United States, one UK study and one Australian study. Almost all the studies were either quantitative or mixed methods evaluations of an intervention designed to promote reunification and its outcomes. The most common study design was a non-randomised quantitative methodology with matched or non-equivalent comparison groups. There were four randomised controlled studies and four mixed methods evaluations.

The programs themselves encompassed a range of models and types of provision. Five were designed to serve all children leaving care to return home and these tended to feature integrated multi-agency services and a case management approach. Five were designed to serve children returning home to families with a history of parental substance misuse, so that drug and alcohol treatment was a major component alongside other services. Three were designed to work with children and young people leaving residential care, aiming to align support in the preparation, transition and post-reunification

periods. Finally, there were two interventions designed to work with specific age groups, namely adolescents (including those who 'self-placed' at home following breakdown of their foster placements) and toddlers.

Appraisal of the studies using the Mixed Methods Appraisal Tool (Hong et al., 2018) showed the quality of research to be generally good, with more variable quality among those with randomised controlled designs. Common limitations with the quasi-experimental studies were small and unrepresentative sample sizes (particularly in pilots), data from single counties, and non-equivalent comparison groups in some studies. Among the studies using Randomised Controlled Trial (RCT) designs, there was sometimes insufficient information about the process of random allocation and about treatment fidelity, while incomplete outcome data and participant attrition may have affected the validity of results. These issues are commonly experienced when evaluating complex social interventions (Pawson, 2013).

Evidence was reported on the effectiveness of services in improving outcomes of reunification, and on the types of support that were offered to families as part of these services.

Effectiveness of services

Evidence on effectiveness was examined in relation to the service user groups targeted by the interventions: children exiting all types of care, families with a history of parental substance-misuse, children leaving residential care, and specific age groups.

- Children in care (general) were served by five interventions: the Pomona Family First Program (PFFP), the Iowa Parent Partner Programme (IPPP), Family-Centred Out-of-Home Care (FCOHC), the Casey Family Reunification Programme (FRP) and the Success Coach programme. Only the latter was evaluated with a randomised controlled design, while the others used non-randomised matched or equivalent groups. Both PFFP and IPPP reported lower rates of re-entry to care among participating families, although the sample size for PFFP was small and the effect for IPPP was not sustained beyond 12 months. Pine et al. (2009) reported that FRP families were reunified more quickly without significant differences in re-entry rates. The Success Coach evaluation had too small a sample to generate significant findings, while in the FCOHC pilot, re-entries to care were actually higher in the intervention group.
- Parental substance misuse was a major focus of five interventions: the Strengthening Families Program (SFP), Intensive services for AOD-affected families, Pathways Home, London Family Drug and Alcohol Court (FDAC), and the Recovery Coaches program. Again, most were evaluated using non-randomised or quasi-experimental approaches, with the exception of Recovery Coaches, for which a randomised controlled study was undertaken. More stable reunifications, based on various measures including re-entry to care, were reported for families under FDAC, Recovery Coaches, and intensive AOD services. Positive outcomes were observed for Pathways Home families but this was a small sample and differences (with a comparison group) were not statistically significant. Re-entry rates among SFP families were actually higher than in the comparison group, but not significantly so.

- **Residential care** – children leaving residential care and specialist therapeutic settings were the focus of three programs: blended residential and aftercare, wraparound service model, and On the Way Home (OTWH). The latter was evaluated using a randomised controlled design while the other two studies used a pre-post and case study design. A significantly larger proportion of OTWH participants reported positive home and school placements at follow-up, although these young people were almost all discharged from one large residential setting. Some promising results were reported for the wraparound and blended intervention models but a lack of comparison groups meant the validity of these results is uncertain.

- **Age groups** – two interventions targeted specific age groups: the Adolescent Reunification Program (ARP) for adolescents in long-term out-of-home care, and Promoting First Relationships (PFR) for toddlers aged 10-24 months. ARP received a mixed methods evaluation without comparison group, whereas PFR was evaluated using a randomised controlled design. Positive results were reported at six-month follow-up for participating families in PFR, although the only significant difference was that PFR parents were found to be more supportive in their interactions with the child. Some promising results were reported for ARP, with the exception of 'self-placing' adolescents who accounted for almost all unsuccessful returns home. However, a lack of a comparison group meant the validity of these results is uncertain.

Support offered to families

Drawing on the resilience model developed by Thomas et al. (2005), the support offered to families by these interventions was analysed in terms of the systemic context, i.e. whether individual, family or environmental factors were being addressed, and whether services were being provided post-reunification or while the child was still in care.

- **Individual factors** – reunification programs included various types of direct work with children and parents, both pre- and post-reunification. Interventions with children and young people addressed issues such as problematic behaviour, self-regulation, peer relationships, practical skills, as well as drug and alcohol education. Interventions with parents addressed issues such as behaviour management, understanding child development, stress management and therapeutic support. Residential drug and alcohol treatment and outreach support were a core component of programs focusing on substance-misusing parents. Recovery coaches were an additional service provided by one program, while others also offered specialist services for domestic abuse and mental health. Facilitating pre-unification contact was an important part of a service for children with mental health problems. Post-reunification services were often provided for the first six months and sometimes 12 months after children returned home. Continued support around parenting skills and behaviour management was common, along with homework support, advocacy, family-school partnerships and sometimes financial assistance. Some interventions, such as PFR, adopted

a psychotherapeutic approach to encourage parents to understand their child's emotional and social needs as well as their own.

- **Family factors** – most of the programs assigned a caseworker to the family to assess needs, draw up an individualised care plan, coordinate specialist services and review progress. Some emphasised regular family conferences and team decision-making meetings. Others were designed to act directly on the dynamics of relationships and interactions within families, for example teaching 'family skills' such as empathic communication, matching families to 'parent mentors' whose children had returned home from care successfully, or delivering a trauma-informed intervention designed to improve the parent-child relationship. Some interventions, such as ARP and Success Coach, were developed specifically to support families in the post-reunification period. They were characterised by a high level of contact with families post-reunification and generally combined a focus on the parent-child relationship with services to improve educational achievement, engage in positive activities and build networks of support.

- **Environment** – many of the programs addressed environmental factors such as school attendance, peer groups, support networks and community resources. Some tried to improve continuity and quality of care through reduced caseloads for allocated family workers or judicial continuity in court proceedings. Others included help with housing problems and even financial assistance, although it was unclear how much of this type of help was provided. A few, such as the ARP, incorporated a transition plan and hand-over to community services at the point of case closure. One initiative (PFFP) identified foster and kinship families to support children and families in their own neighbourhoods.

Barriers to effective support

Many of the studies identified barriers to effective support that may have hindered the ability of these programs to improve outcomes for children relative to services as usual. The socio-economic circumstances of families was a key issue for longer term sustainability of reunification, with family poverty thought to be a risk factor for children re-entering care. Some studies reported a lack of community resources available to help families, including financial assistance, housing support and drug treatment. Some programmes adopting a case management approach found that a lack of well-qualified providers could limit the extent to which they could refer families to appropriate specialist services. In contrast, programs that developed a tailored intervention to be delivered directly to families were less reliant on referral routes. Such programs could also spur innovation and improvement of mainstream provision – ironically making it harder for successful pilots to demonstrate effectiveness once they had been scaled-up. Another barrier to uptake of post-reunification support was parents' reluctance to accept continued scrutiny, particularly in the aftermath of often angry and adversarial relationships with child welfare services at the time of the child's admission to care.

Parental substance misuse was highlighted as a problem that required intensive support both pre- and post-reunification but where it was perhaps unrealistic to expect permanent change to have manifested itself in a 12-18 month period. As such, the cessation of treatment services was likely to elevate

the risk of relapse and so a transition to community support services was essential – but also dependent on availability and resources. Increased parental engagement with drug treatment services could lead to higher levels of scrutiny, e.g. due to program-mandated drug testing, which might put parents off participating but also increase the likelihood of readmission to care in some cases. With regard to parent training, the high prevalence of substance misuse among families involved with child protection services required more emphasis on issues relating to substance use, stress management and parenting support than was typically provided in standard parenting courses. Differences in risk perceptions among multiple providers could lead to a more conservative view being taken as to what constitutes good-enough parenting. Finally, there was a need for services to better understand the role of fathers and culturally specific factors, which are not always addressed in reunification work.

Conclusion

Reunification from care is an important and challenging area of practice, which in England has been relatively overlooked and under-resourced in comparison with other permanency routes such as adoption and special guardianship. Although the risk factors for re-entry to care are well known, there is little evidence on how this knowledge has been applied to reunification services. A large majority of evaluation studies are carried out in the United States, where specialist programs have been used to improve the rate and timeliness of reunification, with some demonstrating promising results in terms of greater stability and fewer re-entries to care. These programs may have varying transferability to the UK, although an experiment with family drug courts has shown signs of success.

Whether services choose to develop a model intervention or augment their mainstream provision, improving outcomes for children who return home requires strategic planning to ensure that resources are available to meet the diverse needs of the reunified cohort.

Reunification is a lengthy process, starting at the point of admission to care and continuing well after children return home. The core components of interventions generally include targeted individual work with children and parents, as well as family work and activities to promote school attendance, social inclusion, positive activities and support networks. Best practice includes careful preparation and planning of transitions, individualised care plans, coordination of multi-agency provision, therapeutic and psychoeducational skills training, specialist drug and alcohol services, and educational and social support. There is a risk that the benefits of intensive, time-limited support will not be sustained if services are withdrawn too early, without a plan for hand-over to appropriate support in the community. The prospects for children who return home will also be harmed if the neighbourhoods and communities where they live are suffering from social problems associated with disproportionately high rates of entry to care. Policies to improve the socio-economic circumstances of families are therefore required alongside investment in targeted interventions for children in care and their families.

1. INTRODUCTION

A key concern within children's social care (CSC) services is improving outcomes for children who return home to live with their parents following an episode of care. As part of work undertaken to support the Independent Review of Children's Social Care, What Works for Children's Social Care commissioned a rapid evidence review of this area to capture a growing evidence base and inform the recommendations of the Review. The aim of the rapid review was to contribute to the knowledge base about how to improve the chances of successful reunification for this important group of children and young people.

1.1 Permanence and reunification

In the UK, as in other countries, 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. When a child is admitted to state care, whether under a voluntary arrangement or a court order, it is expected that services work towards returning them to their families unless this is not in the child's best interests.

In other words, reunification is an anticipated exit route from care: 'a child is recorded as returning home from an episode of care if he or she ceases to be looked after[1] by returning to live with parents or another person who has parental responsibility' (Department for Education, 2013: 27). As such, it is viewed as a way of achieving 'permanence', which in this context means a safe, stable and loving home for children who have been in care (Boddy, 2013). While returning home remains the most common reason for children to leave care, accounting for 29% of children who ceased to be looked after in 2019-20 (Department for Education, 2020), it has become less common over the past decade – in 2010-11, 39% of children left care to return home (Department for Education, 2011) – and is associated with much higher rates of re-entry to care than other routes to permanence such as adoption (Selwyn et al., 2015) and special guardianship (Simmonds et al., 2019). Reunification has therefore become viewed in some quarters as the 'least successful permanence option' due to the numbers of children subsequently re-entering the care system (Carlson et al., 2020).

1.2 Factors associated with re-entry to care

1.2.1 UK evidence

Recent years have seen an emerging UK evidence base on rates of re-entry to care and the factors that seem to increase the likelihood of re-entry for those children who

1 The terms 'looked after', 'accommodated' and 'in care' are commonly used in England and Wales to refer to children in out-of-home care as well as children placed with their parents under a care order.

return home. A literature review by Carlson et al. (2020) identified six different studies of reunification, with samples ranging from eight to 180 participants and follow-up periods from two to eight years. Overall rates of re-entry varied between 63% within four years (Biehal et al., 2015) and 47% within two years (Farmer and Wijedasa, 2013), while considerable variation was found among participating LAs. Some of the studies also investigated the recurrence of maltreatment, which was often linked to re-emergence after children returned home of the same problems identified prior to reunification (Brandon and Thoburn, 2008; Lutman and Farmer, 2013; Biehal et al., 2015). Cases where workers were unable to engage parents were also found to have a higher risk of children re-entering care (Brandon and Thoburn, 2008). In contrast, factors associated with stable reunification – defined as a child remaining at home within the designated follow-up period – were an improvement in parental difficulties, sufficient support from CSC services and an adequate level of preparation. There was some evidence that younger children had a better chance of a stable reunification than older children. According to Carlson et al. (2020), these studies were of mixed quality, due to insufficient methodological detail about sampling, data collection and analysis.

The research examined by Carlson et al. (2020) is supplemented by three more recent studies. McGrath-Lone et al. (2017) used national administrative data to calculate rates of re-entry among children exiting care from 2007 to 2012 and identify key child and care factors associated with re-entry. They found that overall re-entries to care had decreased for these yearly cohorts (from 23% to 14% within one year of exit) but that more than one-third (35%) of children exiting care in 2008 subsequently re-entered within five years. Among the reunified cohort, the five-year rate of re-entry was 40.5%, compared to only 4.2% of those who exited care via special guardianship. Certain child characteristics were associated with a higher likelihood of re-entry: older children (aged 11-15) were more likely to re-enter care than younger children, and children of White or Mixed ethnicity were more likely to re-enter care than children of Asian, Black or 'Other' ethnicity. Care history was also a relevant factor, with children who had already exited and re-entered care being 44% more likely to re-enter care within five years than children who had exited care for the first time. A high number of placement changes (five or more) was also associated with a higher likelihood of re-entry. Some factors were found to influence the chances of re-entry but with a diminishing effect over time. For example, children whose admission to care had been court-mandated were less likely to re-enter care than those admitted under a voluntary arrangement, and children who had experienced a longer period in care were also less likely to come back, but these risk factors were more pronounced in the first three months post-exit. In contrast, children with a disability were more likely to re-enter care in the long term (1-5 years following exit) but disability did not significantly affect the likelihood of re-entry within 12 months.

McGrath-Lone et al.'s (2017) study has the merits of being both methodologically robust and based on a national dataset. However, most of its findings concern all children who exited care rather than just those who returned home. It is therefore useful to compare their results with those of Neil et al. (2020) and Hood et al. (2021), both of which focused on children who returned home from care. Neil et al. (2020) used 8 years of administrative data collected by one English local authority to examine how many children were returned home and to explore factors associated with stable reunification. They found that 36% of children who exited care did so to return home and three quarters

(75%) of the reunified children had a 'stable reunification' (defined as not re-entering care for at least two years). Adolescent care entrants were more likely to return home but also more likely to re-enter care. Children were more likely to have a stable reunification if they were younger (at age of entry), had a longer period in care, were of 'minority ethnicity' (i.e. not White), and had fewer changes of placement. Children on a care order were three times more likely to have a stable reunification than children accommodated on a voluntary basis.

Using similar methods to McGrath-Lone et al. (2017), Hood et al. (2021) carried out an analysis of the national Children Looked After (CLA) returns for all English local authorities (LAs) from 1 April 2014 to 31 March 2020, focusing on children who returned home after a period of care and the factors affecting the likelihood of re-entry to care. At the time of writing, the findings were still under peer review but generally were aligned with those of McGrath-Lone et al. (2017) and Neil et al. (2020). The rate of re-entry to care following reunification was found to be 12% at 3 months, 20% at one year, and 35% at six years. Children returning home in 2019-20 were slightly less likely to re-enter care within one year (19%) than children who left care in 2014-15 (22%). It should be noted that these figures are for the six years pre-Covid pandemic and the impact of the pandemic on rates of reunification and re-entry to care are unknown. Even with a gradual improvement over time, rates of re-entry were still much higher than for other exit routes and seemed particularly problematic for older children. More children were found to be staying in care for over a year towards the end of the observation window, which may suggest increasing complexity of need. Similar to earlier studies, Hood et al. (2021) found that children were more likely to re-enter care if they were older, from a White or Mixed Heritage ethnic background, had been in care for a shorter period, had more placement changes, or had been accommodated on a voluntary basis rather than under a court order. However, their analysis also included aspects of provision not considered by other studies. In a fully adjusted regression model, children who had a placement in a children's home were found to be more likely to re-enter care than children who had been in foster care, and children placed with a private provider (in any type of care provision) were slightly more likely to re-enter care than children placed with local authority providers. Children placed further from home were more likely to re-enter care within 12 months of returning home but were not significantly more likely to re-enter care in the long-term.

1.2.2 International evidence

Prior to some of the more recent UK studies, most evidence about reunification came from the United States. As Thoburn et al. (2012) observe, there are some jurisdictional differences that are important to bear in mind about the US system. In particular, the vast majority of children in the US come into care via court order, while there is a greater emphasis on timely reunification in US policy and practice. This is reflected in the administrative data collected by agencies as well as the outcomes measured by research into reunification decisions (DePanfilis and Girvin, 2005; Font et al., 2012; Wittenstrom et al., 2015). A focus on timely reunification is not present to the same extent in the permanency debate in the UK context, which tends to highlight the contrast in re-entry rates for children who return home compared to those who are adopted or placed under SGOs (Boddy, 2013). Indeed, Maltais et al. (2019) suggest that 'maintaining biological-family continuity seems to be an overarching goal in Canada's and United States' jurisdiction' in a way that is not the case in the UK or Australia.

Despite these jurisdictional differences, the evidence from international studies of reunification is similar in many respects to the UK literature. A review by Kimberlin et al. (2009) found that higher rates of re-entry to care were associated with children who were either infants or pre-teen/teenagers, of African-American ethnicity, had a shorter stay in care, more placements, previous unsuccessful attempts at reunification, or had been placed in group care (see also Bronson et al., 2008). Some US and Canadian studies of reunification have benefitted from large-scale administrative datasets tailored to the study of child welfare services and interventions for child maltreatment. This has allowed racial inequalities in rates of reunification to be confirmed (Esposito et al., 2014; Lloyd Sieger, 2020; LaBrenz et al., 2021) and has also enabled investigation of the family factors, needs and problems affecting the chances of successful reunification (Esposito et al., 2017). Kimberlin et al.'s (2009) review found that poverty, parental substance misuse and neglect were associated with higher rates of re-entry, as well as children's physical and mental health problems and behavioural issues. Thoburn et al. (2012) cite additional evidence that reunification was more difficult to accomplish when parents had a larger number of problems, lacked social support, or were ambivalent about their parental role. In Australia, research in this area has focused on how to accomplish reunification (Fernandez and Lee, 2013), ethnic disparities and other factors influencing children's chances of returning home (Barber and Delfabbro, 2009) and examining the overrepresentation of Aboriginal families in the child welfare system (Harnett and Featherstone, 2020).

1.3 Practices supporting successful reunification

Some of the reviews and studies considered above examine the attributes of services that seem to promote successful reunification. Thoburn et al. (2012) distinguish between services associated with the period of care itself and those provided at the return home stage. For example, they make the point that unplanned or badly managed entries to care can be traumatic for children and parents and may reduce families' willingness to engage with social workers. Equally, some returns home are unplanned, especially if placements break down for older children, which means that timing and support arrangements are not conducive to stability in the critical first three months. In contrast, a well-planned return home, organised proactively in a staged process with built-in reviews and a stable, well-resourced period of care, can enhance the chances of successful return. It is also crucial to address the parental problems that contributed to the need for care in the first place, since these are often the same problems that lead to re-entry to care. Accordingly, there is a need for systematic assessment to underpin the provision of tailored professional support to parents after their child goes into care, which services often struggle to deliver (Farmer et al., 2011). Thoburn et al. (2012) also cite evidence that facilitating positive contact with both parents can lay an important foundation for reunification, including potentially with separated fathers. Indeed, it has been hypothesised that the association between longer stays in care and more stable reunifications points to the mediating protective factor of sustained parent-child relationships during a long separation (Kimberlin et al., 2009; Wulczyn et al., 2020).

Research has also been carried out into specialist reunification programmes, particularly in the US (Bronson et al., 2008; Kimberlin et al., 2009). These programmes include intensive outreach services for birth parents, parenting courses, family-centred group work, advocacy, addiction recovery, and other types of help such as financial advice, housing support, physical and mental health care and therapeutic interventions. Integrated, 'multi-component' services are often needed to address the complex issues presented by family reunification (Bronson et al., 2008), which puts a premium on integration and coordination by statutory CSC services, particularly if private or third sector agencies are commissioned to deliver specialist support. Matching services to the specific child and family context is crucial. For example, Bronson et al. (2008) describe special considerations for children with behavioural issues, where programmes similar to multidimensional treatment foster care (Chamberlain, 2003) may help parents and foster carers to implement a consistent approach to behaviour management. Promoting parental engagement in such services also improves their chances of success. Maltais et al. (2019) reviewed eight studies examining the effectiveness of 'goal-oriented parental engagement interventions', which were a combination of individual and family-focused programmes using a range of educational, problem-solving and strength-based strategies. Overall, the review found that such interventions could improve both parental engagement and the likelihood of reunification, but the effect was only significant for those that included a family-focused element.

As noted earlier, parental substance misuse has been identified as a risk factor for children re-entering care after returning home. Research into the efficacy of family drug treatment courts (FDTCs) has therefore examined reunification rates and safety outcomes for this group of children. A meta-analysis by Zhang et al. (2019) synthesised the findings from evaluations of FDTCs to examine whether these programmes had a positive impact on core outcomes. They found 16 studies on reunification outcomes and eight studies on child safety outcomes. Overall, they found that participants were substantially more likely to achieve reunification without increasing the risk of subsequent re-entry to care or maltreatment re-reports after returning home. This is important because of the potential risk of bias in programmes designed to achieve higher rates of reunification, namely that 'program staff may rush the families in the intervention groups to reunification when compared with their handling of similar families in the comparison groups' (Zhang et al., 2019: 112). Although the analysis did not show a significant impact on the success of reunification, it did show that FDTCs could improve the chances of children returning home without an adverse effect on post-reunification outcomes. Nonetheless, the study highlights one of the limitations of the evidence base on specialist reunification programmes, which is the use of likelihood or speed of reunification as an indicator of success. Indeed, Kimberlin et al.'s (2009) review concludes that 'quicker reunification does not meet the objective of a safe and permanent placement for children unless the issues that caused the placement are addressed and re-entry is prevented.'

1.4 Theoretical framework

Bronson et al. (2008) suggest that reunification programmes tend to be based on foundational theories about child abuse and neglect, drawing particularly on ecological frameworks and systems approaches. The latter emphasise the need to work with the person-in-context, although

they may vary in the scope of contextual factors that are considered, e.g. family, friends, community and the wider social environment. Bronson et al. (2008) also state that ecological and systems frameworks tend to be 'strengths-based' because of their view of individual behaviour as an effort to function effectively through interactions within larger systems. Alternatively, Carlson et al. (2020) see attachment theory as a key framework for understanding the immediate and long-term effects of early relationship experiences on the developing child. Therefore while reunification is an opportunity to build on early attachment relationships, unsuccessful returns home can have adverse, long-term effects on children's emotional and behavioural stability. Thomas et al. (2005) acknowledge the importance of attachment but argue for a broader resilience-based model for understanding risk factors and protective factors contributing to children's admission to care, return home and subsequent re-entry to care. They distinguish between individual factors relating to the child (e.g. self-esteem, health, disability), familial factors (e.g. parental problems, sibling relationships), and environmental factors (e.g. deprivation, housing conditions, school experience). Resilience-informed interventions accordingly seek to reduce risk factors while enhancing protective factors, in an effort to reduce the likelihood of re-entry to care. This evidence review draws on Thomas et al. (2005)'s resilience-based model in the analysis and synthesis of results (Section 4.4.2) and in the discussion of findings (Section 5.1).

1.5 Rationale for the review question

The literature on reunification suggests a consensus among researchers about the difficulty of reunification and the factors associated with a higher likelihood of re-entry to care. Despite differences between England, the other UK countries and the child welfare systems with which they are usually compared (US, Canada, and Australia), there is a degree of alignment in the findings from reviews and individual studies. Where the evidence arguably diverges is in the prevalence of specialist reunification services, which seem to be more frequently employed in some other countries (particularly the US), although the transferability of some programmes – particularly family drug and alcohol courts – has been demonstrated to some extent. Another key difference is that policy and practice in the UK places less emphasis on achieving reunification than in the US and Canada (Maltais et al., 2019). International reviews point to the need to examine outcomes such as re-entry to care and re-reports of maltreatment. It is therefore important that evidence about the effectiveness of specialist interventions should include an element of post-reunification follow-up as well as explaining how the intervention 'works' to improve outcomes for children. The review outlined here will examine these two questions together to enable a synthesis of knowledge about how to improve the quality of services for children who return home from care, and examine the implications of evidence for the current context of CSC in England.

2. OBJECTIVES

The aim of the review was to contribute to the knowledge base on how to improve the chances of a successful reunification for children who return home from care. The objectives were to answer the following research questions:

1. What specialist services and interventions have been found to improve the outcomes of reunification?
2. What types of support (for children, parents, families, networks) included in these services help to improve the outcomes of reunification?

Outcomes were pre-specified as having to include measures of the stability or success of reunification in the period after children returned home from care. In other words, studies that only measured the proportion of children who were reunified, or the speed with which reunification took place, were only included if they also examined post-reunification outcomes such as subsequent re-entry to care, recurrence of maltreatment, children's health and wellbeing, or the quality of parent-child interactions.

3. METHODS

3.1 Protocol registration

The review protocol was registered in advance on the OSF website: https://osf.io/n7x24/ and published on the What Works Centre website.

3.2 Study eligibility criteria

Studies were included that examined services explicitly designed to improve the outcomes of reunification. In order to align the research around policies and practices most likely to be relevant to the contemporary context in CSC, only studies published after 2000 were included. The eligibility criteria were:

Study design:

- Empirical research (RCTs, observational studies, qualitative studies)
- Published between 2000-2021
- Published in English
- Published as peer reviewed journal article or report

Population:

- Children who returned home (to parents or carers) following a period in care (in the UK this includes children placed at home under a care order)
- Services either in the UK (England, Scotland, Wales, Northern Ireland) or certain other countries (Republic of Ireland, United States, Canada, Australia)

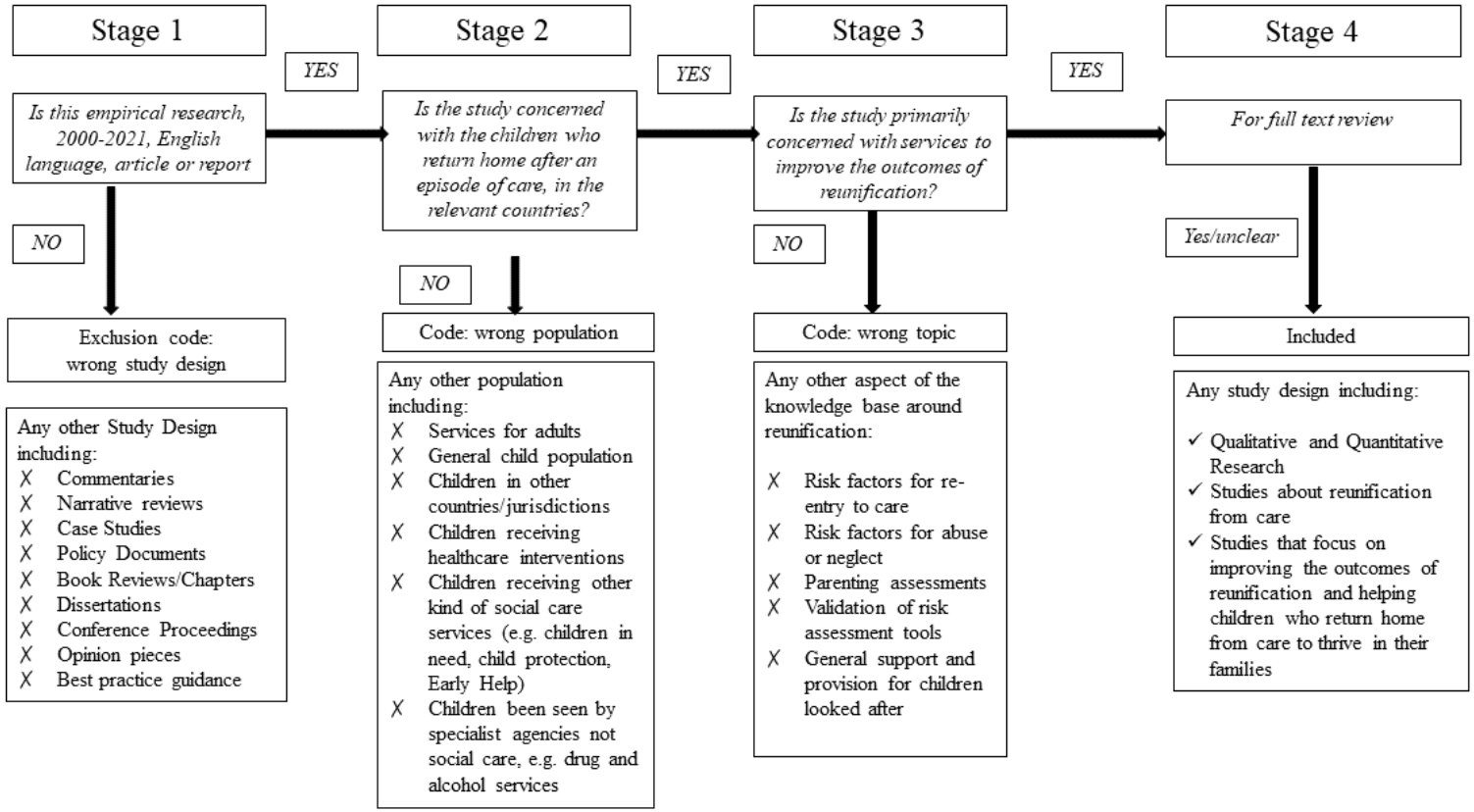
Topic:

- Study primarily concerned with services to improve the outcomes of reunification

Grey literature, i.e. reports not published in peer-reviewed academic journals, was examined (although in the end none met the inclusion criteria). The criteria around geographical setting were designed to provide insights into contextual factors affecting decision-making in a range of child welfare systems, while maximising relevance by limiting these studies to countries with a similar 'child protection' orientation to England (Gilbert et al., 2012). Theses were not included due to constraints on the time available for full text review and analysis.

Some of these criteria (date, language and type) were added as electronic filters to the database search. The remaining criteria were grouped into categories: study design (i.e. reporting on primary research), population (i.e. children involved with CSC services in certain countries) and topic (addressing the outcomes of reunification) and added to a flowchart to assist with screening decisions. The flowchart is illustrated in Figure 1.

Figure 1: Screening and inclusion flowchart



3.3 Search strategy

In accordance with the PRISMA guidelines on preferred reporting items in evidence reviews, a systematic search was carried out on five electronic databases: Scopus, Cochrane [2], PubMed, PsychINFO, and Web of Science. Terms were selected in relation to four domains: 1) the population of children in care who return home to live with their parents, 2) the intervention of being supported to have a successful reunification, 3) the outcome of whether reunification was in fact successful (defined in various ways), 4) the context of services for children who are or were in care. Specific terms within these domains were collaboratively selected by the research team on the basis of existing literature and specialist knowledge of the field. The search terms are set out below in Table 1. Relevant citations were identified by entering these terms as title/abstract searches in the databases. Searches were carried out from 13-17 September 2021, limited by date (2000-2021), language (English), and type (peer-reviewed journal article). A sample search is provided in Appendix A for reference. The database search was supplemented by a manual search of other reviews and key websites (Ofsted, the Department for Education, and Cafcass) as well as the reference lists of included full texts, in order to identify further articles and reports that met the inclusion criteria. Consultation with academic and professional experts was not undertaken due to time constraints.

Citation searches were limited by date (2000-2021), language (English), and type (report or peer-reviewed journal article). The database search was supplemented by a manual search of reviews and key websites. Other inclusion criteria were that the study should report on primary research and have been carried out either in the UK or certain other countries with a comparable child welfare system (Republic of Ireland, United States, Canada, Australia). Two stages of screening, first of titles/abstracts and second of full text articles, were undertaken in specialist software for collaborative reviews (Rayyan) using a decision-making flowchart (see Figure 1) to help standardise responses.

3.4 Study selection

Citation records from searches were imported into specialist software for collaborative reviews (Rayyan). After removal of duplicates, citations were screened using a decision-making flowchart to help standardise responses (see Figure 1). A 'pilot' screening exercise was carried out by all members of the review team with a sample

Table 1. Search terms

No.	Domain	Search terms
1	Population	Child* OR Adolesce* OR Infant* OR Baby or Babies* OR "Young people" OR Teenagers OR parent* OR family OR families
2	Intervention	Reunif* OR "return home" OR "returning home" OR "go home" OR "going home" OR "go back home"
3	Outcome	Quality OR Effectiveness OR Evaluat* OR Efficacy OR Success* OR Improve* OR Improving OR Support OR Facilitate OR Enable OR Help
4	Context	Care OR "looked after" OR Foster OR "children's home" OR Residential

2 The terms 'looked after', 'accommodated' and 'in care' are commonly used in England and Wales to refer to children in out-of-home care as well as children placed with their parents under a care order.

of 100 citations and the results discussed in order to refine the flow chart and identify any systematic differences in coding. Title/abstract screening was then carried out by two reviewers, with the lead author (RH) screening all citations and other members of the team screening a batch of citations independently. Any conflicts were passed to a third reviewer or discussed by the project team. A record of conflicts was kept but inter-rater reliability was not formally measured (e.g. with a kappa score) due to the number of reviewers involved. Once a provisional list of full text articles was identified, a further stage of screening took place to check that the full text was available and that inclusion criteria were met. In the case of multiple papers from the same study, publications were examined for their separate contribution and included if they were sufficiently differentiated in terms of the data collected and the analysis undertaken.

3.5 Data extraction

The following data was extracted from each study: author, year, aims, data collection and analysis, sample, follow-up period (if applicable), funding, main findings, ethics, strengths, and limitations. A pro-forma framework was used to record data specifically relevant to the research questions to assist with evidence synthesis. For quantitative studies, data included participants, intervention/programme, comparators and outcomes. Principal thematic categories were collected for qualitative studies and implications (all studies). Specific data relating to the research questions was additionally recorded.

3.6 Quality appraisal

The quality of material included in the review was appraised using the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018). This tool is particularly suitable for systematic reviews that will include a range of methodologies and has been found to have sound psychometric properties by Pace et al. (2012). Each study was appraised by a member of the review team and the completed tools shared with RH for a second view. Conclusions from the appraisal process were discussed in a meeting of the team and a summary table was produced and cross-checked by team members. It is worth noting that several papers did not have enough information to respond definitively 'yes' or 'no' to some of the appraisal questions; unfortunately, there was not scope within the rapid review timescale to correspond with the authors to obtain additional methodological details.

3.7 Data analysis and synthesis

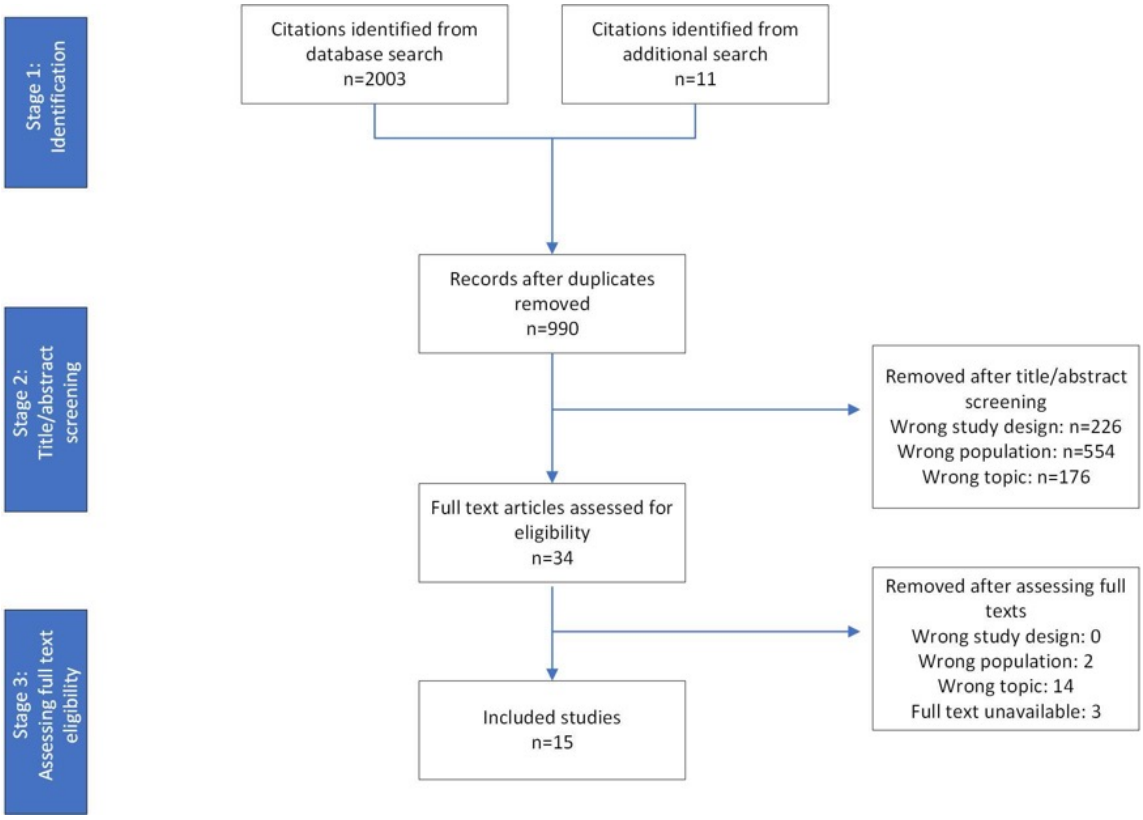
An adapted Framework method (Gale et al., 2013) was used to guide the analysis and synthesis of findings from the final sample of full text articles. RH read all the included full texts and members of the review team were each allocated a batch of full texts in order to contribute to the framework. The template combined a summary of data items extracted from each study with analytical categories derived from the review questions as well as the resilience-based model developed by Thomas et al. (2005). For example, findings on how services sought to support children and families are discussed in terms of the systemic context, i.e. whether individual, family or environmental factors were being addressed, and whether support was provided post-reunification or while the child was still in care. Preliminary themes were discussed among the review team and summarised in table format in order to facilitate comparison between studies. Definitions and categorisations reported in the tables were checked by members of the review team. Finally, quantitative and qualitative material were brought together and reported using a narrative approach (Elliott, 2005).

4. RESULTS

4.1 Search Results

The online database search yielded 2003 results after filtering for year of publication, language and publication type. An additional 11 articles were identified through a website search and examination of reference lists from other reviews. 1024 duplicate articles were removed, leaving 990 results for title/abstract screening. At this stage, 956 studies were excluded, leaving 34 articles for full text review. In narrowing down the full text studies for inclusion, the most common reason for exclusion was that studies did not consider outcomes post-reunification, i.e. they only followed up the effectiveness of services in terms of the rates of children in care who achieved a return home or the speed with which they did so. Three full texts were unavailable and so were excluded on this basis. Overall, 15 publications were included in the current review. Figure 2 shows a PRISMA flow diagram for the screening and selection process, and an overview of the included material is provided in Table 2.

Figure 2: PRISMA flow diagram



4.2 Characteristics of included studies

Overall, 15 papers were included in the review, consisting of 13 studies from the United States, 1 UK study and 1 Australian study, all published as peer-reviewed journal articles. Almost all the studies were either quantitative or mixed methods evaluations of some kind of intervention, partly or wholly designed to promote reunification and its outcomes, generally in comparison to 'services as usual' for children in (and exiting) care. An overview of the characteristics of included studies is provided in Table 2. The most common study design was a non-randomised quantitative methodology with matched (Brook and McDonald, 2007; Pine et al., 2009; Akin et al., 2017; Harwin et al., 2018; Chambers et al., 2019) or non-equivalent (Lewandowski and Pierce, 2002; Chambers et al., 2016) comparison groups. Four studies had a randomised controlled design (DeGarmo et al., 2013; Oxford et al., 2016; Ryan et al., 2016; Trout et al., 2020) and three studies had a mixed methods evaluation design (Ringle et al., 2015; Malvaso and Delfabbro, 2020; Rushovich et al., 2021). One study (Madden et al., 2012) adopted a mixed methods case study approach.

The interventions examined by these studies were:

- **Strengthening Families Program (SFP)** – a manualised parent and family skills training intervention, originally designed for families involved with child welfare services as a result of parental substance abuse (Akin et al., 2017)
- **Intensive services for substance-affected families** – a coordinated multi-agency programme to serve the needs of alcohol and other drug (AOD) affected families with children in out-of-home care. Services include child welfare, parent training, mental health, substance abuse treatment, permanency workers, domestic violence shelters, and the local housing authority (Brook and MacDonald, 2007).
- **Pomona Family First Project (PFFP)** – a 'family-to-family' initiative with a reduced caseload requirement, providing a range of services such as team decision making meetings, frequent parent-child visitation and caseworker-family meetings, foster parent/birth parent collaboration, as well as partnerships with community providers (Chambers et al., 2016)
- **Iowa Parent Partner Approach** – pairs parents whose children have been removed from the home and are presently receiving child protection services with parents who were formerly involved with the child welfare system due to child protection issues but achieved successful reunification (Chambers et al., 2019).
- **Pathways Home** – a selective prevention program targeting families whose children are returning home after their first stay in foster care, and parents considered to be high risk for conduct and substance abuse problems. The programme focused mainly on parenting strategies underpinned by social learning approaches and multidimensional treatment foster care (DeGarmo et al., 2013).
- **London Family Drug and Alcohol Court (FDAC)** – based on Family Drug Treatment Courts originally developed in California, FDACs are an alternative family court for care proceedings. They are specially designed to work with parents who struggle with drug and alcohol misuse (and often with other problems too). A team of professionals with different

specialisms work closely alongside the court and with the family during the court process (Harwin et al., 2018).

- **Family-Centered Out-of-Home Care (FCOHC)** – a case management approach based on family preservation services, with a family social worker allocated to work directly with the family as soon as the child enters protective custody. The social worker coordinated a family support team comprising various professionals, treatment providers, family members and legal advocates (Lewandowski and Pierce, 2002).
- **Wraparound service model** – a case management approach for children and young people (aged 5–17) with a mental health diagnosis who are accommodated in public care. The model relies on case managers to build partnerships with families, coordinate child and family teams, access traditional and non-traditional services, and advocate within systems (Madden et al., 2012)
- **Adolescent reunification programme (ARP)** – a detailed child and family assessment was followed by a tailored intervention underpinned by two main components: 1) solution-focused case management, and 2) therapeutic interventions to address intergenerational trauma (Malvaso and Delfabbro, 2020).
- **Promoting First Relationships (PFR)** – a community-based home visiting programme designed to address the social and emotional needs of families with toddlers. It is a brief (10-session) manualised intervention, including a video-feedback component, which uses a strengths-based approach to promote more sensitive parenting (Oxford et al., 2016).
- **Casey Family Reunification Program** – targeted families experiencing a first time removal, emphasising close collaboration between professional agencies, birth parents and foster carers, and the provision of intensive home-based services tailored to each family's needs (Pine et al., 2009).
- **Blended residential and aftercare intervention** – designed for youth in residential care, the residential element of this blended program is an adapted teaching family model with a mainly behavioural approach, followed by an aftercare intervention led by an in-home family consultant focused on reintegration (Ringle et al., 2015)
- **On The Way Home (OTWH)** – an enhanced aftercare intervention that combined school, family, and academic services for children and young people leaving out-of-home residential care (Trout et al., 2019).
- **Success Coach model** – voluntary service offered to birth families at the time of the child's return home from foster care. Success Coaches work with families around six well-being domains: mental/emotional health; family functioning; caregiver self-sufficiency; child education; environment; and social/community capital or support (Rushovich et al., 2021).
- **Recovery coaches** – intervention targeting parents in substance-involved families whose children are in foster care. Professional recovery coaches were assigned to work as intensive and specialised case managers, also undertaking clinical assessments, advocacy, service planning, and outreach (Ryan et al., 2016).

These interventions can be roughly categorised in terms of their target population. Five were designed to work with families whose children were taken into care because of parental substance misuse, often in combination with other problems (Strengthening Families Program, Pathways Home, Intensive Services for Substance-Affected Families, Recovery Coaches, and London FDAC). Three were designed to work with children and young people leaving residential care (Wraparound service model, On The Way Home and the Blended Residential and Aftercare intervention). Two were designed to work with specific age groups, namely adolescents (Adolescent Reunification Programme) and toddlers (Promoting First Relationships). Finally, there were five interventions more generally aimed at all children in care (Pomona Family First Project, Iowa Parent Partner Approach, Case Family Reunification Program, Success Coach, and Family Centred Out-of-Home Care).

Table 2. Characteristics of included studies

Author and year	Study location	Intervention	Design	Methods	Sample	Outcome measures
Akin et al., 2017	USA (Kansas)	Strengthening Families Program (SFP)	Quantitative - quasi experimental with matched comparison group.	Survival analysis to evaluate participation in SFP and re-entry. Observation period – min. 3 years and 3 months to max. 7 years.	493 children previously reunified with their parents.	Participation in and completion of a parenting intervention (SFP) and rates of re-entry
Brook and MacDonald, 2007	USA (Kansas)	Intensive services for AOD (alcohol or other drug) affected families.	Quantitative - outcome evaluation.	Constructed comparison group. Survival analysis used to test program effects.	Intervention group: 60 families where child admitted to care because of parental substance misuse. Comparison group: 79 children in the same county also admitted to care due to parental substance misuse.	Impact of participation in the AOD program on time to reunification and re-entry of children into foster care following reunification.
Chambers et al., 2016	USA (California)	Pomona Family First Project (PFFP)	Quantitative - non-equivalent groups design	Non-equivalent groups. Hierarchical regression and survival models to examine elements of the intervention for impact on family outcomes (12 month follow up period)	50 families received PFFP between 2005 and 2009. Historical comparison group of 50 matched families received standard child welfare services between 2005-2009.	Whether PFFP met its goals: Children and families participating in PFFP more likely to be reunified Spend fewer days in out of home placement. More likely to be placed in own neighbourhoods and communities.
Chambers et al., 2019	USA (Iowa)	Iowa Parent Partner Program.	Quantitative - quasi experimental	Families participating in the Parent Partner Program matched with non-participating families via propensity score matching. Subsequent removals at 12 months and 24 months were binary variables.	Families with child removed from their home by child welfare services. Parent Partner Children= 500 Matched non Parent Partner children = 500.	Time in out of home placement Reunification Subsequent removal from home within 12 and 24 months.

Table 2. Characteristics of included studies (continued)

Author and year	Study location	Intervention	Design	Methods	Sample	Outcome measures
DeGarmo et al., 2013	USA (Oregon)	Pathways Home	Quantitative – randomised control	Intent to treat analysis. Probability growth curve approach for repeated telephone assessments over 16 weeks of assessment. 1 year follow up.	101 children returned to their biological parents after first time stays in foster care.	Children's problem behaviours Parent management strategies.
Harwin et al., 2018	UK (London)	Family Drug and Alcohol Court (FDAC)	Quantitative - quasi-experimental.	Cohort tracked at 3 points: start and end of care proceedings, and max of 5 years after proceedings ended. Analysis of maternal cessation, family reunification, & out-of-home permanency: Cross-tabulated, Chi-Square. Analysis of reunification stability and safety: survival analysis using Cox regression.	All London FDAC cases between Jan 2008 – Aug 2012. Compared against 3 Local Authorities not providing FDAC. Data extracted from administrative records – quantitative factors and qualitative case commentary. Baseline FDAC: 140 mothers and 201 children. Comparison: 100 mothers and 149 children Follow-up (Reunified): 52 mothers and 71 children. Follow-up (non-reunified): 92 mothers and 130 children	Comparison of reunification cohort vs out-of-home cohort. Mother's outcome defined as good if no recurrence of: substance misuse, perm placement change for child, or return to court.

Table 2. Characteristics of included studies (continued)

Author and year	Study location	Intervention	Design	Methods	Sample	Outcome measures
Lewandowski and Pierce, 2002	USA (Missouri)	Family-Centred Out-of-Home Care (FCOHC).	Quantitative - non-equivalent control group.	Data collected from children's case records and state's electronic database using case record review form. Multiple regression for continuous variables and logistic regression for categorical factors. MANOVA used to compare groups' mean scores. 18-month study period.	374 families whose children were in foster care from 1994 to 1996 in the 11 pilot and 6 comparison counties - 220 children from pilot counties (avge age 10.7 yrs) and 154 from comparison counties (avg age 7.7yrs). Placement recidivism analysis based only upon the 269 closed cases (72% of total).	374 families whose children were in foster care from 1994 to 1996 in the 11 pilot and 6 comparison counties - 220 children from pilot counties (avge age 10.7 yrs) and 154 from comparison counties (avg age 7.7yrs). Placement recidivism analysis based only upon the 269 closed cases (72% of total).
Madden et al., 2012	USA (state not disclosed)	Wraparound service model.	Mixed methods case study.	31 qualitative interviews (multiple perspectives) and case record review (for detailed case history). Systematic thematic analysis.	Youth and caregivers reunited during the first 10 months of the pilot program. Youth: n = 6 (4 male, 2 female); Mean age 13.5 (range 10-17) Reason for removal: Neglect 3; Refusal to accept parental responsibility 3. Caregivers: n = 6 CPS Caseworkers and pilot program staff: n = 11 Caregiver relationship: Adoptive parent 1, Birth parent 2, Grandparent 2, Kinship 1.	Exploring barriers that either delayed the reunification process or made the process more difficult once achieved.

Table 2. Characteristics of included studies (continued)

Author and year	Study location	Intervention	Design	Methods	Sample	Outcome measures
Malvaso and Delfabbro, 2012	Australia (South Australia)	Adolescent Reunification Program (ARP)	Mixed methods - evaluation	Intervention protocol for 12 months (but could be extended to 18 months) Quantitative data collected at end of evaluation period. Qualitative interview protocols (4 domains): 1) What aspects of program working well; 2) what might be improved; 3) the level and nature of supports available; 4) how the family was managing.	36 families: 46 children (25 male, 21 female); 10 Aboriginal and/or Torres Strait Islander; Mean age 14 yrs (range 12-17); Average yrs in care 7.3 (range 2-13 when reunification started) Most returned to a single parent (usually birth mother); 86% single child reunification.	Rates of reunification (successfully returned home for at least 6 months). Quantitative description of background characteristics and objective outcomes of program. Thematic analysis of qualitative interviews: family characteristics, factors contributing to utility of ARP, improving or modifying the ARP
Oxford et al., 2016	USA (Washing-ton)	Promoting First Relationships (PFR) - home visiting programme	Quantitative – randomised controlled study	Infants and caregivers assessed in 2-hour blinded research home-visits at enrolment (baseline), post-intervention, and 6-month follow-up. ANCOVA models were estimated to assess differences by experimental condition.	PFR n=18 EES n=25 Intervention group characteristics: male-9, female-9, White-10; Black-3; Mixed-5. Age (months) 18.29 (Mean); 5.32 (SD)	Parenting sensitivity and child behaviour. Measures used include: Raising a Baby Nursing Child Assessment Teaching Scale Brief Infant Toddler Social and Emotional Assessment Bailey Behaviour Rating Scale Toddler Attachment Sort-45

Table 2. Characteristics of included studies (continued)

Author and year	Study location	Intervention	Design	Methods	Sample	Outcome measures
Pine et al., 2009	USA (Connec-ticut and Maine)	Casey Family Services Family Reunification Program.	Quantitative - matched	Intervention families: administrative data from case records and qualitative data from interviews For matched: administrative data from case records Bivariate and multivariate techniques including cross-tabulations, chi-square analysis, and event survival analysis (Cox regression) Follow-up period: 24 months	135 families /254 children intervention group matched with 121 families/ 233 children. At 24 month follow up data only available for 78 families but for all of matched group. All children were first time admissions to out of home care.	Comparison of model program with standard reunification services offered by the state agencies. Permanency outcomes: rates of reunification, rates of alternative placements when children could not go home, time to permanency, re-referrals to child welfare services Quality of care: number of placement changes, period of care
Ringle et al., 2015	USA (multi-site)	Family Reunification Programme	Mixed methods – pre-post evaluation	12 month follow up surveys of youth, parents/ guardians, other adult family members and caseworkers. Analysis: Paired samples t tests (questionnaires) Missing data dealt with via Multiple Imputation (MI) Analysed 68 cases but only 53 had both parts of the intervention. Included if had at least one pre-post match.	62 youth and families that received both the residential care portion and at least some of the aftercare portion of the program. Median: 72% male / 28% female, Avge age 15.7, Resid length 5.6 mths, Aftercare length 2.7 mths, 27.3% White; 31.8% Af-Am; 23.9% Hispanic; Other 17%,	From admission to departure: Improved behaviour (Child Behaviour Checklist) Improved parenting (Alabama Parenting Questionnaire) Involvement with peers (Peer Involvement Questionnaire) @ 12 month follow up: No further arrest Engaged in education Living in a home setting

Table 2. Characteristics of included studies (continued)

Author and year	Study location	Intervention	Design	Methods	Sample	Outcome measures
Pine et al., 2009	USA (Conne-cticut and Maine)	Casey Family Services Family Reunification Program.	Quantitative - matched	Intervention families: administrative data from case records and qualitative data from interviews For matched: administrative data from case records Bivariate and multivariate techniques including cross-tabulations, chi-square analysis, and event survival analysis (Cox regression) Follow-up period: 24 months	135 families /254 children intervention group matched with 121 families/ 233 children. At 24 month follow up data only available for 78 families but for all of matched group. All children were first time admissions to out of home care.	Comparison of model program with standard reunification services offered by the state agencies. Permanency outcomes: rates of reunification, rates of alternative placements when children could not go home, time to permanency, re-referrals to child welfare services Quality of care: number of placement changes, period of care
Rushovich et al., 2021	USA (North Carolina)	Success Coach post-reunification program	Mixed methods – evaluation	Success Coach tried to collect follow up assessments and provide services to treatment group for two years. The mean length of services for families with closed cases was 289 days (approximately 9.5 months).	Treatment n=25 families / 48 children Treatment survey only n= 22 families / 38 children Control n = 38 families / 69 children Total = 85 families / 155 children	Child and parent well-being Child safety Stability of reunification

Table 2. Characteristics of included studies (continued)

Author and year	Study location	Intervention	Design	Methods	Sample	Outcome/ measures
Ryan et al., 2016	USA (Illinois)	Recovery coaches / integrated case management	Quantitative – randomised control study	Families selected from JCAP (Juvenile court assessment programme) and randomly assigned to experimental and control (services as usual) groups. Administrative data collected from JCAP and child welfare services. Analysis included chi-square tests, binary logistic regression and multinomial logistic regression.	1725 families eligible Only mothers = 1623 Control = 511 Experimental = 1112 Sample: 94.3% unemployed, 14.0% homeless, 10.7 5 married, 76.3 % black, 20.5% white, 3.2 % white Primary substance: Cocaine 34.4.%, Opioids 27.5 %, Marijuana 19.4%, Alcohol 18.4 %	Not reunified Unstable Reunification – reunified within 3 years of start of placement but returned to substitute care placement within a year Stable Reunification- Reunified for at least 12 months
Trout et al., 2019	USA (Nebraska)	On the Way Home (OTWH)	Quantitative – random controlled study.	12 months post reunification for 3 outcomes and 21 months for 2. Caregivers completed Family empowerment scale (FES) and Caregiver self efficacy Scale (CSES) Data on placement stability and school involvement collected from school and family using a questionnaire at 12 months and 21 months following reunification.	98 OTWH, 89 service as usual Overall sample: Youths: 58.3% male, mean age 15.45 years, 61% reported race as white, 12.8% latino. Care givers: 73.3 % female, mean age 44.56 years, 69 % reported race as white, 6.4% latino, 45 % annual income less than $30,000, 63.6 % biological parents	At program discharge i.e. at 12 months post reunification: - Caregiver empowerment and self efficacy - School involvement (i.e. graduated or enrolled) Placement stability, defined as living in the community.

4.3 Quality appraisal

Results from the quality appraisal of included studies (using the MMAT tool) are summarised in Table 3. Overall the quality of the non-randomised and mixed methods evaluations was good, with more variable quality among those with randomised controlled designs. Reporting of aims, research questions and justification of the study design was generally clear, although a clearer description of the model intervention and of services as usual would have helped in several papers. Common limitations with the quasi-experimental studies were small and unrepresentative sample sizes (particularly in pilots), data from single counties, and reliance on retrospective administrative data. There were also methodological limitations inherent to the process of matching families, rather than individuals, for the purpose of comparison groups, and of non-equivalent comparison groups in some studies (see Section 4.4.1). Given the complexity of these interventions, which often involved multiple types of provision, it was also difficult to assure treatment fidelity and to identify which features of the programme were most linked with positive outcomes. Difficulty in establishing the mechanisms of change may also have been due to the limited collection of qualitative data and process measures, which was apparent even in a few of the mixed methods designs. Among the studies using RCT-type designs, there was sometimes insufficient information about the process of random allocation and about treatment fidelity, while incomplete outcome data and participant attrition may have affected the validity of results in some cases (see Section 4.4.1). In many cases, it seemed that the programme itself was being implemented during the evaluation itself, so that the nature of the intervention may have been subject to some change and adaptation. Many of these issues are common problems in the evaluation of complex social interventions (Byrne, 2013; Pawson, 2013).

Table 3: MMAT Quality appraisal[1]

Author(s) (year)	Screening questions		Study type													
	All studies		Quantitative randomised controlled trial					Quantitative non-randomised/descriptive					Mixed methods			
	S.1	S.2	2.1	2.2	2.3	2.4	2.5	3.1/4.1	3.2/4.2	3.3/4.3	3.4/4.4	3.5/4.5	5.1	5.2	5.3	5.4	5.5
Akin et al. (2017)																	
Brook and MacDonald (2007)																	
Chambers et al. (2016)																	
Chambers et al. (2019)																	
DeGarmo et al. (2013)																	
Harwin et al. (2018)																	
Lewandowski and Pierce (2002)																	
Madden et al. (2012)																	
Malvaso and Delfabrro (2012)																	
Oxford et al. (2016)																	
Pine et al. (2009)																	
Pringle et al. (2015)																	
Rushovich et al. (2021)																	
Ryan et al. (2016)																	
Trout et al. (2019)																	

Notes

[1] Red indicates a negative response ('no'), green a positive response ('yes'), orange indicates there was inadequate information provided in the study ('can't tell') and grey indicates the question was not applicable.

4.4 Synthesis of results

The findings from included papers are synthesised below with respect to the review's research questions.

4.4.1 What specialist services and interventions have been found to improve the outcomes of reunification?

Findings on the effectiveness of interventions are set out in Table 5 and summarised here in relation to the target populations described earlier (see Section 4.2).

Children in care (general)

Five studies examined interventions designed to promote better outcomes in general for children who returned home after a period of care. Chambers et al. (2016) evaluated the Pomona Family First Programme (PFFP) in California, USA, using a historical non-equivalent groups design to compare 50 families participating in PFFP with 50 families who had received services as usual. Children from treatment families were more likely to have their needs met by services, to have fewer days in out-of-home placement, experience fewer placement moves and to be reunified sooner. The outcomes of reunification were measured at one-year follow-up on the basis of substantiated maltreatment reports and whether the children were still living in the parental home. None of the families receiving PFFP had children out of the home one year following case closure. Five families in the comparison group had cases of substantiated maltreatment one year following case closure, and four of these had children placed out of the home. The authors state that Pearson's Chi-Square was used to test the hypothesis that children of PFFP families would be less likely to re-enter placement one year after case closure, although the result is reported as a Fishers Exact Test (n=60, p=.02). Small sample sizes limited the power of the analysis and generalisability of findings. There may also have been a potential bias towards more positive outcomes for PFFP families as comparison group data was historical whereas PFFP may have benefited from greater experience among the organisation and caseworkers in implementing community based partnerships.

Chambers et al. (2019) evaluated the Iowa Parent Partner Programme (IPPP) in Iowa, USA, using propensity score matching to compare 500 families participating in IPPP with 500 families who received services as usual. Children from participating families were found to be more likely to return home on leaving care but no differences were found in the total time spent in out-of-home care. Outcomes of reunification were measured at 12 and 24 months follow-up on the basis of subsequent child removal. 179 of 500 matched pairs met the criteria for this part of the analysis, which required reunification and case closure to have happened for both families. McNemar Chi Square test was used to test the hypothesis that children of IPPP parents would be less likely to be subsequently removed from the home than non-participating parents. This hypothesis was supported at the 12 month milestone (McNemar χ^2 (1, N=179) = 4.00, p=.046) but not at the 24 months milestone (McNemar X2 (1, N=179) = 2.71, p=.099). This suggests that the program may have had a short term impact on rates of re-entry into the system but these were not fully sustained in the long term. Limitations include the non-random assignment of families to treatment and comparison groups, as well as a lack of state-wide implementation of the program in some years of data collection. Therefore a risk of bias was present due to the self-selecting nature of families volunteering to be part of an intervention, although this may have been mitigated to some extent by the

use of propensity score matching. Data on implementation fidelity were not reported.

Lewandowski and Pierce (2002) evaluated the Family-Centred Out-of-Home Care model (FCOHC) in Missouri, USA, using a non-equivalent control group design to compare 220 children in care from 11 pilot counties to 154 children from 6 comparison counties. Children from pilot counties spent shorter periods in care but fewer were reunified than in comparison counties. The outcome of reunification was measured by re-entry to out-of-home care during the 18-month study period. 269 children who returned home were included in this part of the analysis. Although not stated in the methods, the findings suggest that a Chi Square test was used to test the hypothesis that 'recidivism' would differ significantly between the pilot and comparison groups. The hypothesis was proved but not in the desired direction, since 28% of pilot children returned to out-of-home care compared to 13.4% of comparison county children (χ^2 (1, N=374) = 8.17, p<.05). Logistic regression was used to indicate the relative likelihood of re-entry occurring between the two groups, finding that pilot children who returned home were 2.6 times more likely to re-enter care than children from the comparison group. Limitations include the fact that participating counties had to apply to participate in the programme, which may have led to bias in terms of agencies' willingness and capacity to work towards better reunification outcomes.

Pine et al. (2009) evaluated the Casey Family Reunification Program (FRP) in Connecticut and Maine, USA, using a matched sample design to compare 135 families (254 children) in the program group with 121 families (233 children) receiving services as usual. Children from the FRP group were no more likely to be reunified but were reunified sooner and experienced fewer placement moves than children in the comparison group. The outcomes of reunification were measured by re-referral to child welfare services and substantiated maltreatment reports within 24 months after intake. Chi Square and t-tests were used to test the hypothesis that these measures would differ between the two groups but found no significant differences (test statistics were not reported). Limitations included changes in the design and implementation of the program over time, which may have affected its effectiveness, and issues with the sample, e.g. over-representation of Latino families in the program sample and of substance-misusing families in the comparison sample. Difficulties in contacting some of the FRP families at 24 months follow-up may have led to some bias in terms of excluding those with poorer outcomes.

Rushovich et al. (2021) evaluated the implementation of a Success Coach reunification program in North Carolina, USA, using a mixed methods randomised controlled design to compare 25 families (48 children) in the intervention group with 38 families (69 children) in the control group. Due to lower than anticipated referrals to the study, the sample was not large enough to generate enough power for statistically significant findings, so only descriptive results were reported along with qualitative findings on process. The outcomes of reunification were measured by allegations of maltreatment and re-entry to care during the study period, as well as improvements in protective factors reported in a survey. Nine children (45%) in the treatment group and 21 children (60%) in the control group were the alleged victim of a maltreatment allegation made after the family agreed to participate in the study. One child in the treatment group (5%) and two children in the control group (6%) re-entered care during the study period, with the rest remaining at home.

Approximately half the families in both groups reported similar or improved protective factors from baseline to follow-up. Limitations included the small sample size and the use of caseworkers to collect survey data. The latter had potential to bias self-reports positively at pre-test, when families may be wary of revealing problems, and negatively at post-test, when they may be more inclined to present a realistic picture.

Parental substance misuse

Five studies examined interventions designed to promote better outcomes for children whose accommodation in care was partly or primarily due to parental substance misuse. Akin et al. (2017) evaluated the Strengthening Families Program (SFP), using propensity score matching to compare 357 intervention group participants with 892 children receiving services as usual. The outcomes of reunification were measured by re-entry to care during the study period, which was at least 3 years, 5 months post-reunification. Survival analysis using Cox proportionate hazards models was used to estimate the likelihood of re-entry after reunification. Difference in re-entry rates for SFP participants (23.7%) and the comparison group (18.6%) was found not to be statistically significant (HR=1.19, p=413). Limitations included the lack of randomised allocation; although selection bias may have been mitigated by the use of propensity matching (for observed variables). Unobserved factors underlying caseworker decisions to refer families to SFP were a potential source of bias.

Brook and MacDonald (2007) evaluated intensive services for AOD (alcohol or other drug) affected families, comparing outcomes for 60 families in an intervention group to a constructed comparison group of 79 children in the same county who were also admitted to care due to parental substance misuse. Participating children moved more slowly to reunification than those into the comparison group, although the difference was not significant. Outcomes of reunification were measured by re-entry to care during the study period, effectively up to 500 days following reunification. 23% of program participant children who experienced reunification subsequently re-entered care, compared to 7% of comparison group children, a statistically significant difference (χ^2=5.17, p=.023). Program participant children also moved more quickly to re-entry (Wilcoxen Gehan=3.98, p=.046). Limitations included reliance on a small sample in a single county agency and potential bias caused by greater surveillance of parents participating in the program, e.g. regular urine screening with a positive result almost certain to result in removal of the child in accordance with local family drug court policy.

DeGarmo et al. (2013) evaluated the Pathways Home program in Oregon, USA, using an intention to treat analysis to compare outcomes for 50 intervention families with 53 families receiving services as usual. Findings showed that Pathway Home families demonstrated greater improvement in parenting strategies, which in turn was associated with greater reduction in child behaviour problems over time. Outcomes of reunification were measured on the basis of re-entry to care at one-year follow-up. The rate of re-entry among intervention families (n=4, 8%) was nearly half of that experienced by families in the comparison group (n=8, 15%) although this difference was not statistically significant ($\chi^2(1)$=1.26, p=.26). The study was limited by its small sample size which meant there was not enough statistical power to generate significant findings, and by a relatively short follow-up period. The validity of measuring maternal substance use as cravings, rather than as actual use, might also be questioned, although there were justifiable reasons for doing so.

Harwin et al. (2018) evaluated the Family Drug and Alcohol Court (FDAC) in London, England, using a quasi-experimental design to compare outcomes for 140 mothers (201 children) in the intervention group with 100 mothers (149 children) receiving services as usual over a five year period. The study found that a higher proportion of FDAC families than comparison families were reunited or continued to live together at the end of court proceedings. 'Durability' of reunification was measured by two composite measures at 3-year follow-up. The first measure, 'family stability', examined relapse into substance misuse, placement change and return to court. On this basis, a significantly higher proportion of FDAC than comparison mothers who had been reunited with their children at the end of proceedings were estimated to experience no disruption to family stability (51% vs 22%, p=.007). The second measure, 'no disruption', was a combination of no permanent placement change, no subsequent neglect, and no return to court for new proceedings. On this basis, a higher proportion of FDAC families were estimated to experience no disruption in the 3-year period but the difference was not statistically significant (57% vs 39%, p=.053). The authors note the limitations of a small sample size and reliance upon retrospective administrative data.

Ryan et al. (2016) evaluated the use of recovery coaches to support family reunification for substance misuse families referred to the Juvenile Court Assessment Program in Illinois, USA. They used a randomised controlled study to compare outcomes between 1,112 intervention families and 511 control group families receiving services as usual. The outcome of reunification was measured by re-entry to substitute care within 12 months, which was defined as an 'unstable reunification'. Parents who were assigned to the recovery coach intervention were underrepresented in the unstable reunification group (66.1%) and overrepresented in the stable reunification group (74.7%), whereas families assigned to services as usual were overrepresented in the unstable reunification group (33.9%) and underrepresented in the stable reunification group (25.3%). These differences were statistically significant ($\chi^2 = 8.07$, Cramer's V = 0.07, p<.01). They were however driven largely by changes observed in one of the sites (Chicago), whereas in the other site (Cook county) the effects were very small. Other limitations include a lack of information on the method of random allocation, treatment fidelity or what services as usual consisted of.

Residential care

Three studies examined interventions designed to promote better reunification outcomes for children in residential care or specialist therapeutic settings. Madden et al. (2012) evaluated a pilot wraparound service model for youth with complex mental and behavioural needs accommodated in intensive out-of-home placements. They used a mixed methods case study approach to examine the experiences of caregivers and youth undergoing reunification. The paper focuses mainly on qualitative findings in relation to systemic, program and case-level barriers to successful reunification. The authors also state that 50% of 18 closed cases of enrolled youth 'successfully sustained their placement'. However, no statistical outputs are given and the sample size was too small for generalisable conclusions to be drawn.

Ringle et al. (2015) evaluated a blended residential and aftercare intervention in four (unspecified) sites in the USA, for young people involved in (or at risk of entering) the juvenile justice system and accommodated in residential care. They used a pre-post survey design to study outcomes of the intervention for 62 youth and families that received both

the residential care and aftercare elements of the program. Multiple imputation was used to deal with missing data. Findings indicated a decrease in improved parenting skills and a decrease in young people's behavioural problems at discharge, as well as more positive interactions with peers. Reunification outcomes were measured at 12-months post-discharge on the basis of youth remaining arrest-free (72%), living in a homelike setting (76%) and school attendance or graduation (72%). The study was limited by lack of a comparison group, reliance on a single sample, and data collection being largely administered by those providing the intervention. This was a potential source of respondent bias, as was the fact that follow-up surveys were completed by a variety of respondents (young people, parents, family members, caseworkers).

Trout et al. (2019) evaluated the On the Way Home (OTWH) program in Nebraska, USA, which is designed for young people leaving therapeutic residential care. The study used a randomised controlled design to compare outcomes between 98 child-caregiver dyads assigned to OTWH and 89 assigned to services as usual (SAU), with measures of placement stability, school involvement and caregiver empowerment and self-efficacy collected via tailored questionnaires at 12 months and 21 months follow-up. Effects of OTWH were estimated using partially-nested HLM regression analyses where the main focus was on statistical significance and effect size. The results showed that OTWH caregivers demonstrated greater levels of empowerment and self-efficacy compared to their peers receiving SAU. Post-test placement outcomes showed no significant differences between OTWH and SAU families. For follow-up outcomes, home placement rates differed significantly (OR=3.048, d=-0.675, p=.033) with a larger proportion of OTWH participants reporting positive placements on the School & Home Placement Change Questionnaire, although school involvement rates did not differ significantly. The study's generalisability is limited by the fact that almost all the young people were discharged from one large residential setting. The authors note that pre-test measurements of outcome variables were not collected, while large attrition rates affected statistical power and may have introduced bias into estimates of treatment effectiveness.

Age groups

Two studies examined interventions designed to promote better reunification outcomes for children in specific age groups. Malvaso and Delfabbro (2020) evaluated the Adolescent Reunification Program (ARP), which was designed for adolescents (aged 12-17) in long-term out-of-home care and their birth families in South Australia. They used a mixed methods design, combining qualitative interviews with families and ARP workers with quantitative data on outcomes. Interview findings provided insight into the barriers and facilitators of reunification. Successful reunification was defined as returning home for six months or longer during the period of the evaluation, although the length of follow-up was not stated. It is reported that of the 36 participating families, two thirds (66%) remained at home for at least six months and of those families, 87.5% remained home for 12 months or longer. Only a quarter of cases (n=9) were deemed unsuccessful, and in all but one of these cases the young person had 'self-placed' at home with ARP often becoming involved at a later stage. The study was limited by a small sample, lack of comparison group and potential selection bias due to participants being referred to the program on the basis of readiness for reunification.

Oxford et al. (2016) evaluated the Promoting First Relationships home visiting program (PFR) in Washington, USA, which was designed for toddlers (aged 10-24 months) and their caregivers. They used a randomised controlled design to compare 18 toddler-caregiver dyads receiving the PFR intervention to 25 dyads receiving a psychoeducational program called Early Education Support (EES). Caregiver and child outcomes were measured using psychometric instruments to collect parent-reported and observation data during blinded research home visits at baseline, post-intervention and at six-month follow up. ANCOVA models were estimated to assess differences by experimental condition at these time points. Results at post-intervention showed no significant differences between parents and children in the PFR and EES groups. Results at six-month follow-up showed one significant difference, which was that PFR parents were observed to provide more parent support in their interactions with their child than parents in the EES group ($d=.87$, $p<.05$). The direction of all but one of the differences at six-month follow-up favoured the PFR condition. The main limitation of the study was the small sample size, which meant there was insufficient analytical power to demonstrate statistical significance even with medium effects. There was potential selection bias in that parents consenting to participate in the research might have represented a particularly motivated subset of reunified parents.

Table 5. Findings on the effectiveness of interventions

Author and year	Intervention	Target group	Key components	Effectiveness	Implications
Akin et al., 2017	Strengthening Families Program (SFP)	Children (aged 3-12) in foster care as a result of parental substance misuse, who then exited care to return home to their parents.	Voluntary service to families, with small group size (av. 6 families), reimbursement of travel and on-site child care for families with children outside age range. Manualised curriculum including parenting skills, child skills, family skills	Difference in re-entry rates between SFP participants (23.7%) and the comparison group (18.6%) was not statistically significant. Significant predictors of re-entry were: child behaviour problems, family poverty, and reunification between 15-18 months after removal	Need for additional support targeted at child behaviour problems. Need for policies to address poverty and socio-economic circumstances of families to support reunification
Brook and Mac-Donald, 2007	Intensive services for AOD (alcohol or other drug) affected families.	Children removed from the home because of parental substance misuse.	Lead agency coordinated intensive services for minimum six months including: child welfare assessment and case management, parenting classes (2 hrs/wk), mental health services, substance abuse treatment (9 hours/wk), employment counselling (5 hrs/wk), domestic violence shelters and therapeutic services (1-4 hrs/wk), family court, local housing authority.	Program participating families were more likely to re-enter foster care than the comparison cohort. The differences in the two groups are statistically significant. Re-entries appeared to stop for comparison group after 180 days but continued to occur for program participant children.	AOD recovery is a long-term process. More intensive service interventions may not automatically produce better permanency outcomes. Problems of AOD affected families are multiple and intertwined- not likely to respond to quick intervention. Child welfare and drug treatment systems may have conflicting imperatives and timescales. - Multiple decision makers and divergent views on reunification can result in more risk-averse judgements gaining consensus. - Program participants closely monitored and supervised.

Table 5. Findings on the effectiveness of interventions (continued)

Author and year	Intervention	Target group	Key components	Effectiveness	Implications
Chambers et al., 2016	Pomona Family First Project (PFFP)	All children in care.	Found and maintained foster and kinship families who can support children and families in their own neighbourhoods Built community services to better link families to services Provided Team Decision Making Meetings (TDM) Created self-evaluation tools utilising family outcome data enabling services/organisations to monitor progress and change. Reduced caseload (15 cases).	Families participating in PFFP reunified significantly more frequently (76%) than did comparison families (44%). Children in families who received PFFP averaged fewer out of home placement days than children in comparison group families. The difference was statistically significant. Children in the PFFP group experienced fewer placement moves than the comparison group. At one year follow-up, no families receiving PFFP had children in out of home care, compared to 10% of families in the comparison group.	Case workers with reasonable caseloads and a supportive leadership that engages community partners to meet the needs of families can positively influence family outcomes. In the PFFP group socio-economic needs were matched with services more frequently than the comparison group.
Chambers et al., 2019	Parent Partner Program.	All children in care.	Peer mentoring by parents who have successfully reunified, providing support, guidance, motivation, aimed at building trust to bridge connections between parents and CPS.	No statistically significant difference in time spent in out of placement care. Children of parent partner participants were significantly more likely to return home on leaving care than children of matched non-participants. Participants significantly less likely to have a subsequent child removal within 12 months of reunification but difference (in re-removals) within 24 months of reunification was not significant.	When parent partners (peer mentors) support program participants in making authentic and positive life changes, successful reunification becomes more easily achieved.

Table 5. Findings on the effectiveness of interventions (continued)

Author and year	Intervention	Target group	Key components	Effectiveness	Implications
DeGarmo et al., 2013	Pathways Home	Children considered high risk for the development of substance use (mainly because of parental substance misuse).	Manualised selective preventative intervention designed to prevent reunification failures once children are returned to their biological parents after first time stays in foster care.	Relative to services as usual, Pathways Home families demonstrated better parenting strategies that were in turn associated with reductions in problem behaviours over time. Growth in problem behaviours in turn predicted foster care re-entry. Maternal substance misuse cravings were a risk factor for growth in problem behaviours.	Link between maternal substance use cravings, problem behaviour in reunified children, and subsequent reunification failure is poorly understood.
Harwin et al., 2018	Family Drug and Alcohol Court (FDAC)	Families in care proceedings as a result of parental substance misuse, often combined with physical and emotional harm, and child health difficulties.	Judicial continuity, fortnightly judge-led review hearings without lawyers present, & specialist MDT independent of LA. MDT advises court and provides intensive support to parents while closely monitoring substance misuse and links to family support services (inc community substance misuse services).	Significantly higher proportion of FDAC than comparison families were reunited (37% vs 25%). Significantly higher proportion of FDAC mothers ceased to misuse substances (46% vs 30 %). Significantly higher proportion of FDAC reunification mothers (58% vs 24%) estimated to sustain cessation over the 5-yr follow-up. Significantly higher (51% vs 22%) FDAC reunited mothers estimated to experience no disruption to family stability at family follow-up. Lower proportion of FDAC than comparison reunified children (34% vs 55%) were estimated to start new proceedings in the follow-up period.	For service design/funding.

Table 5. Findings on the effectiveness of interventions (continued)

Author and year	Intervention	Target group	Key components	Effectiveness	Implications
Lewan-dowski and Pierce, 2002	Family-Centred Out-of-Home Care (FCOHC).	Children in foster care. Goal is to reunify children with their family.	Family-centred perspective based on family preservation models, with focus on reuniting children with their families. Families assigned SW within 24 hrs of protective custody to involve them in assessment, care planning and reunification planning. Referrals to services including individual and family therapy, parenting, drug counselling, financial assistance, help finding housing, and job assistance. Low caseloads (12 families).	Comparison counties reunified more children and experienced less recidivism, but pilot counties had shorter durations in out-of-home care (only significant for children in care longer than 7 days). FCOHC did not have an effect on rates of reunification when controlling for family and child characteristics. FCHOC was associated with higher likelihood of recidivism. 44 pilot-county closed-case children (28%) returned to OOHC compared with 13.4% of comparison county children within 18-month study period.	Finding that FCOHC was more effective with children in care longer than 7 days suggests that the model may be able to decrease time in OOHC. Barriers to reunification that were associated with placement recidivism suggest that more could be done to identify families needing more intensive services before children can be returned home.

Table 5. Findings on the effectiveness of interventions (continued)

Author and year	Intervention	Target group	Key components	Effectiveness	Implications
Madden et al., 2012	Wraparound service model.	Youths (5-17) with complex mental health and behavioural needs in residential treatment centres (RTC) or therapeutic foster care who have an approved caregiver (parent or kin).	Service begins 90-120 days prior to reunification, and continues for at least 12 months post-reunification. Case managers partner with families to create child and family teams, access traditional and non-traditional services, and advocate within systems. Individualised transition plan that includes contact and visitation, family therapy, behavioural contract and crisis plan.	5 out of 6 youths in pilot project were reunified back into community. Barriers identified: Residential care staff often reluctant to identify specific discharge dates based on individual treatment goals. Limited availability of therapists accepting Medicaid for youths with complex mental health problems. Barriers to pre-reunification contact, e.g. distance of travel; restrictions to phone and visitation privileges by RTC. CPS staff often stepped back after acceptance onto program, and sometimes did not understand their role pre- and post-discharge.	Importance of roles, activities and expectations for all professionals to be clarified before, during, and after reunification. Need for standardised instruments to assess caregiver and youth attachment and relationships. Need for effective pre-reunification contact and visitation. Cultural competence consultation and training needed, particularly for Latino, African American and biracial children.

Table 5. Findings on the effectiveness of interventions (continued)

Author and year	Intervention	Target group	Key components	Effectiveness	Implications
Malvaso and Delfabbro, 2012	Adolescent Reunification Program (ARP)	Adolescents on long-term out-of-home-care (OOHC) guardianship orders and their families.	Two main interventional components: 1) Solution-focused case-management; 2) therapeutic interventions to address intergenerational trauma. Included the Adult Exploration of Attachment Interview (AEAI) and Parallel Parent and Child Narrative (PPCN). Detailed pre-assessment phase (later dropped) used North Carolina Family Assessment (NCFAS) Tool.	Out of 36 families: 16 (44%) successful family reunifications (case closed after 12 months) and 8 (22%) home and progressing well (but case yet to be closed). 9 (25%) reunifications unsuccessful – case closed. 3 (8%) still in intake phase – little info available. 7 out 9 'unsuccessful' cases where adolescent had self-placed at home. Qualitative findings suggested it might be beneficial to extend support to families, especially therapy, provide cultural support to Aboriginal families, and provide more consistent training, particularly to rural workers. More active support from CPS was required in preparation for return home, with clear action plans and goals. Difficulties with self-placed YP: families could be difficult to engage and refused therapeutic interventions.	Investment in assessment and preparation work is important for achieving reunification. Even for 'unsuccessful' reunification cases, the process resulted in other 'positive' outcomes (e.g. shared arrangements and increased clarity for adolescents). Potential value in reviewing cases of adolescents remaining in OOHC to assess if reunification via ARP possible.

Table 5. Findings on the effectiveness of interventions

Author and year	Intervention	Target group	Key components	Effectiveness	Implications
Oxford et al., 2016	Promoting First Relationships (PFR) - home visiting programme	Caregivers and toddlers (10-24 months) who had experienced a court-ordered placement that resulted in a change of primary caregiver in the prior 7 weeks.	Brief ten session programme of (weekly 60-75 min) in-home visits by trained providers from community mental health agencies. Uses a manualised but flexible curriculum combined with video feedback, worksheets and handouts, and a strengths-based orientation. Four aims: 1) to increase parents' understanding of the needs and feelings of their toddler and understand how they as parents are important to the child; 2) help parents recognize child's communications cues and sensitivity; 3) Increase parents' sense of confidence and competence; 4) increase parents' awareness of their own feelings and needs.	There were no significant differences between parents and children in the PFR condition and the EEs condition. Four of the five parent outcomes were more problematic for the PFR group (largest for parent-child dysfunction scale & BITSEA competency scale). Of the 13 6-month follow-up outcomes examined, one showed statistical significance at $p < .05$. Parents in PFR condition were observed to provide more parent support in their interactions with the child than parents in EES condition; the effect size was $d=.87$ The direction of all but one of the differences at 6-month follow-up favoured the PFR condition (although not evident at the immediate post-test).	Parents exposed to PFR reported a decrease in problematic behaviour as well as an increase in child competence. This lends support to the ability of PFR to achieve this central goal. May have particular benefit for children placed with kin.

Table 5. Findings on the effectiveness of interventions

Author and year	Intervention	Target group	Key components	Effectiveness	Implications
Pine et al., 2009	Casey Family Services Family Reunification Program.	All families referred to the programme between two dates (includes substance users except for active cocaine and heroin use)	Intensive support from a team consisting of an MSW level social worker and a family support worker plus a caseworker from the partner state agency. Team leader from the program and supervisor from the state agency are also involved. Caseload size for a staff member is between five and seven families.	Program children had fewer changes in their out-of-home placement and spent less time in care. 122 programme children reunified with their biological parents (61.9%). Of 223 children in the comparison sample, 57.2% were reunified. Difference not statistically significant. No significant differences in rates of other permanency outcomes – guardianship, adoption, foster home. Families in the program who were reunified experienced fewer re-referrals to authorities and less likelihood that these reports were substantiated as maltreatment. But difference not statistically significant.	Findings suggest that children experiencing first time removal more likely to move to successful reunification. Intensive services and lower caseloads demand more resources, but they may be more cost effective in the long run if children spend less time in out-of-home care and are less likely to return to care after reunification.

Table 5. Findings on the effectiveness of interventions

Author and year	Intervention	Target group	Key components	Effectiveness	Implications
Ringle et al., 2015	Family Reunification Programme	Youth currently in, or at risk of entering, the juvenile justice system.	Designed to integrate residential and home services. Intensive intervention with young person at start and then focus on family as reunification approaches. Team members: youth, family, residential care staff and family consultant. Program manual includes assessment tools and intervention strategies focusing on six areas of intervention: parental supervision, parental discipline, relationship development, choosing appropriate peers, academic and behavioural success at school, developing formal and informal support networks. Family consultant provides individualised services to youth and family from end of residential care until approx. three months post-reunification.	In relation to behaviour, there was a significant decline in number of youth in the clinical range for all three CBCL subscales (internalising problems, externalising problems, total problems) from admission to departure, and a significant increase in the number of youth in the normal range for these three subscales. In relation to parenting, findings from APQ indicated that parents significantly improved on the Poor Supervision subscale from admission to departure and there was a trend towards significant improvement on the Inconsistent Discipline subscale from admission to departure. Peer Involvement Questionnaire showed that youths reported more friends of their own age, engaged in more positive activities with friends and mixed with more prosocial peers – differences were not statistically significant. Overall, at 12 months post-residential-care departure, 72% had remained arrest-free, 72% were in school or had graduated and 76% were living in a home-like setting.	Blended residential and aftercare intervention shows promise but requires further research. Found that older adolescent males (16 and 17-olds) were the most difficult to reunify with their families as families reported having tried everything. While all families said they wanted reunification during the out-of home part of the intervention, practitioners often felt that parents wanted child to remain out of the home.

Table 5. Findings on the effectiveness of interventions

Author and year	Intervention	Target group	Key components	Effectiveness	Implications
Rushovich et al., 2021	Success Coach post-reunification program	All children where it was planned to attempt reunification.	Success coaches use: Engagement with family via home visits. Assessment of family's strengths, challenges, traumas, protective factors. Interventions such as goal planning, service coordination, skills building, crisis intervention, advocacy, Success coaches can also provide practical / financial support and refer to other agencies	Review of child safety, permanency and well-being suggested that experiences of children receiving the Success Coach services were more positive than children in families assigned to the control group, but no causal attribution could be made. 60% of children in the control group and 45% of children in the treatment group were subjects of allegations of repeat maltreatment. These differences were not statistically significant.	The challenges families faced before removal continue and require support if they are to be addressed. Success Coach found to have potential but depends on parental willingness to engage. Specialised workers to support families post-reunification, who can focus on families' specific needs and build on strengths, are not widely available. How to determine which families need specialist post-reunification support service like Success Coach and which families can be supported through existing family or community support?

Table 5. Findings on the effectiveness of interventions

Author and year	Intervention	Target group	Key components	Effectiveness	Implications
Ryan at al. 2016	Integrated Case Management Model	Parents in substance involved families referred to juvenile court assessment programme (JCAP) at time of custody hearing or within 90 days. Assessment then indicates that meet criteria for a substance abuse disorder requiring treatment.	Services as usual (substance abuse and child welfare services) and assigned a Recovery coach employed by an independent agency to: assist parents with obtaining treatment, provide outreach support for treatment engagement, negotiate departmental and judicial requirements associated with drug recovery, and help with concurrent permanency planning. Recovery coaches visit the home. Case load of about 8. They remain involved after Reunification has occurred.	Families associated with a recovery coach were significantly more likely to achieve a stable reunification (Exp(β) = 1.43, $p<0.01$). This result was largely driven by results in one of the test sites, Chicago, where the probability of a stable reunification increased from 0.15 to 0.24. In the other site, Cook Country, there was only a small increase in the probability of stable reunification (0.19 to 0.22). Parents with higher education more likely to be reunified. Parents with previous substance exposed infant, unemployed less likely to achieve a stable re unification.	In this study all of the economic measures impacted the odds of achieving a stable re unification. This finding suggests that focusing on parental behaviours may be less beneficial to goal of stable re unification than focusing on their economic welfare. Need for good quality intervention studies to find out what works for whom in what circumstances in achieving a stable reunification.

Table 5. Findings on the effectiveness of interventions

Author and year	Intervention	Target group	Key components	Effectiveness	Implications
Trout et al., 2019	On the Way Home (OTWH)	Dyads of child /family/ caregiver of youths departing residential group settings. Youths enrolled in grades 8-12.	'Common sense' parenting to promote self-efficacy and empowerment Check and Connect to prevent school drop out Homework Intervention All provided by a Family Consultant.	For post-test placement outcomes, neither home (γ10 = −0.003, OR = 0.997, d = −0.002, p = .995) nor school involvement rates (γ10 = −0.065, OR = 0.937, d = −0.039, p = .862) differed significantly between the OTWH and SAU conditions, and in both cases, slightly favoured the SAU condition. There were significant differences on several indicators of parental self efficiency and empowerment. At 21 months follow-up, home placement rates differed significantly between conditions (γ10 = 1.114, OR = 3.048, d = 0.675, p = .033) with a larger proportion of participants in the OTWH condition exhibiting positive placements; however, school involvement rates did not differ significantly.	Previous RCT showed more positive impact at 12 months. It was postulated that as this larger study was in same area SAU may have incorporated some aspects of OTWH. In this research both groups showed placement stability above 75% which is much higher than results reported in other studies. In USA given evidence base care agencies must facilitate and document family involvement during the child's placement and provide a minimum of 6 months post discharge family based after care support following reunification.

4.4.2 What types of support (for children, parents, families, networks) included in these services help to improve the outcomes of reunification?

Having examined the evidence on effectiveness of services to improve reunification outcomes in the reviewed studies, this section describes the common and distinctive elements in how these services provided support to children and their families. Drawing on the resilience model developed by Thomas et al. (2005), the findings are discussed in terms of the systemic context, i.e. whether individual, family or environmental factors were being addressed, and whether support was provided post-reunification or while the child was still in care. The findings are described below and summarised in Table 6.

Individual factors

The reunification programmes often focused on remedial and preventative work with the individual child or parent. Interventions with children and young people sought to address problematic behaviour and instil some elements of resilience such as emotional self-regulation, peer pressure resistance and problem solving. These were particularly featured in programmes for reunifying teenagers, children in residential care, and children whose behaviour was considered to be challenging or putting them at risk. For example, the Strengthening Families Program (SFP) (Akin et al., 2017) included structured social skills training for children, as well as drug and alcohol education, while the Adolescent Reunification Programme (ARP) included practical skills training to help adolescents manage everyday tasks. The residential element of the Blended intervention studied by Ringle et al. (2015) included direct work with young people to teach them about self-control, positive interactions with peers and adults, relationship-building, and managing positive and negative consequences. Many of these interventions were designed to take place prior to reunification but some programs had specific aftercare elements, e.g. targeting school attendance and educational achievement in the On The Way Home (OTWH) program (Trout et al., 2019). Studies did not report on the specific efficacy of these components as distinct from the overall program effectiveness.

Unsurprisingly, most reunification programs featured some form of parenting skills component. Some adopted a psycho-educational approach, such as the SFP's model focusing on child development,

appropriate expectations, positive reinforcement and non-physical forms of discipline (Akin et al., 2017). Some had a more psycho-therapeutic approach, such as the Promoting First Relationships (PFR) model developed specifically for parents and toddlers. In some programs, particularly the substance-misuse oriented interventions, it was sometimes unclear whether parent training was a core part of the program or simply one of a number of different services that could be offered or referred. In others it was clearly mandated, such as the six weekly classroom-based sessions on 'Common Sense Parenting' delivered as part of OTWH (Trout et al., 2019). Again, studies were not able to report on the specific efficacy of these components as distinct from overall program effectiveness. However, DeGarmo et al. (2013) argue that parent training for families involved with child protection services should involve more emphasis on issues relating to substance use, stress management and parenting support than would typically be found in standard parenting courses. They also note that services need to better understand the role of fathers and culturally specific factors, which are not always addressed in reunification work.

Individual engagement with substance-misusing parents often took the form of referral to (and support to attend) centre-based treatment as well as intensive out-patient treatment (Brook and MacDonald, 2007; DeGarmo et al., 2013; Harwin et al., 2018). Detailed information on the type of treatment services offered to parents was not provided in these studies but mostly it seems that these were specialist drug and alcohol services with which the programs had a specific relationship and referral pathway. An additional component was the Recovery Coach model studied by Ryan et al. (2016). Recovery coaches were mainly concerned with getting parents into treatment and helping them stay connected with treatment. However, they also carried out other activities such assessments, advocacy, service planning, outreach, and case management, while being independent of child welfare agencies as well as drug or alcohol treatment services. Some programs, such as the Family Drug and Alcohol Court (FDAC) (Harwin et al., 2018) also offered specialist domestic abuse and mental health services to parents, although the studies provided little information about such components or how important they were. In relation to effectiveness, Brook and MacDonald (2007) point out that increased parental engagement with drug treatment services can also mean higher levels of scrutiny and surveillance, e.g. due to program-mandated drug testing, compared to services as usual for parents of reunified children. In the jurisdiction covered by their study, for example, a positive urine screening result automatically led the family drug court to readmit a child to care, regardless of other risk factors. The authors also found that in programs involving multiple providers, there were often differences of opinion, e.g. about the timing of reunification or the level of risk to the child. This could lead to a more conservative route being taken and therefore a higher bar for good-enough parenting.

As far as can be surmised from brief program descriptions, contact between children and birth parents in the period leading up to reunification was not a major focus for intervention. An exception was the wraparound service model for children with mental health problems examined by Madden et al. (2012). This emphasised individualised transition plans, including increased contact and visitation during the final months of the child's stay in residential care. Many of the programs did emphasise ongoing support in the first six months post-reunification, with some even continuing for 12 months. On an individual level, much of this work continued with the development of

parenting skills and behaviour management (DeGarmo et al., 2013; Madden et al., 2012; Malvaso and Delfabbro, 2012), as well as providing homework support and promoting family-school partnerships (Trout et al., 2019). Interventions adopting a more psychotherapeutic approach also sought to help parents understand their child's challenging behaviour in terms of unmet social and emotional needs, as well as encouraging parents to understand the impact of their own feelings and needs on how they would respond to the child (Oxford et al., 2016; Roushovich et al., 2021).

Programs adopting a case management approach, often associated with an integrated, wraparound model of care, were more reliant on referrals to specialist services than programs offering a more defined set of core interventions provided directly to families (e.g. OTWH or PFR). The former were to some extent dependent on the availability of appropriate referral routes, so that a lack of well-qualified service providers could limit the extent to which individualised care plans could actually be delivered (Madden et al., 2012). Rushovich et al. (2021) reported a lack of community resources available to help families, including financial assistance, housing support and drug treatment, which was particularly problematic for families seeking to make a success of reunification. In contrast, one of the side-effects of developing a specialist reunification intervention was that it could spur innovation and improvement of mainstream provision. Of course, this could also make it harder for successful pilots to demonstrate effectiveness once they had been scaled-up, as the differences with services as usual may diminish over time (Ryan et al., 2016).

Table 6. How services supported children and families pre- and post-reunification

Intervention point	Building resilience and protective factors		
	Intervention	**Target group**	**Key components**
Pre-reunification	Child skills, e.g. social and emotional regulation, listening and speaking, peer pressure resistance, sharing emotion, alcohol and drug education, problem solving (Akin et al., 2017; Malvaso and Delfabbro, 2012; Ringle et al., 2015)) Parenting skills, e.g. knowledge of child development, appropriate expectations, use of behavioural techniques e.g. positive reinforcement, limit-setting and non-corporal discipline, promoting school success, increasing parents' sense of self-efficacy and competence (Akin et al., 2017; Brook and MacDonald, 2007; DeGarmo et al., 2013; Malvaso and Delfabbro, 2012; Oxford et al., 2012; Ringle et al., 2015; Trout et al., 2019) Drug and alcohol education for children and young people (Akin et al., 2017) Substance abuse treatment for parents, including both centre-based and out-patient (Brook and MacDonald, 2007; DeGarmo et al., 2013; Harwin et al., 2018), and a recovery coach to assist parents (Ryan et al., 2016). Specialist mental health and domestic abuse interventions (Harwin et al., 2018) Individualised transition plans, including increased contact and visitation and crisis plan (Madden et al., 2012)	Detailed assessment and safety review of family home to identify risks and strengths, determine suitability for reunification and formulate care plan (Malvaso and Delfabbro, 2012) Multi-agency team around the family, with dedicated caseworker to coordinate specialist services (Harwin et al., 2018; Brook and MacDonald, 2007; Lewandowski and Pierce, 2002; Madden et al., 2012; Ryan et al., 2016) Family skills, e.g. trained facilitator to support empathic communication and enjoyable interactions (Akin et al., 2017), family therapy (Madden et al., 2012) Attachment and trauma-informed family intervention (Malvaso and Delfabbro, 2012; Oxford et al., 2012) Regular family conferences, case meetings, team decision-making meetings (Brook and MacDonald, 2007; Chambers et al., 2016) Parent mentors, e.g. matching and pairing parents whose children have been taken into care with parents whose children returned home successfully after a period in care (Chambers et al., 2019; Harwin et al., 2018) Meeting demands of parenting and household management, e.g. coping with stress, staying healthy, getting appropriate support (DeGarmo et al., 2013) Involve birth families in reunification plans as soon as child enters care (Lewandowski and Pierce, 2002) or a few months before discharge from care (Ringle et al., 2015)	Reduced workloads to enable caseworkers to dedicate more time and facilitate continuity of care (Chambers et al., 2016; Lewandowski and Pierce, 2002). Judicial continuity, where same judge has jurisdiction for care proceedings and FDAC intervention, and regular judge-led review hearings without lawyers (Harwin et al., 2018) Help with housing issues (Harwin et al., 2018) and finding employment (Lewandowski and Pierce, 2002) Financial assistance, e.g. with flat deposits, buying beds, or even basic necessities such as food and clothing (Madden et al., 2012)

Table 6. How services supported children and families pre- and post-reunification (continued)

Intervention point	Building resilience and protective factors		
	Intervention	Target group	Key components
Post-reunification	Blended intervention, i.e. program combining distinct pre- and post-reunification services (Ringle et al., 2015) Ongoing support, e.g. around parenting skills and behaviour management, after the child returns home (DeGarmo et al., 2013; Madden et al., 2012; Malvaso and Delfabbro, 2012; Oxford et al., 2016; Rushovich et al., 2021; Trout et al., 2019) Direct work with young people in school, homework support and liaison with staff to promote family-school partnerships (Trout et al., 2019) Enabling parents to understand child's challenging behaviour as resulting from unmet social or emotional needs, as well as understand impact of their own feelings and needs (Oxford et al., 2016; Rushovich et al., 2021)	Specific interventions to support families post-reunification, e.g. Success Coach model (Rushovich et al., 2021) Promote positive sibling and peer relationships (DeGarmo et al., 2013) Carry out risk assessment and care planning post-reunification (De Garmo et al., 2013) Specialist support for families where adolescents have 'self-placed' back home (Malvaso and Delfabbro, 2012) High level of contact with families post-reunification (Rushovich et al., 2021), with clear goals and open communication (Malvaso and Delfabbro, 2012), focus on the parent-child relationship (Oxford et al., 2016), and on school attendance and attainment (Rushovich et al., 2021)	Identify foster and kinship families who can support children and families in their own neighbourhoods (Chambers et al., 2016) Plan for transition to community services after post-reunification support ends (Madden et al., 2012; Malvaso and Delfabbro, 2012) Work with families to develop links and partnerships with support systems and community (Rushovich et al., 2021)

Family

As well as undertaking defined pieces of work with individual family members, many reunification programs sought to place a team around the family to assess needs and deliver interventions from a holistic perspective. Almost all arranged for a dedicated caseworker to coordinate specialist services. The professional background and specialism of the person undertaking this role differed between programs. Examples included recovery coaches for substance-misusing parents (Ryan et al., 2016), family consultants (Trout et al., 2019), and family social workers – assigned in one study within 24 hours of the child being taken into protective custody (Lewandowski and Pierce, 2002) and in another a few months before discharge from care (Ringle et al., 2015). In some programs, the caseworker would also undertake a detailed assessment and safety review of the family home to determine suitability of reunification and formulate the care plan (Malvaso and Delfabbro, 2012), as well as carrying out risk assessment and care planning post-reunification (DeGarmo et al., 2013). Others emphasised regular family conferences and case meetings, as well as team decision-making meetings, in order to review progress, build on successes and develop partnerships (Brook and MacDonald, 2007; Chambers et al., 2016).

Some interventions were designed to act directly on the dynamics of relationships and interactions within families. For example, the SFP had a 'family skills' component, in which a trained facilitator brought together parents and children to work on empathic communication and mutually enjoyable interactions (Akin et al., 2017). The ARP included an attachment and trauma-informed family intervention, designed to encourage 'insight into the often hidden factors and processes that underlie the parent–child relationship' (Malvaso and Delfabbro, 2020). Other programs took a different approach to building capability and resilience within the family unit, such as matching parents whose children had been admitted to care with 'parent mentors', whose children had returned home successfully (Chambers et al., 2019; Harwin et al., 2018), and supporting parents to cope with stress, stay healthy and obtain appropriate support within their networks or in the wider community (DeGarmo et al., 2013).

Some interventions were developed specifically to support families in the post-reunification period. For example, the Success Coach model evaluated by Rushovich et al. (2021) was designed to address six well-being domains: mental/emotional health, family functioning, caregiver self-sufficiency, child education, environment and social support. The Pathways Home model sought to promote positive sibling and peer relationships among children who returned home (DeGarmo et al., 2013). The ARP also accepted referrals of adolescents who had 'self-placed' at home after the breakdown of their care placement, although the evaluation noted that this particular group had particularly poor outcomes (Malvaso and Delfabbro, 2012). These interventions were characterised by a high level of contact with families post-reunification and generally combined a focus on the parent-child relationship with activities to promote school attendance, improve educational achievement, work on positive peer relationships and develop parental support networks. One problem specific to post-reunification work, particularly when voluntarily received, was the degree to which parents would be willing to accept support at the cost of continued scrutiny. Resistance to social work involvement reflected the often angry and adversarial relationships with child welfare services at the time of the child's

admission to care (Rushovich et al, 2021; Ryan et al., 2018).

Environment

Some of the wider environmental factors addressed by these programs have already been mentioned, such as school attendance, peer groups, support networks and community resources. Some of the programs tried to improve continuity and quality of care by insisting on reduced caseloads for allocated family workers (Chambers et al., 2016; Lewandowski and Pierce, 2002), or ensuring judicial continuity in family drugs court proceedings (Harwin et al., 2018). Others recognised the impact of deprivation, financial hardship, and precarious and poor-quality housing on the circumstances of reunified families, and sought to include help with housing issues (Harwin et al., 2018) finding employment (Lewandowski and Pierce, 2002) and financial assistance (Madden et al., 2012) within the overall program model. However, the studies do not indicate the extent to which such assistance was actually provided or led to material changes in families' circumstances. Madden et al. (2012) expressed concern about the ability of some families to manage after the program ended, while Rushovich et al. (2021) identified a lack of appropriate resources in the community to sustain families once specialist agencies were no longer involved. Mindful of a potential cliff-edge in support, a plan for transition and hand-over to community services was a component of post-reunification aftercare in the ARP (Malvaso and Delfabbro) and the wraparound model studied by Madden et al (2012). Another initiative, developed by the Pomona Family First Project (PFFP) was to identify foster and kinship families who could support children and families in their own neighbourhoods (Chambers et al., 2016). Nonetheless, family poverty continued to be a problem that contributed to re-entry rates in some cases (Akin et al., 2017), while the availability of wider support and resources for families, particularly those on low incomes, was generally considered crucial for the longer-term sustainability of reunification. Substance misuse was highlighted as an issue where it was perhaps unrealistic to expect permanent change to have manifested itself in a 12-18 month period. In many cases, the cessation of treatment services was considered likely to elevate the risk of relapse.

5. DISCUSSION

5.1 Summary of findings

Following a systematic search of electronic databases and key websites, a total of 15 empirical studies were included in the review. They comprised 13 studies from the United States, one UK study and one Australian study. Almost all the studies were either quantitative or mixed methods evaluations of an intervention designed to promote reunification and its outcomes. The most common study design was a non-randomised quantitative methodology with matched or non-equivalent comparison groups. There were four randomised controlled studies and four mixed methods evaluations.

The programs themselves encompassed a range of models and types of provision. Five were designed to serve all children leaving care to return home and these tended to feature integrated multi-agency services and a case management approach. Five were designed to serve children returning home to families with a history of parental substance misuse, so that drug and alcohol treatment was a major component alongside other services. Three were designed to work with children and young people leaving residential care, aiming to align support in the preparation, transition and post-reunification periods. Finally, there were two interventions designed to work with specific age groups, namely adolescents (including those who 'self-placed' at home following breakdown of their foster placements) and toddlers.

Appraisal of the studies using the MMAT tool showed the quality of research to be good, with more variable quality among those with randomised controlled designs. Common limitations with the quasi-experimental studies were small and unrepresentative sample sizes (particularly in pilots), data from single counties, and non-equivalent comparison groups in some studies. Among the studies using RCT-type designs, there was sometimes insufficient information about the process of random allocation and about treatment fidelity, while incomplete outcome data and participant attrition may have affected the validity of results. Many of these issues are commonly experienced when evaluating complex social interventions.

Findings are summarised in relation to the evidence on effectiveness of services in improving outcomes of reunification, and the types of support that were offered to families in order to help children thrive after returning home.

Effectiveness of services

Evidence on effectiveness was examined in relation to the service user groups targeted by the interventions: children exiting all types of care, families with a history of parental substance-misuse, children leaving residential care, and specific age groups.

- Children in care (general) were served by five interventions: the Pomona Family First Program (PFFP), the Iowa Parent Partner Programme (IPPP), Family-Centred Out-of-Home Care (FCOHC), the Casey Family Reunification Programme (FRP) and the Success

Coach programme. Only the latter was evaluated with a randomised controlled design, while the others used non-randomised matched or equivalent groups. Both PFFP and IPPP reported lower rates of re-entry to care among participating families, although the sample size for PFFP was small and the effect for IPPP was not sustained beyond 12 months. Pine et al. (2009) reported that FRP families were reunified more quickly without significant differences in re-entry rates. The Success Coach evaluation had too small a sample to generate significant findings, while in the FCOHC pilot, re-entries to care were actually higher in the intervention group.

- Parental substance misuse was a major focus of five interventions: the Strengthening Families Program (SFP), Intensive services for AOD-affected families, Pathways Home, London Family Drug and Alcohol Court (FDAC), and the Recovery Coaches program. Again, most were evaluated using non-randomised or quasi-experimental approaches, with the exception of Recovery Coaches, for which a randomised controlled study was undertaken. More stable reunifications, based on various measures including re-entry to care, were reported for families under FDAC, Recovery Coaches, and intensive AOD services. Positive outcomes were observed for Pathways Home families but this was a small sample and differences (with a comparison group) were not statistically significant. Re-entry rates among SFP families were actually higher than in the comparison group, but not significantly so.
- Residential care – children leaving residential care and specialist therapeutic settings were the focus of three programs: blended residential and aftercare, wraparound service model, and On the Way Home (OTWH). The latter was evaluated using a randomised controlled design while the other two studies used a pre-post and case study design. A significantly larger proportion of OTWH participants reported positive home and school placements at follow-up, although these young people were almost all discharged from one large residential setting. Some promising results were reported for the wraparound and blended intervention models but a lack of comparison groups meant the validity of these results is uncertain.
- Age groups – two interventions targeted specific age groups: the Adolescent Reunification Program (ARP) for adolescents in long-term out-of-home care, and Promoting First Relationships (PFR) for toddlers aged 10-24 months. ARP received a mixed methods evaluation without comparison group, whereas PFR was evaluated using a randomised controlled design. Positive results were reported at six-month follow-up for participating families in PFR, although the only significant difference was that PFR parents were found to be more supportive in their interactions with the child. Some promising results were reported for ARP, with the exception of 'self-placing' adolescents who accounted for almost all unsuccessful returns home. However, the lack of a comparison group meant the validity of these results is uncertain.

Support offered to families

Drawing on the resilience model developed by Thomas et al. (2005), the support offered to families by these interventions was analysed in terms of the systemic context, i.e. whether individual, family or environmental factors were being addressed, and whether services were being provided post-reunification or while the child was still in care.

- Individual factors – reunification programs included various types of direct work with children and parents, both pre- and post-reunification. Interventions with children and young people addressed issues such as problematic behaviour, self-regulation, peer relationships, practical skills, as well as drug and alcohol education. Interventions with parents addressed issues such as behaviour management, understanding child development, stress management and therapeutic support. Residential drug and alcohol treatment and outreach support were a core component of programs focusing on substance-misusing parents. Recovery coaches were an additional service provided by one program, while others such as the FDAC also offered specialist services for domestic abuse and mental health. Facilitating pre-unification contact was an important part of a service for children with mental health problems. Post-reunification services were often provided for the first six months and sometimes 12 months after children returned home. Continued support around parenting skills and behaviour management was common, along with homework support, advocacy, family-school partnerships and sometimes financial assistance. Some interventions, such as PFR, adopted a psychotherapeutic approach to encourage parents to understand their child's emotional and social needs as well as their own.
- Family factors – most of the programs assigned a caseworker to the family to assess needs, draw up an individualised care plan, coordinate specialist services and review progress. Some emphasised regular family conferences and team decision-making meetings. Others were designed to act directly on the dynamics of relationships and interactions within families, for example teaching 'family skills' such as empathic communication, matching families to 'parent mentors' whose children had returned home from care successfully, or delivering a trauma-informed intervention designed to improve the parent-child relationship. Some interventions, such as ARP and Success Coach, were developed specifically to support families in the post-reunification period. They were characterised by a high level of contact with families post-reunification and generally combined a focus on the parent-child relationship with activities to improve educational achievement, engage in positive activities and build networks of support.
- Environment – many of the programs addressed environmental factors such as school attendance, peer groups, support networks and community resources. Some tried to improve continuity and quality of care through reduced caseloads for allocated family workers or judicial continuity in court proceedings. Others included help with housing problems and even financial assistance, although it was unclear how much of this type of help was provided. A few, such as the ARP, incorporated

a transition plan and hand-over to community services at the point of case closure. One initiative (PFFP) identified foster and kinship families to support children and families in their own neighbourhoods.

Barriers to effective support

Many of the studies identified barriers to effective support that may have hindered the ability of these programs to improve outcomes for children relative to services as usual. The socio-economic circumstances of families was a key issue for longer term sustainability of reunification, with family poverty thought to be a risk factor for children re-entering care. Some studies reported a lack of community resources available to help families, including financial assistance, housing support and drug treatment. Some programmes adopting a case management approach found that a lack of well-qualified providers could limit the extent to which they could refer families to appropriate specialist services. In contrast, programs that developed a tailored intervention to be delivered directly to families were less reliant on referral routes. Such programs could also spur innovation and improvement of mainstream provision – ironically making it harder for successful pilots to demonstrate effectiveness once they had been scaled up. Another barrier to uptake of post-reunification support was parents' reluctance to accept continued scrutiny, particularly in the aftermath of angry and adversarial relationships with child welfare services at the time of the child's admission to care.

Parental substance misuse was highlighted as a problem that required intensive support both pre- and post-reunification but where it was perhaps unrealistic to expect permanent change to have manifested itself in a 12-18 month period. As such, the cessation of treatment services was likely to elevate the risk of relapse and so a transition to community support services was essential – but also dependent on availability and resources. It was also noted that increased parental engagement with drug treatment services could lead to higher levels of scrutiny, e.g. due to program-mandated drug testing. This may put parents off participating as well as increase the likelihood of readmission to care in some cases. With regard to parent training, the high prevalence of substance misuse among families involved with child protection services means there should be more emphasis on issues relating to substance use, stress management and parenting support than is provided in standard parenting courses. It was also suggested that programs involving multiple providers will often give rise to differences in risk perceptions, resulting in a more conservative view to what constitutes good-enough parenting. Finally, one study noted that services need to better understand the role of fathers and culturally specific factors, which are not always addressed in reunification work.

5.2 Discussion of findings

In policy and practice terms, reunification occupies a rather ambiguous position in the terrain of UK children's social care. On the one hand, the primary legislation and statutory guidance set out a clear expectation that services work towards returning children looked after by the state to their families unless this is not in the child's best interests. Reunification also remains the most common exit route from care in England and Wales (Department for Education, 2020). On the other hand, the debate on permanency in the UK often seems to highlight other exit routes; adoption is sometimes described as the 'gold standard' for children unable to remain with their parents, with which other permanency arrangements are inevitably

compared (Harwin et al., 2016). Of course, reunification is fundamentally different in that it is the only exit route under which children do in fact remain with their parents. However, its unofficial inclusion in the 'hierarchy of permanence' (Welch et al., 2015) means that its merits are often gauged in the same way. In other words, recurrence of maltreatment and re-entry to care for those children who return home are implicitly equated with the breakdown of an adoption, special guardianship, or kinship care arrangement. It follows that much higher rates of re-entry for reunified children compared to other exit routes, combined with the evidence of poor outcomes for children who oscillate between home and care, place reunification firmly at the bottom of the hierarchy of permanency, despite a broader socio-legal imperative to try and make it work. The steady decrease in the proportion of children exiting care to go home (in England) arguably reflects this position.

Yet the comparison between reunification and adoption/SGOs is misleading in some respects. After all, children placed for adoption or with special guardians are specifically not going back to homes where they were previously judged to be at risk of harm. In other words, the circumstances under which children were originally admitted to care is a valid reference point for reunification in a way that it is not for alternative permanency routes. Few would argue that a 35% re-entry rate over 6 years for children reunified in England (Hood et al., 2021) is satisfactory, while the risk of children suffering recurrent maltreatment weighs heavily (and understandably) on services. It is nonetheless worth remembering that all reunified children were deemed sufficiently at risk to enter care in the first place. Efforts to return children to their parents therefore must improve on earlier efforts to avoid removing these children from their parents, which by definition had a success rate of zero.

Two related questions then arise: first, how does reunification work following admission to care manage to produce an outcome that child protection and pre-proceedings work could not; and second, what should be done differently to significantly improve the chances of success?

The findings from this review shed some light – although perhaps not enough – on these questions. The most obvious point to make is that almost all the included studies were from the United States, where there is a more explicit policy emphasis on timely reunification for children admitted into care. There also seems to be an assumption that specialist reunification services will be needed to meet these policy goals, as evidenced by the number of different states developing and adopting such programs. In contrast, the UK has a more ambiguous policy position (as discussed above) as well as an assumption that reunification work will be carried out by the same services that removed the child in the first place. This can be seen, for example, in the practice framework developed by Wilkins and Farmer (2015, p.17), which was 'designed to fit with and complement the existing care planning and family support work delivered by children's services.' While anecdotal evidence suggests that local authorities do develop in-house projects and initiatives specifically around reunification, this review was unable to locate any formal evidence or independent evaluation of such projects, other than the London FDAC. This means that while there is a fairly robust evidence base on factors affecting re-entry to care in the UK (McGrath-Lone et al., 2017; Hood et al., 2021), knowledge of what works to prevent re-entry to care is still over-reliant on evidence from the United States, where evaluations of specialist programs are more frequently undertaken.

Given the paucity of UK research, the findings from this study invite consideration of whether there should be more investment in specialist programs (as well as in their evaluation). Even setting aside the question of transferability to the UK context, the evidence is arguably mixed on this point. The comprehensive and lengthy interventions that are typical of such programs are themselves testimony to the complexity of the problems they seek to address. Moreover, given the fiscal pressures and resource constraints on statutory CSC services in England, it is difficult to envisage services as usual replicating the same level of intensive and dedicated support. This would seem to support an argument for developing specialist services for children returning home. On the other hand, the evaluations included in this review often struggled to find significant differences in outcomes for standalone programs compared to services as usual, although this was partly attributed to small sample sizes. It should also be considered that there is (or was, pre-Covid) a general downward trend in re-entry rates following reunification, which may also suggest that practice in this area has been improving (Hood et al., 2021). However, the improvement is gradual and seems unlikely to herald significant reductions in future years, particularly given the challenging context for families – and services – in the aftermath (or continuation) of the pandemic.

One interesting feature of the models examined is their heterogeneity. While there were common core components to most of the programs – e.g. parent training, therapeutic interventions, and a blend of pre- and post-reunification work – many had a specific target population and distinctive design elements. The most common specialisation was parental substance misuse, which has often been flagged in the literature as a key issue for reunification (Zhang et al., 2019). It is therefore encouraging that the London FDAC showed some positive results in relation to children returning home, particularly since this model was transferred from its original context in California. Other programs considered in this review highlighted the contrast between efforts to promote relationships between toddlers and caregivers, for example, as opposed to integrating teenagers back into their families and communities after a long period in care. The diversity of the reunified cohort has implications for the way LAs develop resources to support individual care plans, particularly for services that traditionally rely on a case management approach to pull in appropriate support from other agencies (see Section 4.4.2). In other words, where specialist resources are not readily available, e.g. tailored parenting courses, or trauma-informed family interventions, these should be developed with a particular part of the reunified cohort in mind.

Another message from the findings was the importance of planned transitions, not just around the return home but also at the point of admission to care and at the stage when post-reunification support came to an end. There were various examples of practice in this respect, e.g. ranging from allocation of a reunification worker to the parents within 24 hours of their child being admitted to care, to the formulation of a handover plan to universal services 12 months after the child returns home from care. The corollary is that unplanned transitions, such as emergency admissions to care or children 'voting with their feet' to abscond from placement (Taylor and McQuillan, 2014), present a much more challenging context for reunification. It seems reasonable to suggest that coherent and well-resourced reunification services, whether they take the form of model interventions or mainstream provision, are much better placed to plan transitions and avoid unplanned ones

than fragmented and understaffed services. The issue of transition also points to the critical period of three or six months after children return home, which is when most re-entries to care happen (Hood et al., 2021). All the programs included a post-reunification component that concentrated on this period, albeit via different kinds of intervention. At the same time, the mixed results on effectiveness (Section 4.4.1) remind us that time-limited interventions may not be enough to entirely resolve the multiple, complex problems found in many families where child maltreatment has occurred (Brook and MacDonald, 2017). It is worth noting that re-entries to care are less likely for children who had a longer period of care before returning home (Hood et al., 2021). The success of post-reunification support seems to depend on the foundation established by work undertaken while the child is in care.

A final point to consider is the importance of the social context to which children return. It is well-known that child protection interventions and admissions to care have a steep social gradient. Hood and Goldacre (2021) calculated that in an averagely deprived local authority in England, rates of child protection plans could be expected to go up 80% for every 10% increase in the proportion of families on low incomes in the local neighbourhood, while Bywaters (2020) found that children in the 10% most deprived neighbourhoods were eleven times more likely to be looked after than children in the 10% least deprived neighbourhoods. Likewise, the studies in this review noted the extent to which family poverty, lack of community resources, financial precarity, poor housing and shortage of universal services could cumulatively jeopardise the chances of a successful reunification. The value of intensive reunification support is undermined if children return to the same conditions of deprivation and inequality that are associated with disproportionately high rates of entry to care. Investment to improve the material and social circumstances of families, particularly in deprived areas, should therefore be considered alongside investment in targeted interventions for children and families in the care system.

5.3 Strengths and limitations of the review methods

This rapid review was undertaken using systematic search and selection methods, quality appraisal of all included full texts, and a theoretically-informed analytical approach to summarise and synthesise the findings. The search itself encompassed evidence from a range of child welfare systems including three international jurisdictions (US, Canada and Australia) although the studies that met the inclusion criteria in the end were almost all from the United States. The methodology did have certain limitations compared with a full systematic review. Search and selection were undertaken collaboratively by a group of five reviewers and while conflicts were recorded and discussed, there was no formal measure of inter-rater reliability of inclusion and exclusion decisions. Restricting the sample to 'child protection oriented' child welfare systems also meant that potential learning from systems less similar to the UK's (e.g. in northern Europe) could not be discussed. Although a search of grey literature did not yield any studies for inclusion, there may still be a bias towards published work as theses were not included. Finally, the scope of this review meant excluding studies that investigated the risk factors associated with more or less stable reunifications, as well as evidence about interventions that might improve the likelihood or timeliness of reunification (but where post-reunification outcomes were not examined). These are all part of the evidence

base and should be considered alongside the literature included here.

5.4 Strengths and limitations of available evidence

The studies examined here had the advantage of following up outcomes for a defined period after children returned home. This strengthens the evidence because measuring effectiveness purely in terms of rate or timeliness of reunification may provide a misleadingly positive picture – children who return home quickly will be more likely to re-enter care if there has not been enough time for sustainable change to occur (Akin et al., 2017). The majority of the included papers reported on quantitative evaluations, mostly with a comparison group, and (unusually for social work) there was even a small number of randomised controlled studies. This means there was a fairly robust approach to evaluating effectiveness, albeit limited in several cases by small samples and question marks about treatment fidelity. The mixed methods studies added some useful detail on process as well as barriers and facilitators to implementation.

From a UK perspective, a major limitation of the evidence was that nearly all the research was carried out in the United States. Given the jurisdictional differences between countries, the transferability of findings is open to question, although the experience of the London FDAC is promising in this respect. Since each study examined different interventions, albeit with some overlapping components, it is also difficult to draw firm conclusions about effectiveness in relation to particular groups of children. Another limitation is that the design of the studies did not allow them to report on the efficacy of these components as distinct from the overall program effectiveness, or otherwise test the program's theory of change as is often advisable with complex social interventions (Pawson, 2013). Moreover, the US system does not have the equivalent of Section 20 accommodation in England and Wales (i.e. children admitted to care under a voluntary arrangement rather than a court order). This means there is a significant gap in evidence about what works for this group of children, who are also more likely to re-enter care than children who were subject to a care order (Hood et al., 2021).

5.5 Implications for practice and policy

Given the complexity of reunification work and the challenges involved in ensuring a safe and sustainable return home in cases of substantiated maltreatment, it is hard to envisage how such work could be done other than through well-resourced, multi-agency provision led by expert practitioners and experienced managers. It is also clear that reunification support must continue for as long as possible after the child returns home and is especially critical during the first six months. Whether such provision should include an 'in-house' model intervention alongside referrals to other services is open to question; the evidence from this review was not conclusive on this point. However, where statutory CSC services do rely on a case management approach (i.e. largely outsourcing specialist support) this clearly requires both close integration with child welfare services and for the relevant services to be available and appropriately qualified. This was not always reported to be the case in the studies included here (see Section 4.2.2). In areas where children's services are generally overstretched and under-resourced – arguably the norm rather than the exception in England – the need to invest directly in tailored reunification services may be more pressing. Other implications for policy and practice are:

- Reunification from care should be a higher priority for policy and practice and requires more attention and resources. The tendency to view reunification as problematic through the lens of a 'hierarchy of permanence' is unhelpful in some respects – the proper reference point is the 1989 Children Act and the expectation that services work towards children returning home to their parents unless it is not in their best interests.

- Improving the outcomes of reunification would benefit from strategic planning at a national and local level, taking into account the diversity of need within the reunified cohort. This should include mapping what services are available to support individual care plans for children who return home under a range of circumstances, and making a case for additional resources where gaps in provision exist.

- Evidence from the United States, where specialist reunification programs are both more common and more likely to have been independently evaluated than in the UK, does not point towards one particular model or design being effective for all children in care. However, the evidence generally supports the use of intensive specialist services for particular groups, such as substance misusing parents or adolescents with challenging behaviour, where there is a higher likelihood that problems will recur and the reunification will be unsuccessful.

- Evidence points to the importance of planned transitions, both into and out of care. This means that services should avoid emergency admissions if at all possible, and take proactive steps to avoid children self-placing at home when their placements break down. It also means avoiding a 'cliff-edge' in terms of withdrawing support suddenly without adequate hand-over to support in the community and from universal services.

- Improving the rate or speed of reunification may not necessarily improve outcomes for children who return home; services should be wary of using timeliness as a quality indicator for auditing or performance management, and be mindful of potential trade-offs, e.g. between the speed and stability of reunification.

- When reunification is considered a viable permanency option, there is a need to engage with parents as soon as possible after their child is accommodated in care. Given that parents may well be angry about their experiences and highly sceptical of offers of help from CSC, there may be an important role for advocates and family support services in repairing relationships and rebuilding trust.

- Equally, there may be resistance among practitioners to engaging in reunification work with families in the aftermath of court proceedings. Specialist training and use of practice frameworks will help to guide evidence-informed assessments and decision-making in this area.

- The needs of children who return home after being in care for a short period and/or under Section 20 are poorly understood and require particular attention as re-entry rates for these children are relatively high.

- Contact can play a crucial role in maintaining relationships and

encouraging parents to persevere with changes to their lives. If reunification becomes the child's care plan, an augmented schedule of contact may also offer opportunities for specialist work to help prepare families for the return home.

- Preparing parents to understand and meet their children's emotional and behavioural needs after they come home from care is likely to require more specialist input than would be offered by a conventional parenting course. Parents are also likely to need help to understand their own needs and to reflect on how they respond to their children, particularly in the first six months post-reunification.

- There should be scope to continue therapeutic or other interventions received by children while they were in care, and indeed it may benefit children to have their own social worker, or at least an independent advocate, while post-reunification support is being provided, to ensure that their voice is heard separately from their parents throughout review and care planning.

- Reunification services will be undermined if children return to neighbourhoods and communities suffering from social problems associated with disproportionately high rates of entry to care. Investment to improve the socio-economic circumstances of families should be considered alongside investment in targeted interventions for children in care and their families.

5.6 Implications for research

The continued reliance on evidence from the United States suggests a need for more independent evaluation of reunification projects in England and other countries in the UK. Such projects may be based on models developed in the United States – and the positive experience with FDAC suggests that interventions may be transferable to some extent – or developed in-house on the basis of local knowledge of what works. Independent evaluation would not only help to disseminate ideas and innovative practice but also ensure that studies are designed in such a way as to provide better evidence of effectiveness. This is not only an argument for some form of comparison group but also for a clear theory of change and an effort to test program theory, e.g. whether certain components work better than others or whether the intervention works better for some children than for others. Interventions that are more explicit in their theoretical underpinning, whether attachment, trauma-informed, resilience or strengths-based approaches, should be in a better position to develop this kind of evidence base. Consideration also needs to be given as to how to avoid ethical problems with RCT-type designs; the studies in this review included some examples of constructed comparison groups that may be helpful in this respect. There are some gaps in the evidence base on how to improve outcomes for children in the UK care systems, particularly when it comes to children who return home after a period in care under Section 20. More generally, there is a need for applied research looking at how the evidence on risk factors for re-entry – which are widely known – can be incorporated into the planning, resourcing and design of reunification services.

5.7 Conclusion

Reunification from care is an important and challenging area of practice, which in England has arguably been overlooked and under-resourced in comparison with other permanency routes such as adoption and special guardianship. Although the risk factors for re-entry to care are well known, there is little evidence on how this knowledge has been applied to reunification services. A large majority of evaluation studies are carried out in the United States, where specialist programs have been used to improve the rate and timeliness of reunification, with some demonstrating promising results in terms of greater stability and fewer re-entries to care. These programs may have varying transferability to the UK, although an experiment with family drug treatment courts has shown signs of success. Whether services choose to develop a model intervention or augment their mainstream provision, improving outcomes for children who return home requires strategic planning to ensure that resources are available to meet the diverse needs of the reunified cohort.

Reunification is a lengthy process, starting at the point of admission to care and continuing well after children return home. The core components of interventions generally include targeted individual work with children and parents, as well as family work and activities to promote school attendance, social inclusion, positive activities and support networks. Best practice includes careful preparation and planning of transitions, individualised care plans, coordination of multi-agency provision, therapeutic and psychoeducational skills training, specialist drug and alcohol services, and educational and social support. There is a risk that the benefits of intensive, time-limited support will not be sustained if services are withdrawn too early, or without a plan for hand-over to appropriate support in the community. The prospects for children who return home will also be harmed if the neighbourhoods and communities where they live are suffering from social problems associated with disproportionately high rates of entry to care. Policies to improve the socio-economic circumstances of families are therefore required alongside investment in targeted interventions for children in care and their families.

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7. APPENDICES

Appendix 1: Example search strategy

(#1 AND #2 AND #3 AND #4) AND (LA==("ENGLISH")) and Articles or Early Access (Document Types) 12:43 PM | Timespan: 2000-01-01 to 2021-08-16 (Index Date)	Web of Science Core Collection Show editions	668
(#1 AND #2 AND #3 AND #4) AND (LA==("ENGLISH")) 12:26 PM | Timespan: 2000-01-01 to 2021-08-16 (Index Date)	Web of Science Core Collection Show editions	720
TS=(Care OR "looked after" OR Foster OR "children's home" OR Residential) 12:26 PM	Web of Science Core Collection Show editions	1,957,864
TS=(Quality OR Effectiveness OR Evaluat* OR Efficacy OR Success* OR Improve* OR Improving OR Support OR Facilitate OR Enable OR Help) 12:26 PM	Web of Science Core Collection Show editions	18,515,650
TS=(Reunif* OR "return home" OR "returning home" OR "go home" OR "going home" OR "go back home") 12:26 PM	Web of Science Core Collection Show editions	7,672
TS=(Child* OR Adolesce* OR Infant* OR Baby or Babies* OR "Young people" OR Teenagers OR parent* OR family OR families)	Web of Science Core Collection Show editions	4,187,663

Web of Science search, 17 September 2021

What Works *for*
Children's
Social Care