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What works to prevent care entry and support reunification? An evidence synthesis

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Background and purpose of the study

Over the past two decades, there has been an almost year on year increase in the number of children being taken into care, with particular concerns for the 1 in 4 mothers who experience child removal and return as a respondent in successive care proceedings and those infants who are born into care. These mothers often experience severe trauma, social disadvantage, and low trust in services. While interventions aim to prevent care entry and support reunification, there is limited understanding of how and why they work within complex child protection systems. This briefing summarises key evidence and strategic implications for reducing children entering care and preventing recurrent care proceedings. It draws on 107 sources of published research and stakeholder insights to identify what drives outcomes and how systems can respond more effectively.

Key Findings: Trauma-Responsive Approaches During Care Proceedings and Reunification

This briefing summarises findings on how trauma-responsive approaches operate during care proceedings and efforts to support reunification. These findings show how trauma shapes interactions between mothers, practitioners, and multi-agency systems, and how these dynamics influence whether children enter care, remain in care, or return home safely.

Trauma is embedded in the whole system

A key finding from this synthesis is that child protection processes exacerbate and compound trauma for mothers, while also creating secondary trauma environments for practitioners. The threat and surveillance mothers experience during child protection processes may trigger a trauma response of avoidance or over-disclosure. This may lead practitioners to interpret these responses as dishonest or dangerous, intensifying scrutiny and defensive practice. This creates a negative feedback loop which escalates mistrust and reduces opportunities for reunification. The trauma which shapes the whole system therefore increases the likelihood that children enter or remain in care.

Facilitating a shared understanding

Relationships between mothers and child protection social workers are often strained, conflictual, and characterised by mistrust. Our findings indicate that a trusted, credible practitioner who sits in between the mother and the social worker can act as a *relational bridge*. These practitioners develop trusting relationships with both the mother and the social worker, helping mothers to articulate their needs and engage in child protection processes. By understanding both the mother's context and the child protection system, they help social workers to understand the mother's behaviours and at the same time support mothers recognise the child protection concerns and what changes are needed. This supports a shared understanding of maternal needs, child risk, and required change, strengthening the possibility of preventing care entry or enabling reunification

Creating environments that can hold and reduce risk

Across the evidence, two common approaches were used to support mothers. These were: i) intensive, relational support from one key practitioner and ii) integrated multi-agency support. Neither approach works as well as t could. This is because they do not simultaneously attend to the trauma experienced by the mother and

the concerns of the practitioner. The findings of this review indicate that one-to-one relational support provides safety and stability for mothers, enabling them to address their needs. However, this progress may not reassure social workers or the wider multi-agency group that risk to the child has reduced. Multi-agency plans can reassure professionals by providing structured monitoring and shared responsibility of risk but, mothers experience multiple services as intrusive and threatening. Evidence shows that a 'neutral outsider'- perceived as independent and fairness-focused- can hold all parties to account while also promoting understanding of both the needs of the mothers and the risks to the child. This increases mothers' sense of safety and agency, while reassuring professionals that the plan is balanced and transparent. The 'neutral outsider' ensures the multi-agency plans are implemented more fairly, addressing both maternal needs and child safety, increasing the potential for safe family preservation or reunification.

Resisting re-traumatising practices

Finally, our review evidenced that inter-professional dynamics can unintentionally make situations harder and not safer. We know child protection work operates in high pressure, high stakes environments where professionals are held to account for different priorities and responsibilities. Where this isn't managed well, practice can be retraumatising for everyone involved. Avoiding re-traumatising practices requires collaborative action which avoids the taking of sides. Approaches that emphasise shared responsibility, clear roles, and non-adversarial dialogue can help manage anxiety and reduce conflict.

Implications for practice

- **Trauma is system-wide:** Effective practice must address trauma in mothers, practitioners, and organisational cultures.
- **Relational practice is essential but insufficient:** One-to-one support must be complemented by system-level alignment around risk.
- **Neutral oversight can rebalance power:** Independent practitioners can reduce conflict and support fairness.
- **Avoiding re-traumatisation requires whole-system awareness:** Professional disagreements must be managed in ways that do not escalate fear or mistrust.

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