

Benefits Proposal

Opportunity Name:	Reunification		
Opportunity Description	Enabling more CYP to achieve permanence and exit care via reunification.		
Existing MTFS lines relating to opportunity	There are no existing savings that will directly overlap with this opportunity. Impacts of CF1 – CF5 will result in a lower average unit cost for a child in care, due to mitigated gross cost and changes in the placement mix. This will be factored in through use of appropriate baselines from the mitigated mix.		
Quantified opportunity over MTFS Financial Value (net of ongoing costs and net of existing MTFS value)	£1.01m	Confidence level of value	<i>High</i>
Further benefit beyond the MTFS	Full run rate achieved within the MTFS		
Evidence behind opportunity, local levers and proposed solutions:			
<p>1.Case reviews identified gaps in parental support</p> <p>We reviewed 22 cases with social worker teams to understand their journey into care and what their experience in care was like. For 7/22 cases, the team felt more could have been done to support the child’s parents or wider network to care for the child in the long term.</p> <p>Across 22 cases, the key themes were:</p> <ul style="list-style-type: none"> • Limited engagement with parents. • Insufficient therapeutic/parenting support early enough. • Missed opportunities to explore extended family networks. • Gaps in multi-agency coordination and duplicated or inconsistent support. • Financial and practical barriers influencing parents’ ability to sustain care. <p>The risk to the child and their home circumstances at the time the child entered care would need to be understood and there should be consideration that in many cases, the plan has been overseen by a court. Both are important factors to understand.</p>			
<p>2. Existing strategy already provides a strong framework</p> <p>We have within our new Reunification Strategy, a clear commitment and understanding of belonging for children in care. This includes, supporting birth families differently to enable them to safely care for their child in the future, where it is possible.</p> <p>LCC’s 2026–2029 Reunification Strategy includes:</p> <ul style="list-style-type: none"> • Reunification review group oversight • Structured Parenting Support and Intervention assessment • Clear transition planning • Post-reunification support and monitoring <p>However, additional levers (capacity, specialist resource, therapy access, financial frameworks) could be explored further.</p>			
3. Proposed Solutions (and how they link to the existing reunification strategy)			

For many CYP there are risks to being at home. It is our responsibility to work to best mitigate these risks to make sure it is safe for children to return home. Sometimes this is achieved when the child is older and the reason for them coming into our care when very young can be mitigated by age. We can achieve this through a shift in culture and practice, ensuring that maintaining family connections and long-term permanence and reunification planning are consistently live considerations, as well as through a stronger support offer which seeks to remove barriers to reunification. The barriers to reunification will vary case to case. For some families affordability and financial pressures will be a key consideration, whereas for others e.g. with some older children who have recently entered section 20 because parents refuse to have them home, the need to build relationships is key.

Through thematic analysis of the case reviews, and two workshops with team managers and service managers, we prioritised the following solutions for maximum impact:

1. Early Reunification Planning

- a. Trajectory planning early – *Already in strategy*
 - i. Early identification of cases likely to reunify early after entry into care, reunification considered in first permanence plan and early identification of barriers (therapy, housing, substance misuse, parenting skills) with clear trajectory planning.
- b. Where suitable, funding therapies where parents are motivated to reunify - *Partly in strategy: opportunity to go further with commissioned framework of therapies and assessments bespoke for parents on the reunification pathway*
 - i. Clear eligibility criteria linked to reunification pathway to remove key barriers for reunification in cases where wait lists are too long/costs too high for the parents

2. Strengthening Reunification Support While a Child Is in Care – *Coordinated approach is in strategy, dedicated resource not included in strategy but aligns with plans to grow reunification pathway in the future.*

- a. A more coordinated and therapeutic support offer is required to prepare families effectively. This means aligning input from social workers, Support & Assessment Workers, family time workers, and the therapeutic expertise within DPST and the Families Together team. For the current agreed reunification target, this will be achieved with existing resource.
- b. Some councils have dedicated reunification teams or support. In the future, if LCC pursues increasing dedicated reunification resource (e.g. through expanding DPST's remit, introducing ring-fenced reunification workers, creating a dedicated reunification team) then a new investment profile and target should be agreed.

3. Removing Practical and Financial Barriers to returning home

- a. Clear and consistent financial support - *Already in strategy: opportunity to define framework, options and access route more clearly*
 - i. Practical pressures like child benefit, food costs, petrol, and general household affordability can be a barrier for some children returning home. Therefore, we need an agreed process for approving exceptional costs, within a clear financial support framework with defined eligibility criteria.
- b. Managing expectations around returning home - *Already in strategy: opportunity to define conversations and options further*
 - i. Transition should be planned carefully (e.g. gradual reduction of pocket money, shifting payments to parents, discretionary expenses continue short term). Realistic conversations with both child and parent should take place.

Children’s social care reforms place greater emphasis on family help, belonging and maintaining family connections wherever it is safe to do so. Changes at every stage of the system should therefore be underpinned by a mindset of supporting children to return safely to their families where appropriate.

Achieving this will require a meaningful cultural shift. Often, when children move onto a long-term permanence plan such as foster care, reunification is no longer actively considered. In line with current reform priorities, services should ensure that reunification remains a live consideration, with practitioners routinely asking whether a child’s needs could safely be met within their family with the right support.

Impact of proposed changes

We consider achievable reunification targets based on a range of evidence sources:

	Triangulation Methodology	Number of CYP (Scaled where a council has a different caseload)	Explanation
Revocations	Revocations in LCC last year	6	LCC has 6 revocations in the last year.
	Target revocations in LCC next year	10 (+4)	LCC is aiming for 10 revocations next year.
Reunifications	Reunifications in LCC average of last 4 years	6.5	9, 2, 8, 6 reunified each year who spent at least 12m in care, S20 or FCO, & marked as reunified in the data.
	Bristol	11.1* (+4.1)	Bristol have around 12 children each year reunify from a caseload of ~800. <i>*Hard to directly compare between different caseload and reunification definitions</i>
	Coventry reunification project	15.5* (+9.5)	Coventry had a dedicated reunification team (TM, SWs, children & family workers) and reunified 44 children in 3 years from a caseload of ~700. <i>*Hard to directly compare between different caseload and reunification definitions</i>
	Case reviews	34 (+28)	We identified at least 1/22 of the cases reviewed could potentially be reunified with the right identification and support. <i>This is an upper bound</i>

For added context on comparisons to other councils, Coventry, Bristol and Leicestershire have 82, 81 and 47 CLA per 10k of their population respectively. This suggests Leicestershire is doing a better job at keeping children at home before entering care.

The agreed reunification target is increasing from 6 reunifications per year on average to 10 reunifications (+66% increase, proportionally the same increase as in the strategy targeting revocations, and broadly in line with Bristol currently). This is the target without needing an increase in dedicated reunification resource.

After rollout of changes and detailed investigation into existing teams and roles within reunification, if agreed there is benefit in greater dedicated reunification resource, then a more ambitious target should be agreed.

Delivery approach and timelines

The majority of proposals do not require immediate structural redesign, but rather clarifying and standardising practice, strengthening coordination of existing resource and formalising financial and therapeutic frameworks.

We propose a phased approach with the first 3 months a detailed design phase, aligning with existing reunification strategy, then a further 3-6m implementation timeline for any outstanding process changes.

1. Early Reunification Planning

- a. Trajectory planning early – *process change, 0-3m*

- b. Considering funding therapies where parents are motivated to reunify and this might be necessary to support reunification – *process change and commissioning conversations – 3-6m. This happens in some instances but building a commissioned framework would support access and value for money.*

2. Strengthening Reunification Support While a Child Is in Care

0-3m: Plan detailed roles and remit of existing teams with regards to reunification pathway

3-12m: Trial new ways of working and rollout to all teams.

Evaluate over a longer 12m period whether increased dedicated reunification capacity would add value, in which case a new investment and target should be agreed.

3. Removing Practical and Financial Barriers to returning home

- a. Clear and consistent financial support – *enhancing existing process, 0-3. This process already exists but it's not consistently accessed or assessed.*

- b. Managing expectations around returning home – *ways of working change, 0-3m*

Design phase activities

- **Roles and effectiveness of existing teams:**

During the design phase, further work should be undertaken to understand the detailed roles and remit of existing teams involved in the reunification pathway. This should include evaluating ways of working and outcomes under the current reunification strategy over the next 12 months. This review would help determine whether introducing a more dedicated reunification function would add value, noting that this would likely require additional investment and the agreement of a new target.

- **Early reunification opportunities for short term S20:**

As part of the detailed design phase, further analysis should look at children who have been in care for less than 12 months and have either returned home or moved into a longer-term placement. This would help identify whether there is additional opportunity to increase reunifications at earlier stages. This cohort is likely to sit under Section 20 arrangements, with the key decision point being when a placement moves from short-term to long-term.

- **Caseload cohorting to support prioritisation:**

A target cohort of 10 children has already been identified for panel review. To strengthen understanding of the current Children in Care (CiC) caseload, the team should cohort all children based on the likelihood of reunification in the next 3–6 months, 12 months, or longer term. This would support clearer prioritisation of cases for future panel discussions.

Impact timelines

Through this phased approach, we anticipate:

- 3 months ramp up period to design detailed proposals, including team roles & responsibilities, and agreed process and ways of working changes.
- 3 – 6 months for rollout of changes.
- 3 – 6 months lag between changes and seeing benefit on average.

(This assumes there is no change to staffing or roles, and benefit comes from embedding reunification within daily practice.)

Benefits profile over the MTF5 (net of ongoing investment)		Benefit profile assumptions
	In-year spend reduction	Cumulative benefit
FY 26/27	-	-
FY 27/28	£0.24m	£0.24m
FY 28/29	£0.54m	£0.78m
FY 29/30	£0.23m	£1.01m

Based on MTF5 assumptions growth in placement caseload is 5.3% and average unit cost is 3.36%.

Calculation assumes increase in reunification will be seen proportionally across current placement mix.

Assumptions for timelines:

Date of project start: 1st April 2026

Date of the end of design phase: 24th June 2026

Date expected for changes to be sustainable: 9th December 2026

Initial view of one investment required to realise opportunity

No investment required for current proposals. If it's decided we need more dedicated resource in the future, then there will be associated costs.

Risks & Dependencies (Known today)

Capacity and workforce: approach relies on existing teams (social workers, DPST, Families Together team, family time workers). Any shortage of staffing could lead less focus on reunification which could delay impact.

Resource and funding dependencies assumes existing budget for therapy, financial or practical support for parents continues.

Culture and resistance to change: Embedding practice changes can be challenging, this proposed plan assumes new way of working can be adopted within a 3-6m period.

Expected impact

CYP and family impact	CYP and families experience clearer expectations, stronger emotional and practical support, and more stable, better-prepared reunifications.
Staffing impact	Staff benefit from clearer pathways, improved coordination, and reduced pressure through dedicated or specialist support for complex reunification work.
Service levels impact	Service levels improve through more predictable reunifications, reduced long-term care demand, and greater consistency and stability across the whole pathway.
How would LGR impact this opportunity?	Combining of team structures, processes and support services would need to be considered upper tier LAs
Officer Recommendation for next steps	We have with our new Reunification Strategy a clear commitment and understanding of belonging for children in care and this includes where it is possible to support birth families differently to enable them to safely care for their child in the future. I support the work outlined above

Newton Recommendation for next steps	We propose a phased approach with the first 3 months a detailed design phase, aligning with proposed reunification strategy, then a further 3-6m implementation timeline.
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