

what works
centre for

**CHILDREN'S
SOCIAL
CARE**

**Safely reducing
the need for
children to
enter care:
Telephone
interviews with
local authorities
in England**

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From CASCADE, official research partner to the What Works Centre for Children's Social Care:

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About the What Works Centre for Children's Social Care

The What Works Centre for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. Our mission is to foster a culture of evidence-informed practice. We will generate evidence where it is found

to be lacking, improve its accessibility and relevance to the practice community, and support practice leaders (e.g. principal social workers, heads of service, assistant directors and directors) to create the conditions for more evidence-informed practice in their organisations.

About CASCADE

CASCADE is concerned with all aspects of community-based responses to social need in children and families, including family support services, children in need services,

child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

To find out more visit the Centre at: whatworks-csc.org.uk, or CASCADE at: sites.cardiff.ac.uk/cascade

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EXECUTIVE SUMMARY

This initial exploratory study sits alongside two others conducted by the What Works Centre – a survey of all local authorities to ask what approaches they think help reduce the need for care and an analysis of aggregate data on care trends. Telephone interviews were carried out with senior leaders in children's social care from English local authorities, to discuss their perspectives on reducing the need for children to come into care.

Key research questions were:

- What works in your area in reducing the numbers of children in care in England, and what are the challenges?
- What specific interventions are used to safely keep children out of care?
- How do factors relating to organisational, local and national contexts shape numbers of children in care?

The aim was to conduct 40 interviews with children's social care leaders, across all English regions and selected according to care trends (with numbers of children in care increasing, decreasing or little change, 2012-17). After several attempts, it proved possible to conduct interviews with 30 authorities. Three-quarters of interviewees recognised the care trend that had justified their selection for the study. Of those who did not recognise it, five of the decreasing group reported having more recent increases in care rates.

Several factors were highlighted by interviewees as challenges for reducing care rates. The arrival of unaccompanied asylum seekers was seen as a factor beyond the control of local authorities and not recognised in aggregate statistics. Austerity was described as having an impact on services in two different ways. Firstly, interviewees spoke of increased demand for services. They saw austerity as responsible for increasing poverty and mental health problems, precarious employment, benefit reductions, unaffordable or unsecured housing tenancies, and social isolation. Secondly, they spoke of the direct impact of austerity through budget cuts, affecting their ability to meet this increased demand. The loss of early help such as Sure Start children's centres, and preventative services for adults, was said to be especially problematic.

Professional anxiety was said to be an important factor, with staff within children's services and outside sometimes taking decisions because of fear for the consequences if something were to go wrong. Interviewees also spoke about new and emerging forms of harm contributing to rising care rates, some of these harms having only recently been recognised and some of which are actually new: child sexual exploitation; criminal exploitation, including 'county lines' and trafficking; religious/ political radicalisation; gang-related issues and serious youth violence; grooming and social media bullying.

Tensions between the family courts and social workers were another challenge, with courts sometimes taking a different view of thresholds. Finally, a few workforce issues were thought to be related to care trends, for example, staff turnover, reliance on agency staff with less consistent knowledge of families and communities, and staff time to spend on direct work with families being restricted because of excessive desk-based work.

Interviewees attributed reduction in care rates to several factors. All interviewees saw early help (or early intervention) as contributing to a reduction in the need for care, examples being parenting support packages; the 'troubled families' initiative; direct work with victims of domestic abuse; and drug and alcohol support. They also spoke about more intensive services for families with children at high risk of coming into care, such as intensive family support teams, multi-systemic therapy and functional family therapy.

Financial investment was highlighted by interviewees as relevant to reducing the need for care. They spoke of financial investment in programmes and interventions; investment in the workforce through training and support; investment in systemic and robust leadership systems; investment of time and focus on particular high need groups; and investment from partner agencies to create a strong multi-agency response.

Interviewees, who were themselves in leadership positions, saw good leadership as significant in reducing the need for care, insofar as it helps foster a culture of self-confidence in frontline staff, who feel more confident in taking good risk-based decisions. Engagement of staff and communication across the organisation was thought to be an important part of good leadership. Constructive scrutiny was spoken of by several interviewees. Internally, some authorities used panels designed to ensure the right children were coming into care

and that children were kept with birth families where possible. Other mechanisms mentioned included family network meetings, formal reviews and safeguarding boards. Ofsted inspections were spoken of in positive terms, either because they provided a helpful reassurance or useful challenge, acting as a catalyst for practice changes.

Partnerships with other agencies were seen as part of the solution to reducing the need for care. Regional collaboration with other authorities in the south-east to support unaccompanied asylum-seeking young people was considered helpful, and some multi-agency safeguarding hubs were spoken of positively, although experiences of these were mixed.

Somewhat surprisingly there were no discernible differences between local authorities in their responses, when those where numbers of looked-after children had increased, had little change, or decreased were compared. That is to say, that even when local authorities had a very high increase in looked-after children, they were still acutely aware of what they needed to do in order to effectively reduce numbers. Many of the increasing authorities, with increasing numbers of children in care, pointed to specific reasons for this increase (for example, south-eastern authorities with large numbers of unaccompanied children, or local authorities who intentionally lowered the threshold for taking children into care following feedback from OFSTED) and as such had increasing numbers despite knowing how they may best reduce these in the future.

Some of the issues raised by interviewees will be followed up in subsequent What Works Centre studies. There will be a focus on families' economic circumstances in the devolved budgets study, work with partner agencies, demand reduction in the school-based social workers study, and practitioners' confidence with risk in the outcome-focused supervision study. Systematic realist reviews will consider several key themes relevant to the findings of this interview study, including: service integration/coordination, practice change, therapeutic approaches, organisational structure change, meetings that included the family and relevant workers, and interventions that change a family's finances.

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