What Works *for*
**Children's
Social Care**

OUR FIRST 2 YEARS

SEPTEMBER 2021

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FOREWORDS

SIR ALAN WOOD
OUTGOING CHAIR, WWCSC

It has been over two years since the establishment of the permanent team at What Works for Children's Social Care, and three years since I was first appointed as 'founding chair', to oversee the building of that team.

The mission of the centre, as we conceptualised it at the time, was to bring energy, passion, and new research methodologies to the children's social care sector; something that previous What Works Centres, such as the Education Endowment Foundation and What Works for Crime Reduction, have achieved in their own areas.

The need, as we saw it, was great, and the time was right; something that systematic reviews conducted by our research partners at Cardiff University confirmed. Some of the most commonly used tools in the social workers' arsenal - Signs of Safety, Family Group Conferences - lacked robust evidence bases on their impacts on families' lives. This wasn't to say that there was no research at all - just that the research that existed was less concerned with questions of effectiveness, for example at keeping children out of care and at home with their families.

With these very serious gaps in the research evidence, there was a risk that we would become the 'What Doesn't Work' centre - focusing on the gaps on the evidence, and the incidences of failure - but the team have striven not to fall into this trap. The Signs of Safety gap has recently been filled by our evaluation as part of the Social Care Innovation Programme, and a large-scale trial of Family Group Conferences is well under way. The following pages of this report provide insight into the volume and breadth of research that the centre

2
years since the establishment of the permanent team at What Works for Children's Social Care

3
years since Sir Alan Wood appointed 'founding chair'
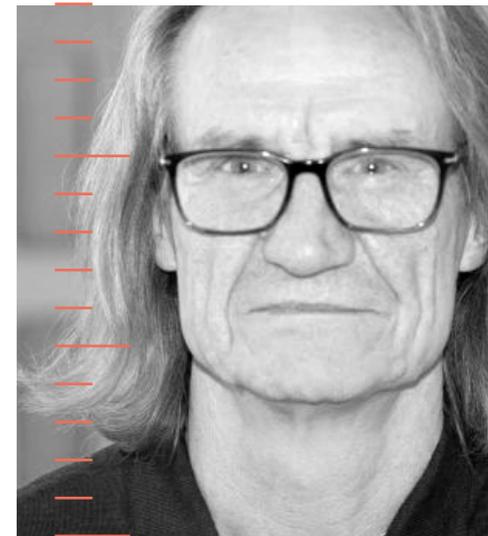
80%

of all local authorities in England involved in our research projects, which between them involve more than

1 *million children*

is undertaking - from life story work to secure children's homes, and from pre-birth assessment to leaving care.

The volume of work is also testament to the demand that we've experienced from the sector - with 80% of all local authorities in England involved in our research projects, which between them involve more than a million children. Without the enthusiasm and commitment of our local authority partners, none of our work would be possible.

As well as creating a huge volume of research - the results of which will gradually become apparent over the coming years - the centre has engaged with the sector to talk about both research, and how it is conducted. In the last 12 months, 2,000 people have taken part in webinars and events, and the centre's accredited training programme has been overwhelmed by interest and excitement from social workers.

The last two years have brought disruption - not least from the COVID-19 pandemic - but the team have been steadfast in continuing to help support the social care profession, and through it, the families and children they serve, through producing more and better evidence. We set out to challenge the orthodoxy of research in social care, we are well along the path of having done so!
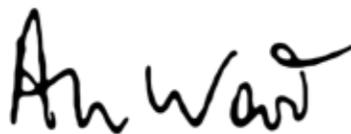
Sir Alan Wood
Outgoing Chair, WWCSC

JENNY COLES
CHAIR, WWCSC

It is an exciting time to be joining What Works for Children's Social Care as Chair of Trustees, taking over from Sir Alan after his tenure. In its first two years, the organisation has grown from an idea about how the landscape of social care research could be changed, into a team dedicated to turning that idea into reality.

The sheer volume of research projects, looking into the effectiveness of everything from workplace interventions, to kitbags for social workers, to models of whole system change - and everything in between - is a testament to the energy that the team has brought to the business of building this portfolio of projects and engaging the sector.

In my inaugural address as President of the Association of Directors of Children's Services, delivered under the unusual circumstances of the first COVID-19 lockdown, I emphasised the importance of connection in social work - connection to each other, to our colleagues in other agencies and professions, and, most importantly, to the children and families that we serve.

These connections are just as vital for a young research organisation like What Works for Childrens' Social Care. With the best will in the world, a research organisation like ours cannot have impact if it does not work with others. Drawing understanding of the big challenges facing young people from a wide variety of sources of data and testimony; drawing inspiration for interventions to be tested by the huge wealth of excellent practice that exists in the sector; and ensuring that our research is communicated outward to the sector in a way that is comprehensible and takes into account the nuance of context.

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WWCSC's journey so far has not been without challenges - more than half it has been spent under some kind of COVID restriction or another. Like many other organisations, we are refocusing our attention, as we emerge from the pandemic with a renewed vigour, on understanding and alleviating the causes of need, risk and harm, not merely treating their symptoms.

This will not be achieved quickly, or alone. But working together, and with patience, I am confident that we can have a huge positive impact on the lives of young people.

Jenny Coles
Chair, WWCSC
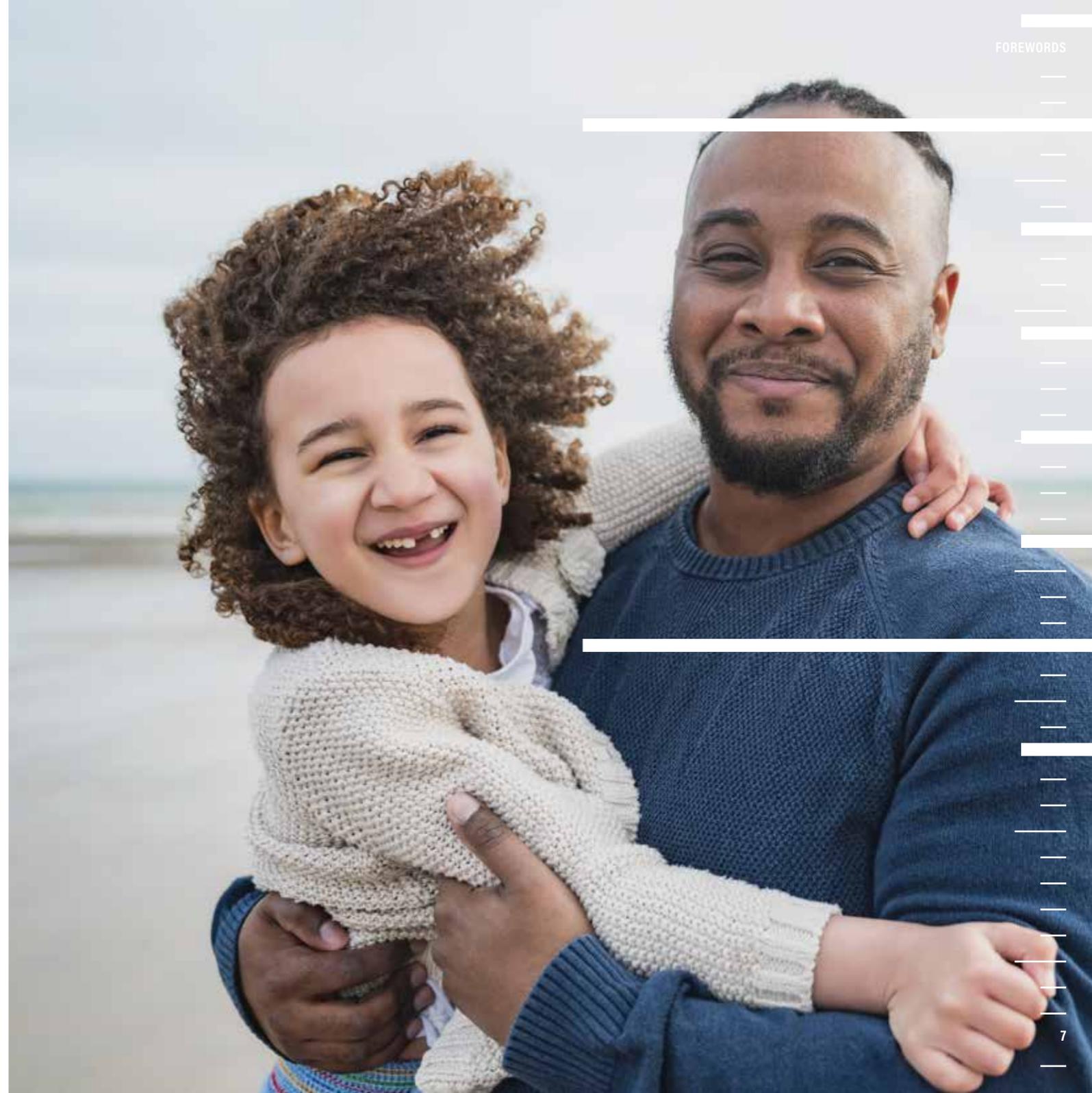
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INTRODUCTION

What Works for Children's Social Care was established by the Department for Education in 2018 to provide a rigorous evidence base supporting good practice in Children's Social Care. The centre was initially set up in two parts; an incubation partner, consisting of a consortium of Nesta, Traversum, the Social Care Institute for Excellence and FutureGov, and a research partner in the University of Cardiff.

In January of 2019, the centre began its steps towards permanence with the establishment of a permanent team; moving into its own premises, and adopting an increased focus on primary research projects, while retaining a strong drive towards engaging the sector.

Just over two years on since the permanent team began to form, we have launched over 60 new research projects, working in partnership with nearly 130 local authorities across England (over 80% of all local authorities that deliver children's services).

We have become an official member of the What Works Network, and we have driven substantial investment into producing high quality research evidence in children's social care.

Our focus is, as our name suggests, primarily on finding 'what works' - that is, what are the impacts of an intervention, or practice, on outcomes for young people, their families, and social workers.

This 'what works' question is not our sole focus, however. We are also interested in for whom an intervention is particularly effective or, indeed, ineffective. A growing proportion of our work reflects this by considering the effects on different groups, and particularly members of different racial or ethnic groups.

Our focus is, as our name suggests, primarily on finding 'what works' - that is, what are the impacts of an intervention, or practice, on outcomes for young people, their families, and social workers. This focus informs both the kinds of practice that we fund, and the methodological approach we use in our research.

In particular we favour causal research methodologies, and particularly randomised controlled trials (RCTs) which gives us the best, and often easiest, route to establishing the impact of an intervention. We have to date launched 38 RCTs in children's social care; a step change compared to previously low use of this approach. We have also made wide use of so-called 'quasi-experimental' research designs that try to answer the same questions in circumstances where an RCT is not possible or desirable.

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We have also invested heavily in projects that are not yet ready for these rigorous causal research questions, funding 19 pilot projects, which look to understand the feasibility, desirability, scalability and challenges of a new idea.

By working with social workers, families and children to dive deeper into the workings of a research project and the intervention it studies, we also hope to be able to shine a light on why something does or doesn't work, and in so doing help inform future intervention development.

Finally, our research includes analysis of data, both quantitative and qualitative, to better understand the lives and experiences of young people with a social worker, and the system that exists to support them.

ALL OF OUR RESEARCH FOLLOWS 4 PRINCIPLES

1 IMPACT
Our research should focus, wherever possible, on the impacts that interventions have on outcomes. This focus on working out what change in outcomes is attributable to a particular intervention is key to the What Works approach to research.

2 NUANCE
Our research must recognise that young people and their families are unique and experience different circumstances in different ways. Our research, while remaining true to our aims of uncovering impact, should reflect the fact that the world is complex and nuanced, and what works on average might not work for everyone.

3 USEFULNESS
We must be able to identify who our research can benefit, and/or who can make use of it, before we embark on a project. Will it help a social worker decide how to work with a family? A manager to know what services to refer families to? A senior leader, or policymaker, decide how to spend money or how to structure their services? Research without this focus on usefulness can be valuable - but it is not for us to conduct or fund.

4 EMPOWERMENT
Social workers are at the heart of much of our research, and our research should aim to empower them. As such, our research should be conducted with social workers; to tackle problems that they have identified; and to help them in their practice.

WHAT IS A WHAT WORKS CENTRE?

There are currently 13 What Works Centres. These centres cover a wide variety of policy areas, from homelessness to crime reduction, and from early intervention to ageing, but they have several things in common. Each centre aims to collate, create, and translate evidence in their given field. They review and synthesise the available evidence on a given topic - how to improve a child's grades at school, for example - and try to make that evidence as useful as possible; to professionals and practitioners working in an area, as well as to policymakers. Some, but not all centres, focus more on evidence generation - funding, and conducting original research. What Works Centres often take a broad look at the research, but they are most particularly focused on questions of 'What Works', or causal research, which seeks to answer questions like "If I do X, what will happen to some outcome Y".

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WHAT WORKS CENTRES

OUR WORK IS ORGANISED BY KEY ACTIVITIES

1 COLLATION

Our work to collate what is already known, and to summarise it, has seen our Evidence Store grow to have more than 30 entries since it was first launched in January 2019. In this time, the Evidence Store has been accessed 48,500 times, and summarises evidence on a range of interventions, ranging from parenting programmes, to whole system models, and everything in between.

2 CREATION

We have begun more than 60 research studies since our inception to generate new knowledge in the sector. These studies include 38 randomised controlled trials, four quasi experimental impact evaluations, and 19 pilots. They range from pre-birth and infancy support, to support for care leavers, and from assessment through to foster care.

3 TRANSLATION AND SCALE

Our work to translate evidence into practice can be found in our training programmes, with more than 300 social workers signed up so far, our new Evidence Ambassadors programme, and our webinar series which has had more than 1,700 participants in the last twelve months. To ensure our evidence informs policy, we are building recommendations into our reports and engaging with policymakers so these translate into change for children and families.

We are also supporting the scaling of promising interventions, through the Social Workers in Schools trial, Supporting Families, Investing in Practice, and our Signs of Potential trials in schools.

WHAT WE'VE ACHIEVED SO FAR

38 randomised control trials

19 pilots

127 local authorities participating in a research project

1.15M children involved

1,330 social workers on our polling panel

20 Evidence Ambassadors

2,000+ attendees at training and events

3,131 subscribers to our mailing list

8,529 Twitter followers

1,935 tweets and counting!

48,500 views of our Evidence Store

WWCSC is supporting a range of innovations and practice developments through their evaluation programme. This actively promotes evidence based sector led improvement in children's social care, as well as ensuring the voices of children and families inform service development.

Jenny Coles

Chair of WWCSC, out going Director of Children's Services, Hertfordshire, and former President of the Association of Directors of Children's Services

WHY DO WE DO IT?

Our work is driven by our mission to improve outcomes for children and families with a social worker. Every child deserves the chance to thrive, every family deserves the best possible chance to stay together, and every professional deserves to have an evidence base they can depend on. While we know that care experienced people, and others who have, or have had, a social worker, can go on to achieve amazing things - indeed, we have had the pleasure of working with some of them - we also know that they face particular challenges and barriers compared to their peers, which may make things more difficult. The statistics are stark, and clearly highlight the areas and outcomes where improvement is needed.

80,080
Children in care in 2020

4,130
children removed from their parents within the first year of their life

There were 80,080 children in care in 2020, a rise of 2% since the previous year, and 22.2% since 2011. An additional 389,260 children were on a Child in Need Plan, and 51,510 on Child Protection Plans.[1]

In 2020, 4,130 children were removed from their parents within the first year of their life - an average of 5% of all children in care.[2]

Children of mixed ethnic groups and black children are overrepresented in child welfare statistics and Asian children are under-represented.[3]

Children from the poorest neighbourhoods in England are almost fourteen times more likely to be referred to social care services than those from the richest areas - a 10% increase in an area's deprivation is associated with a 62% increase in a child's chances of being referred to children's services, a 64% increase in the rate of Child in Need Plans, a 69% rise in child protection investigation rates and an 80% increase in the rates of Child Protection Plans.[4]

In 2019, the average Attainment 8[5] score for children in care was 19.1, compared to 44.6 for non-care experienced children, and 19.2 for children in need.[6] In 2019, the percentage of children in care achieving the threshold in English and Maths at grade 5 or above decreased from 7.7% in 2018 to 7.2%.[7] Conversely, there was an increase in the percentage of children in need achieving the threshold - from 9.3% to 9.7%.[8] Children in care progress less well at KS4 than non-care experienced children but slightly better than children in need.[9]

Care leavers are less likely to go to university - in 2018-19, 13% of care leavers and 11% of children on a Child in Need plans at age 15 progressed to Higher Education by age 19, in contrast to 43% of young people who were not care experienced.[10]

Care leavers are less likely to be employed - in 2020, of care leavers aged 18, 31% were not in education, employment or training (NEET), for those aged 19 to 21, 39% were NEET, compared to around 13% of all young people aged 19 to 21 years. [11]

One in five care leavers report that they are struggling financially.[12]

64%
increase in a child's chances of being referred to chidren's services associated with just a 10% rise in an area's deprivation

13%
of care leavers progressed to higher education by age 19 in contrast to 43% of young people who were not care experienced

1 IN 5
care leavers report that they are struggling financially

38%

of children in care have reported SDQ scores which were a cause for concern

3%

of children in care were identified of having a substance misuse problem in 2020

Care leavers are 3.5 times more likely than the general population to feel they do not have someone they trust, and more than twice as likely to feel lonely always or often.[13]

Children with a social worker are more likely to have health and mental health struggles - 38% of children in care had reported SDQ scores which were a cause for concern,[14] with nearly half of children in care meeting the criteria for a psychiatric disorder. Children in care have not benefited from the general decline in mortality risk over time; adults who grow up in any type of care setting were 70% more likely to die prematurely than those who had not.[15]

3% of children in care were identified as having a substance misuse problem in 2020.[16]

Children with a social worker are more likely to be involved in serious youth violence - children who were named in a public law case are 2.9 times more likely to have offended between the ages of 10 and 17 than the general population,[17] and children in care are significantly overrepresented in the criminal justice system. In addition, children in care are disproportionately represented in county lines networks.[18] Children placed in residential care are at greater risk of criminalisation by police,[19] child criminal exploitation,[20] and/or 'going missing' than children in care in other settings.[21]

Care leavers are estimated to represent between 24% and 27% of the adult prison population. This is despite less than 1% of under 18s entering local authority care each year.[22]

Young people with care experience are more likely to become pregnant at an early age, 35% of young women were pregnant or became mothers within a year of leaving care and 15% of young men were fathers or expecting a child.[23]

A survey of care leavers conducted by Centre Point found that 26% of care leavers have 'sofa-surfed', while 14% had slept rough.[24] According to Coram Voice, 32% of care leavers are not satisfied with their housing, with 16% reporting they do not feel safe at home.[25] It is estimated that 25% of those who are homeless had been in care at some point in their lives.[26]

35%

of young women were pregnant or became mothers within a year of leaving care

While these statistics may be confronting, they should not cause us to lose hope. We know from our work that there are many social workers, local authorities, charities and other organisations working alongside children and families to improve outcomes. We have also already seen improvements in several areas, such as a reduction in the criminalisation of children in residential care, as reported by the Howard League.[27] We also know, from research by the Rees Centre, that children in foster care make better education progress than children in need.[28] These statistics illustrate why we need the best research and evidence to continue this journey of improvement - something we have started to do, as detailed in the following sections.

LOCAL AUTHORITIES IN ENGLAND WORKING WITH WHAT WORKS FOR CHILDREN'S SOCIAL CARE

127
Local
Authorities

57
Projects
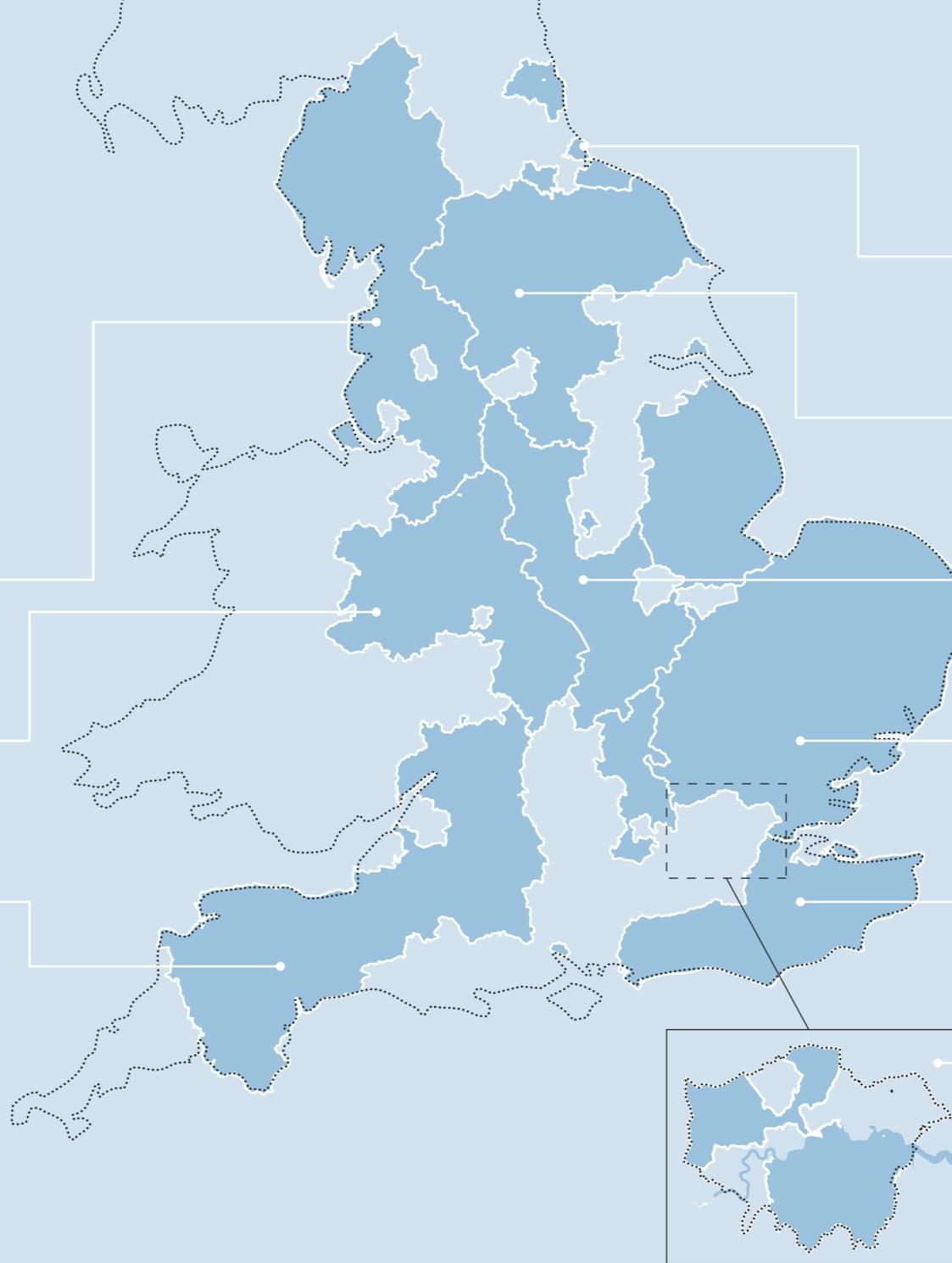
NORTH EAST
6 LAs
10 projects

YORKSHIRE & THE HUMBER
14 LAs
16 projects

EAST MIDLANDS
6 LAs
9 projects

EAST OF ENGLAND
8 LAs
12 projects

SOUTH EAST
13 LAs
17 projects

LONDON
21 Boroughs
33 projects

NORTH WEST
16 LAs
25 projects

WEST MIDLANDS
11 LAs
27 projects

SOUTH WEST
7 LAs
16 projects

3
OUR RESEARCH

Our research is vital to who and what we are as an organisation. Whether that's analysis of data, conducting qualitative investigations of new interventions, running randomised controlled trials, or conducting a synthesis of all that is known on a topic.

This section gives a (very) brief overview of some of our recent and ongoing research and findings. The projects include both those conducted by WWCSC and through other partners, for example from our open funding rounds.

WHOLE SYSTEM CHANGE

Since our inception, there has been a great deal of interest in the efficacy of whole system models of practice in local authorities. These practice models, which may involve training of entire workforces, changes in values, and restructuring of the local authority, have the promise to support struggling local authorities with their improvement journeys, and to rejuvenate or codify practice within successful authorities. We are currently working on the evaluation of several such models.

SIGNS OF SAFETY

In January 2019, we published a systematic review of Signs of Safety,[29] conducted by our research partner at the University of Cardiff. This review, which surveyed more than 2,000 papers in all, found that there were no studies that looked at the causal impacts of the Signs of Safety practice model.

This model, which has been implemented in a third of English local authorities, and partially implemented in another third, is extremely popular. It is a strengths-based, safety-oriented approach to social work, which is designed for use throughout safeguarding processes.

Following this systematic review, we worked with colleagues at King's College London to conduct a quasi-experimental impact evaluation of Signs of Safety, in particular its implementation as a part of the first and second waves of the English Innovation Programme.

Our evaluation, which looked at outcomes identified as potentially improved by Signs of Safety, as well as those that the intervention's developers thought important, found no moderate or strong evidence

Our evaluation ... found no moderate or strong evidence of a positive impact of Signs of Safety in any of those outcomes measured, and a significant reduction in the use of kinship care in local authorities using Signs of Safety.

of a positive impact of Signs of Safety in any of those outcomes measured, and a significant reduction in the use of kinship care in local authorities using Signs of Safety.

Outcome	Expected impact of SofS according to MTM/Theory of Change	Analysis results
Duration of assessments	Unclear - shorter is better if quality is not comprimised	No clear evidence on the impact of the duration of the assessment
Rate of re-referrals	Decrease	No moderate or high-strength evidence with no clear impact
Rate of re-referrals that progress to CPP/LAC	Decrease	No moderate or high-strength evidence with no clear impact
Rate of kinship care	Increase	Moderate strength evidence of decreased kinship care rates

Evidence of a significant decrease in kinship care rates for the pilot authorities using Signs of Satefy

* Significant difference between the counterfactual and actual kinship care rates

62% SofS not introduced (counterfactual)

49% SofS introduced
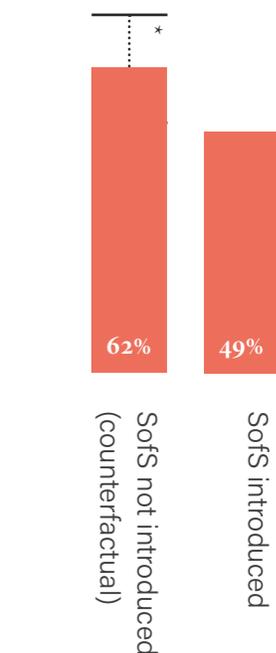
Regression analysis using ONS data

"

I have welcomed the approach taken by What Works for Children's Social Care to involve front line practitioners and managers in setting their research agenda to ensure that it is aligned with practice. WWCSC has worked with local authorities to try out and test innovations in practice rather than doing research for or to practitioners. In Leeds our experience of working with WWCSC has been very positive. It has encouraged practitioners and managers to engage with research and innovation and supported the development of a learning culture across Children's Services.

"

Steve Walker

Director, Strengthening Families
Protecting Children Programme,
Leeds City Council

STRENGTHENING FAMILIES, PROTECTING CHILDREN

As a part of the Department for Education's Strengthening Families, Protecting Children programme, we are evaluating the roll out of three practice models to six new local authorities each. These are;

Family Valued, a practice model developed in Leeds in which restorative practice training is provided across children's services, and family group conferences are widely used. The model aims to change practice to be more restorative, such that support for families is delivered 'with' them and not 'to' them.

No Wrong Door, a model developed in North Yorkshire which establishes hubs that bring together a range of outreach, services, and accommodation options to support young people either in care, or at the edge of care.

Family Safeguarding, a model developed in Hertfordshire, which sees multi-disciplinary children's safeguarding teams working together to support families. These teams include social workers as well as specialists in supporting adults with substance misuse, domestic abuse, and mental health. The model also makes use of motivational interviewing.

Each practice model is being evaluated using a mixed methods approach, combining qualitative research, a stepped wedge randomised trial, and a difference in differences quasi-experimental evaluation, to maximise the learning from this programme. Our pilot evaluations will be published in 2021, with the first report for Family Safeguarding already available on our website. The findings from the impact evaluations are due in 2026.

"

Working with WWCSC is great in so many ways. The research methodology is a very different way of analysing impact and linked to our own work on outcomes it adds depth to our understanding, rather than being the only lens through which we decide whether something works … Shared innovation learning has been an added bonus for us, and we are keen to do more of that. For us, WWCSC has become a valuable contributor to an increasingly rich range of sources for learning about best practice and we are keen to take up any opportunities we can get.

"

Charlotte Ramsden

Director of Children's Services in Salford and President of the Association of Directors of Children's Services

TARGETED INTERVENTIONS

As well as researching whole system models of change, we have funded, and researched, more targeted approaches to supporting families and young people in particular circumstances or experiencing particular challenges.

SUPPORTING FAMILIES, INVESTING IN PRACTICE

We have partnered with the Department for Education to support the expansion of three interventions initially funded through the Children's Social Care Innovation Programme, while also building a robust evidence base around them. These interventions have been extended to 56 local authorities through this programme and will produce an impact evaluation.

The Mockingbird Family Model aims to support stronger, more stable placements in foster care by building an extended family of foster carers around a central hub. A quasi-experimental evaluation was attempted as a part of the Innovation Programme but was too small scale to produce conclusive findings. It is now being evaluated at a large scale and using a wider variety of methods.

Daybreak's Family Group Conferences provide a problem-solving meeting around a family in pre-proceedings, in which the wider family around a child participate in a conference that is supported by facilitators but not led by professionals, with a view to provide support to the child and reduce the need for care entry. A previous evaluation conducted through the Innovation Programme compared families who were offered and accepted a family group conference to those that were not offered one, and therefore is likely to be subject to bias. Our systematic review of family group conferences found no conclusive

evidence of a reduction in care entry. As a result, this roll out is being conducted as a large-scale RCT.

Family Drug and Alcohol Courts are 'problem solving courts', which aim to support families with substance misuse identified as a challenge and who have entered pre-proceedings. They are less formal than normal family courts. Previous evaluations have shown that the courts are effective at reducing separation and increasing reunification. However, following changes to the court processes in 2014, this new quasi-experimental evaluation will test whether this impact still exists.

Findings from the evaluations of Family Group Conferences and Family Drug and Alcohol Courts are due in autumn 2022, with findings from the evaluation of the Mockingbird Family Model due in spring 2023.

MY VIEW

This project, which is led by the Refugee Council and carried out in four areas (London, Liverpool, Leeds and Kent), provides counselling and therapeutic support to unaccompanied asylum-seeking children to help improve their mental health and wellbeing, and is being evaluated using a randomised controlled trial.

NO RECOURSE EARLY ACTION MODEL (NOREAM)

This project in Hackney is establishing a team to provide support to families who do not have recourse to public funds. This intervention aims to work with families who are particularly vulnerable, before their needs escalate, and thus reducing the need for state intervention in their family life. Findings from the pilot evaluation are due in March 2022.

VIDEO INTERACTION GUIDANCE

There are nearly 20,000 families in England at risk of having a child removed within the first year of its life, and the number of children removed during infancy has risen in recent years.[30/31] In this project, the charity Babies 1st is providing psycho-educational support for 126 families with an infant under 12 months, through the use of 'Video Interaction Guidance', a strengths-based approach providing training on feedback, self-modelling and mentalisation to improve and support parenting. The project is being evaluated using a randomised controlled trial.

PREVENT, PROTECT, REPAIR

We are working with the London Borough of Lewisham to test Prevent, Protect, Repair - a programme to help families where there is a risk or history of domestic abuse. The project aims to train and encourage non-domestic abuse specialists to; identify, record and report domestic abuse; understand the impacts of domestic abuse on children and families; directly offer evidence-based support; and fully consider the role of fathers for risk and protective factors. The findings are due in spring 2022.

20,000

families in England at risk of having a child removed within the first year of life

DIRECT WORK WITH FAMILIES AND YOUNG PEOPLE

Alongside our whole system work, and targeted interventions, we are also testing interventions that aim to improve or enhance the direct work that social workers do with families.

CREATIVE LIFE STORY

Young people with care experience often leave care with questions about their earlier years, and the journey that brought them to where they are. Life story work is one way that social workers help care-experienced young people to rationalise and make sense of their lives.

Although local authorities must undertake life story work with young people in their care, it is not currently subject to standardisation or guidance across local authorities. Creative Life Story Work, developed by Blue Cabin, aims to improve the quality of life story work. The intervention consists of training in how to use a 'three tier' model of life story work, in which young people progress from working with local authority staff and artists to build a story 'all about me', through to ultimately (where possible) engaging in more therapeutic life story work.
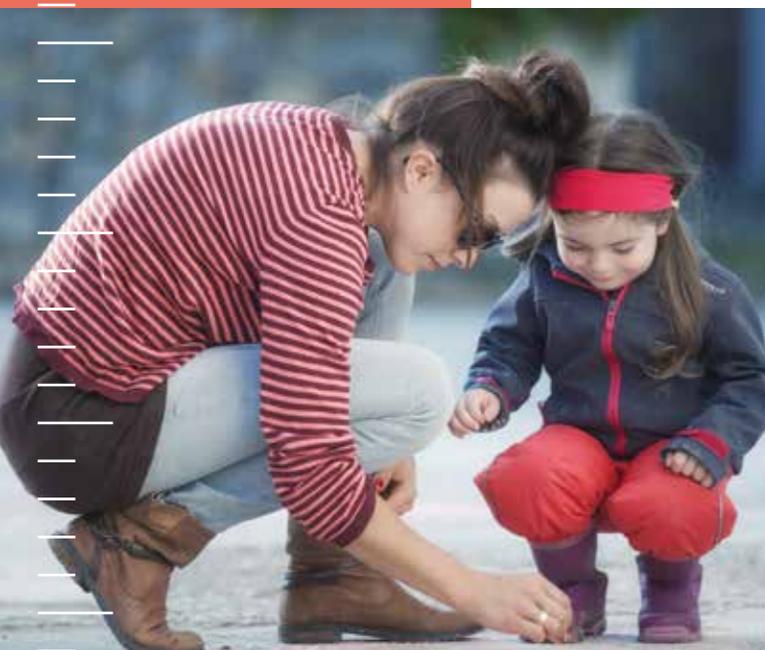
KITBAGS

We are working with four local authorities, the University of Sussex and the International Future Forum to test Kitbags - a set of bespoke resources for direct work with children and families. Social workers and family support workers use the Kitbag when they visit the children and young people they support to build a relationship, better understand the situation from the child's point of view and/or discuss a particular issue. Kitbags have previously been used in a women's prison, a disabled adults' support group, a domestic abuse group, a Scottish Health Board department and schools. Each Kitbag contains a series of cards for activities, calming oil, puppets, and a talking stick to help young people feel heard. The evaluation will investigate whether the Kitbag programme (the resources and support to use them) will impact on children's emotional literacy and children's social care outcomes.

Each Kitbag contains a series of cards for activities, calming oil, puppets, and a talking stick to help young people feel heard

internationalfuturesforum.com/iff-kitbag
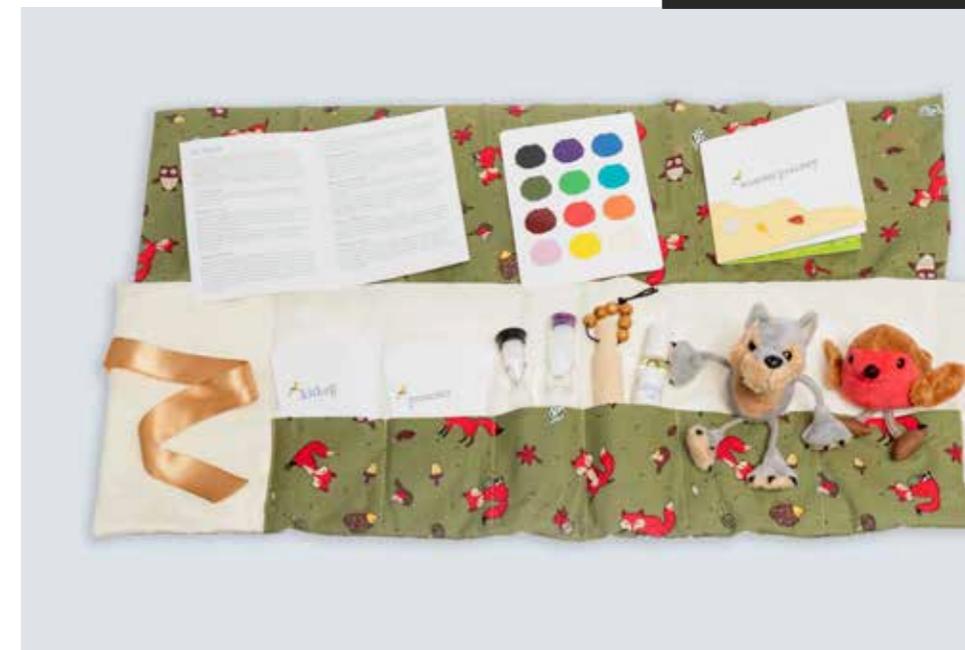
EDUCATION

The Department for Education's review of the evidence on educational attainment for children in need found that young people with a social worker (those subject of a Child in Need Plan or Child Protection Plan, as well as those in care), performed less well at GCSE than their peers, with young people with a social worker but not in care performing worst of all.[32] Our work in education aims to understand and reduce these attainment gaps.

RE-ANALYSIS OF EEF TRIAL DATA

Our first project looking at the education of young people with a social worker was to re-analyse the data from 63 RCTs conducted by the Education Endowment Foundation (EEF).

This re-analysis, which made use of the EEF trial data archive held by the Office for National Statistics, looked at whether there were different outcomes for young people with a social worker, compared to young people without a social worker. The aim was to identify interventions that could help close the attainment gap between these two groups.

In total, we found ten interventions which showed 'Signs of Potential' - where there was fairly robust evidence of a positive effect for young people with a social worker, and which was at least as large as the size of the effect for all young people. While the findings were just indicative, they provided a starting point to better understand how to increase the educational attainment of children with a social worker.

> "
>
> *I was delighted to see WWCSC re analysing EEF trials and now running new research projects based on their findings. This is a fantastic way to get more value out of the EEF's existing work, and to make a real difference for our most vulnerable children.*
>
> "
>
> Sir Kevan Collins
>
> former Chief Executive, Education Endowment Foundation

> "
>
> *It has been good to develop stronger links with WWCSC over the last year to share our insights as a regulator and inspectorate of care and education, and being able to both shape and benefit from their broad research portfolio. Increasing our knowledge base of 'what works' for our most vulnerable children and families must continue to be a priority as we recalibrate our services and support in response to the global pandemic.*
>
> "
>
> Yvette Stanley
>
> National Director for Social Care, Ofsted

SIGNS OF POTENTIAL

Following on from our re-analysis of the EEF's trials, we have partnered with the Department for Education to conduct evaluations of six of the interventions which showed 'Signs of Potential', looking at outcomes for children with a social worker.

These are:

Affordable Maths Tuition: developed by Third Space Learning, this intervention sees young people in Years 5 and 6 provided with maths tuition online, delivered by graduates of maths or related subjects in India and Sri Lanka.

Our Skills: a modified version of 'Family Skills', which was tested by the EEF, this programme works with families and foster carers to improve their engagement with young people's learning during the first years of primary school and to help forge closer ties between schools and homes. It is delivered by Learning Unlimited and Campaign for Learning.

Words for All: a vocabulary enrichment programme developed in Bolton and delivered in secondary schools by Whole Education. The programme encourages: reading out loud; building academic vocabulary; reading academic non-fiction; talking about learning; and reading for pleasure.

Embedding Formative Assessment: a whole school approach to using formative assessment systematically across the school and providing regular feedback to students to help improve grades. This approach, delivered by SSAT, is also one of the EEF's "Promising Projects", and we are collaborating with the EEF to evaluate the impacts of their scale up activity on outcomes for young people with a social worker.

Catch Up©Literacy: a structured one-to-one intervention for Year 5 and Year 6 children in foster care and kinship care. The programme, both developed and delivered by Catch Up©, has been evaluated by the EEF when teaching assistants were trained to provide reading support for pupils struggling with reading. We are evaluating the impact of training foster and kinship carers to provide 15 minute reading sessions, twice a week, with the children they look after. Carers are also provided with a package of books matched to the children's reading levels.

Research Learning Communities: an intervention that aims to raise teachers' awareness, understanding, and use of educational research in developing their practice, with the ultimate aim of improving pupil outcomes. Having been evaluated by the EEF as a whole school programme, we are adapting it to focus on outcomes for children in Years 5 and 6 with a social worker. Workshops will be delivered by Durham University to teachers, including designated teachers responsible for the education of children in care, on a monthly basis.
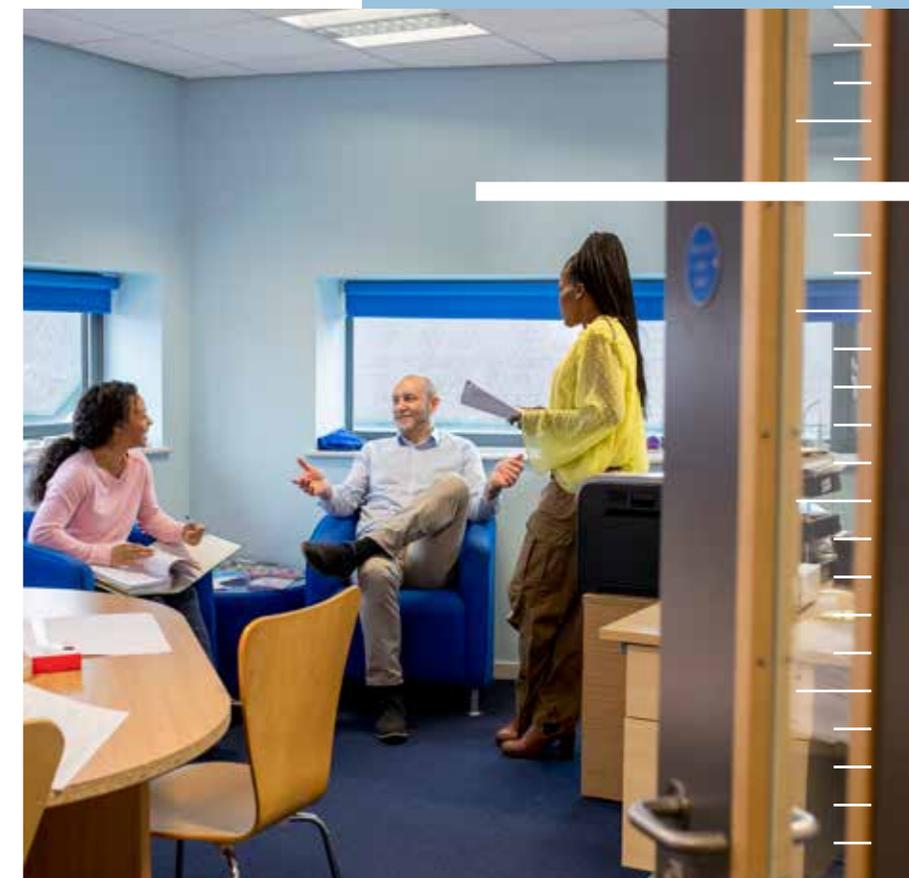
SCHOOLS BASED PROGRAMMES

Alongside our 'Signs of Potential' projects, another key finding from our work re-analysing the EEF's trials archive was that, on average, educational interventions that improve outcomes overall have smaller effects for young people with a social worker. This has led to another partnership with the Department for Education, funding a series of pilot studies of new interventions, specifically designed to improve outcomes for these groups.

Transition Support: This intervention, both developed and delivered by Hartlepool Borough Council, helps young people with the often challenging transition between primary and secondary school by ensuring curriculum continuity, as well as giving a teacher in both primary and secondary schools responsibility for supporting transitions for young people with a social worker.

Placing an Advisory Teacher in Children's Social Care:
This project, which is being piloted in Bath and North East Somerset local authority, was developed during the initial months of the pandemic. It expands the responsibility of the virtual school to cover young people with a social worker who are not in care, by appointing a teacher with responsibility for the education of these groups and providing them with a budget to spend in their support.

Behaviour Outreach Support Service (BOSS): This programme, developed by Family Action and being piloted in York, provides tailored support for families and carers on how to support their children; creates individual action plans to manage challenging behaviours and other difficulties experienced by young people; and delivers whole school training related to these. The intervention aims to improve young people's attachment to school, and ultimately to reduce exclusions or other unwanted school transitions.

On average, educational interventions that improve outcomes overall have smaller effects for young people with a social worker.
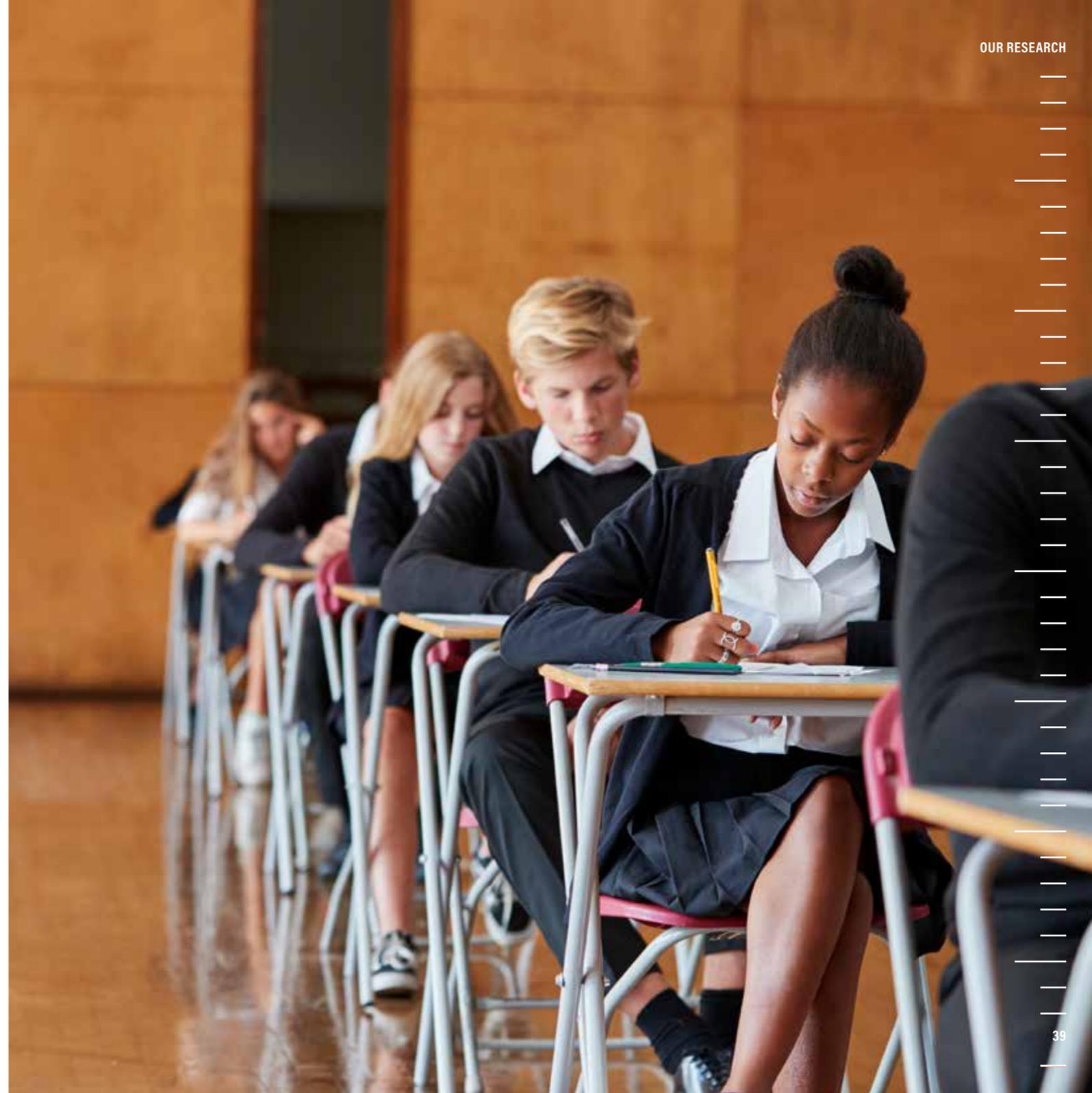
FURTHER EDUCATION PROGRAMMES

Young people with a social worker experience challenges throughout their educational journey, on average, receiving lower GCSE grades than their peers. They are therefore disproportionately affected by the requirement for young people to resit their GCSEs in Maths and English if they do not pass them the first time. WWCSC has once more partnered with the Department for Education, to fund two pilot studies of new interventions based in further education settings, specifically designed to improve outcomes for these groups.

Future YOU: This programme was developed and delivered by HSDC, a three campus college in Hampshire. Future YOU provides young people who have experience of children's social care one-to-one support through weekly mentoring sessions during their first year studying at HSDC. The programme aims to improve young people's core skills to reduce the risk of young people becoming not in employment, education or training (NEET) and improve their post-college destinations.

Progress Mentor: This intervention has been both developed and delivered by Birkenhead Sixth Form College, based in the Wirral. The Progress Mentor provides young people who have or have had a social worker in the past six years with an individualised package of support. The programme aims to ensure each student maximises their college experience and, in the long-term, aims to improve their overall wellbeing, post-college destination and housing situation.

Young people with a social worker experience challenges throughout their educational journey, on average, receiving lower GCSE grades than their peers.

SPRINGBOARD

This project aims to increase young care leavers' awareness of the support available to them to access, and succeed in, higher and further education. Working in partnership with the Centre for Transforming Access and Student Outcomes in Higher Education (TASO), Become, and the National Association of Virtual School Heads (NAVSH), the project builds on previous research by the Behavioural Insights Team.[33] This found that sending a personalised 'nudge' letter to disadvantaged students from someone they could identify with, was effective at raising the number who apply to, and accept offers from, selective universities.

In this new research, letters written by care experienced young people in higher and further education were sent to young people aged 16-18 in Year 12 and 13 (or equivalent) who are currently in care. Letters were sent by Virtual School Heads in 23 local authorities. The letters encouraged young people to think about applying to higher and further education, setting out the support available (financial and other) to young care leavers and signposting to Become's Propel website[34] and a free helpline. Helpline advisors can provide one-to-one, tailored advice on applying to college or university and accessing support. We also created videos of students who are care experienced talking about their experience and the support available (now featured on Propel).

The project aims to show young people in care that there are people from similar backgrounds who have gone on to successfully apply and attend higher or further education.

SAFEGUARDING IN SCHOOLS

Schools are an appealing site for social care and early help interventions, as they are the closest thing to a universal service for young people. Although this has been disrupted by the 2020-2021 COVID-19 pandemic, the role of schools remains central both to a child's education and to their safeguarding. As a result, we have a number of projects focused on safeguarding within schools.

SOCIAL WORKERS IN SCHOOLS

In early 2019, we launched pilots placing social workers in secondary schools in Lambeth, Stockport and Southampton. These pilots, which lasted for a year, found that this approach showed considerable promise; was welcomed by schools and social workers alike; demystified social care for teachers and families; and showed indicative evidence of a reduction of statutory social care intervention.

In September 2020, we followed this up with a large-scale RCT in between five and eight schools in each of 21 local authorities. This study, which was the largest RCT in education settings in England that we know of, has turned the Social Workers in Schools (SWIS) project into a mainly standardised intervention, with a manual produced from the most successful elements of the pilot, and a community of practice of the hundreds of social workers involved. Findings from the evaluation, which looks at the impact of SWIS in reducing rates of Section 47 enquiries, rates of referral to Children's Social Care, Section 17 assessments, the number of days children spend in care, and educational attendance, are due in summer 2022, with a follow up report due in summer 2023.

"

The success of the social workers in schools pilot has resulted in the decision to scale and spread this approach across the whole of Stockport. Already, in a few short months and despite being in the midst of a pandemic, we are seeing the impact of integrated working in the latest area to be part of the initiative. Schools and social care are enjoying the closer collaboration enabling a cohesive approach to supporting children and their families. Working with WWCSC has enabled us to take a purposeful pause in order to explore how we can work differently to bring about positive and long-lasting change for the families we support.

"

Chris McLoughlin
Director of Children's Services,
Stockport Metropolitan
Borough Council

SUPERVISING DESIGNATED SAFEGUARDING LEADS

Designated Safeguarding Leads (DSLs) in schools have a responsibility to understand safeguarding issues facing the young people attending their school, and to make referrals to children's services where necessary. Colleagues in Bolton Metropolitan Borough Council identified that these safeguarding leads often struggle to gauge what is an appropriate level of safeguarding concern to warrant a referral to social services, and do not feel comfortable holding risk themselves.

To address this, we tested a model of supervision by a senior social worker in Bolton, provided to half of the primary school DSLs in the local authority. This intervention was well received by DSLs, with many providing overwhelmingly positive feedback. Although the intervention was disrupted by the outbreak of the COVID-19 pandemic, the evaluation's findings were somewhat positive, showing an 11% decline in the rate at which referrals from the schools involved led to no further action.

In a second study, we are evaluating the impact of providing similar supervision to designated safeguarding leads in half of the secondary schools across the ten local authorities of the Greater Manchester Combined Authority.

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Individual Supervision for Primary School DSLs

Following the promising findings of the first supervision trial in Bolton, this study is scaling up that intervention to provide supervision to Designated Safeguarding Leads in ten new local authorities. In this trial, the supervising social worker from Bolton will be providing training insights to new local authorities, and the intervention has been turned into a manual to make it easier to deliver consistently.

Group Supervision for Secondary School DSLs

Building on insights from the implementation and process evaluation of the secondary school supervision trial in Greater Manchester, we have considered a wider model of supervision that encompasses the entire safeguarding team within the secondary school, rather than just the 'official' designated safeguarding lead. In this trial, across ten local authorities, supervising social workers will receive manualised information on delivery developed by WWCSC and Bolton Council, and training on group supervision from the University of Sussex.

DSL Supervision with a focus on CSA

Following the findings of 'Everyone's Invited', and Ofsted's review of child sexual abuse in schools and colleges,[35] we are conducting a new trial, across a mix of primary and secondary schools (including independent schools), in 11 local authorities. As well as receiving supervision training (either individual in primaries, or group in secondaries), designated safeguarding leads and supervising social workers will receive training and supporting materials relating to childhood sexual abuse, produced by the Centre for Expertise on Childhood Sexual Abuse.
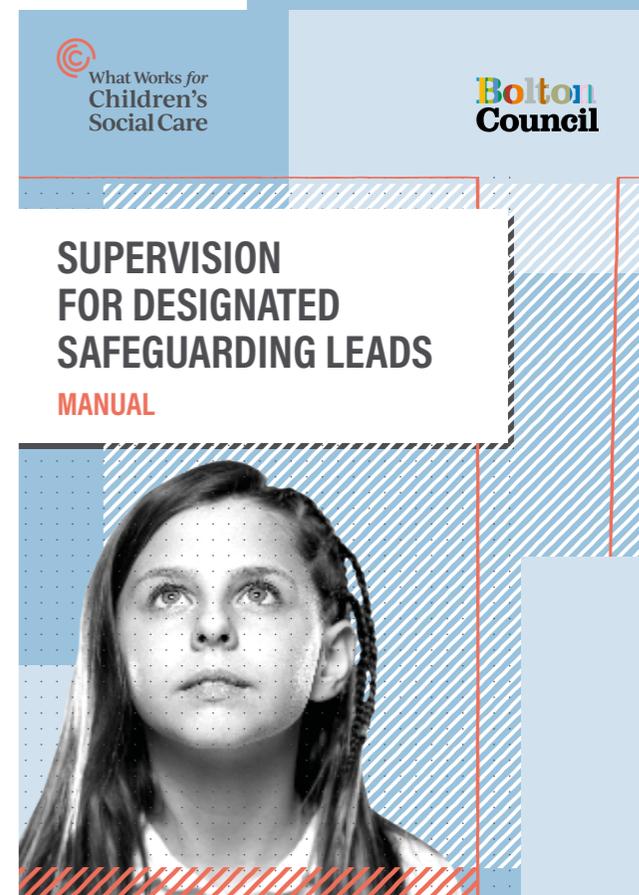
What Works for **Children's Social Care**

Bolton Council

SUPERVISION FOR DESIGNATED SAFEGUARDING LEADS

MANUAL

The findings so far suggest both that there is significant promise in these 'lighter touch' interventions, but also that interventions which have been successful elsewhere are less effective in the context of time-poor social workers.

WORKFORCE WELLBEING

Workforce wellbeing is a large challenge in children's social care, with social workers having among the most stressful jobs in the world. This challenge manifests itself most obviously in the turnover rate of social workers from the profession, with 13.5% of social workers leaving the profession in 2020[36] - some 50% higher than the equivalent rate among teachers, another public service profession with high turnover. Social worker wellbeing is also linked with the outcomes of the children and families they are working with.

Although many social workers and academics argue convincingly that structural changes - including better pay or lower caseloads (or both) - would help to address the problem, the reality of straitened financial times in local authorities has to be acknowledged, and consequently our focus in this area over the last two years has been on changes that are within the power of local authorities to administer.

The findings so far suggest both that there is significant promise in these 'lighter touch' interventions, but also that interventions which have been successful elsewhere are less effective in the context of time-poor social workers.

SYMBOLIC RECOGNITION

From our initial research and codesign work with social workers across two dozen local authorities, we identified a common thread that social workers did not feel recognised or appreciated for their work, either by their managers, or by the families or young people that they worked with.

Taking inspiration from a series of studies conducted by the behavioural economist Jana Gallus, we ran a study in which managers provided positive feedback about the social workers in their team to senior managers in the local authority, who in turn sent out personalised letters to social workers, thanking them for their work, with specific mention of the positive feedback that the managers had provided.

Letters were sent out in two batches; one straight away, and another some time later, allowing us to determine the effects of receiving the letters. We found significant increases in social workers' feelings of organisational support, and their sense that they were valued. Given the light-touch nature of the intervention and the low costs involved in its implementation, we highly recommend that local authorities roll this out widely.

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GOAL SETTING

In another study, we tested an intervention which had been shown elsewhere to be effective at improving the wellbeing of civil servants. Here, we gave social workers access to a series of goal-setting tools developed to help them set goals and to manage their time.

We found that although social workers had identified the intervention as a potentially useful way of tackling their challenges, when we trialled the intervention in nine local authorities, very few social workers were able to find the time to engage with the materials, despite having protected time in their calendars to do so. As a result, social workers' wellbeing, sense of self-efficacy and their feelings of time pressure were not influenced by the intervention. Social workers are extremely time-impoverished, and often have to respond to high-urgency, high-priority items in their day-to-day workload, meaning that work tasks that are viewed as a luxury (even those that aim to improve their day-to-day work) - such as the goal-setting programme - are deprioritised. Thus, the nature of social work means that these sorts of tools are less effective than in other working contexts, and perhaps a heavier handed approach is required in order to ensure that social workers feel they have ample time in their working week to engage with such tools.

SCHWARTZ ROUNDS

Schwartz Rounds - an intervention which provides a forum for staff of all levels to share their experiences, stories, and reflections on the challenges of their work - have been shown to be effective in healthcare and clinical settings, but never tested in children's social care before.

We found that although social workers had identified the intervention as a potentially useful way of tackling their challenges, when we trialled the intervention in nine local authorities, very few social workers were able to find the time to engage with the materials, despite having protected time in their calendars to do so.

Since 2019, we have been funding a randomised controlled trial in ten local authorities, working with social workers and other staff.

The study aims to test whether these open fora have an effect on staff wellbeing and workplace stress. Though not statistically significant, the research found that those who were invited to Schwartz Rounds reported a slightly lower number of sickness-related absences (those in the intervention group recorded, on average, 4.56 sick days, compared to 4.63 in the control group), and had lower average GHQ-12 scores - a widely used measure of psychological distress - 13.5 for the control group, compared to 12.9 for the treatment group. The qualitative feedback from those who participated in Schwartz Rounds was almost universally positive, with staff reporting benefits in relation to personal wellbeing, collegiate relationships and their direct work with children and families.

SOCIAL WORK HEALTH CHECK

Over the last twelve months we have worked with the Principal Social Workers in three local authorities to develop a new standardised social work health check.

This new survey has been validated statistically, to ensure that it is robustly measuring what it intends to. We will be working with Principal Social Workers, and we will be analysing for free the results from any local authority's children's or adults' services.

Because of the statistical validation exercise that we have been through, local authorities will be able to be confident that their results - and any changes over time - are meaningful. Over time, we hope that the data produced through the health check will allow for a more consistent national picture of workforce wellbeing, as well as providing standardised outcomes in research projects.

Though not statistically significant, the research found that those who were invited to Schwartz Rounds reported a slightly lower number of sickness related absences, and had lower average GHQ 12 scores

RACE AND EQUALITY

In 2021, it is hard to deny that race, and inequality more generally, play a role in the lives of both social workers, and the families that they work with. Families that experience poverty[37] or discrimination along racial lines[38] are also more likely to experience state intervention in their family life. We have recently begun a series of projects that aim to build our understanding of this and to address bias and discrimination.

FACTORING RACE INTO OUR RESEARCH

Most forms of impact evaluation, including randomised controlled trials, report average effects for the entire sample of people who were treated, compared to their peers who were assigned to a control group (or in quasi-experimental research, were not treated for some other reason).

This approach gives research statistical rigour, but it also means that the research is skewed to focus predominantly on the majority group - in most studies carried out in England, this will be white people. As such, the experiences of non-white participants, who may experience interventions differently, are downplayed by this research.

To address this, we have taken a number of initial steps. For instance, in some studies we are looking explicitly from the outset at different impacts for different groups. This is prominent in our study of family group conferences, where the systematic review carried out by Cardiff University found some evidence that African Americans were adversely affected by family group conferences in the United States.[39]

EXPLORING ANTI-DISCRIMINATION IN SOCIAL CARE

There are a number of interventions, particularly from the behavioural sciences, which aim to provide low-cost solutions to reducing discrimination. These include 'blinding' - the practice of removing names and other identifying features from CVs and other recruitment materials - which has been shown to reduce discrimination in hiring elsewhere; and 'joint evaluation' - in which pairs of candidates' applications are assessed side by side - which similarly has been shown to reduce bias in hiring and have been recommended for use in children's social care.

However, none of these approaches has been tested in social care or with an audience of social workers, who may be more likely to be aware of the risk of discrimination, and/or may be more likely to be members of a discriminated against group than the people in these original studies. To improve our understanding of whether these approaches might be helpful in reducing discrimination in children's social care, we are conducting replication studies over the summer of 2021, using social workers instead of the students used in the original research.

There are a number of interventions, particularly from the behavioural sciences, which aim to provide low-cost solutions to reducing discrimination.

## WORKPLACE RACIAL EQUALITY STANDARDS (WRES)

The Department for Health and Social Care, as well as the Department for Education, are piloting the use of Workplace Racial Equality Standards in children's and adults' services in a small number of local authorities. These standards include an audit of data on racial equality within the workforce, which it is hoped will be a spur to action to reduce any inequalities, much as the publishing of gender pay gaps has led to action in that arena. At What Works for Children's Social Care, we will be providing support for the analysis of the data involved in the pilots.

ANTI-RACISM SURVEY

In order for the social work profession to properly address racism within the workforce, it is important to understand the scale and nature of the problem. We have partnered with the Principal Social Workers Network, Social Work England and the Department for Education to conduct a large-scale survey to understand social workers' experiences of racism. The survey, open to all registered social workers, received more than 1,700 responses and the results will be known in autumn 2021.

1,700
responses

We have partnered with the Principal Social Workers Network, Social Work England and the Department for Education to conduct a large-scale survey to understand social workers' experiences of racism.

UNLOCKING THE FACTS:
YOUNG PEOPLE REFERRED
TO SECURE CHILDREN S HOMES
SUMMARY REPORT

DECEMBER 2020
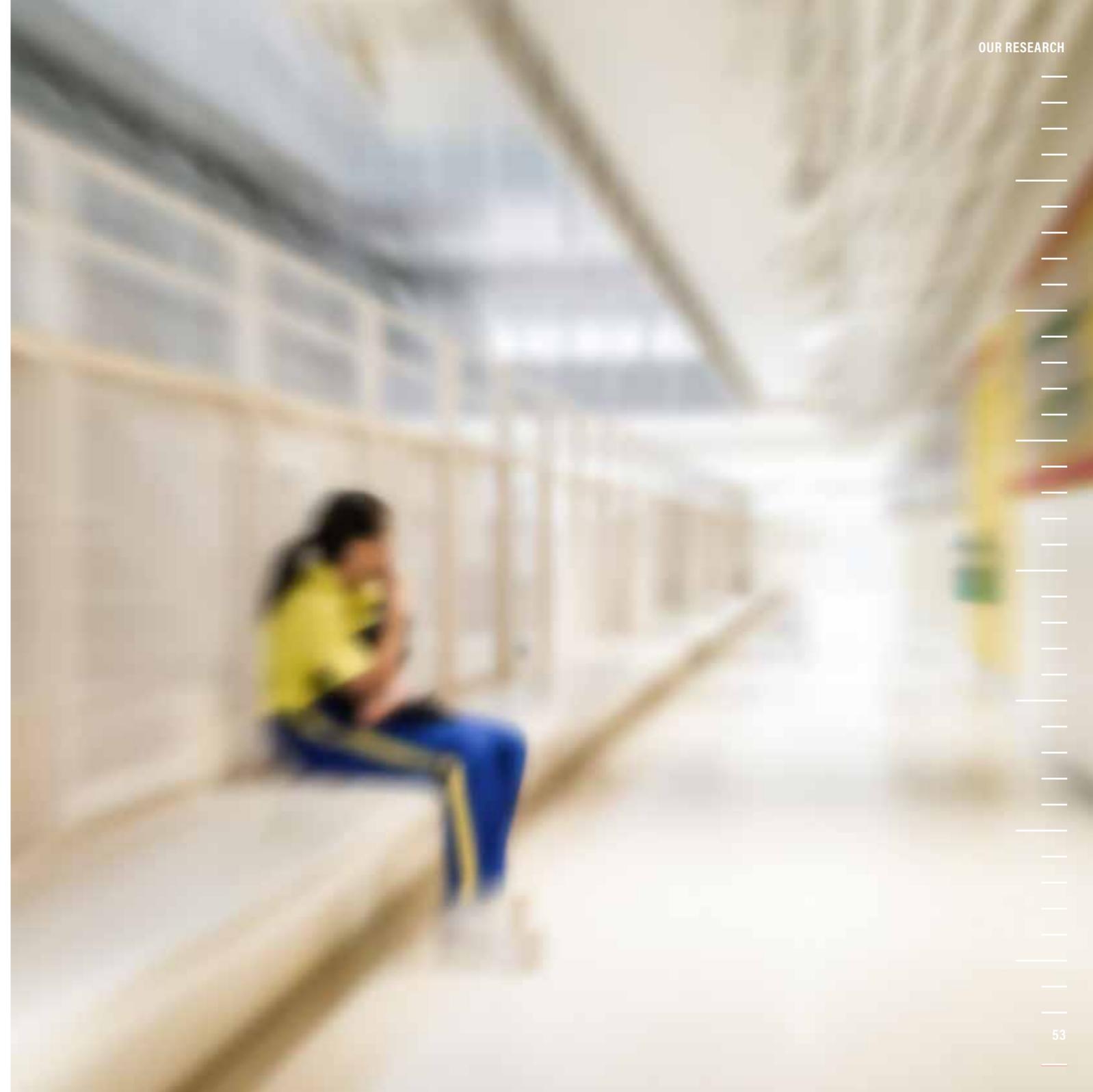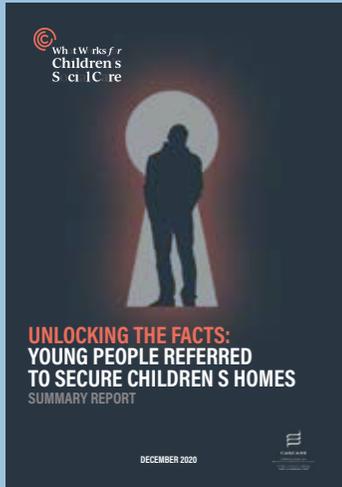
SECONDARY ANALYSIS

Not all research requires the collection of information to create new datasets. We can analyse existing data, in particular administrative data collected by local authorities in the course of their day-to-day activities, to get a description of the current picture as well as evaluate the impact of interventions.

SECURE CHILDREN'S HOMES

We commissioned analysis of administrative data relating to young people referred to secure children's homes for welfare reasons, looking at who was referred, whether they got a place, and what their outcomes were.

We found that between 1st October 2016 and 31st March 2018, about 40% of the 527 young people referred to secure children's homes for welfare reasons were not found a place. The young people who didn't get a place were accommodated in 'alternative placements', including residential care homes and unregulated placements. Some ended up placed in young offenders institutions.

We also found substantial differences between the young people who received a place, and those who did not, with younger girls, and particularly victims of sexual exploitation or violence being most likely to be given a place, and older, particularly Black, boys, with a history of violence - arguably those most in need of a secure children's home placement - being the least likely to get a place.

527
YOUNG PEOPLE
FROM ENGLAND
REFERRED TO SECURE
CHILDREN'S HOMES
FOR WELFARE REASONS

262 FEMALES

265 MALES

12% BLACK/
AFRICAN/
CARIBBEAN/
BLACK
BRITISH

15% MIXED/
MULTIPLE
ETHNIC
GROUP

319
PLACED IN SECURE
CHILDREN'S HOMES

4% ASIAN/
ASIAN
BRITISH

67% WHITE

208
PLACED IN
ALTERNATIVE
ACCOMMODATION

The models missed four out of five children at risk, and when they did identify a child as at risk, they were wrong six times out of ten

MACHINE LEARNING

There is a lot of interest in the use of machine learning in children's social care, with some reports suggesting that a dozen or more local authorities have begun piloting these approaches.

At their core, what this entails is the use of data, including both structured data (like an Excel spreadsheet) and unstructured data (like social care case notes), to find patterns and associations in between what's in the data, and a particular outcome - like whether or not a child enters care. These associations are used to make predictions - either categorising a case as 'high risk', or giving it a risk score, for example saying "this case has a 70% chance of escalation".

Many social workers have reservations about the use of these approaches in children's social care. We have contributed to this debate in two main ways. First, we commissioned a review of the ethics of using machine learning in children's social care. The review, which was conducted by the Rees Centre at the University of Oxford and The Alan Turing Institute, produced guidance, including recommendations for when and how machine learning could be ethically used in this area.

The second project we undertook, carried out by our internal research team, was to work with four local authorities in England to test how well the data they hold - including both structured and unstructured data - could be used to make predictions about new cases in the future..

This technical research found that none of the 32 models we tested performed well enough to count as a 'success' according to our pre-specified criteria. The models missed four out of five children at risk, and when they did identify a child as at risk, they were wrong six times out of ten. Models with more data, or which used text data, did not perform meaningfully better, and so the solution to improving model quality does not appear to be simply to add more data.

Whilst the models we built did not work well in this project, we do not claim to have the final word on whether these models would ever work in the future. For this reason, a key aim of the work was to skill up commissioners and social workers in understanding information on how well models perform. We are testing standardised labelling of models to allow commissioners to understand the pros and cons of each model and compare between options.

HIGHER EDUCATION ANALYSIS

We know that young people with care experience are less likely to attend university than their peers, and that when they do so, they, on average, attend later. Although only 13% attend university at age 19,[40] it is estimated that around 30% of care experienced adults will attend higher education at some point.[41]

In 2020 we published an analysis, conducted by Cardiff University, of the Next Steps data, which follows young people from age ten into early adulthood. We found that the difference in expectations - how likely people think they are to go to higher education, which is one of the strongest predictors of ultimately attending university - the gap between young people with care experience and their peers starts early, and gets wider over time. We also found that fewer care experienced young people with high expectations go on to attend higher education, compared to young people with similarly high expectations but no care experience.

13% of young people with care experience attend university at age 19 however,

30% will attend higher education at some point

Percentages of young people indicating whether they think they are likely to apply to go to university

Young person in care	Previous care experience	Young person not in care
42%	47%	66%
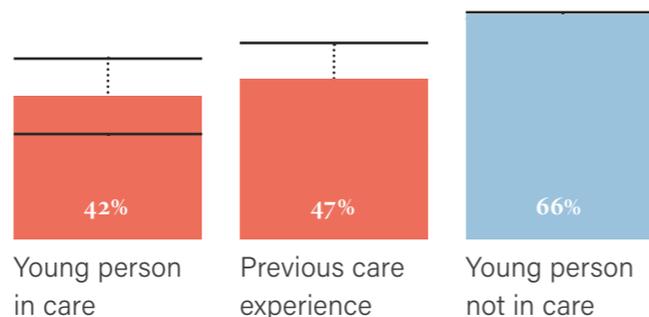
Analysis of the Next Steps dataset

One explanation for the difference in attendance rates, and the lack of expectation translating into reality, is that care experienced young people get, on average, substantially worse grades than their peers. However, research from the Oxford and Bristol Universities[42] shows that young people who have a social worker - but who have not been in care - have lower attainment in their GCSEs than those with care experience. That's why we, jointly with our colleagues at the Centre for Transforming Access and Student Outcomes in Higher Education (TASO), have commissioned the Rees Centre at Oxford University to look at the education and higher education pathways, not just of young people who have been in care and care leavers, but all young people with a social worker.

The physical severing of family ties when a woman enters custody often has profound and lifelong consequences for both them and the children or other dependents involved

66%

of female prisoners are mothers of children under the age of 18

17,700

children estimated to be separated from their mothers by imprisonment each year

WOMEN IN PRISONS

Research suggests that 66% of female prisoners are mothers of children under the age of 18, with more than 17,700 children estimated to be separated from their mothers by imprisonment each year and only 5% of children remaining in their own home once their mother has been sentenced.[43] We are therefore pleased to be working with the Chief Social Worker for England (Children and Families) to take forward a recommendation from Lord Farmer's 2019 Review on female offenders' relationships. Lord Farmer's review found that "the physical severing of family ties when a woman enters custody often has profound and lifelong consequences for both them and the children or other dependents involved."[44] At the same time the review found that prison-based mother and baby units (MBUs) are often underutilised.

The Chief Social Worker has been asked to review professional reasoning and decision making when children are removed from their primary carers when they enter prison to see if it is reasonable (i.e. taken with the welfare of the child as the paramount interest). We have brought together a panel of senior social workers to review between 30-40 cases where children were removed from their mother/primary carer whilst they were in prison. The review will examine cases that took place over the last three years, including a number from Wales, and will make a series of recommendations to improve practice.

4
COLLATION

Collation of research - drawing together what is known and summarising it in an accessible way - is an important part of our work at What Works for Children's Social Care, and our sister What Works Centres. For us, this collation work takes a number of forms.

OUR EVIDENCE STORE

Our Evidence Store, hosted on our website, aims to be a one-stop shop for evidence in children's social care. Entries in our Evidence Store each describe a particular intervention or practice, and what the evidence base currently says about it. The Evidence Store is a useful resource for those involved in the design and commissioning of services, as well as practitioners working with families.

Each entry is based on a robust research study or a systematic review - a type of study which searches through and summarises several individual studies. The majority of entries take the form of an EMMIE summary, where EMMIE stands for:

Effect: What difference does the intervention tend to make, based on published evaluations?

Mechanisms: What do we know about what makes it work?

Moderators: What things, such as the context, might influence whether it works?

Implementation: What is the evidence about how to implement it?

Economic impact: What are the economic implications of using it?
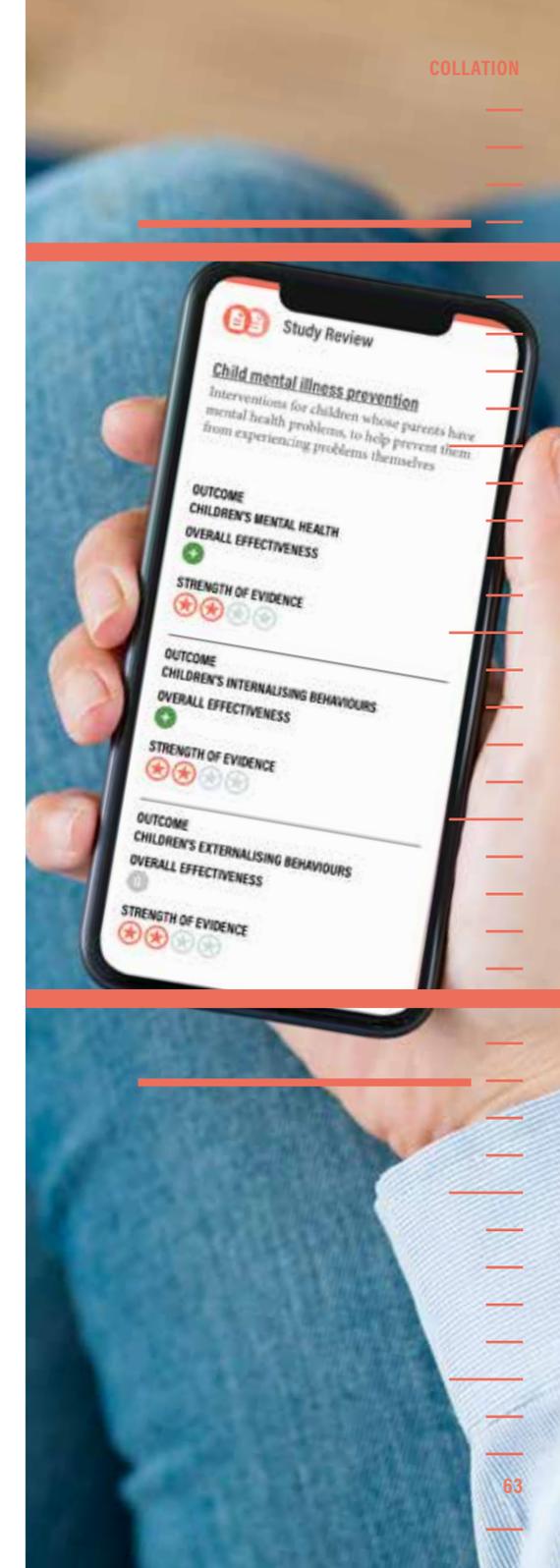
The overall picture painted by the evaluations is of a serious need for more research, and particularly more impact evaluations.

As well as these summaries, we also provide two ratings for each intervention; a measure of the strength of the evidence supporting it (how high quality are the studies that investigate the intervention), and the size of the impacts found by the intervention, ranging from consistently negative to consistently positive.

The store hosts 31 entries as of September 2021, covering interventions from web based parenting support to the Signs of Safety practice model, and has been accessed 48,500 times since January 2019.

SUMMARY OF INNOVATION PROGRAMME EVALUATIONS

Between 2016 and 2020, the second round of the English Children's Social Care Innovation Fund spent more than £200 million to encourage and support innovative practice across the country, funding 50 projects overall. Each of these projects was accompanied by an independent evaluation, overseen by Opcit Social Research.

The reports of these evaluations were published in late 2020 and early 2021, and contain a huge amount of information and insight - in total running to more than 2,000 pages. To make this information accessible and useful to busy professionals, we summarised each study in a single publication.

For each evaluation, we tried to condense some key features of the project; what was done, whether there was an impact evaluation - and the strength of that evaluation - whether there was a cost benefit evaluation, and what it found. For all outcome measures considered by the impact evaluation, we summarised what was found - did the evaluation find an increase in that measure, a decrease or no change.

NEW SYSTEMATIC REVIEWS

Where a topic has not been systematically reviewed in the past, we may either conduct or commission a new review ourselves, to help fill this gap. A systematic review is a robust, objective and transparent overview of all the evidence to answer a particular question. Although the majority of the work we do is 'primary' research, based in the field, we have nonetheless added several systematic and rapid reviews in the last two years, including;

- Reviewing the evidence on Signs of Safety and entry to care

- Reviewing the impacts of Family Group Conferences on care entry

- Systematic review on the policies, programmes and interventions to improve outcomes for young people leaving the care system

- Systematic review of safeguarding young people who experience child sexual exploitation during/around transition from children's to adult's social care services

- Systematic review of matching in foster care

- Systematic review on the effectiveness of social work practice in safeguarding disabled children and young people

A systematic review is a robust, objective and transparent overview of all the evidence to answer a particular question.

5
COLLABORATION

We recognise that we cannot achieve our mission by ourselves; we must work in collaboration and partnership with others. By doing so, we bring to bear the best evaluators in the UK, the resources and talents of our fellow What Works Centres, the experience of subject-matter experts, charities and other research centres, and the passion and expertise of local authority senior leaders, social workers, teachers, virtual school heads, and other stakeholders up and down the country.

WHO DO WE WORK WITH?

LOCAL AUTHORITIES

Our biggest group of partners are local authorities. As of summer 2021, we have worked with 127 of the 152 local authorities in England with responsibility for children's social care - you can see the map of where we're working on p20. Our ambition is to work with every local authority in the country in the coming years.

SUBJECT EXPERTS

We regularly work with subject experts across the children's social care sector and other areas that impact the lives of children. This ensures we are accessing the best knowledge, experience and expertise available. The subject experts we have worked with include:

- Become
- Birth Companions
- Centre of Expertise on Child Sexual Abuse
- Daybreak
- Family Rights Group
- Ofsted

- National Association of Virtual School Heads
- Principal Social Worker Network
- SafeLives
- Social Work England
- TACT

As of summer 2021, we have worked with 127 of the 152 local authorities in England with responsibility for children's social care.

"

What Works for Children's Social Care plays a unique role in the evidence-policy system, of both filling gaps in the evidence base of what works in social work practice, and in working closely with local authorities to support them to use this evidence to change the way they work.

"

Jo Casebourne
Chief Executive,
Early Intervention Foundation

PEOPLE WE FUND

Through both our targeted and open funding rounds, we fund a variety of organisations, including third sector organisations, local authorities, virtual schools, and both academic and independent researchers.

OTHER WHAT WORKS CENTRES

Where our areas of interest intersect with the remit of other What Works centres, we work closely together to ensure the best research and evidence is brought to bear.

- Early Intervention Foundation (EIF)
- Education Endowment Foundation (EEF)
- Transforming Access and Student Outcomes in Higher Education (TASO)
- Youth Endowment Fund (YEF)

EVALUATORS

The organisations on our Panel of Evaluators design and run independent evaluations of promising projects supported or funded by the centre, and work closely with us and our project partners to provide high quality evidence on the impact of interventions. Collectively, they bring a wealth of experience and diverse evaluation expertise.

STAKEHOLDERS AND ADVISORY GROUPS

We have established several advisory groups to help with our work by: helping us understand the issues facing the sector from different perspectives; helping us us shape and refine our research projects; and helping us interpret and frame our findings. These groups include;

Stakeholder Advisory Group
Our Stakeholder Advisory Group consists of academics, social workers, system leaders, and family members. This group meets quarterly, and has helped shape our priorities on areas such as poverty and race.

Young Advisors Group
Our Young Advisors Group is a group of 12 young people with a range of experiences of children's social care. This group meets regularly with the senior leadership of the centre, including the Chief Executive, to discuss our research priorities and the issues they think our research should focus on. Members of this group also participate in our funding panels, helping decide which projects are taken forward.

Education Advisory Group
Our Education Advisory group was established to support our programme of work in and around schools. This group consists of leaders from the worlds of children's social care, education and teaching, and academic research in this area.

Evaluation Advisory Group
Our Evaluation Advisory group provides us with independent expert advice and reflections on current and future projects. The group also provides recommendations on specific methodological and procedural issues, and helped develop our evaluation guidance. Members of the group are drawn from academia, other What Works organisations and research bodies.

Research Ethics Committee
Our Research Ethics Committee reviews our research proposals to identify ethical considerations and makes recommendations on whether to proceed with and/or amend the research. The committee is composed of eight members, and includes individuals with experience in social work, research with young people and lived experience of children's social care.

"

I personally love being part of the young advisors group, it's a great thing to put on my CV and it's wonderful meeting other care leavers that are doing exciting things in their lives. It really feels like I'm making a difference for people in the care system.

"

Niamh
Young Advisor

"

I have found that the young advisors are always pushed to join in discussions. This is done in a positive way that reinforces the fact that our views are highly valued. It feels as though we are working directly to make an impact and open new perspectives surrounding conversation topics.

"

Princess
Young Advisor

6
UPSKILLING AND INVESTING IN THE PROFESSION

PRACTICE IN NEED OF EVIDENCE

We believe that good ideas and good practice can come from anywhere. More than this, we believe that the best ideas about how to improve practice in social work come from social workers themselves.

That's why we've set up our 'Practice in Need of Evidence' (PINE) programme. This programme, which is led by our Practice team, provides colleagues in partner agencies with the tools to begin building an evidence base for their own practice.

Through a mixture of consultations with our team, online tutorials, and practical exercises along the way, delivered through our online portal, PINE helps participants to build a logic model for their interventions; to formulate their own research questions; to develop surveys and interview tools to help them better understand how their intervention is being used, how people feel about it, and ultimately whether it stands a chance to improve outcomes for children.

Through involvement with the PINE programme, we are seeing social care practitioners becoming more evidence-minded in their approach and able to apply principles of evidence-based practice in other areas of their work. We are also excited at the prospect of PINE evaluations leading to larger scale research studies in the near future.

"
It has been helpful to share ideas and get the support and advice from the fantastic PINE team, exploring the logic models and agreeing outcome measures.
"

PINE participant

INSITE (IDENTIFYING NEIGHBOURS + STATISTICAL IMPACTS TOOL FOR EVALUATION)

Alongside the PINE portal, we have developed an easy to use online tool for analysing administrative data on outcomes within children's social care. This tool, which contains data for more than a dozen outcomes over the last ten years, works in a similar way to the Local Authority Interactive Tool (LAIT), in that it helps to identify statistically similar local authorities.

The difference, however, is that the choice of matches in this case is determined not by how similar local authorities are right now but how similar their trends are over recent years. This is a small change, but it makes a big difference to the ease with which an impact evaluation can be conducted using the tool.

Using INSITE, it is possible to select an outcome measure of interest, find comparable local authorities, and conduct a rapid impact evaluation in just a few clicks. Being able to compare to the appropriate 'neighbours' means that local authorities get a real sense of whether they are making progress on a particular outcome for children and young people.

PHD PROGRAMME

We have launched, jointly with the Economic and Social Research Council (ESRC), a programme to fund PhD students in quantitative social care research. This programme, which funds three PhD students starting in September 2021, will prioritise recruitment of social workers themselves to conduct PhD level research that aims to uncover the impacts of particular interventions or facets of the children's social care system.

This partnership between WWCSC, ESRC and the partner universities, will see students working closely with our own researchers, and a substantial investment in increasing the quantity and quality of researchers doing high impact work in this area.

This reflects a need to build both greater understanding of children's services among quantitative social scientists, and greater understanding and use of quantitative approaches to research among social work researchers. This programme, although modest in size will, over time, lead to a sea change in the types of research conducted in this area, and its usefulness for senior leaders and policymakers in this space.

This programme will prioritise recruitment of social workers themselves to conduct PhD level research that aims to uncover the impacts of particular interventions or facets of the children's social care system.

Our research will be of no value if it cannot or does not change practice and policy. There is much to be done in this area, including communicating with the profession about the value of the type of research that we do, and why we do it, as well as sharing the findings from our research.

Training on different types of evidence, and how to spot the differences between high and low quality research, is important if we are to improve the way that the profession uses and creates research.

EVIDENCE, LEARNING AND METHODS TRAINING

In 2021 we launched our Evidence, Learning and Methods (ELM) training programme for social workers. This programme, which was substantially oversubscribed on the first day that it launched, aims to teach social workers about both research methods, and the findings of impact research in the sector. The course is divided into three modules; Introduction to the Evidence Journey; Critiquing Evidence; and Evaluating Evidence. The final module is aimed specifically at commissioners and senior leaders, and supports them to be evidence-minded in their approach to service delivery.

The ELM programme is accredited training and is an excellent way for social workers to access free and high quality CPD. The training has drawn attention from other nations, with social workers in Scotland asking for places and colleagues in Wales commissioning a pilot with a view to a broader roll out for their social workers in 2022.

7
ENGAGEMENT AND TRAINING

Andrea's approach to the training was really inspiring and the knowledge shared left me feeling inspired and hopeful for the future of social work.

Participant
Social Worker
Training: Introduction
to the Evidence Journey

POLLING

Over the last two years, we have also built up a panel of 1,330 (and growing) registered social workers who respond to questions on a regular basis. As well as feeding into our priority setting, these social workers allow us to take the pulse of the profession on issues of the day. For example, during the early stages of the 2020 COVID-19 pandemic, we used our regular fortnightly polling to measure the wellbeing of social workers, and how it changed over time.

HOW OFTEN DO YOU USE RESEARCH TO INFORM YOUR DAY TO DAY PRACTICE?

21%	All of the time
64%	Some of the time
14%	Hardly ever
1%	Never
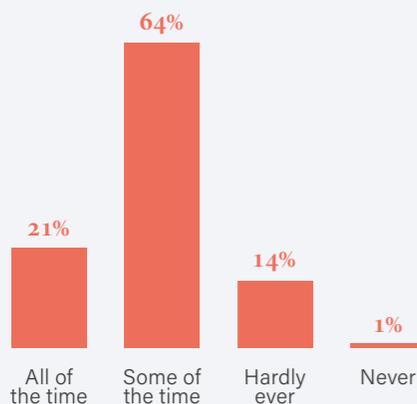
ARE THERE ANY BARRIERS TO USING RESEARCH IN YOUR PRACTICE?

I do not have time to look at research	64%
I do not have any barriers to using research	25%
I have found it difficult to find relevant research	24%
I'm not confident in using research	19%
My employers do not promote research	15%
I do not have access to research	12%
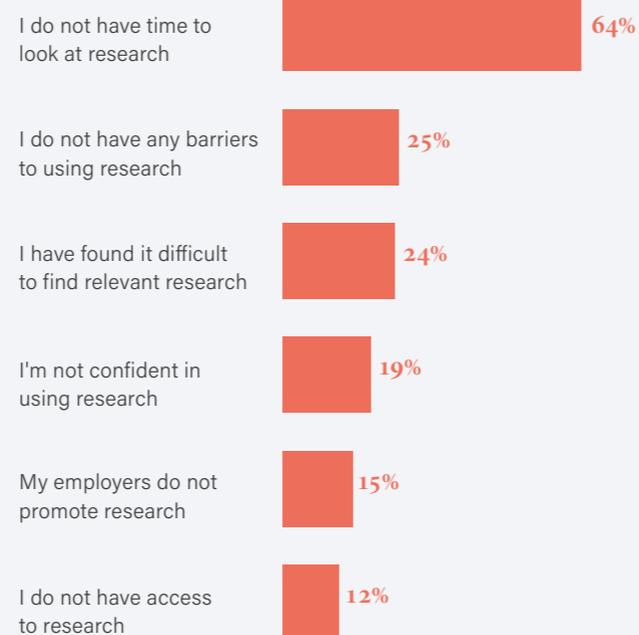
EVIDENCE AMBASSADORS

Launched in 2021, 'Evidence Ambassadors' is our flagship engagement programme. We know that the best advocates for evidence, and the best people to know what social workers need and want from their evidence, are social workers themselves.

That's why we have recruited 20 social workers so far, all of whom are in front line practice, to be Evidence Ambassadors. Based on the EEF's highly successful 'research schools' model, these ambassadors receive training from WWCSC and from other evidence-informed organisations.

The Ambassadors, who are paid a small stipend by WWCSC, have also been allocated funding, and support from our Communications and Events team, to organise events within their own local authorities, and regionally, to tell other social workers about evidence and what they have learned from their training. Since March 2021 there have been 17 Evidence Ambassador events in local authorities across the country, with nearly 200 social workers in attendance. Events have focussed on topics such as machine learning, secure children's homes and interventions to improve workforce wellbeing.

We believe that these Ambassadors will help to create change in the system, as well as feeding back to us on priorities for future research. We are excited about expanding this programme in the coming year.

"

Looking forward to being part of a network of professionals across the UK in different LAs and how we can share different learning and approaches.

" Evidence Ambassador

"
WWCSC has been a significant help in developing our organisation's professional competence of research methods, evaluation and measuring impact. This has enabled us to evaluate our work, as well as other research and approaches. In turn, this has improved our ability to make a positive difference to children and their families. The team has a deep wealth of knowledge and experiences, are highly personable and very collaborative, which makes them a pleasure to work with.

"

Richard Devine
Social Worker, Bath and North East Somerset Council

8
COMMUNICATING OUR FINDINGS AND INFLUENCING POLICY

While collating, conducting and funding research is at the core of what we do, we will have failed in our mission if it just sits on our website, unused by the sector.

While detailed technical reports are important to verify the robust nature of our research, they are often not very accessible to those without a research background or who are short on time. We strive to ensure that our research and findings are useful and accessible to all, in particular practitioners, commissioners and decision-makers. Our reports include short summaries, written in plain English. When topics or findings are particularly complex, we consult our Stakeholder Advisory Group, Young Advisors and the social workers participating in our polling on how to make our findings clear, concise and easily comprehensible. We also utilise graphic design, imagery and data visualisation to make reports engaging. Each output is tailored to suit the audience and objective - with materials ranging from videos, animations and gifs, to an infographic on a paper airplane.

When COVID-19 forced us to postpone most of our ambitious nation-wide events programme, we adapted through a greater focus on digital communications. A mix of webinars, blogs and podcasts allowed our researchers, alongside practitioners and other sector experts, to add context, nuance and discussion to the findings of our research, and help our audience understand the implications within the landscape of the sector.

To maximise the impact of our findings, we ensure our reports include recommendations about changes needed to make a real difference to children and families. We reach out to policy and decision makers to highlight these recommendations, for example we held a series of engagement meetings to look at how to build on the findings from our secure children's homes report. We have also recently submitted evidence to a number of Parliamentary Committee inquiries on areas from COVID-19 to children's homes. As our body of research grows we will continue to develop our influencing role to ensure that children's social care policy is evidence based, delivering better outcomes for children.

Through events, webinars, blogs and podcasts, our mix of researchers and practitioners add context, nuance and discussion to the findings, to help our audience understand the implications within the landscape of the sector.

9
THE FUTURE

MICHAEL SANDERS
CHIEF EXECUTIVE, WWCSC

We are proud of what we have begun, and what we have achieved since our establishment in 2019. Although there is much still to do, we are, as a team, and an organisation, passionate about that we will do in the future, and believe firmly that through evidence, married to practice and policy, we can bring real, substantial, and lasting changes to children's social care, and to the lives of the families and children we serve.

Over the coming months and years, we are committed to expanding the evidence base in children's social care further - through the projects in this report that are already underway, and through new projects, addressing the most pressing issues facing the sector today. We want to work with the sector to identify and evaluate promising interventions to ensure that we are using the most effective means to support children and families.

We will continue to be interested in interventions of all size and scale that seek to improve life for children and young people with a social worker - from whole system practice models, to targeted interventions for specific groups of children; from interventions that improve the educational attainment of children with a social worker, to those that address mental health, or support care-leavers. We will also expand the size and scope of our work to include the underlying causes of the challenges faced by families - poverty, inequality, ill-health and more.

As the evidence base grows, we will continue to work tirelessly to ensure that it is translated into improvements in the lives of children and families. We will ensure that the evidence is available, relevant and useful to those who need it and can use it, and will continue to share our findings and recommendations widely and across different

We want to work with the sector to identify and evaluate promising interventions to ensure that we are using the most effective means to support children and families.

We will ensure that the evidence is available, relevant and useful to those who need it and can use it, and will continue to share our findings and recommendations widely and across different platforms.

platforms. We will push for changes in policy to ensure it is in line with the best available evidence. We will continue to work with partners across the sector - local authorities, charities, academia and more - to harness our collective skills and expertise to bring about change.

As well as building the evidence base, we will continue to build evidence-mindedness and research capacity within the sector. Through an expansion of our Evidence Learning and Methods training, our Practice in Need of Evidence programme, and our Evidence Ambassadors, we will strive to ensure practitioners and leaders can confidently assess and use research and evidence.

We will continue to amplify the voices of those with knowledge and experience of children's social care - social workers, other practitioners, families and, most importantly, children and young people - through our engagement work and various advisory groups.

Above all, we will be driven by our mission - to improve outcomes for children and families with a social worker. We hope you will join us as we continue our journey.

Michael Sanders
Chief Executive, WWCSC

10
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