

what works  
centre for

**CHILDREN'S  
SOCIAL  
CARE**

**Reducing the need for children to come  
into care: A survey of approaches used  
by local authorities in England**

November 2018

## Contributors

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How to cite: Addis, S., Corliss, C., El-Banna, A., Maxwell, N., Scourfield, J., Warner, N. and Williams, A. (2018) Reducing the need for children to enter into care: A Survey of approaches used by local authorities in England. Summary Report. London: What Works Centre for Children's Social Care.

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## Acknowledgements

We thank Samia Addis, Cindy Corliss, Aimee Cummings, Jillian Grey, Zoe Bezeczky, Charlotte Pitt, Nell Warner, and David Westlake for their support in screening. We

thank Alison Evans and Aimee Cummings for their administrative support in conducting the research.

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## About the What Works Centre for Children's Social Care

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

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

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## About CASCADE

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

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

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

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A key focus for the What Works Centre (WWC) is understanding how we can safely reduce the number of children in care. We are reviewing the research evidence and publishing our findings in the Evidence Store. We have also carried out three related pieces of work to find out what is happening across England in relation to reducing the need for children to enter care and to identify next steps for the WWC. The three pieces of work are:

1. an analysis of the differences between local authorities to identify the factors associated with some having reduced the number of children in care, while in most local authorities the number has increased;
2. a survey of all local authorities to identify how services are working with families to keep children safely at home and to shape our research priorities;
3. in-depth interviews with service leaders to explore how they seek to prevent the need for children to enter care in their area.

This brief summary reports on the findings from the second of these activities – the survey of all local authorities in England.

An online survey was distributed to Directors of Children's Services in all local authorities in England (n=152). Sixty local authorities (39.5 per cent) completed the survey.

Respondents were asked to select the top three approaches that they thought were most effective in preventing the need for children to come into care in their local authority. The most popular was a whole system approach, selected by 81.7 per cent, followed by edge of care services (61.7 per cent), early help (56.7 per cent), family group conferences (43.3 per cent), parenting programmes (18.3 per cent), short break services (15 per cent) and 'other' services which did not fit the categories offered (20 per cent).

Far and away the most popular whole systems approach was Signs of Safety, identified in 21 of the authorities (35 per cent). No other approach was close to being as widely used, with systemic, restorative and multi-model approaches each mentioned by five or six authorities. Qualitative responses identified similarities across the different approaches, with respondents identifying that they involved strengths-based and relationship-based in work with families.

There was more variety in the description of edge of care services, with few delivering a pre-defined model or approach. Almost half were targeted at adolescents. The most common description of the service was an intensive family work approach used over a short period – typically 12 weeks. This is akin to Intensive Family Preservation Programmes (IFPPs), though none identified using a specific IFPP model. The most commonly mentioned specific method was Multi-Systemic Family Therapy, though this was only identified in five authorities.

There seemed to be great variety in the understanding of “early help”, with authorities varying in their understanding of what “early” meant – ranging from generalised prevention to specific help to avoid care. The type of help described varied so much it was difficult to identify common approaches to “early help”.

The most common specific method identified by authorities for reducing the need for care was Family Group Conferencing (FGC). The principles of FGC as a collaborative way of working and a means of including the wider family were commonly identified among respondents. There was, however, considerable variation in the point at which a family group conference was offered, with some local authorities offering it early in involvement, others when care or return from care was an option and some describing a flexible offer. Several local authorities had evaluated the number of children entering care after a family group conference, with the proportion ranging from 4 per cent to 50 per cent. Both were cited as examples of FGC success, which probably relates to how serious the risk of actual care entry was for that particular FGC service offer.

Parenting interventions were described as one of the primary ways of reducing the need for care for almost a fifth of local authorities. A variety of programmes were described, with most being recognised programmes with evidence that they tend to improve child outcomes – though few had evidence they reduced care.

Finally, short break services were most often offered for families of children with disabilities, though also for some families where a child’s behaviour was particularly challenging. Limited detail was provided about short breaks as a way of reducing the need for care.

We asked local authorities about the evidence they had that the approaches they use worked. Surprisingly, the most common source of evidence seemed to be that practitioners and/or families thought it worked. There were references to independent evaluations – particularly for approaches that had been part of the Innovation Programme. As expected, there were very few reported evaluations comparing approaches or comparing a method and usual service or outcomes before implementation. Unexpectedly, there were few examples of robust self-evaluation approaches, for instance examining impact on care before, during and after an approach was implemented or examining the comparative success over time of an established method.

The bulk of approaches were reported as having been introduced over the last five years. This may indicate a high level of change in approach in local authorities; perhaps because local authorities periodically revise their approaches. It is also possible that a specific focus on reducing numbers in care has become more of a priority in recent years. However, it appeared likely that in general - and in particular with whole system reforms - there has been more focus on delivering organisational ways of working in recent years.

Local authorities that had seen a reduction in care were more likely to report having instigated their approaches 5 to 10 years previously. Often, those who had seen increases in their care population reported that they had recently adopted the approaches they were using. Caution is advised when interpreting this finding, as it is self-report data. It is not possible to be sure whether there is a causal relationship between the self-reported time of instigating an approach and reducing numbers in care.

### Implications and next steps

- The analysis of 30 in-depth interviews with service leaders explore in greater depth their understanding of services to safely reduce the use of care in their area – and compare local authorities which have reduced the number with those who have seen increases across 10 regions in England;
- The first three systematic reviews to be carried out by the WWC will be on the three most common approaches being implemented in local authorities, namely:
  - Signs of Safety
  - Family Group Conferencing
  - Intensive Family Preservation Programmes
- Priorities for next reviews will also be influenced by findings from the survey and interviews.
- An urgent priority is to help local authorities gather better evidence about whether the services they deliver to reduce the need for care are effective.

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