



# IMPROVING THE EFFECTIVENESS OF THE CHILD PROTECTION SYSTEM

OVERVIEW

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DONNA MOLLOY, STEVE BARTON AND LUCY BRIMS

## ACKNOWLEDGMENTS

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## ABOUT THIS PROJECT

This overview report was produced as part of a wider project on improving outcomes within the child protection system, commissioned by the Early Intervention Foundation (EIF) in collaboration with the Local Government Association (LGA) and supported by the NSPCC, Research in Practice and the University of Oxford. The project had five strands (described below), all of which are published as separate research papers.

This overview and the five research papers in the series can be accessed via the EIF website:

<http://www.eif.org.uk/publication/improving-the-effectiveness-of-the-child-protection-system-overview>

1. Improving the effectiveness of the Child Protection System – a review of literature: A review of literature in order to identify both known and emerging/innovative systems and practices and other ways of working shown to improve outcomes for children who have experienced abuse and neglect or are clearly identified as being at risk of such abuse. This has been carried out by Professor Jane Barlow and Anita Schrader McMillan at the University of Oxford.
2. Child protection – a review of the literature on current systems and practice: A literature review of publicly available information investigating current local authority delivery of approaches, systems or interventions presented as good practice in published reports. This has been carried out by Research in Practice.
3. The use of research evidence regarding ‘what works’ in local authority child protection systems and practice: An analysis of five local authorities: An examination of child protection systems and practices in a small number of local areas using surveys or deep dives. This maps out a comprehensive list of the features of the systems and practices in those areas, in order to understand the journeys and interventions experienced by children at risk, and where financial cost are incurred. This has also been carried out by Research in Practice.
4. Trends in Child Protection: England: This has been carried out by the NSPCC as part of their annual *How Safe are our Children?* report, using trend data on 22 indicators around child protection that cover England.
5. An analysis of international trend data on child protection indicators: A review of international indicators that are the same as or similar to those in the NSPCC’s *How Safe are our Children?* report, in order to facilitate international comparisons, also carried out by the University of Edinburgh with the support of the NSPCC.

## ABOUT THE AUTHORS

- Donna Molloy is director of dissemination at EIF.
- Steve Barton is an associate at EIF, and formerly an assistant director of children’s services at Brighton and Hove Council.
- Lucy Brims is a research officer at EIF.

### Early Intervention Foundation

10 Salamanca Place  
London SE1 7HB

W: [www.EIF.org.uk](http://www.EIF.org.uk)

E: [info@eif.org.uk](mailto:info@eif.org.uk)

T: [@TheEIFoundation](https://www.instagram.com/TheEIFoundation)

P: +44 (0)20 3542 2481

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The aim of this report is to support policy-makers, practitioners and commissioners to make informed choices. We have reviewed data from authoritative sources but this analysis must be seen as supplement to, rather than a substitute for, professional judgment. The What Works Network is not responsible for, and cannot guarantee the accuracy of, any analysis produced or cited herein.

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# Executive summary

Increasing demands on the child protection system in the context of current fiscal constraints has led to growing debate as to how scarce resources can be used to best effect. This project, a collaboration between EIF, the LGA and the NSPCC, with support from Research in Practice (RiP) and the Department of Social Policy and Intervention at the University of Oxford, addresses three main questions:

- What has been shown to improve outcomes for children in the child protection system?
- What do we know about what local areas are delivering as part of the child protection system?
- What do we know about the overall effectiveness of the child protection system?

This overview report provides a summary of key findings and lessons from five detailed research papers, which have been published separately.<sup>1</sup>

The scope of this work did not include interventions and approaches provided as part of a local early help offer, which could reduce demand on children's social care. The evidence on effectiveness in early help is the core focus of the Early Intervention Foundation.<sup>2</sup>

## What does the evidence tell us about what is effective in improving outcomes for children in the child protection system?

The review of evidence published as part of this project has identified interventions that have been shown through robust studies to be effective in improving outcomes for vulnerable children.

Where families are facing complex, multi-layered problems, an integrated package of support is almost certainly required. The evidence points to the value of **parent-focused interventions that are underpinned by clear logic models** (theories of change) geared to strengthening parent-child interactions and reducing child conduct problems. The components of this package must be identified following assessment of the needs of the family, and interventions must be targeted specifically according to these needs and the age of the children.

The success of any intervention depends on a number of common elements, the most important of these being the quality of the therapeutic relationship between a practitioner and the child, parent or family. The evidence suggests that strengths-based approaches which acknowledge the challenges parents face are likely to be more effective than overly focusing on parental deficits, which is more likely to lead to resistance.

The review of evidence published alongside this report highlights the specific interventions and practices with proven evidence of effectiveness in detail, and is summarised in this overview report. This evidence provides an important new resource for local authorities.<sup>3</sup>

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1 All five research papers are available at: <http://www.eif.org.uk/publication/improving-the-effectiveness-of-the-child-protection-system-overview>

2 For more information, see: <http://www.eif.org.uk>

3 For more detail on how to read these summaries, see the section 'Understanding the evidence' in the following chapter, Introduction.

## KEY FINDINGS | 1 of 3

PARENT-CHILD RELATIONSHIPS  
AND ASSOCIATED OUTCOMES

## To reduce physical abuse

Evidence supports family-focused casework and enhanced versions of parenting programmes, such as the *Incredible Years Programme*.

There is evidence to support *multisystemic therapy – child abuse and neglect* (MST-CAN) as a component of treatment for physical abuse, but the impact may depend on the severity and complexity of the families' problems.

## Where there is emotional abuse/harmful interactions

The most consistent evidence supports the use of *Parent Child Interaction Therapy* (PCIT) for improving outcomes when there are concerns about physically abusive parenting. *Child-Parent Psychotherapy (Lieberman model)* and the *Parent-Child Game* (also known as *Helping the Noncompliant Child*) also have evidence of improving parenting behaviours and child outcomes when there is a known risk of child maltreatment.

A recent trial of the *Child First* programme in the United States has found good evidence of reductions of child maltreatment in families where there is an identified risk.

## For children who have been neglected

The review failed to identify interventions with strong evidence of improving outcomes for children where neglect has been identified as the primary issue. We believe this to be a significant gap in the evidence base.

## For children who have been sexually abused

*Based on forthcoming NICE guidance*

The NSPCC is currently evaluating the effectiveness of *Letting the Future In* (LTFI) for boys and girls aged 8 to 17 who have been sexually abused.

For girls aged 6 to 14 who have been sexually abused and who are showing symptoms of emotional or behavioural disturbance, the recommendation is for careful discussion with the girl about her own preference for either individual-focused psychoanalytic therapy or group psychotherapeutic and psycho-educational sessions. Separate sessions need to be provided for the non-offending parent or carer.

## Older maltreated children with trauma symptoms

*Child-parent Psychotherapy (Lieberman model)*, or *trauma-focused cognitive therapy* for both the child and parent, may improve parental sensitivity or attachment security in children and in young people with signs of trauma as a consequence of maltreatment.

## KEY FINDINGS | 2 of 3

SUPPORTING THE PARENT, CHILD OR BOTH  
WHERE CHILDREN ARE EXPOSED TO PARENTS  
EXPERIENCING PROBLEMS

## Where a parent is substance-dependent

The *Parents Under Pressure* programme is currently undergoing a trial in the UK on the basis of preliminary evidence identified in several Australian studies. There is also evidence to suggest that *Behavioural Couples Therapy* (BCT) reduces substance misuse problems when offered in families where only one parent has a substance misuse problem.

Studies also suggest that improved child outcomes can occur when BCT is combined with the *Parent-Child Game* (also known as *Helping the Noncompliant Child*). The extent to which BCT is available in the UK is unclear.

Emerging, recent evidence shows promising results for the *Family Drug* and *Alcohol Court* programmes.

## Where parents face complex problems

Integrated packages of support are likely to be required, often tailored to the needs of each family member – for example, a combined focus on substance use and parenting.

## KEY FINDINGS | 3 of 3

## FOR FAMILIES WHERE DOMESTIC ABUSE IS PRESENT

There is moderate to strong evidence that interventions that involve mothers and children together appear to be more effective than community case-management or child-only treatment, on a range of outcomes for both mother and child.

Intensive family preservation programmes have been shown to be more effective for families facing a temporary crisis, but least effective for families with patterns of chronic abuse and neglect.

## For victims of domestic abuse

There is moderate evidence that counselling interventions may improve symptoms associated with post-traumatic stress disorder (PTSD), depression, anxiety, self-esteem, stress management, independence, support, re-occurrence of violence, birth outcomes for pregnant women, motivational level and/or readiness to change.

There is moderate evidence that therapy interventions may be effective in improving PTSD symptoms, depression, trauma symptoms, psychological and social outcomes, and/or parenting/family-related outcomes, and in some cases may reduce likelihood of future intimate partner violence (IPV) or re-abuse.

### For children exposed to domestic abuse

There is some evidence to support the use of psycho-educational interventions based on empowerment models; multicomponent interventions (such as community-based service planning, nurse case management, and non-parental child care for disadvantaged families) with a focus on advocacy; and mother–child therapeutic treatment.

*Child-Parent Psychotherapy (Leiberman model)* also has evidence of reducing both parent and child symptoms of trauma in families who have experienced domestic abuse.

### For perpetrators of domestic abuse

Evidence on intervention programmes for perpetrators of domestic abuse tends to show limited effects in changing perpetrator behaviour. This is an area where new models are being developed, although evidence of effectiveness is at an early stage.

*Caring Dads, Safer Children (CDSC)*, a fathering programme for partner-violent men, found evidence of sustained change among a proportion of fathers who completed the programme, although for some the degree of change was insufficient to cease monitoring contact with their families.

However, as the evidence review makes clear: ‘research evidence on the effectiveness of an intervention provides a starting point, rather than the final word, for effective and safe practice’. Evidence of effectiveness is important, but is not the only consideration in making decisions locally about what to commission. Factors such as cost and fit with the wider local system are also important. Making final decisions about specific interventions that could be delivered should be done

***‘Research evidence on the effectiveness of an intervention provides a starting point, rather than the final word, for effective and safe practice.’***

by assessing potential interventions for both their feasibility and acceptability within the local context of resources and priorities. It is also important to consider how far any new evidence-based intervention is likely to provide measurable value over and above the current provision.

### Areas where there is a lack of evidence

There are some gaps in evidence, such as what works best to improve outcomes for children who have experienced neglect. Other notable examples highlighted by this work include the lack of robust evaluation of the impact of multi-agency safeguarding hubs (MASH) and other integrated or multi-agency approaches. The lack of evidence for aspects of social work practice is also notable. More could be done to specify the role of evidence in relation to direct work with families, so that professional judgment is underpinned and informed by evidence. The current lack of evidence of impact on reducing child maltreatment for commonly used approaches such as Signs of Safety and family group conferencing is also significant, although it is encouraging to note that both are subject to evaluation at the time of writing.



## What do we know about what local areas are delivering?

The five local authorities involved in our research emphasised the importance of a clear overall vision for the delivery of services to vulnerable children and families, corporately owned and supported throughout the organisation, in developing an effective child protection system. A single overarching approach with a shared set of principles enabled commissioners and practitioners to commission services and interventions that fit within that wider framework. This was felt to be significant because individual interventions and approaches to work with families often relied on their interaction with other services and support mechanisms already in place locally.

Local authorities included in the research were delivering some of the services highlighted by the evidence review as being effective. While this is very positive, it was not clear how far these services were available to all those families who might need them, or to what extent there were families and children with needs for which there are not well-evidenced interventions available. This highlights the significant gap between what is known to be effective from peer-reviewed studies and what is delivered in local child protection systems.

This work also highlights the extent to which approaches described in the evidence review as 'innovative but not yet evidenced' are being widely delivered.

## What do we know about the overall effectiveness of the child protection system?

Answering this question starts with an understanding of the current system. We know that demand has increased. However, weaknesses in data collection mean that we have only a limited picture of the factors underpinning this increased demand, including the extent to which it is driven by changes to the system, changes in funding, or changes in the make-up of the local child population. Wider factors may be increasing demand, such as increasing poverty and homelessness, although it is challenging to establish a causal relationship. Local authorities have also identified domestic abuse, poor mental health and substance misuse as contributing towards increased demand.

The picture of child safety today is mixed, but it appears that people are more willing to speak up about child maltreatment than in previous years. While individual examples of good work may look different in different places for different children, we still need to do more to understand whether the child protection system as a whole is working well for children. Despite some national indicators indicating an improving picture, we have limited understanding of the effectiveness of the child protection system. A shared outcomes framework and a consensus around 'what good looks like' in children's social care are lacking. Local variation in services exists. Children are more likely to be on a child protection plan if they live in a more deprived area, and spending on children's social work varies widely across England. Current Ofsted judgments conclude that 22% of the services it has inspected since 2013 are inadequate, while a further 46% still require improvement to be good.

## Priorities for action

At a time of shrinking budgets and increasing demand, it seems particularly important to use the evidence to ensure scarce resources are directed towards interventions with the greatest chance of success. While evidence of impact is not the only consideration in deciding what to deliver, on balance, families and

children who receive interventions shown through robust methods to improve outcomes are more likely to benefit and to a greater degree than those who receive other services.

Reducing the distance between the worlds of evidence and local decision-making will require a variety of bodies to work collaboratively to communicate and develop the evidence, to support local areas to use that evidence, and to develop 'evidence literacy'. The government intends to establish a new What Works Centre for Children's Social Care, which provides an important opportunity to create the central infrastructure to respond to some of these issues. It will be important that questions of 'what works' and outputs from the centre are sufficiently nuanced to guide local authorities to apply the evidence in varying strategic and operational contexts.

### 1. Supporting use of evidence of effectiveness and overcoming misconceptions about gaps in the evidence

Specifically, those working in evidence generation and knowledge brokerage need to do more to:

- Communicate the nature of the evidence for child protection to local leaders and commissioners, including which activities are supported by good evidence, which activities are harder to evaluate, and where the gaps are.
- Guide local decisions by providing clear information about which approaches are likely to provide the most effective help and protection and those that have yet to demonstrate impact on outcomes for children.
- Make it clear whether and how particular circumstances and local context might impact upon the effectiveness of an intervention.

### 2. Building 'evidence literacy' among local leaders, commissioners and practitioners

It is important to ensure that the way evidence is presented helps to build awareness of why evidence matters and makes clear to practitioners how the evidence in question can underpin professional judgment and direct work.

### 3. Filling the gaps in the evidence

This work highlights some clear gaps and issues in relation to the available evidence that need to be addressed by all those with an interest in ensuring child protection work is informed by evidence.

This includes ensuring that evidence of impact is developed for some of the widely used approaches where it is not yet available. This information should also include detail about the costs of delivery and cost-benefit analysis, to help other areas develop business cases.

It should also be a priority to conduct robust evaluation of some of the 'innovative but not yet evidenced' multi-disciplinary approaches to assessment and delivery which are widely used, such as multi-agency safeguarding hubs (MASH).

### 4. Supporting the analytical capacity in local areas

Action is needed to develop the analytical capacity in children's social care to understand the nature of their local demand and apply the evidence as it relates to leadership, commissioning and practice. Government, in close partnership with the sector, has an important role to play in providing assistance or capacity in local areas that have had to reduce their own internal capacity for evidence appraisal and data analysis.

## KEY IMPLICATIONS FOR LOCAL LEADERS OR THOSE SCRUTINISING LOCAL SERVICES

Evidence could, and should, play a greater role in improving the effectiveness of the child protection system than is currently the case. This work highlights interventions that trials have shown to benefit more children and/or to a greater degree than other services.

Local leaders have a crucial role to play in helping to ensure that evidence is used in decision-making, commissioning and work with families so that children and families receive the best possible support. Improving the effectiveness of the local child protection system requires taking a systematic approach to managing demand and cost.

This means:

- using evidence to understand local need and demand
- selecting interventions which have evidence of improving outcomes for vulnerable children and which match local needs
- where evidence of impact is not available, asking questions about other sources of evidence or knowledge that are being used as a basis for decisions.

## KEY QUESTIONS FOR LOCAL LEADERS TO ASK

- To what extent does evidence feature in the design, business case and operation of your statutory child protection system?
- Do your local arrangements take account of the available research evidence about which interventions or approaches work in local child protection systems?
- Where new or innovative approaches are being considered, is there sufficient capacity available to evaluate their impact?
- How do you know and when are you told? Do you have effective arrangements in place for overseeing your local child protection system?

## BUILDING EVIDENCE INTO LOCAL CHILD PROTECTION SYSTEMS

Lead members and directors of children's services should consider how to ensure that the use of evidence becomes an integral part of the vision for and culture of children's services in their area, and a key factor for decision-making in the service and with partners. This might involve:

- **Reviewing the local child protection system:** for example, by including an assessment of the extent to which local interventions and approaches are grounded in evidence as part of ongoing work to review local child protection system budgets and performance.
- **Consolidating evidence-based decision-making:** actively interrogating the use of research evidence in local commissioning decisions, for example by requiring local managers and principal social workers to include the strength of evidence in any business cases affecting social work practice and in specifications for services commissioned with or delivered by the authority's partners.

- **Consolidating effective cost– benefit analysis:** reviewing how cost–benefit models are currently used and how that use might be strengthened or shared to improve strategic planning and decision-making, including with directors of finance or resources, and with finance directors in key partner agencies.
- **Consolidating local learning partnerships:** strengthening the learning culture, including partnerships with local universities, by enabling and embedding the systematic use of research evidence by all practitioners across the local child protection system. Particular attention could be paid to the leadership role of the principal social worker in promoting the use of evidence to inform social work practice and practice wisdom.

# 1. Introduction

## Context and purpose

The rising demand on the child protection system in the context of current resource pressure has led to growing debate as to how scarce resources can be used to best effect. This project, a collaboration between the EIF, LGA and the NSPCC with support from Research in Practice and the Department of Social Policy and Intervention, University of Oxford, aims to provide an objective analysis of current trends in the child protection system and the evidence about which approaches impact on child outcomes. By setting this alongside information about current decision-making and practice in local areas, the work aims to highlight steps that could be taken both locally and nationally to improve the effectiveness of the system.

Local authorities have a statutory duty to provide a child protection (social work) service for the most vulnerable children, with a number of statutory functions under the 1989 and 2004 Children Acts. The cost of this system is an estimated £6 billion a year nationally, and it absorbs a large proportion of the budget for children's services locally. There has been a significant increase in activity in many parts of the system recorded nationally, and locally councils are reporting increasingly complex child and family needs – all at a time of significant budget pressures. As a consequence, many local authorities are weighing up the risks and the options for changing the way they do things.

The Local Government Association (LGA) has worked with the Early Intervention Foundation (EIF) to review the evidence on approaches that have been found to impact on child outcomes for children suffering or at the risk of suffering abuse and neglect, and to compare this with the services that are actually being delivered in local authorities in England. The aim was to establish whether there are messages from the evidence that could inform the efforts of local leaders trying to simultaneously manage demand, reduce spending and improve outcomes. The work also considers any implications for the national leadership of the children's social care system.

The term 'child protection system' is used in this work to refer to statutory child protection services, interventions and practice with children and young people who require a social care response, as defined by current legislation and guidance. This includes:

- children assessed to be in need of services due to risks to their health and development under section 17 of the Children Act 1989
- children assessed to be experiencing, or at risk of, significant harm under section 47 of the Children Act 1989
- children assessed to be at such significant risk that care proceedings are necessary and for whom the local authority is going through the public law outline (PLO) process.

This scope of this work did not include interventions and approaches that could potentially reduce demand on children's social care as part of a local early help offer. The evidence on effectiveness in early help is the core focus of EIF's wider work – for more information, see: [www EIF.org.uk](http://www EIF.org.uk)

## Methods and the research strands

This project had five separate strands, which together aim to answer three questions.<sup>4</sup>

### 1. What does the evidence tell us about what is effective in improving outcomes for children in the child protection system?

**Strand 1: Improving the effectiveness of the child protection system – a review of literature:** This review of literature was undertaken in order to identify both known and emerging or innovative systems and practices and other ways of working shown to improve outcomes for children who have experienced abuse and neglect or who are identified as being at risk of such abuse. This has been carried out by Professor Jane Barlow and Dr Anita Schrader McMillan at the Department of Social Policy and Intervention, University of Oxford. The review document is, in itself, a new and valuable resource for local authorities.

### 2. What do we know about what local areas are delivering?

**Strand 2: A rapid knowledge review of current child protection systems and practice:** This provides a review of publicly available information on current local authority delivery of approaches, systems or interventions presented as good practice in published reports. This has been carried out by Research in Practice.

**Strand 3: The use of research evidence regarding ‘what works in local authority child protection systems and practice: An analysis of five local authorities:** This examination of child protection systems and practices in five local areas was undertaken using surveys or deep dives. This paper maps out a comprehensive list of the features of the systems and practices in these areas, in order to understand the journeys and interventions experienced by children at risk, and where financial costs are incurred. This has been carried out by Research in Practice.

### 3. What do we know about the overall effectiveness of the system ?

**Strand 4: Trends in child protection in the UK:** This analysis, using trend data on 22 indicators around child protection that cover England, has been carried out by the NSPCC as part of their annual *How Safe are our Children?* report.

**Strand 5: Bringing the global to the local: Review of global trends in the prevalence and services for child maltreatment in order to inform research, policy and practice in England:** This is an analysis of child protection indicators that are the same as, or similar to, those in their *How Safe are our Children?* report, provided to facilitate international comparisons. It was carried out by the University of Edinburgh with the support of the NSPCC.

This overview report is based on these five strands of work.

## Understanding the evidence

The majority of interventions highlighted in this summary have been judged by the EIF team to be ‘evidence-based’, meaning that the interventions have evidence consistent with an EIF level 3 rating.<sup>5</sup> This level means that programmes are based on a rigorous evaluation, using a randomised controlled trial (RCT) or high-quality

4 All five research papers are available at: <http://www.eif.org.uk/publication/improving-the-effectiveness-of-the-child-protection-system-overview>

5 For more information on the EIF evidence standards and ratings, see: <http://guidebook.eif.org.uk/eif-evidence-standards>

quasi-experimental design (QED), and that meaningful, positive child outcomes have been identified.

This allows us to be sufficiently confident that causality can be attributed to the intervention model. While not all of these interventions have undergone a full EIF evidence assessment, we believe that there is good, face-value information to suggest that the study design and findings are consistent with the EIF level 3 standards.

Occasionally, interventions with more preliminary evidence are mentioned because they may be of particular interest to UK audiences. In this instance, we use the term 'preliminary' as there is good, face-value information to suggest that the study design and findings are consistent with our level 2 rating. This rating means that there is evidence of improving a child outcome, but that some features of the methodology do not yet allow causality to be inferred.

It is worth noting that it is more challenging to assess the effectiveness of generic practices or ways of working than to assess interventions, since many practices are less distinct and not always time-bound, and are therefore less amenable to randomisation or other impact evaluation. Thus, when describing practices, we may refer to evidence that has been collected through qualitative or observational methodologies. In these instances, no inferences about causality or impact can be made, although knowledge about user views are of value.

Throughout the report we have tried to be clear about when we are discussing empirical evidence on effectiveness, and where we are using the term evidence in a broader sense, which may include qualitative evidence such as user opinion.

## 2. What does the evidence tell us about what is effective in improving outcomes for children in the child protection system?

In order to answer this question, the Department of Social Policy and Intervention at the University of Oxford was commissioned to undertake a rapid review of peer-reviewed academic research.<sup>6</sup> The specific objectives were to identify:

- known and emerging or innovative systems and practices shown to improve outcomes for children who have experienced abuse and neglect or are at clearly identified risk of such abuse<sup>7</sup>
- effective programmes for these groups of children, in addition to evidence regarding effective methods of assessment and engagement, practitioner training, working and management.<sup>8</sup>

The wider literature on the components of effective leadership, culture, vision and organisational development was not covered by this review.<sup>9</sup>

### WHAT IS A RAPID REVIEW OF PEER-REVIEWED ACADEMIC RESEARCH?

This stage involved a rapid review of existing reviews of evidence. In this case, the rapid review identified 28 reviews published between 2005 and 2016. A strength of this methodology is that it allowed the authors to quickly identify a set of consolidated messages within the research literature regarding child maltreatment and child protection. One disadvantage, however, is that some information may be out of date: information provided in a review published in 2008, for example, can be only as recent as 2008. A second disadvantage is that this rapid review of reviews was necessarily not fully exhaustive. We therefore have provided, in the summary boxes that follow, information about additional interventions identified through our ongoing work more generally.

6 This section is based on strand 1 of the project. The strand paper is available at: <http://www.eif.org.uk/publication/improving-the-effectiveness-of-the-child-protection-system-overview>

7 The following groups of children aged 0–21 in any of the following categories were included: pre-proceedings; s17 (CiN) including children who go missing; s47 (child protection); targeted support (e.g. troubled families); CSE / targeted youth support (which may indicate existence of abuse, neglect and other harms that are not being addressed through formal child protection processes).

8 In this context, effectiveness is defined as achievement of an intervention's intended objectives, for example, reducing or eradicating the risk of further abuse to the child and supporting recovery from the consequences of abuse.

9 Recent studies on this subject are available from the LGA, at: <http://www.local.gov.uk/our-support/our-improvement-offer/childrens-services-improvement>



The term ‘child protection system’ covers a broad spectrum of services that take place in a local area delivered by local authorities with their public-sector partners and inspected by Ofsted, such as:

- **Evidence-based programmes or services:** a discrete, organised package of practices or services, often accompanied by implementation manuals.
- **Practices and approaches:** techniques for bringing about change with families that can be either distinct (such as video feedback to strengthen parental sensitivity/child attachment security, or motivational interviewing) or fairly loosely defined (strengths-based practice).
- **Processes** such as assessment tools and frameworks.
- **Workforce development:** including training, support and skills development.

Child protection work takes place within a complex system that can make evaluation difficult. Some types of activities that take place within this system are much more amenable to rigorous evaluation and testing than others. This means that evidence is not available to the same extent in relation to all of the activities that take place within the child protection system.

## Where is the evidence strongest, and what are the priorities for evaluation?

The strongest evidence relates to discrete programmes or practices. The review of evidence published alongside this report has identified interventions and practices that have been shown to be effective in improving outcomes for vulnerable children by robust studies. These are summarised in the section below.<sup>10</sup>

Where families are facing complex, multi-layered problems, an integrated package of support is almost certainly required. The evidence points to the value of **parent-focused interventions that are underpinned by clear logic models** (theories of change) geared to strengthening parent–child interactions and reducing child conduct problems.

The success of any intervention depends on a number of common elements, the most important of these being the quality of the therapeutic relationship between a practitioner and the child, parent or family. The evidence suggests that strengths-based approaches that acknowledge the challenges parents face are likely to be more effective than overly focusing on parental deficits, which is more likely to lead to resistance.

In order to improve outcomes for children, interventions must be targeted very specifically according to the needs of families and the age of the child. It is important to remember that interventions that are shown to be effective for one type of family problem will not necessarily work if other issues are also present.

While it is important, evidence of effectiveness is not the only consideration in local decision-making: factors such as cost and fit with the wider system in operation locally are also important. Making final decisions about specific interventions that could be delivered should be done by assessing potential interventions for their feasibility and acceptability within the local context of resources and priorities. It is also important to consider how far any new evidence-based intervention is likely to provide measurable value over and above the current provision.

<sup>10</sup> The programmes summarised in this overview have been identified through the systematic review of literature led by Anita Schrader McMillan and Jane Barlow (the strand 1 research). They are also based on EIF’s knowledge of programmes.

There are some gaps in the evidence, such as what works best to improve outcomes for children who have experienced neglect. The review of evidence also identifies some activities that so far have limited evidence of impact on child outcomes and which are being fairly widely used in local areas – these should be a high priority for robust evaluation. Clarity on this is vital for effective commissioning and investment decisions. Local children’s services have a critical role to play in both applying and developing this evidence base.

## Improving the quality of assessment and family engagement in child protection

### KEY POINTS FROM THE REVIEW OF EVIDENCE: ASSESSMENT

- The use of ‘structured professional judgment’ (the combination of professional knowledge and assessment tools) is consistently recognised to be the best model of practice for social workers.
- The evidence is clear that structured risk assessment tools can structure and aid decision-making, but they should *not* be seen as a replacement for professional observation and judgment.
- No risk assessment tool is fully reliable. While the best standardised instruments have been found to be 70–80% accurate in identifying risks of future harm, there are only a limited number of these tools used routinely in a small number of local authorities in England.
- **Risk assessment tools** supported by evidence include the **California Family Risk Assessment Tool** included in the Children’s Research Centre Structured Decision-Making System (CRC-SDM), but this needs to be further validated in the UK.
- **Strengths and needs assessment tools:** The review identified two tools developed in the UK which appeared most promising: the **Graded Care Profile (GCP)** and the **Safeguarding Assessment and Analysis Framework**, but these need formal piloting to test for reliability, validity, impact and acceptability. The **GCP2**, an updated version, has been tested for validity and inter-rater reliability and demonstrated good psychometric properties.

Good assessment does not in itself guarantee successful outcomes for children, but greatly increases the likelihood that children get appropriate help matched to their needs at the right time.

The evidence shows that the relationship between parent and worker can have a strong influence on the parent’s engagement with services, although it does not necessarily predict outcomes. Qualitative evidence supports the use of shared decision-making as a tool for family engagement, which is an essential step in being able to undertake child protection work. However, some frequently used methods of engaging parents, such as Family Group Conferencing, have not yet shown evidence of reducing child maltreatment recurrence or out-of-home placement, although evaluation currently underway may alter this picture.<sup>11</sup>

<sup>11</sup> A forthcoming study on Family Group Conferences in South Leeds was due to be published by the University of Sheffield.

## Interventions for children and families in the child protection system

### KEY POINTS FROM THE REVIEW OF EVIDENCE: PARENTAL ENGAGEMENT

- There is evidence supporting **Motivational Interviewing** as a way of engaging and motivating families to participate in services. However, the way it is delivered can significantly affect outcomes.
- **Signs of Safety (SOS)** is a solution-focused approach for maltreating families currently being widely adopted by UK local authorities. Initial studies conducted by the developer of SoS reported positive outcomes on client satisfaction, child maltreatment recurrence and out-of-home placement, but there are as yet but no peer-reviewed studies that have been published. The forthcoming Innovation Programme evaluation will fill an important gap.
- Family group decision-making and shared decision-making between the practitioner and parent can improve the participation of parents and children, and the quality of decisions. The **Family Partnership Model (FP)**, **Family Group Conferencing (FGC)** and **Family Group Decision-Making (FGDM)** offer potential methods of engaging parents, as shown by qualitative evidence, although there is no evidence to date that these methods reduce child maltreatment recurrence or out-of-home placement.

While, as the evidence review published alongside this report makes clear, ‘research evidence on the effectiveness of an intervention. provides a starting point, rather than the final word, for effective and safe practice’, on balance, families and children who receive interventions shown through robust methods to improve outcomes are more likely to benefit, and to a greater degree, than those who receive other services.

The following programmes and interventions were highlighted as having good evidence of improving outcomes for children and families at the edge-of-care or experiencing particular problems.

## KEY FINDINGS | 1 of 3

PARENT-CHILD RELATIONSHIPS  
AND ASSOCIATED OUTCOMES

## To reduce physical abuse

Evidence supports family-focused casework and enhanced versions of parenting programmes, such as the *Incredible Years Programme*.

There is evidence to support *multisystemic therapy – child abuse and neglect* (MST-CAN) as a component of treatment for physical abuse, but the impact may depend on the severity and complexity of the families' problems.

## Where there is emotional abuse/harmful interactions

The most consistent evidence supports the use of *Parent Child Interaction Therapy* (PCIT) for improving outcomes when there are concerns about physically abusive parenting. *Child-Parent Psychotherapy (Lieberman model)* and the *Parent-Child Game* (also known as *Helping the Noncompliant Child*) also have evidence of improving parenting behaviours and child outcomes when there is a known risk of child maltreatment.

A recent trial of the *Child First* programme in the United States has found good evidence of reductions of child maltreatment in families where there is an identified risk.

## For children who have been neglected

The review failed to identify interventions with strong evidence of improving outcomes for children where neglect has been identified as the primary issue. We believe this to be a significant gap in the evidence base.

## For children who have been sexually abused

*Based on forthcoming NICE guidance*

The NSPCC is currently evaluating the effectiveness of *Letting the Future In* (LTFI) for boys and girls aged 8 to 17 who have been sexually abused.

For girls aged 6 to 14 who have been sexually abused and who are showing symptoms of emotional or behavioural disturbance, the recommendation is for careful discussion with the girl about her own preference for either individual-focused psychoanalytic therapy or group psychotherapeutic and psycho-educational sessions. Separate sessions need to be provided for the non-offending parent or carer.

## Older maltreated children with trauma symptoms

*Child-parent Psychotherapy (Lieberman model)*, or *trauma-focused cognitive therapy* for both the child and parent, may improve parental sensitivity or attachment security in children and in young people with signs of trauma as a consequence of maltreatment.

## KEY FINDINGS | 2 of 3

SUPPORTING THE PARENT, CHILD OR BOTH  
WHERE CHILDREN ARE EXPOSED TO PARENTS  
EXPERIENCING PROBLEMS

## Where a parent is substance-dependent

The *Parents Under Pressure* programme is currently undergoing a trial in the UK on the basis of preliminary evidence identified in several Australian studies. There is also evidence to suggest that *Behavioural Couples Therapy* (BCT) reduces substance misuse problems when offered in families where only one parent has a substance misuse problem.

Studies also suggest that improved child outcomes can occur when BCT is combined with the *Parent-Child Game* (also known as *Helping the Noncompliant Child*). The extent to which BCT is available in the UK is unclear.

Emerging, recent evidence shows promising results for the *Family Drug* and *Alcohol Court* programmes.

## Where parents face complex problems

Integrated packages of support are likely to be required, often tailored to the needs of each family member – for example, a combined focus on substance use and parenting.

## Interventions related to domestic abuse

There are some interventions and forms of treatment that have evidence of improving outcomes for children who have experienced domestic abuse, although this is an area needing development. EIF's 2014 review of domestic violence and abuse emphasised the importance of developing the evidence base on treatment of perpetrators of domestic violence and abuse.<sup>12</sup> Whether or not the perpetrator is still living with the family is an important factor in any decisions about which interventions are likely to be effective.

Domestic violence and abuse organisations have responded to the need for more work to develop effective interventions, particularly with respect to perpetrators. There is a great deal of innovation in this area, and new interventions being developed and tested which may improve our understanding of what is effective. New interventions for families currently piloted in the UK (with evaluation underway) include the NSPCC's Steps to Safety programme and the Stefanou Foundation's Healthy Relationships, Healthy Baby model.

<sup>12</sup> See: <http://www.eif.org.uk/publication/early-intervention-in-domestic-violence-and-abuse/>

## KEY FINDINGS | 3 of 3

## FOR FAMILIES WHERE DOMESTIC ABUSE IS PRESENT

There is moderate to strong evidence that interventions that involve mothers and children together appear to be more effective than community case-management or child-only treatment, on a range of outcomes for both mother and child.

Intensive family preservation programmes have been shown to be more effective for families facing a temporary crisis, but least effective for families with patterns of chronic abuse and neglect.

## For victims of domestic abuse

There is moderate evidence that counselling interventions may improve symptoms associated with post-traumatic stress disorder (PTSD), depression, anxiety, self-esteem, stress management, independence, support, re-occurrence of violence, birth outcomes for pregnant women, motivational level and/or readiness to change.

There is moderate evidence that therapy interventions may be effective in improving PTSD symptoms, depression, trauma symptoms, psychological and social outcomes, and/or parenting/family-related outcomes, and in some cases may reduce likelihood of future intimate partner violence (IPV) or re-abuse.

## For children exposed to domestic abuse

There is some evidence to support the use of psycho-educational interventions based on empowerment models; multicomponent interventions (such as community-based service planning, nurse case management, and non-parental child care for disadvantaged families) with a focus on advocacy; and mother-child therapeutic treatment.

*Child-Parent Psychotherapy (Leiberman model)* also has evidence of reducing both parent and child symptoms of trauma in families who have experienced domestic abuse.

## For perpetrators of domestic abuse

Evidence on intervention programmes for perpetrators of domestic abuse tends to show limited effects in changing perpetrator behaviour. This is an area where new models are being developed, although evidence of effectiveness is at an early stage.

*Caring Dads, Safer Children (CDSC)*, a fathering programme for partner-violent men, found evidence of sustained change among a proportion of fathers who completed the programme, although for some the degree of change was insufficient to cease monitoring contact with their families.

## Innovative models and approaches to delivering a local child protection service

The importance of an integrated approach to safeguarding and dialogue among all stakeholders is widely recognised. Greater integration of the work of different agencies with early help and social work services has long been seen as a way to enable earlier identification and more effective working with children at risk of harm. There are a range of innovative service models to facilitate better multi-agency collaboration, such as the use of a 'shared front door', accepting referrals for both early help and social care, and providing support for all families across the spectrum of need and risk.

There is some evidence that community-based models of practice can create better integration among child protection services, especially by having a named child and family team social worker attached to the service. However, there is limited evidence about the impact of these multi-agency approaches in terms of improving outcomes for vulnerable children and young people. Even the more established models of working, such as multi-agency safeguarding hubs (MASH), have not yet been subject to rigorous evaluation, despite local areas having been encouraged to adopt them as good practice.

## Social work practice

The evidence review highlights that the general case management and family support provided by social workers in England has not been formally evaluated. Given that there is not a standardised model of case management or family support, however, such an evaluation would be difficult.

Existing studies do, however, provide some messages about effective practice and case work, and highlight the value of careful assessments that:

- lead to clearly specified goals and targets
- involve provision of both social work and specialist services
- involve children and families in planning, leading to the identification of clearly specified goals and targets concerning what needs to be changed
- and provide strong case management.

### 3. What do we know about what local areas are delivering as part of the child protection system?

There is no national overview of the different approaches that local authorities are taking to provide a child protection system. Research in Practice was therefore commissioned to review the literature about current systems and practice in local authority child protection services, and to examine the models and practice in five local authorities in England.<sup>13</sup> Focus groups and interviews were carried out with those responsible for different levels of decision-making in these five areas to provide insight into a 'vertical slice' of local authority decision-making.

This covers:

- policy and system design (senior leaders and lead members)
- commissioning and service design (commissioners and senior service managers)
- practice and individual casework (principal social workers or practice leads and individual social work practitioners).

#### The role of evidence in the child protection system

Local authorities highlighted that evidence is used throughout all stages of local decision-making, but is viewed as 'just one part of the puzzle'. Participants were aware of the importance of using evidence and **highlighted the importance of working within an overall** strategic vision that included evidence use and impact measurement. Practice leads were working hard to drive and embed a culture in which practice is informed by evidence.

The use of evidence was found to be more evident in commissioning and system design than in direct work with families. This may be because evidence to inform commissioning is perceived to be more available than evidence to inform casework.

This may also be due to the different nature of the decisions being made. Commissioners make decisions about populations, while practitioners make decisions about individuals, directed by the needs and wishes of the child. Practitioners will therefore always need to balance the general messages from research with their knowledge of the complexities and nuances of a particular child's context.

Another issue raised was the limitations of evidence. It was felt to be important to recognise that there are some questions about how best to respond to changing needs, increasing demand and diminishing resources that research evidence cannot clearly answer.

<sup>13</sup> This section is based on strands 2 and 3 of the project. Both strand papers are available at: <http://www.eif.org.uk/publication/improving-the-effectiveness-of-the-child-protection-system-overview>



## Evidence in culture and vision

Local authorities participating in the research strongly emphasised the importance of a strong vision for the future of services as an important element in the development of an effective child protection system. This ‘overarching vision’ was identified as a driving influence behind what local authorities deliver and commission, and as something that shapes the context in which evidence is used (or not) and the priority given to it.

Lead members, directors of children’s services and practice leads were often faced with the task of translating the council-wide vision into one that resonated with practitioners working with families. Participants did not describe using evidence to develop these vision statements, but instead tended to focus on other factors, such as the acceptability of the approach to the views and needs of practitioners and feedback from children and families. These overarching principles were seen as acting as a guide to commissioning and practice, and to help practitioners focus on what was important in their work with families and to provide consistency for partner agencies and for families.

## Evidence in commissioning and service provision

The commissioners participating in our study described beginning the decision-making process by developing ‘a really good understanding of the problem [they] are trying to solve’. An understanding of local needs was typically informed by data analysis regarding the local population of families needing help and protection. This analysis would include looking at the nature and severity of support needs among different groups of families as a way of specifying the issues that services needed to address. This information was then considered against the outcomes that were a priority in the local area in order to identify whether existing services were delivering those outcomes, or whether alternatives would be more effective. There are sometimes exceptions to this process, such as when an issue suddenly shoots up the agenda to become a national priority, as demonstrated by the recent focus on child sexual exploitation.

Our work with local authorities highlighted aspects of child protection work where there were felt to be gaps in the available evidence as to what is effective. This included a lack of well-evidenced interventions available to meet certain types of family problems – including neglect, domestic violence and child sexual exploitation – or to respond to families in cases where multiple needs overlap. Areas were working creatively and experimentally to fill these gaps, drawing on a range of sources including academic research and lessons from activity in other local authorities.

## Local evaluation and cost–benefit analysis

The lack of analytical capacity in local authorities was identified as a significant obstacle to improving the use and application of evidence in their child protection systems.

The complexity of local child protection systems means that impact, attribution and cost-effectiveness can be very difficult to test. As a result of funding pressures on local government, the capacity for data collation and analysis and for engaging in research more widely has been pared back in many areas. Capacity to evaluate and monitor the impact of new approaches is currently very difficult to find. This is problematic in that even the best evidenced approaches need ongoing monitoring and testing to check if services are delivering their intended outcomes.

This constraint also applies to the capacity required to construct the robust business cases needed to agree new approaches in a local area. In some of the areas included in our research, assumptions that had been made in business cases about potential savings *had* been broadly realised. But more commonly, it was difficult for areas to establish that this outcome had occurred because of the difficulty of evaluating impact and attribution in complex local authority systems. This can mean that services are unable to demonstrate that the intended impact has been achieved, and thus become vulnerable to pressure to find cost savings. This was summed up by one commissioner: ‘We’ve committed ourselves to working in a different way, we’ve committed huge amounts of resources to do it. But we don’t actually have ... any sophisticated way of actually determining whether it’s a success or not.’

This has important implications not only for local commissioners and the quality of data, but also in terms of the expectations of elected members and national policy-makers.

## Evidence-based provision within the child protection system

The local authorities included in our research were delivering some of the services highlighted by the evidence review as being effective. These included intensive family support services for young people on the edge of care, Multi-Systemic Therapy, Functional Family Therapy, therapeutic mental health services for victims of sexual abuse (provided by CAMHS or directly by social workers), and parenting programmes such as Incredible Years, Triple P, Mellow Parenting, and Strengthening Families and Strengthening Communities.

While this is a very positive finding, it was also not clear how far these services were available to all those families who might need them, or how far there were families and children with needs for which there were not well-evidenced interventions available.

This work also highlights the extent to which approaches described in the evidence review as ‘innovative but not yet evidenced’ are being widely adopted. Particularly notable here was the widespread activity to develop multi-disciplinary approaches focusing solely on safeguarding, or which involved the integration of safeguarding and wider early help functions, such as embedding non-social work staff in social work teams or developing community-based ‘family hubs’ to deliver a range of targeted support services, including some child protection functions. Robust evaluation of these models and the extent to which they improve child and family outcomes is needed.

## The relationship between child protection and early help

Although the focus of this work was on services for children in need and those with child protection plans, participants in the qualitative research felt that it was unhelpful to view social work as ‘an island of expertise’. An effective early help offer is a vital part of an effective child protection system. Local authorities were all considering the role of social work in relation to the wider system. Services in place as part of authorities’ early help offer were available for social workers to refer into when they felt that families could benefit. The evidence on effectiveness in early help services is the core focus of EIF’s work – for more information, see: [www.EIF.org.uk](http://www.EIF.org.uk).

## Evidence in practice and individual casework

The potential for evidence to guide direct work with children and families was not consistently accepted, and there was a range of views on the role of evidence in this respect. Social workers interviewed through our qualitative work described being less influenced by research in undertaking direct work with families than in other activities, such as assessment. Research evidence was used to understand risks, strengths and family dynamics, but was not seen as able to inform 'what to do' and the specifics of work with families.

Practice leads acknowledged the difficulty of supporting social workers to use evidence in their direct work. This was in part due to a perceived lack of evidence as to what direct work with families should look like, and in part due to other factors – such as the experiences and wishes of families themselves and 'accrued practice wisdom' – which were felt to be equally important.

This perspective is consistent with the notion of 'structured professional judgment', through which practitioners are encouraged to use the evidence alongside their professional judgment and the family's values and wishes. While this is a vital part of decision-making, there is an important distinction to be made between critically minded practice wisdom and simply doing 'what one is used to' or 'what one feels like doing'. Practice leads have an essential role to play in helping practitioners make this distinction and ensuring the concept of 'practice wisdom' is properly applied.

The perceived lack of evidence to inform direct work left some social workers feeling unconfident. This, in turn, may lead to a tendency to ask 'where can we refer into?' rather than 'what can we do?' It can also lead social workers to use approaches across the spectrum ranging from what might be described as creative common sense through to outright guesswork. The instances cited in our qualitative work of less experienced social workers 'googling for ideas', however exceptional, do highlight the importance of good management and supervision. These kinds of examples demand that we consider how practitioners can be helped to develop evidence literacy and to recognise that not all knowledge is equally robust.

## 4. What do we know about the overall effectiveness of the child protection system?

Attempts to improve the effectiveness of the child protection system must start with an understanding of the referral pathway and what the data tells us about the current system. Unfortunately, there are several limitations to current data collections that restrict our ability to make a comprehensive assessment of the demands on and effectiveness of the child protection system.

In this chapter, we set out a high-level description of how the child protection system operates. We go on to explore the changing demands on that system and what we know about outcomes for children who enter it. We conclude with a brief comment on what we know about how the English system compares internationally.<sup>14,15</sup>

### Demand on the system

Understanding changes in levels and type of demands is critical for local authorities' ability to effectively 'manage their front door' and ensure that the appropriate services are provided to children. Overall demand on the child protection system is increasing.

However, weaknesses in the data collected means that this picture is limited, and it is not possible to fully understand the various factors that lie behind this increased demand.

### A rising child population will increase demand

The Office for National Statistics (ONS) estimates that the child population (ages 0–17) will increase by 11% between 2014 and 2039. However, there is regional disparity in these increases, with London forecast to see growth of over 20% compared with growth in the North East of just 2%. So, even if the extent of demand for services were to remain stable, local authorities are likely see an increase for services purely in terms of increased numbers of children in their local area.<sup>16</sup>

### Wider factors may also be increasing demand on the system

Local authorities have identified a number of other factors which contribute to increasing demand. These include increasing poverty and related issues, homelessness and housing, and the parental risk factors of domestic abuse, mental health and substance misuse.<sup>17</sup> Although such factors may be correlated with increased demand, we cannot be sure of a causal relationship, and we lack robust evidence of what is driving demand.

14 This section is based on strands 4 and 5 of the project. Both strand papers are available at: <http://www.eif.org.uk/publication/improving-the-effectiveness-of-the-child-protection-system-overview>. If information is based on other reports, additional footnotes are provided.

15 All data in this chapter relates to England only, unless otherwise noted.

16 Reported in: Association of Directors of Children's Services (ADCS) (2016) *Safeguarding Pressures Phase 5*. Manchester: Association of Directors of Children's Services Ltd. Available at: [http://adcs.org.uk/assets/documentation/ADCS\\_Safeguarding\\_Pressures\\_P5\\_REPORT\\_Web\\_FINAL.pdf](http://adcs.org.uk/assets/documentation/ADCS_Safeguarding_Pressures_P5_REPORT_Web_FINAL.pdf)

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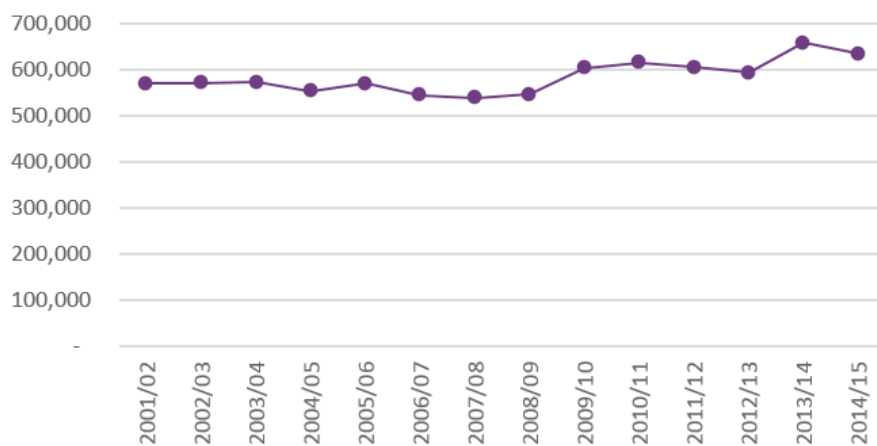
Despite weaknesses, data indicates that most contacts do not result in formal intervention from children’s social care. Only a proportion of contacts received by children’s social care are accepted as referrals, with advice and information only provided in some instances depending on the needs of the child and family. However, these contacts are not recorded in any national administrative dataset. This means we lack robust evidence on what is driving demand, who is making initial contacts, and how the local context might be impacting on both early help and children’s social care services.

The biennial survey conducted by ADCS provides some information regarding initial contacts, based on the sample of LAs which respond. One hundred and eleven LAs reported just under 1.7 million contacts in 2015/16,<sup>18</sup> with only 28% resulting in a referral to children’s social care.<sup>19</sup>

### The number of children in the child protection system has steadily increased

The number of referrals accepted by children’s social care is recorded and reported on nationally. In 2013/14, there was a sharp increase in the number of referrals accepted (see figure 1) and the number of children who were the subject of those referrals. Although there was a slight decrease in 2014/15, the number of referrals accepted (635,600) and the number of children (553,500) remained above those recorded for the 12 years prior to 2013/14.<sup>20</sup>

**FIGURE 1: NUMBER OF REFERRALS ACCEPTED BY CHILDREN’S SOCIAL CARE (ENGLAND, 2001/02–2014/15)**



### This increase does not appear to be driven by a lowering of the threshold for acceptance into the system

In the latest edition of its biennial ‘Safeguarding Pressures’ survey, ADCS found that of the 70 local authorities which responded about thresholds, 60% said their thresholds had not changed in the last two years. Some commented that improved

<sup>18</sup> ADCS 2016

<sup>19</sup> ADCS 2016

<sup>20</sup> In 2013/14 the number of referrals accepted increased by 64,300 (a 10.8% increase), then decreased by 22,000 referrals (a 3.4% decrease) in 2014/15.

communication with partners and providers about their existing thresholds had resulted in reduced inappropriate referrals or re-referrals.<sup>21</sup>

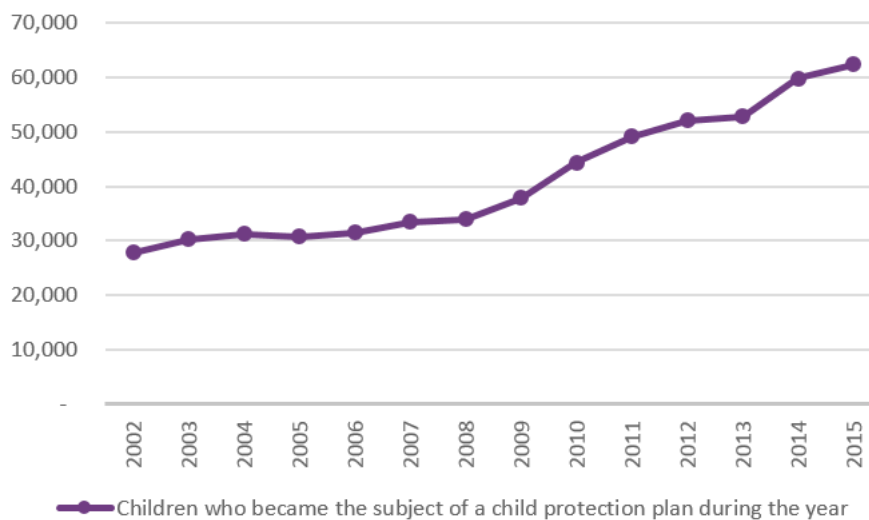
### Domestic violence and mental health are the most common reasons for referrals being accepted

Local authorities have to carry out a single continuous assessment within 45 working days of accepting a referral. Data from continuous assessments was first reported in 2014/15, but not all local authorities provided data. These assessments identify factors seen as important to the safeguarding of the child. Domestic violence was recorded as a factor in 48% of the assessments and mental health (of the child, parent or other adult in the household) was a factor in 32% of the assessments.

### The number of children on child protection plans has increased dramatically, although the duration has decreased

The number of children who were the subject of a child protection plan in 2014/15 has increased 124% since 2002, to 62,210 in 2015 (see figure 2).

FIGURE 2: NUMBER OF CHILD PROTECTION PLANS(ENGLAND, 2002–2015)

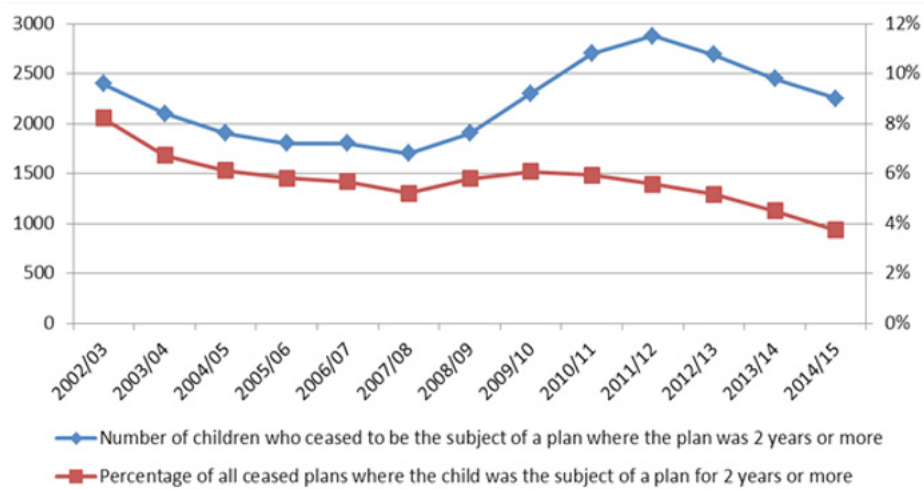


However, the number of children who are subject to plans<sup>22</sup> for longer than two years has been decreasing since 1993/94. In 2015/14, less than 3.7% of children coming off a child protection plan had been on the plan for more than two years (see figure 3).

<sup>21</sup> ADCS 2016

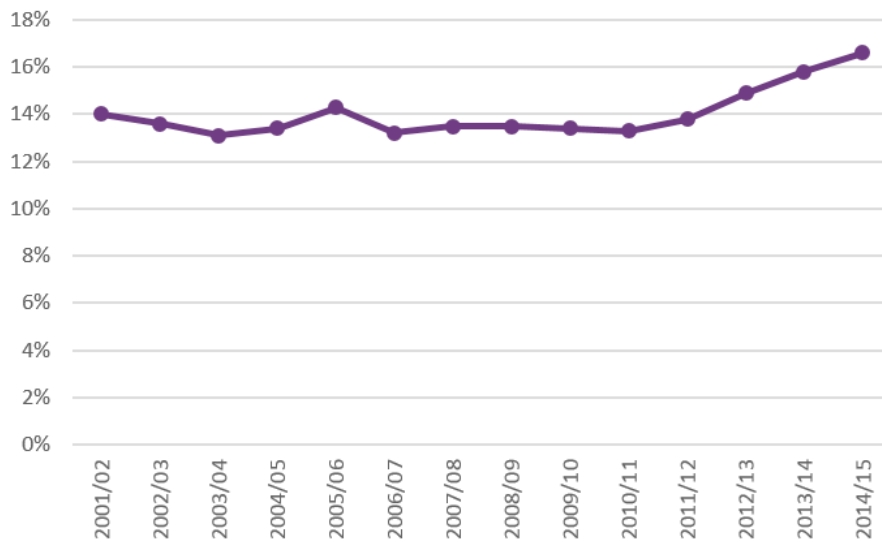
<sup>22</sup> Includes both child protection plans and child protection register data.

**FIGURE 3: NUMBER (LEFT) AND PERCENTAGE (RIGHT) OF CHILD PROTECTION PLANS LASTING 2 YEARS OR MORE (ENGLAND, 2002/03–2014/15)**



There has been slight increase since 2010/11 in the number of children who are subject to a second or subsequent plan. In 2014/15, 17% of children who become subject to a plan were on their second or subsequent plan.

**FIGURE 4: PERCENTAGE OF CHILDREN WHO BECAME SUBJECT TO A PLAN FOR A SECOND OR SUBSEQUENT TIME (ENGLAND, 2001/02–2014/15)**



In the ADCS survey, 38% of the 123 LAs that responded to questions about child protection plans saw an increase in children going back on plans.<sup>23</sup> However, the reasons for this are not well understood and careful analysis is needed in each area to determine if this is because children are coming off plans too early or if their circumstances have changed, necessitating a subsequent plan.

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### Understanding demand: conclusions

Overall, demand on the child protection system is increasing. However, weaknesses in the data collected means this is a limited picture and so it is not possible to understand fully the various factors that lie behind increased demand and the extent to which this is driven by changes to the system, to funding or changes in the nature of the local child population.

### Outcomes of the child protection system

Despite some national indicators indicating an improving picture, there remains a large amount we don't know about the effectiveness of the child protection system as a whole, and a lack of consensus on 'what good looks like'.

#### Most data is focused on numbers of children (demand) and process measures rather than outcomes for individual children

Where individual child outcome data is known, there is no tracking to monitor outcomes once they have left the child protection system. This leaves considerable gaps in our understanding as to how far the current system is successful in making children safer and improving their outcomes.

#### But we do have some indication about whether children are safer today

The 2016 *How safe are our children report?* by the NSPCC<sup>24</sup> described some positive trends in relation to child safety. A continued increase in reports of abuse and neglect over the past five years was observed, which the report notes is likely due to an increased willingness to speak up about maltreatment. There is some evidence that today's children are safer from abuse and neglect than those of previous generations. The child homicide rate is in long-term decline, and fewer children are dying as a result of assault or suicide in England.

It also appears that the prevalence of some forms of child maltreatment is declining in the UK. However, data regarding prevalence of child maltreatment has not been gathered since 2009.

#### There is a lack of agreement on 'what good looks like'

While individual examples of good work may look different in different places for different children, we still need to do more to understand whether the child protection system as a whole is working well for children. However, a recent study<sup>25</sup> that aimed to define 'good' children's social care services and understand how this level of performance had been achieved concluded it was an impossible task, because of the lack of consensus about any shared set of outcomes that the system is trying to achieve. The researchers attempted to use data already collected to provide some indication of child outcomes, which included measures such as return home from care, missing from care, offending and repeat child protection plans. Their analysis of the relationship between this data and Ofsted ratings of children's services found very little association. The authors suggest there is a need to develop and agree an outcomes framework for children's social care and to establish a set of nationally collated indicators that reflect these outcomes.

24 Bentley, H., O'Hagan, O, Raff, A. and Bhatti, I. (2016) *How safe are our children? The most comprehensive overview of child protection in the UK 2016*. London: NSPCC. Available at: <https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/how-safe-are-our-children-2016/>

25 La Valle, I., Holmes, L., Gill, C., Brown, R., Hart, Di., Barnard, M. (2016). *Improving Children's Social Care Services: Results of a feasibility study*. London: CAMHS Press. Available at: <http://www.corc.uk.net/improving-childrens-social-care-services/>



Without an agreed outcomes framework, other methods have been used to try to determine the quality of the system. Current Ofsted judgments<sup>26</sup> conclude that 22% of the services it has inspected since 2013 are inadequate, while a further 46% still require improvement to be good. This is not typical of all services inspected by Ofsted: 88% of schools and 73% of children's homes were found to be providing good or outstanding services.

Analysis did not show any clear relationship between authorities' ratings and levels of deprivation, region, numbers of children or the amount spent on children in need.<sup>27</sup> It should be noted that concerns have been expressed over the reliability of the available data on local authorities' spending.<sup>28</sup>

### Local levels of deprivation are associated with the services children receive

Recent research shows that children are 10 times more likely to be on a child protection plan and over 11 times more likely to be looked after if they live in the most deprived 10% of local authorities compared to the least deprived 10%.<sup>29</sup> It also indicates that more advantaged local authorities spend more on interventions for children and families with more complex needs than disadvantaged local authorities.

However, the NAO has found that spending more does not directly correlate to being rated as good<sup>30</sup> by Ofsted. Spending on children's social work, including on child protection, varies widely across England. The current local authority average per child in need of help or protection is £2,300, with a range of £340 per child in one local authority to £4,970 in another. The NAO was unable to find clear explanations for the variation in spending by local authorities. However, research from CIPFA has described the process by which councils report spending to government (section 251 returns) as 'not fit for purpose' due to the wide variance in methods used to attribute costs.<sup>31</sup>

## International comparisons

Internationally, the ability to compare between countries is made difficult by a lack of nationally published administrative data, systems that approach child protection differently, and variation in definitions for key terms such as 'abuse' and 'neglect'. The research paper on international trend data on child protection indicators<sup>32</sup> contains an overview of administrative data that is readily available for comparison.

26 National Audit Office (NAO) (2016) Children in need of help or protection. London: National Audit Office. Available at: <https://www.nao.org.uk/wp-content/uploads/2016/10/Children-in-need-of-help-protection.pdf>

27 NAO 2016

28 Chartered Institute of Public Finance and Accountancy (CIPFA) (2014) Children's Services Spending and Budgeting Research. London: CIPFA. Available at: <http://www.cipfa.org/services/networks/childrens-services-finance-advisory-network/briefings/childrens-services-spending-and-budgeting-research-cipfa-dec-2014>

29 Bywaters, P., Brady, G., Sparks, T., & Bos, E. (2014). Child welfare inequalities: New evidence, further questions. *Child & Family Social Work*. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/cfs.12154/full>

30 NAO 2016

31 CIPFA 2014

32 Available at: <http://www.eif.org.uk/publication/improving-the-effectiveness-of-the-child-protection-system-overview>

# 5. Conclusions and recommendations

## Key findings and conclusions

The child protection system plays a vital role in improving the lives and outcomes of some of the most vulnerable children in society. Despite some national indicators demonstrating an improving picture, we have limited understanding of the effectiveness of the child protection system overall. Ofsted inspection ratings indicate that issues remain in a number of areas. However, we need to develop a better understanding of what ‘good’ children’s social care actually looks like – particularly as pressure on services continues to increase on the back of rising demand.

Our research has identified a significant gap between ‘what is known to be effective’ from peer-reviewed studies and what is actually delivered in local child protection systems. While the complex reality of decision-making in local authorities means that evidence of effectiveness will always be only one consideration among many, evidence could and should play a greater role than is currently the case.

There are some interventions that have been shown to be effective in improving outcomes for very vulnerable children that are not currently being widely delivered. These interventions could help improve outcomes for the most vulnerable children if properly implemented and targeted to the needs of families and the age of child.

There are also approaches being widely delivered in local areas that have not yet been robustly evaluated. While published research evidence is always likely to be some way behind innovative practice, ensuring robust testing and monitoring of some of the widely used approaches that do not, as yet, have any evidence of impact on outcomes for children is important. It is important to recognise that it is not only new innovations that need to be tested, but also some approaches that have been delivered for some time without having been subject to proper evaluation.

Our work has also highlighted some gaps in the evidence. There is more evidence of effectiveness for discrete aspects of child protection activity – such as manualised programmes or certain assessment tools – and far less for practice or casework, which arguably form a much greater part of social work activity. In many ways, this is not surprising: it is not possible to develop robust evidence of impact equally across all of the activities within the children’s social care system. For those activities that are less amenable to traditional impact evaluation, then, it is important that other types of evidence, such as qualitative research and service user perspectives, are available and used to guide decision-making.

Triangulating different sources of knowledge within a structured professional judgement is a vital part of decision-making. Practice leads have a vital role to play in ensuring the concept of ‘practice wisdom’ is properly applied and in helping practitioners to make the distinction between critically-minded practice wisdom and simply ‘doing what they are used to’.

In conclusion, there is scope to reduce the distance between the worlds of evidence and local decision-making, and to build on the commitment of those working in the child protection system to provide effective support to children and families.

This requires a variety of bodies to work collaboratively.

- **Those working in policy** can provide support by actively role-modelling the use of evidence and identifying how best to support local areas with reduced capacity to engage in evidence generation, analysis and application.
- **Those working to create and disseminate evidence** can improve the accessibility and applicability of evidence, and have a great deal to offer in helping practitioners and local leaders to develop evidence literacy. The Department for Education's plans to establish a new What Works Centre for Children's Social Care provides an important opportunity to create the central infrastructure needed to respond to some of these issues. The new What Works Centre and EIF should work together to develop and communicate clear messages about what has been shown to be effective for children and families across the whole spectrum of need from early help to child protection.
- **Those working locally** have an invaluable contribution to make in helping to create a culture where evidence is routinely used in decision-making, commissioning and direct work with families. The leadership, passion and dedication of such colleagues is vital to embedding a culture of evidence use, and ultimately to ensuring that children and families receive the best possible support.

## Priorities for action

### 1. Supporting use of evidence of effectiveness and overcoming misconceptions about gaps in the evidence

Specifically, those working in evidence generation and knowledge brokerage need to do more to:

- Communicate the nature of the evidence for child protection to local leaders and commissioners, including which activities are supported by good evidence, which activities are harder to evaluate, and where the gaps are.
- Guide local decisions by providing clear information about which approaches are likely to provide the most effective help and protection and those that have yet to demonstrate impact on outcomes for children.
- Make it clear whether and how particular circumstances and local context might impact upon the effectiveness of an intervention.

### 2. Building 'evidence literacy' among local leaders, commissioners and practitioners

- It is important to ensure that the way evidence is presented helps to build awareness of why evidence matters and makes clear to practitioners how the evidence in question can underpin professional judgment and direct work.
- At a practice level, it is vital that social workers feel confident in using evidence and in playing a role in generating new evidence.

### 3. Filling the gaps in the evidence

This work highlights some clear gaps and issues in relation to the available evidence that need to be addressed by all those with an interest in ensuring child protection work is informed by evidence.

Developing evidence of impact takes time, and the evidence base is always some distance behind innovation. Nevertheless, it is vitally important that it keeps pace with local delivery and the realities of the sector in a time of increasing demand and fewer resources. Funding that is currently available for generating evidence

to support child protection could be usefully directed towards evaluating some of the widely used approaches that have not yet been well evaluated, such as multi-agency safeguarding hubs (MASH) and multi-disciplinary delivery models.

This information should also include detail about the costs of delivery and cost-benefit analysis, to help other areas develop business cases.

#### 4. Supporting the analytical capacity in local areas

Action is needed to develop the analytical capacity in children's social care to understand the nature of their local demand and apply the evidence as it relates to leadership, commissioning and practice. Support to test and monitor local approaches is particularly important to reduce the volume of activity where very little is known about impact or outcomes. Government, in close partnership with the sector, has an important role to play in providing assistance or capacity in local areas that have had to reduce own their internal capacity for evidence appraisal and data analysis.

