

SOCIETY OF COUNTY TREASURERS | CCN COUNTY COUNCILS NETWORK | Newton

From prevention to reconnection: working towards a multi-agency system that keeps more families together

A programme from the Society of County Treasurers, the County Councils Network, and Newton

October 2026

coramVoice
getting young voices heard

Partners

SOCIETY OF COUNTY TREASURERS

The Society of County Treasurers (SCT) is comprised of all Chief Financial Officers from the 21 shire counties in English local government. Following successive reorganisations of local government (LGR), the SCT also includes 20 shire unitary authorities that have similar interests in local government issues.

Together, SCT authorities represent 48% of the population of England and provide services across 87% of its land area.

www.sctnet.org.uk

CCN
COUNTY COUNCILS NETWORK

CCN is the voice of England's counties. Representing the local authorities in county areas, the network is a cross-party organisation which develops policy, commissions research, and presents evidence-based solutions to issues on behalf of the largest grouping of councils in England.

In total, the 21 county councils and 18 unitary councils that make up the CCN represent 27 million residents, account for 39% of England's gross value added (GVA), and deliver high-quality services that matter the most to local communities.

www.countycouncilsnetwork.org.uk

Newton

As a strategic delivery partner, Newton helps local authorities create resident centric, connected, and financially sustainable public services which achieve the best outcomes for people and families.

Newton supports with the significant and immediate improvement challenges of today, and reimagines and innovates public services for the future, centred around proactive prevention and early intervention, enabled by digital and AI. In doing so, this also improves the experience for those who deliver and lead these services, improving practice, productivity, and engagement.

From design through to implementation, Newton works with local authorities and their partners until all can jointly be confident that services are measurably and sustainably better and more financially effective.

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Foreword



Councillor David Hitchiner

It is a common goal that has underpinned many of the policy debates of the past three decades around social care, education, and beyond: the need to deliver high quality, cost-effective, prevention interventions that will help people before they reach the point of crisis, and that will end up paying for themselves in the longer term. This ambition has been consistently supported by governments of all hue: from the creation of Sure Start in the late 1990s to the Independent Review of Children's Social Care in 2022 and its subsequent implementation, this aim has always shaped policy around children's services and education.

This is not because care is a bad thing in principle – often it can transform a child's life chances. However, research over many decades has consistently shown the importance of family bonds being preferable, wherever possible, in delivering positive outcomes in the future. The more that children can be supported to stay within – or indeed to return to – their homes, the more stability and roots they should have as they develop and grow.

Whilst this aim can be universally agreed upon, the practical reality of reforming the system to achieve it has proved immensely challenging. This is due to a number of factors:

- The complexity of governance in the UK which can lead to siloed working and fierce protection of budgets rather than pooling;
- Local authorities' duty to provide statutory services which can mean that non-statutory preventive services are reduced when resources are constrained;
- The complexities of scaling up existing local good practice, for example how differing attitudes to risk can affect if and how scaling up happens;
- The need to potentially 'double fund' some services for at least a period while the effects of a particular intervention have time to be demonstrated;
- The difficulty of using standard outcome measures and performance data to incentivise and account for investment in prevention and early intervention – particularly where agencies expected to invest time or resources (e.g. schools or health services) may not be the same agencies that will see the financial benefit.

> "This report is timely in attempting to help unpick how the support provided by children's social care and their partners might be better tilted towards an ecosystem geared around prevention."

Last year a report commissioned by a coalition of children's charities showed that council spending on early intervention declined by 42% since 2010/11[i]. Yet the County Councils Network (CCN) and Society of County Treasurers (SCT) have previously demonstrated, across many reports over the past few years, how the number of children in the care system has risen to record levels in the 2020s[ii], how spending on Special Educational Needs and Disabilities (SEND) has tripled in just a decade, whilst outcomes have at best flatlined[iii]. They have also shown how councils have needed to increase their proportional spending on statutory services to cope, thus further squeezing funding available to deliver and commission more preventative services[iv].

The pandemic created additional complexity to addressing these trends, but this should not be allowed to distract from the underlying ethical and fiscal priority – meeting needs early. Insufficient preventative services to place around a family at an early stage and the difficulty of identifying children and families most at risk due to fragmented data across partner agencies are often cited by those working in children's services as key challenges to overcome to achieve this aim.

This report is therefore timely in attempting to help unpick how the support provided by children's social care and their partners might be better tilted towards an ecosystem geared around prevention. It focuses specifically on how the present high number of children in the care system might be reduced over the coming years with a more effective use of preventative services.

Beyond 'what ifs', the analysis suggests evidence-based ways in which councils can use this learning to change lives and outcomes for children. This report describes five fundamental 'shifts' that the analysis suggests can help in redesigning systems within child protection and family support at a local level. These will require collaborative working between councils and other agencies such as schools and adult support services. It will also require better co-ordination at central government level, and a commitment to investing in 'pump-prime' development. But collectively, success would mean reduced pressure on services, and more importantly would help to prevent many more children from needing to come into care.

It is hoped that the following research helps to further underpin an evidence base for how local and national leaders can effect strategic reform in conjunction with national government, at a time where the benefits of prevention are needed more than ever.

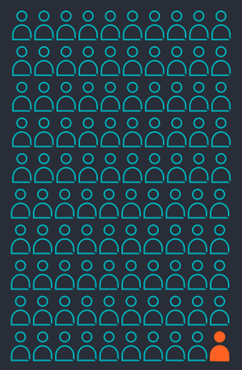
Councillor David Hitchiner
Herefordshire Council
CCN Vice Chair (Independent)



From prevention to reconnection: key findings

"Prevention begins with connection: when communities and services work together, families thrive and fewer children are taken by the system."
Care experienced young person

The current picture



99.3%
of children in England are cared for by their families.

0.7%
are in the care of their local authority

Many elements of the children's social care 'ecosystem' are undergoing national reform to improve outcomes for children and families



19%
increase in the number of children in the care of county and CCN unitary member authorities since 2016.

23,710 (2016) → **28,196** (2025)

In parallel

137%
increase in county and CCN unitary member authorities expenditure on children in care.

£1.4bn (2016) → **£3.3bn** (2025)

How can we keep more children safely with their families, and what changes would make the biggest difference?

Key findings

100+
stories of children who had been in the care system were analysed by practitioners, revealing that:





For **70%** of children who entered care, at least one element of the multi-agency system could have better supported the family **before** the child entered care.

For **47%** of those, practitioners were reasonably confident this could have prevented entry into care at that point in time.



For **32%** of children, improved multi-agency support might have been possible **after** entry into care.

For **33%** of those, practitioners believed this could have enabled a positive exit from care before the age of 18.

Five priority system shifts identified

Evidence suggests that five priority system shifts – additive in nature – would positively impact children at risk of entering care or already in care:

1 Supporting parents
80% of cases involve adult needs; only half those adults received support

2 Greater trust to gain consent
50% of cases reviewed identified difficulty gaining parental consent for early support as a barrier

3 Integrating schools into family support
58% of children entering care are school-age
80% attend school 3+ days per week

4 Targeted early support
40% had not received an EH, CIN or CP plan in the 6 months prior to entering care
35% only received support at CP threshold before entering care

5 Support to families of children in care
80% who stay in care for more than a year start in foster placements

These shifts will need to be facilitated by various local and national enablers

Potential impact for children and families

If system shifts are implemented by 2028:

6,000+ more parents receiving specialist support for mental health, domestic violence or substance misuse.

Approx 2,250 fewer children needing to enter care each year (14.5% reduction).

Approx 270 more children positively exiting care each year (2.2% increase).

Potential financial impact

Do nothing:
Placement spend likely to rise from £3.3bn (2024/25) to £5.2bn by 2035, an increase of £1.9bn.

With system shifts implemented by 2028:
Placement spend could be contained to £4.2bn by 2035.

a cumulative benefit of **£5.1bn** vs. do-nothing.

Net effect:

- In 2024/25, CCN councils exceeded placement budgets by c£470m.
- Even if the five shifts are successfully made, modelling suggest councils will not break even until 2032, accruing a £1.9bn cumulative overspend.
- Most of the £5.1bn potential saving would be cost avoidance, **reinforcing the case to extend the Children's Social Care Prevention Grant (now part of the Children, Families, and Youth Grant) to at least 2032/33.**



01: Executive summary

Context

In the context of multiple major national policy reforms, England's multi-agency children's services 'ecosystem' (spanning education, health care providers, local authorities, the voluntary sector, and other partners) has a significant opportunity to transform how support is provided to children and their families. A particular focus of these reforms is on services becoming more preventative, including:

- **Primary prevention:** ensuring additional needs never arise.
- **Secondary prevention:** ensuring that additional needs are quickly met at the earliest point before further escalation.
- **Tertiary prevention:** ensuring that additional needs are de-escalated as quickly and effectively as possible after a crisis.

To successfully join up the delivery of these multiple reforms at a local level, and to maximise the opportunity to deliver improved services for families, the system needs to navigate challenges in the detail of day-to-day service delivery, which will not be defined at a policy or reform level. These challenges span increasing need; constrained finances and resources; ongoing structural reform, in particular Local Government Reorganisation (LGR); system-wide practice; operations; workforce (including the workforce implications of LGR); digital systems and more.

Overcoming these will be critical to ensuring that the various policy initiatives underway deliver what they are designed to achieve: better outcomes for children, young people, and families alongside a more financially sustainable system.

Within this context, the costs associated with providing homes for children in care represent an increasing challenge for local authorities.

Over the past decade, the number of children in the care of county and CCN unitary member authorities has increased by 19%[v]. In parallel, county authority expenditure on children in care has increased by 137% – from £1.4bn to £3.3bn[vi]. Whilst not analysed in this programme, extensive work is underway locally and nationally to seek to address increasing unit costs, including through the work of new Regional Care Co-operatives (RCCs).

This context raises an important question: how can these opportunities presented be maximised, and the challenges overcome, to best support children and young people at risk of entering or in the care system, by creating a system even more anchored in prevention and reconnection?

Objectives of the programme

This work, delivered in partnership by the Society of County Treasurers (SCT), the County Councils Network (CCN), and Newton, aims to provide an evidence base illustrating which features of the multi-agency 'ecosystem' should be prioritised across the delivery of the current reforms for one particular cohort of children: those who interact with the care system. It is the first phase of a longer programme of work to support more effective prevention for this group.

Whilst comprising less than 1% of England's child population, children in care represent one of the most vulnerable and complex cohorts, and outcomes for them should be prioritised through any changes introduced through reform. The decision to take a child into care is one of last resort and often follows a history of multiple, individualised attempts to support the family, across different agencies within the children's services system. It is important to recognise that, for some children, this is ultimately the option that most effectively keeps them safe and delivers the best long-term outcomes.

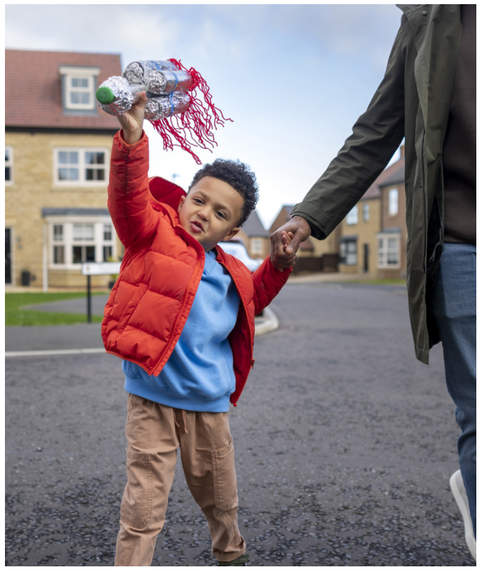
> You don't come into care as a result of one crisis but after several."
>
> **Care experienced young person**

This programme does not start from the premise that entry to care is a system failure – local authorities have a statutory duty to assess, manage and mitigate risk, and this action can be a warranted result of that duty. Rather it asks: what would need to change fundamentally in the complex, multi-agency, children's social care system to safely and positively prevent more children coming into care, and support more children to return to their family network?

This work takes place within a policy shift towards more preventative services, as well as the wider, existing evidence base on the benefits of a child growing up in the care of their family network. The programme has been purposefully aspirational, seeking to identify large-scale, whole-system opportunities to make 'shifts' that:

- More effectively support a greater number of families that could benefit from early support, as needs emerge, so that fewer children need to be taken into care (secondary prevention).
- Support the families of children in care so that more children positively exit the care system back to their family or family network (tertiary prevention).

These objectives have been met by building an evidence-based understanding of the patterns in the journeys of children who have been in care. These journeys and patterns have then been analysed to identify high priority 'system shifts' which have the greatest likelihood of promoting the preventative outcomes referenced. The potential quantified impact of making these shifts on children and public sector resources and finances has subsequently been modelled.



Although this work has focussed on those children who enter the care system, this is a small group relative to the large number of families supported to stay together by the existing multi-agency children's services system. More than 99% of children live with their families. Even when narrowing the focus to consider the 90,000 children who begin a statutory social care plan in county and CCN unitary member authorities each year, 94% of these children remain with their family. As a result, this programme's findings are distinct recommendations within a much wider system – one that is already anchored in prevention but with a clear policy aspiration to move even further in that direction.

> Prevention begins with connection: when communities and services work together, families thrive and fewer children are taken by the system."
>
> **Care experienced young person**

It should be noted that this work has started to identify what can be done to address the issues highlighted by the evidence gathered, and this will be explored in more detail in the next phase of the programme.

Programme approach

This qualitative and quantitative research programme took the following approach:

1. **Analysis of three years of children's social care data held by nine county and CCN unitary member authorities.** This provided an initial understanding of children who have been in their care and was supplemented with analysis of publicly available national data sets.

2. **Activities to gather 'on the ground' evidence from five county authority areas.** This included:

   - Engagement with local children, young people and families.
   - Facilitation of local practitioners across agencies to review 100+ stories of local children who have been in the care system.
   - Engagement with local frontline staff to understand local practice.

3. **Engagement with senior local authority officers; elected members; and care experienced consultants, through Coram Voice.** This was critical to help interpret and contextualise the evidence gathered.

The programme was overseen by a cross-sector Advisory Group, with representation from local authorities (Directors of Children's Services, Section 151 Officers, Directors of Public Health and Chief Executives); Department for Education (DfE); Coram Voice; The Early Years Alliance; and the NHS, including providers of Child and Adolescent Health Services (CAMHS).

Throughout the programme, the principles, outcomes, and enablers of the Children's Social Care National Framework have been used to guide the analysis and recommendations[vii].

In particular, this statutory guidance clearly defines the core purpose of children's social care: 'Children's social care exists to support children, young people and families by **addressing problems early**, intervening decisively when there is likelihood of harm, and to provide care for those who need it so that they grow up to achieve and thrive with safety, stability and love'.

Key findings

Part of the evidence shaping this report was gathered from an analysis by local practitioners of over 100+ stories of children that have been in the care system. This provided a useful baseline for the key issues the report has sought to address.

> They waited until it really, really got bad before taking action. Things could have been prevented if they'd taken it seriously earlier."
>
> **Care experienced young person**

When analysing the stories of the children against a conceivable system uninhibited by factors such as current practice or resource constraints, they found that:

- For 70% of children, their family could have been supported in an improved way, by at least one element of the multi-agency children's support system, before they entered care. This does not mean that the decision to take these children into care was the wrong one when that happened, but does suggest opportunities where improved earlier support was conceivably possible.
- For 47% of those children, there was a degree of confidence amongst practitioners that if their family had received that alternative support, the child would have likely not needed to be taken in to care at that point in time.
- For 32% of children, their family could have been supported in an improved way by the complex multi-agency system, after the child entered care.
- For 33% of those children, there was a degree of confidence amongst practitioners that if their family had received that alternative support (as described in Section 3), the child could have exited the care system positively before the age of 18.

The findings were tested through wider data analysis, and engagement with children and young people; front line practitioners; and senior system leaders. These inputs all triangulate to a meaningful, material opportunity to shift the system to enable more children to be cared for by their family network.

What does this report add to the sector's existing knowledge?

This report is intended to support existing improvement and reform activity across the sector. Drawing on evidence gathered from the journeys of children who have interacted with the care system, it identifies which parts of the multi-agency children's services system most commonly shape those journeys, both before and after a child enters care. This provides local and national leaders with a guide to where system improvement efforts are most likely to make a difference, and by implication, where they may be less critical, as indicated by the evidence.

In particular it:

- **Adds evidence to what many in the sector already see in their practice, to help quantify the scale of both the issues and the opportunity.** For example, practitioners have long known that gaining parental consent is a key issue impeding early intervention, but this work quantifies the scale of the challenge and the opportunity that can be realised by tackling it. In this way it highlights the key features of the system which are likely to impact the majority of children who enter care (and their families). Similarly, being able to see the proportion of children entering the care system without receiving support from a local authority safeguarding specialist (through an Early Help, Child in Need, or Child Protection Plan) in the six months before they enter care helps to prioritise system wide early identification for proactive support.
- **Reminds partners across the sector about the importance of continuing to try to reconnect children and young people with their family network after they enter care** – alongside early intervention to help avoid children coming into care, this analysis highlights the scale of the potential for further support to enable reconnection and, for some, earlier exit from the care system.
- **Demonstrates the link between children's social care and support for children with Special Educational Needs (SEND)** – again, practitioners often see a link between those with SEND needs and those in need of support from children's social care – this programme quantifies that relationship to inform prioritisation of support and improvement.



Priority system shifts identified

Assuming that historic patterns in the needs of children and their families who enter the care system are a predictor of future patterns, the evidence gathered suggests five priority 'system shifts' which will positively impact children at risk of entering care in the future. For each shift, the evidence base is summarised below, alongside the key changes the report recommends in response.

Whilst aspects of these shifts are in the direct control of a local authority, the interconnected nature of the multi-agency care 'ecosystem' means that achieving the full impact on outcomes for children and families will rely on the whole system to implement them.

These shifts are purposefully ambitious and expansive, reflecting the programme's aim of using the evidence gathered to identify and challenge how the multi-agency care 'ecosystem' could support children and families even more effectively.

The shifts are additive in nature and the likelihood of positive impact increases as more of them are made. The shifts that lead to improved support for families before a child enters the care system are also true for supporting children already in care.

System shift 1: Successfully supporting adults' needs more often through aligned partnership resource and practice

Evidence driving this shift: Analysis of data about the needs of families of children who have entered care found that parental support needs relating to mental health, domestic abuse, or substance misuse were present in 81% of cases. Whilst these have been known in the children's social care system as common adult support needs for some time, evidence gathered for this programme indicates that only half of parents with these needs accessed relevant specialist support before the child needed to be taken in to care (primarily as a result of their choice and willingness to engage in this support, as described in shift #2 below). This indicates an opportunity for the system to more successfully address these needs.

What could be done differently: The established Family Safeguarding model is recognised good practice whereby practitioners specialising in adult mental health, domestic abuse, and substance misuse are embedded within children's safeguarding teams. However, many local areas engaged in this work spoke of the difficulty in funding and sustaining this model. This leads to a possible conclusion that a more fundamental reshape of wider services to support adult needs is needed (across adult social care, public health commissioned and NHS services), enabled by joint commissioning of pooled budgets across partners.

This should be done with an underpinning model of using child and adult level data to inform the prioritisation and targeting of support for adults integrated with wider children's social care partners. At a system level, eligibility criteria across adult social care, NHS, and public health services should be reviewed to close gaps that currently leave many parents without the support they need.

System shift 2: Gaining the trust and consent of families to participate in early support more often

Evidence driving this shift: Local practitioners reviewed the stories of 100+children who had been in care. They found that in 42% of cases, the biggest barrier to earlier, more effective support was successfully gaining parental consent and engagement. Analysis of data showed that children who grow up in more deprived neighbourhoods come in to care at 2.5 times the rate of children who grow up in less deprived neighbourhoods. In the cases analysed for this programme, less than a third of children's journeys into care that practitioners reviewed had consistent engagement and inclusion of the voice of the child. In over 50% of journeys reviewed where practitioners felt the child's wishes had been listened to and considered, practitioners also had a degree of confidence that the child could have been supported outside of care. This compared to just 22% of journeys where the voice of the child was not captured.

What could be done differently: Ensure that all practitioners in the system likely to take on the role of Family Help Lead Practitioner are upskilled in the ability to form positive relationships with families that lead to trust and consent. Attention should be paid to agencies not previously experienced in taking on this role as part of a family receiving social care support. The success rate of gaining consent should be measured and reported as a Key Performance Indicator (KPI) alongside others that are already established. Expand the use of Family Group Decision Making across the social care pathway, not just at the pre-proceedings stage, using data on individual family circumstances to prioritise where needed. Develop locality and neighbourhood models of delivery, including peripatetic Family Hub approaches in rural areas, to help practitioners build the trust and cultural understanding that makes gaining consent more likely. Finally, the importance of including the voice of children and young people within the consent process should not be overlooked. For older young people, their views should be taken into account alongside that of the views of the parents, even when those views are not aligned.

System shift 3: Integrating schools in multi-agency partnerships that support families

Evidence driving this shift: 56% of children who enter the care system each year are school age, and this cohort accounts for 77% of the direct costs of homes for children in care. Within this cohort, children entering the care system during primary school account for the largest number and cost. 80% of children who enter care at school age attend school three or more days per week (rising to 92% in primary age). This shows that schools are the public sector body most regularly interacting with children before coming into care and therefore have a key role in supporting the family. The work also found that one in three children in care have recorded special education needs, further highlighting their critical role in supporting children.

What could be done differently: Use historic and live data to target school-facing resources proportionately to patterns of need, focusing effort on the schools and neighbourhoods with the highest concentration of at-risk children. Prioritise the system design work needed to integrate schools' colleagues into multi-agency Family Help and Child Protection teams around individual children, ensuring that schools move from referrers into active, ongoing partners in the team around the family.

> "I think it would be good for schools to have vouchers like the council do when it comes to food banks... they could be the first point of contact before social workers are even involved."
>
> **Care experienced young person**



System shift 4: Targeted support from specialists in the local authority, at the right time, where it is needed, informed by joined up data across agencies

Evidence driving this shift: 39% of children enter the care system without receiving support from a local authority safeguarding specialist (through an Early Help, Child in Need, or Child Protection Plan) in the six months before they enter care. 35% of children enter the care system having only been in receipt of a Child Protection Plan before entering care. Building on shifts one to three, this demonstrates the opportunity to connect these families to specialist local authority resource earlier. The second most common enabler to early support identified by practitioners when analysing over 100 stories of children who had been in care, was information-sharing across agencies and other local authorities, which would offer an opportunity to connect local authority specialists to families earlier.

What could be done differently: Drawing on pre-existing information governance arrangements, develop improved data-sharing mechanisms and infrastructure across agencies to proactively identify families who could benefit from early specialist support, before a crisis point is reached. Analytical tools offer a practical means of focusing limited professional capacity on the right families, at the right time (such as the machine learning model piloted by one authority to identify children at risk of entering care not currently supported by the local authority). These tools should support, not replace, practitioner judgment, and require careful ethical and governance frameworks.

System shift 5: Supporting an ongoing connection between families more often and more successfully, across foster carers and partners

Evidence driving this shift: Over 80% of children stay in care for more than a year, and approximately half of those who enter above the age of five remain until they turn 18. For children who stay in care for more than one year, 80% were initially placed in fostering. 28% of these children had an initial permanence plan of returning to their family showing the potential to pursue this outcome for more children. Case reviews identified that those themes contained in shifts one to four would best enable this – particularly support aligned to parental need and consent to receive that support. However, senior leaders engaged in this work consistently articulated the challenge of capacity to support this work alongside dealing with crises such as other children needing to come in to care or existing placements breaking down.

What could be done differently: Use data to identify children in care for whom return to their family network (including siblings, wider family members and friends) is most likely, and ensure available capacity is focused on those children. Foster carers should be integrated into the wider multi-agency team around the child and family, rather than operating in isolation from it. Partnerships should strongly promote a leadership-endorsed, system-wide culture of championing positive exit from care as a priority outcome. This outcome should be tracked and reported alongside other KPIs with a view to ensuring the need for crisis response work does not 'crowd out' reconnection work.

> "They asked me once [about whether I wanted to return home] and then never asked me again... In hindsight I wasn't supported to understand the decision, and I wish I'd made a different one... I felt like an inconvenience."
>
> **Care experienced young person**



Supporting enablers to help achieve these system shifts

Engagement with stakeholders across the system identified several key enablers which, if implemented, will help maximise the outcomes that can be achieved through the system shifts.

Local level enablers:

1. Commitment across local leaders, including local councillors, to prioritise outcomes for children at risk of entering care or in the care system.
2. Development of local financial mechanisms and incentives to promote proactive, early support to families of children at risk of entering care or in the care system.
3. Use of data to inform targeted support to families and prioritised service design, enabled by appropriate information governance arrangements, to support practitioners' judgement and decision-making.
4. Continuous improvement of the system's ability to successfully engage families and gain consent for support.
5. Family Group Decision Making used as a practical means of facilitating the wider family network to support a family, potentially as an enabler of successfully gaining consent.
6. Joined-up local commissioning of services (across adult social care, public health and the NHS) to support adults and help ensure that parents of children at risk of entering care or in the care system can receive support for their needs.
7. Promoting positive exit from the care system as a priority partnership outcome.
8. Integrating foster carers into teams around the families of children in care.
9. Planning for continuity of local partnership improvement and transformation through Local Government Reorganisation.
10. Meaningfully engaging children, young people, and families in service design and strategic decision-making.

National level enablers:

1. Commitment to prioritising outcomes for families where children are most at risk across all government reform and policy development.
2. Protecting funding for preventative services, through support to manage overspend on children in care budgets and dedicated funding.
3. Extending the Children's Social Care Prevention Grant (now part of the Children, Families, and Youth Grant) beyond its current end date of 2028/29 to at least 2032/33.
4. Investment in a national data infrastructure to enable joined-up intelligence about families' needs.
5. Development of a national framework for the ethical use of data and Artificial Intelligence to identify families that may benefit from proactive support, with a clear boundary beyond which human judgement and consent should be utilised, to accelerate the benefits of this technology at local levels in a responsible way.
6. Adding working with families to gain consent for support to statutory safeguarding training requirements for all roles within the children's services system.
7. Aligning statutory thresholds for adult support services across adult social care and NHS services to ensure parents of vulnerable children receive the support they need (which would require legislative change and updates to statutory guidance).
8. Ensuring that Regional Care Co-operatives are developed in a way that incentivises and enables providers of homes for children in care – particularly foster carers – to actively support children in care to return to their family where appropriate (as part of the team around a child in care and their family).

Across all of the shifts identified, it is clear that if the benefits from the preventative approaches outlined in this report are to be maximised, a cultural shift will be required for all partners in the system. This cultural shift centres on how risk is balanced, potentially moving away from short-term interventions to contain immediate risk that can inadvertently impact on longer-term outcomes.

Potential impact for children and families

Across partnerships in county and CCN unitary member authorities, the findings of this programme suggest that the long-term impact of implementing the system shifts identified could result in:

- **At least 6,000 more parents receiving support from specialist mental health, domestic violence, or substance misuse services**.
- **Approximately 2,250 fewer children entering the care system each year** (a reduction of 14.5%) compared to an assumed increasing baseline, formed by extrapolating historic trends forward.
- **Approximately 270 more children positively exiting the care system each year**, compared to the likely trend following the reduction in children in care entering the system described above (an increase of 2.2%).

These outcomes are ambitious and, as outlined in this report, will consequently require fundamental shifts across the wider children's social care 'ecosystem' as a whole, not just within local authorities. This report aims to make the case for change on this scale to improve outcomes for children and families.

Potential financial impact

The net financial impact of achieving these outcomes would reflect financial benefits from fewer children in care, minus any additional investment needed to deliver the required support to families.

Reduced spend on placements for children in care

In 2024/25, county and CCN unitary member authorities spent approximately £3.32bn on placements for children in care. If trends from the last decade continue unchanged to 2035, modelling suggests this would rise to £5.24bn per year, an increase of £1.92bn per year. This 'do nothing' projection has not been rigorously tested through this work, but the findings below could be combined with any wider sector modelling that informs a more sophisticated baseline.

If these changes are delivered by 2028, with the appropriate policy and capacity alignment, modelling suggests that placement spend could be contained to £4.21bn per year by 2035. This is approximately £1.03bn per year less than the projected do-nothing scenario, but still represents a net increase of £890m on 2024/25 spending levels. The cumulative financial benefit compared to the do-nothing scenario, to 2035, is modelled at approximately £5.05bn.

The pressure of existing overspends

These potential benefits should be considered within the context of the financial pressures that councils are already facing. In 2024/25, CCN member authority spend exceeded placement budgets by approximately £470m. If trends in available budgets continue, and if the potential impacts from the five system shifts outlined above are achieved, modelling suggests that CCN member councils will not 'break even' until 2032, at which point a cumulative overspend of £1.93bn will have been accrued. This means that almost the entirety of the £5.05bn potential saving would, in practice, represent cost avoidance rather than cashable savings.

Taken together, these figures illustrate the significant long-term financial benefits that could be achieved by delivering better outcomes for this cohort of children, and also the very real medium-term pressure that authorities will face whilst the system is reformed.

Investment to enable reform

Further work beyond the scope of this programme would be needed to evaluate the investment required to enable the shifts identified. Agencies such as schools or mental health services support a wider population and a broader set of outcomes, rather than only families of children at risk of entering care. Determining whether the families considered in this work could be supported through reprioritisation of existing resources, or whether additional investment is needed given existing resource pressures already facing these services, would require a full analysis of these services.

At a minimum, modelling suggests that the Children's Social Care Prevention Grant (£280m in FY26/27 for CCN member authorities and now part of the Children, Families, and Youth Grant) should be extended beyond its current end date of 2028/29 to at least 2032/33. The modelling suggests this is the earliest point from which the benefits of a more preventative system could realistically be reinvested to sustain it.

Scaling the impacts

In the context of LGR, the findings above have been scaled on a pro rata basis to demonstrate the potential financial impact for a representative population of 500,000. Based on the modelling conducted, this would lead to:

- Current expenditure on homes for children in care of £61m per annum, growing to £97m per annum by 2035 if trends continue.
- Successful implementation of the shifts could contain the growth in expenditure to £78m per annum by 2035, with cumulative benefits of £94m to that point.
- Current overspend compared to budget would be £9m per annum and even with the shifts successfully implemented and impacts achieved, cumulative overspend to 2035 would be £36m (with 'break even' still achieved in 2032).

Next steps

Local areas that have participated in the programme have all received their own individual analysis, which can be used to help support their local system improvement efforts.

One of the main themes highlighted in this report is the potential for more effectively using data and information across agencies. In this way, families that could benefit from support could be identified, and earlier support could be offered more proactively, in a more targeted way.

To help make this happen in practice, some of the authorities who took part in this work are now exploring how they could work together on a second phase of work to follow the publication of this report. This could take the form of a 'community of practice' model to use a consistent approach to implementing the shifts recommended in this report. By working in a consistent manner, this will accelerate learning and impact and will also help contribute towards a national evidence base for the impact of prevention in children's social care.

Any local authorities with either existing or intended activities to pursue this objective are invited to express their interest in joining such a community of practice to share learnings, collaborate across areas and contribute to the development of a national evidence base.



02: Introduction

Context

Helping children and young people to achieve the best outcomes in life is the goal of everyone involved in supporting families. A complex, multi-agency 'ecosystem' across education, health care providers, local authorities, the voluntary sector, and other partners supports children and families to achieve a wide range of different outcomes.

Many elements of this ecosystem are undergoing a process of national reform with the aim of improving multiple outcomes for children and families, and potentially helping to reduce the number of children needing to be taken into care. These reforms include but are not limited to:

1. The Families First Partnership Programme (linked to further reforms in the Children's Wellbeing and Schools Act).
2. The Best Start in Life Programme.
3. The Special Educational Needs and Disabilities (SEND) reforms published in the 2026 schools' white paper *Every child achieving and thriving*.
4. Reforms to education laid out in the 2026 schools' white paper *Every child achieving and thriving*.
5. Local Government Reorganisation (LGR).
6. The policy direction towards integrated neighbourhood working across health and care services.

A particular focus of these reforms is on services becoming more preventative, including:

- Primary prevention: ensuring additional needs never arise.
- Secondary prevention: ensuring that additional needs are quickly met at the earliest point before further escalation.
- Tertiary prevention: ensuring that additional needs are de-escalated as quickly and effectively as possible after a crisis.

These reforms are taking place in the context of LGR which will fundamentally change the structure and delivery of children's social care within the areas involved in reorganisation, and which will have a major impact on their available capacity. As such, LGR presents both a structural opportunity to redesign children's services partnerships, and a transitional risk to the continuity of the preventative work described in this report.

This context raises an important question: how can the various opportunities presented be maximised, and the challenges overcome, to best support children and young people at risk of entering the care system, by creating a system even more anchored in prevention and reconnection?

To successfully join up the delivery of these multiple reforms at a local level, and to maximise the opportunity to deliver improved services for families, the system needs to navigate challenges in the detail of day-to-day service delivery, which will not be defined at a policy or reform level. These challenges span increasing need; constrained finances and resources; system-wide practice; operations; workforce; digital systems and more. This will be essential to make sure that the multiple policy initiatives deliver what they are designed to achieve: better outcomes for children, young people, and families as an enabler of a more financially sustainable system.

Although the various reforms provide a new impetus and focus, striving to continuously improve services for children, young people and families has always been a core ethos of local and national children's service systems. While there has been continuous complexity in achieving this, recent factors have created new and additional challenges, including the legacy from the pandemic; the emergence of online risk factors; the impact of local government reorganisation; and the cost of living crisis.



Within and connected to the vast system supporting children and families – which incorporates significant parts of England's public sector – exists the non-statutory and statutory children's social care system. As defined in the children's social care national framework, children's social care exists to 'support children, young people and families by addressing problems early, intervening decisively when there is likelihood of harm, and to provide care for those who need it so that they grow up to achieve and thrive with safety, stability and love'[viii].

Within the wider children's services ecosystem, the children's social care system supports a small proportion of families. Of these, a further subset are children in care.

This is a result of a system which is deliberately designed to keep families together where possible, given the evidence about the better long-term outcomes for children when cared for by their family. This is illustrated by the fact that a minority of children – 4.4% – are subject to a statutory social care plan at any point in time. A further subset of children within this proportion – 0.7% – are looked after in the care system. Put another way, the current system already successfully supports 99.3% of families to stay together[ix].

It should of course be acknowledged that, even though the proportion of children and young people in care is small, the care system plays a vital and protective role for these children and young people for whom remaining at home is not safe. Entry to care, when it happens, is typically the result of sustained professional judgment, legal scrutiny, and a considered decision that it is required for a child's welfare.

Within this context, previous analysis by CCN and Newton has shown that, in a climate of reductions to overall council budgets, the proportion of children's services budgets spent on statutory services has increased in recent years, reducing available resource to spend on prevention[x].

The costs associated with providing homes for children in care also represent an increasing challenge for local authorities.

Over the past decade, the number of children in the care of county and CCN unitary member authorities has increased by 19%, from 23,710 to 28,196. This is due to numerous, systemic reasons, and does not include the effects of any changes in the number of Unaccompanied Asylum Seeking Children (UASC) in care since 2021, which this work has not sought to analyse or comment upon[xi]. Throughout this report, Unaccompanied Asylum Seeking Children have been excluded from the numbers of children in care quoted.

In parallel, county and CCN unitary member authorities' expenditure on children in care has increased by 137%, from £1.4bn to £3.3bn – larger than the increase associated only with more children being in care[xii].

Other factors driving cost increases include:

- A greater proportion of children being cared for in higher cost residential care, linked to the national shortage of foster carers (although some of this increase is offset by the increase in the proportion of children in lower cost kinship care placements).
- Above-inflation increases in the unit cost of care, particularly residential care.
- A larger amount of spend being associated with a small number of very high-cost placements for children with particularly complex care needs. Recent work by Newton in partnership with local authorities in the northeast of England found that 30% of spend on homes for children in care was linked to supporting 5% of children in care with particularly complex care needs.

The combination of these factors, as well as the wider local government funding context, led to an increase in overspend on budgets for children in care placements of county and CCN unitary member authorities to £470m in FY 2024/25. Extensive work is underway nationally to address increasing unit costs, including through the work of new Regional Care Collaboratives.

Aims of this programme

This work, delivered in partnership by the Society of County Treasurers (SCT), the County Councils Network (CCN), and Newton, aims to provide an evidence base illustrating which features of the multi-agency system should be prioritised across the delivery of the current reforms for one particular cohort of children: those who interact with the care system.

Whilst comprising less than 1% of England's child population, they represent one of the most vulnerable and complex cohorts, and outcomes for them should be prioritised through any changes introduced through reform. The decision to take a child into care is one of last resort and will likely follow a history of multiple, individualised attempts to support the family, across different agencies within the children's services system.

> "You don't come into care as a result of one crisis but after several."
>
> **Care experienced young person**

This programme does not start from the premise that entry to care is a system failure – local authorities have a statutory duty to assess, manage and mitigate risk, and this action can be a warranted result of that duty. Rather it asks: what would need to change fundamentally in the complex, multi-agency, children's social care system to safely and positively prevent more children coming into care, and support more children to return to their family network?



In the context of the Families First reforms; of the policy direction of shifting services to be more preventative; and of the wider, existing evidence base on the benefits of a child growing up in the care of their family network, this work specifically seeks to understand the whole system opportunities to make 'shifts' that:

- Support more of the families that could benefit from early support, more effectively, as needs emerge, so that fewer children need to be taken in to care (secondary prevention).
- Support the families of children in care so that more children positively exit the care system back to their family or family network (tertiary prevention).

These objectives have been met by building an evidence-based understanding of the patterns in the journeys of children who have been in care. These journeys and patterns have then been analysed to identify high priority 'system shifts' which have the greatest chance of promoting the preventative outcomes referenced. The potential quantified impact of making these shifts on children and public sector resources and finances has subsequently been modelled.

Although this work has focussed on those children who enter the care system, this is a small group relative to the large number of families supported to stay together by the existing multi-agency children's services system. More than 99% of children live with their families. Even when narrowing the focus to consider the 90,000 children who begin a statutory social care plan in county and CCN unitary member authorities each year, 94% of them remain with their family[xiii]. As a result, this programme's findings are distinct recommendations within a much wider system – one that is already anchored in prevention but with a policy aspiration, shared by many across the system, to move even further in that direction.

> "Prevention begins with connection: when communities and services work together, families thrive and fewer children are taken by the system."
>
> **Care experienced young person**

Engagement conducted through this programme suggests that there is widespread agreement across the sector that the whole system of support is already one of 'prevention by design' and that further progress in this area would be beneficial. However, there is less clarity and agreement about **the priorities on which to focus**, to make this happen.

This report therefore provides sector leaders with an evidence base to help them prioritise their efforts and resources toward the changes most likely to reduce the number of children entering care. To achieve this aim, the programme has deliberately taken an ambitious, challenging perspective and has identified priorities which will consequently require fundamental shifts across the wider children's social care 'ecosystem' as a whole, not just within local authorities.

Programme methodology and scope

The programme was conducted through three key phases:

1. **Data phase** to create a foundation of objective data analysis to inform further detailed evidence gathering. This comprised analysis of data returns from nine local authorities to understand demand and spend, and cohorts of children. It was also used to establish lines of enquiry for deep dives[xiv].

2. **Deep dive phase** with five local authorities to determine the type and scale of opportunities to improve outcomes for children, and the system changes needed. This comprised:

- Understanding the views of children, young people, and their wider family through engaging care experienced young people. Existing intelligence gathered by the lived experience networks within participating local authorities was also drawn upon.
- Facilitating local practitioners to complete multi-agency case reviews of 100+ children who had been in care to understand the system-wide opportunities to support those families differently.
- Individual practitioner reviews of a further 280+ children's case notes to identify needs and support.
- Additional data analysis to further build on the findings from the data phase.
- Drawing on insight from previous Newton programmes with local authorities across England.

3. **Testing phase** to verify the conclusions from the previous phases; contextualise with perspectives from across the sector; and identify existing good practice. This comprised:

- Engagement with more than 40 senior local authority officers and elected members through multiple round table discussions.
- Extensive engagement with care experienced young people undertaken in conjunction with Coram Voice (a leading children's rights organisation). This has been invaluable for helping to contextualise and test the programme's findings and recommendations with individuals' real-life experiences.



The programme was overseen by a cross-sector Advisory Group, with representation from Coram Voice; local authorities (Directors of Children's Services, Section 151 Officers, Directors of Public Health and Chief Executives); Department for Education (DfE); The Early Years Alliance; and the NHS, including providers of Child and Adolescent Health Services (CAMHS).

Throughout this approach, the principles, outcomes, and enablers of the Children's Social Care National Framework have been used as guiding design principles for the analysis and recommendations[xv]. In particular, the work seeks to support several of the outcomes for children's social care defined in the framework:

- **Outcome 1**: children, young people and families stay together and get the help they need.
- **Outcome 2**: children and young people are safe in and outside of their homes.
- **Outcome 3**: children and young people are supported by their family network.

Whilst this work has intentionally considered various possible changes within the children's services system (recognising its complexity and interconnectivity), it has not sought to explore:

- Prevention and reconnection in the context of unaccompanied asylum-seeking children.
- Opportunities to reduce the growth in unit cost of private sector commissioned homes for children in care.
- How to best support children and young people currently in care in the very highest cost settings (very high cost residential or secure/welfare placements).
- Whether the sum total of resource across all parts of the children's services system (including established and 'new' funding) is enough to deliver on a more preventive or reconnecting agenda, specifically around the care system.
- What can be done to increase the sufficiency and availability of foster carers to support children in care.

SCT, CCN and Newton would like to extend their thanks to all those involved in this programme of work for being so generous with their time, expertise, and support.



How to use this report

This report sets out the evidence and its implications for how the system could change. It is structured around five 'system shifts': ambitious, evidence-based changes to how multi-agency partners work together to identify, engage, and support children and families. Each of these shifts is based on analysis of what practitioners identified as missing or as having the potential to be different in the cases reviewed, supported by wider data analysis and engagement:

- **System shift 1:** Successfully supporting adults' needs more often through aligned partnership resource and practice.
- **System shift 2:** Gaining the trust and consent of families to participate in early support more often.
- **System shift 3:** Integrating schools in multi-agency partnerships that support families.
- **System shift 4:** Targeted support from specialists in the local authority, at the right time, where it is needed, informed by joined up data across agencies.
- **System shift 5:** Supporting an ongoing connection between families more often and more successfully, across foster carers and partners.

Shifts one to four focus on preventing children from entering care in the first place, and broadly follow the sequence of a family's journey, from ensuring families are offered the support they need; to being successfully engaged in that support; to ensuring the child's school is integrated into the support around the family; to ensuring the right children are supported by specialists in the local authority's children's social care department.

Shift five has a different focus and considers how the system can build upon shifts one to four to actively and consistently deliver a safe return for a child to their family network where possible. It is important to be clear that for children already in care shifts one to four are as important as shift five in promoting reconnection to family and potentially exit from the care system – they are additive.

These five shifts are necessary and can be enabled by a series of changes across the system. Section 4 sets out the enabling conditions – at a local and national level – which would serve to create the environment for those shifts to happen in a way that delivers the desired outcomes.

Section 5 then draws the financial implications of implementing these shifts: what the modelling suggests these changes could mean for expenditure on children in care placements over the next decade, and why the case for sustained investment is both compelling and time-sensitive.

Finally, Section 6 proposes a series of next steps for the sector based on using the findings from this work to deliver practical action.

In essence, this report sets out the evidence for where efforts to make changes to the multi-agency system should be targeted in order to have the biggest impact on the children at risk of entering, or already in, the care system.



03: System shifts to help prevent children and young people from coming into care or remaining in care

Through this programme, over 100 stories of children were analysed by local practitioners to identify whether those children and their families would have ideally received different support in the time before the child entered care or in the time since entering care.

> “They waited until it really, really got bad before taking action. Things could have been prevented if they’d taken it seriously earlier.”
>
> **Care experienced young person**

Practitioners found that:

- For 70% of children, their families could have been supported in an improved way, by at least one element of the multi-agency children’s support system, before the child entered care. **This does not mean that the decision to take these children into care was the wrong one at the point in time where that happened, but does suggest opportunities where earlier or more coordinated support may have been possible.**
- For 47% of those children, there was a degree of confidence amongst practitioners that if the family had received that alternative support, the child would have likely not needed to be taken in to care.
- For 32% of children, the families of these children could have been supported in an improved way by the complex multi-agency system, after the child entered care.
- For 33% of those children, there was a degree of confidence amongst practitioners that if the family had received that alternative support, the child could have positively exited the care system.

These findings will inevitably include a degree of ‘hindsight bias’, nonetheless they clearly indicate a significant potential for improving outcomes for children and their families. They are useful in illustrating the scale of what could be achieved; however, the impact that could realistically be delivered is likely to be somewhat lower. To reflect this, conservative assumptions have been applied to scale down these figures in the modelling of potential impacts on numbers of children in care and local authority finances later in the report.

From these findings, and supported by the programme’s wider analysis and engagement, five key priorities for improvement have emerged. This section outlines the evidence identified through this programme, and the recommended ‘system shifts’ emerging from this analysis.

The priorities identified in this section describe opportunities to improve support for families before and during their involvement with the statutory children’s social care system. They should not be read as suggesting that entry to care is a system failure, or that the children whose cases were reviewed were let down by practitioners. Entry to care is typically a last resort, reached after sustained professional assessment, legal scrutiny, and a considered judgment that a child’s welfare requires it. The opportunities identified here are in the context of a complex system, and in all cases, the child’s safety and best interests remain the overriding consideration.

The analysis in this section draws primarily on data analysis and case reviews. It necessarily looks backwards, reviewing what happened, what support was in place, and what contacts occurred. However, it cannot fully capture what practitioners knew at the time, the quality of relationships they had built with families, the risks they were actively holding, or the professional judgments they were making in real time – the purpose of the case reviews was purely to consider what could have been different on a child’s journey into care, with the benefit of hindsight. Practitioners working with families at risk of care are routinely managing significant uncertainty, chronic and cumulative harm, and situations where the right course of action is genuinely unclear. The following shifts are suggested in that context.

Finally, it should be noted that the shifts proposed will not necessarily make a difference to every single child at risk of entering care. The evidence has been deliberately analysed to identify the system shifts that should make the biggest possible impact to highest proportion of children and their families.

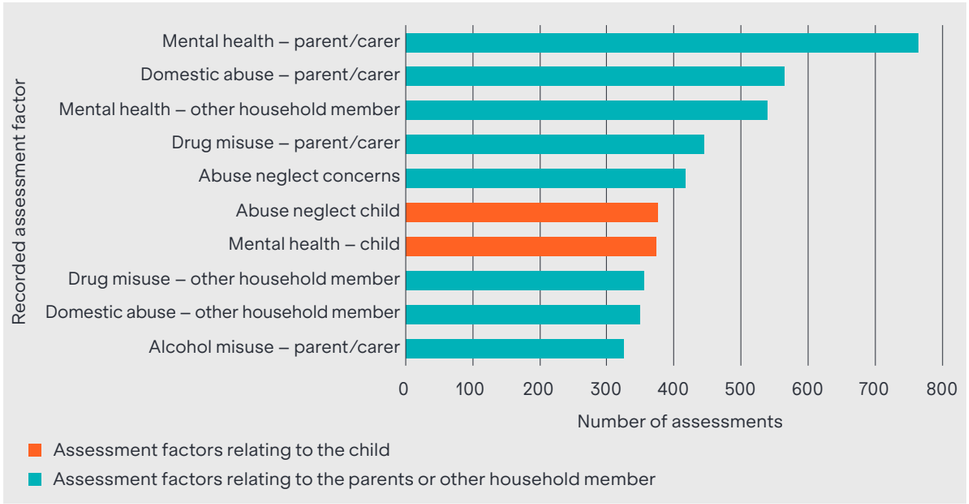
System shift 1: Successfully supporting adults' needs more often through aligned partnership resource and practice

What does the evidence show?

When analysing the assessment factors recorded before children entered care, the most common factors present were mental health, domestic abuse and drug/alcohol/substance abuse for parents or other household members (shown in Figure 1).

> "My mum's not a bad mum, she's just a mum with trauma."
>
> **Care experienced young person**

Figure 1: Top ten most prevalent assessment factors for children and young people entering care

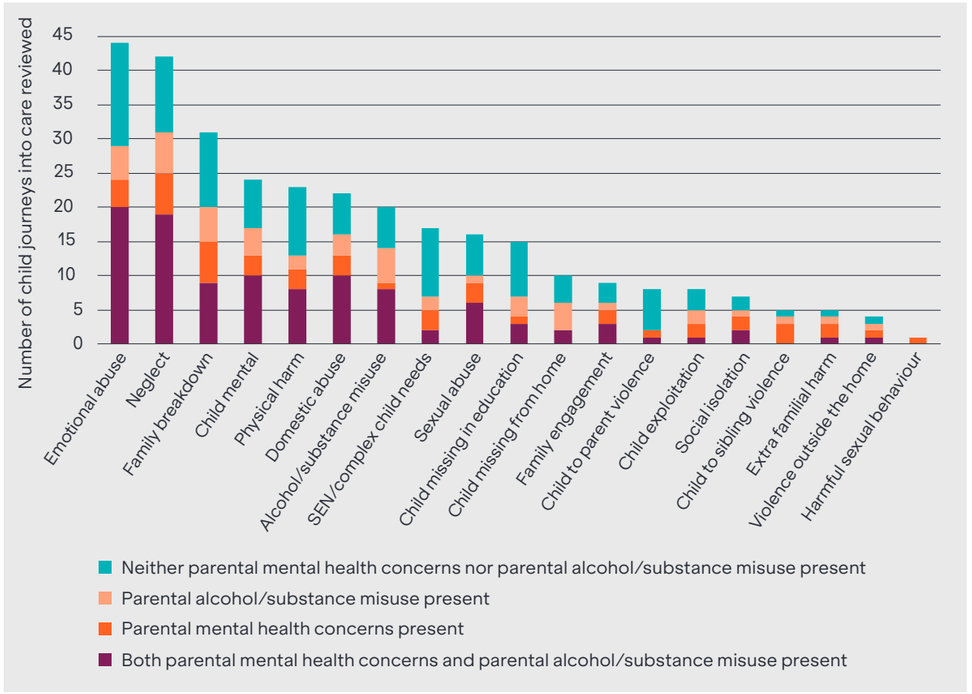


This demonstrates the importance of supporting not only the child but also the family, as a whole, with preventative activities.

Exploring this further through reviews of child case notes showed that for the majority of children's needs, either one or both of adult mental health and substance misuse were also present in the household prior to the child entering care (shown in Figure 2).



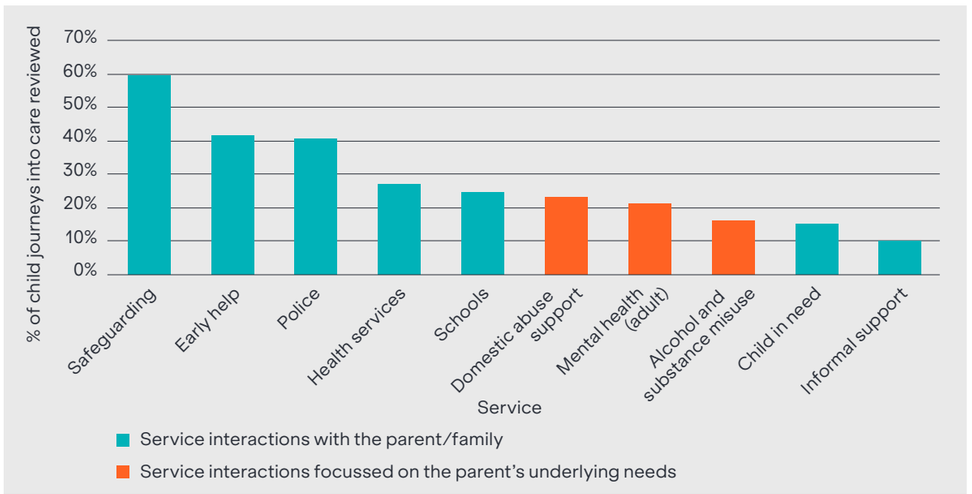
Figure 2: Primary categories of factors affecting children and young people prior to them entering care, with underlying parental needs



As shown in Figure 3, case reviews indicated that parents with these needs interacted with relevant specialist support services in only approximately half of cases.

In part this reflects capacity constraints in adult mental health, substance misuse, and domestic abuse services that sit outside a local authority's children's social care department, as well as the challenges in engaging parents in support (see shift two). For some families meanwhile, entry to care reflected the point at which sustained parental need, despite support, meant that remaining at home was no longer safe for the child.

Figure 3: Services most commonly interacted with by parents prior to the child entering care



When engaging with senior leaders across the sector regarding these findings, they reflected that gaps can often exist between eligibility thresholds across adult social care, public health and NHS commissioned services for many adults, including parents. This was noted as a particular concern in relation to mental health support. For example, Care Act eligibility is high; does not take into account whether an adult with needs is a parent; is consent based; and has complicating factors such as application of Mental Capacity Act best interest assessments.

Summary: This evidence indicates that although the needs leading to children entering care are frequently the needs of parents, parents are accessing the specialist support they require in only half of cases. This suggests a gap between what families need and what the current system as a whole (including health services specifically) typically delivers.

What could be done differently?

The well-established Family Safeguarding Model demonstrates the benefits of having practitioners who specialise in meeting adult needs embedded within local authority children's social care teams. However, the implementation of this model is variable nationally and, in principle, is reliant on adult support commissioners and providers in local systems to contribute the resource needed to operate it.

Leaders engaged in this programme often acknowledged the wider pressures on the adult support system that can create difficulties in supporting this model of specialists embedded in children's safeguarding teams. One route to enable this model, that has been adopted by some local authorities, is to develop child-level data capture of family needs and using this to draw in the right specialist support in to the team around the child so that constrained specialist resource can be allocated in a more targeted way across a service.

Beyond this, leaders engaged in this work pointed to wider systemic opportunities in the adults services system. They observed that eligibility criteria across adult social care, public health and NHS services can often leave 'gaps' for adults with needs not getting support and resolving this would be part of the solution to ensuring more adults have their needs met.

> "A lot of parents are unwilling to accept their own trauma... they don't realise how what they went through impacts their parenting."
>
> **Care experienced young person**

Case study:

In one local authority, a practice was introduced of systematically reviewing the needs of every child and family starting a child protection plan, and capturing this data in a way that meant automatic referrals and co-ordination of the right multi-agency team for the family was enacted. Subsequently the composition of this team was continuously monitored as the work progressed with the family, with the same data led approach to organising that team. Additional work was undertaken to increase the capacity of specialist services through efficiency improvements, to help ensure that the support required by parents was available. This particularly included Domestic Violence, Edge of Care and Family Group Conferencing and services within the local authority's children's social care department.

As a result of these changes, the council saw a 20% reduction in the rate of children who escalated in to care, with some neighbourhoods seeing reductions as high as 30%. Alongside this, due to there being less 'drift' in cases, the total child protection caseload also reduced by 20%.

System shift 2: Gaining the trust and consent of families to participate in early support more often

What does the evidence show?

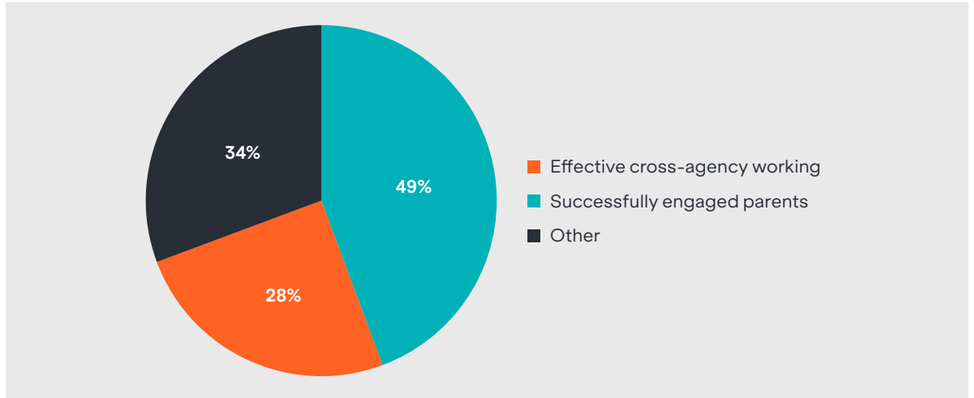
The most common factor that would better enable earlier preventative or reconnecting support, as identified by local practitioners when analysing 100+ cases of children coming into care, was the ability to gain the trust and consent of or engagement with parents in receiving support. Senior leaders engaged through this work spoke of the existing systems in place to carefully consider when to override consent, given the damage this can cause to relationship-based work with the family. However, they also acknowledged this complex area is one they would recognise as having opportunities for improvement across the children's social care system.

Figure 4 shows the prevalence of parental engagement and trust as the most significant issue constraining the provision of preventative support.

> "Parents immediately think if social workers are involved, they're going to take the kids away... there needs to be a way to demystify the role of social workers."
>
> **Care experienced young person**

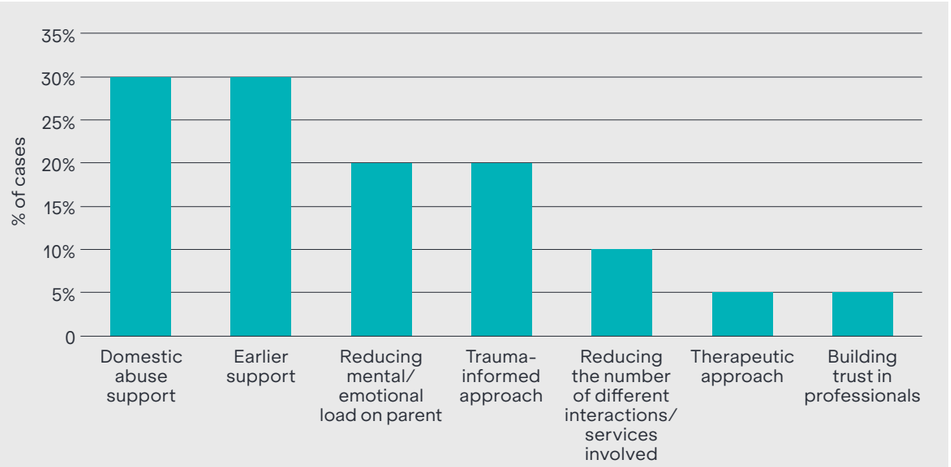
> "My father... was not willing to engage with any support because in his mind nothing was wrong at home. How dare anyone suggest he needs help?"
>
> **Care experienced young person**

Figure 4: What would have been the biggest enablers to providing effective support to families?



When looking at the most common enablers that practitioners identified could have helped with gaining consent from parents, the most frequent themes related to greater awareness and trauma-informed approaches to specifically work with parents who have experienced domestic abuse; providing support earlier; and helping to reduce the mental load on parents.

Figure 5: What could have been different about the support that was provided to families, where a lack of engagement or consent from parents was seen?



This issue was reinforced by care experienced young people engaged in this programme, who described the difficulties of gaining parents' consent or willingness to accept support. They identified fear as being a key factor in parents' unwillingness to accept support – fear of being judged by practitioners, as well as a fear of the potential negative consequences.

The young people engaged believe that this fear is exacerbated for many parents by an often deeply-entrenched pride which makes accepting help challenging, alongside an ingrained lack of trust in the children's social care system.

> "He was very insulted by it... he hated the idea that he could possibly ever do anything wrong."
>
> **Care experienced young person**

The care experienced young people engaged also spoke of parents often feeling unsafe or unable to speak openly as a driver behind them often not engaging in early support. They described practitioners meeting with parents together rather than individually, so potentially preventing one parent speaking more openly.

> "Mum felt very intimidated... Dad was in the home so she couldn't open up. She didn't have a safe space to talk to them."
>
> **Care experienced young person**

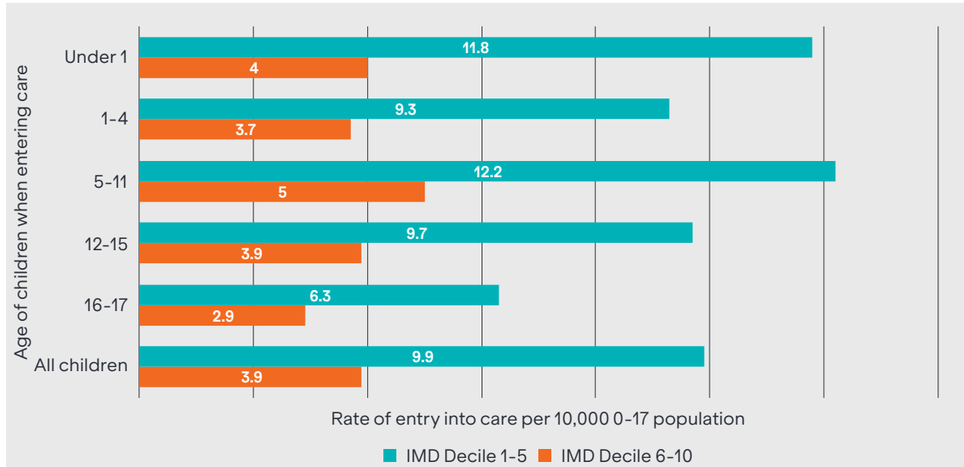
Gaining this consent more consistently will be linked to the ability of practitioners in the multi-agency team around the family to be able to build relationships and trust with that family. There is existing, wider evidence on how families of different characteristics have different outcomes from the current system. In this work, the representation of children growing up in areas of varying deprivation was analysed, alongside the variation in representation of children of different ethnic backgrounds in care.

In relation to deprivation, evidence indicates that in county areas, children who grow up in more deprived neighbourhoods come in to care at 2.5x the rate of children from less deprived neighbourhoods.

This pattern is seen across all the authorities involved in the programme, both across district areas and specific Lower layer Super Output Areas, as shown in Figure 6. Further analysis of different drivers of deprivation did not yield any factor that appeared to more strongly correlate with children coming in to care. The quality of housing, in particular, was investigated and was not found to be a factor for 80% of children that come into care.



Figure 6: Number of children entering care per 10,000



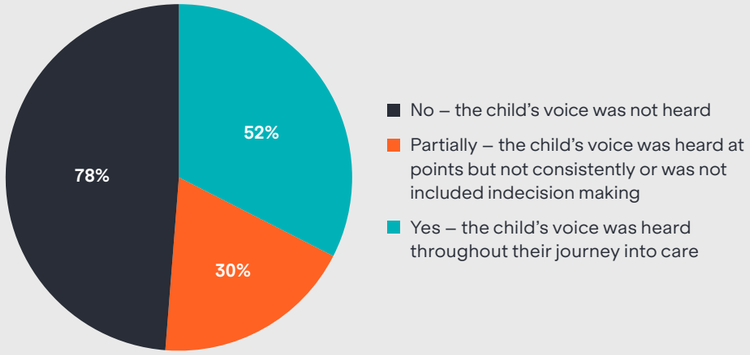
Analysis of the representation of children from different ethnic backgrounds in care shows that for children that enter care before the age of 12, the children that stay in the care system for more than one year are broadly representative of the ethnic diversity of the local population.

When looking at children who are in care for less than a year, 25% are from ethnic minority backgrounds, compared to 15% of the 0-17 population of the data phase authorities as a whole. For children that enter care at the age of 12 or above, 27% are from backgrounds other than white British, whether they remain in care for less than or more than one year.

The programme also looked at the extent to which the voice of child was considered through a child's journey into care.

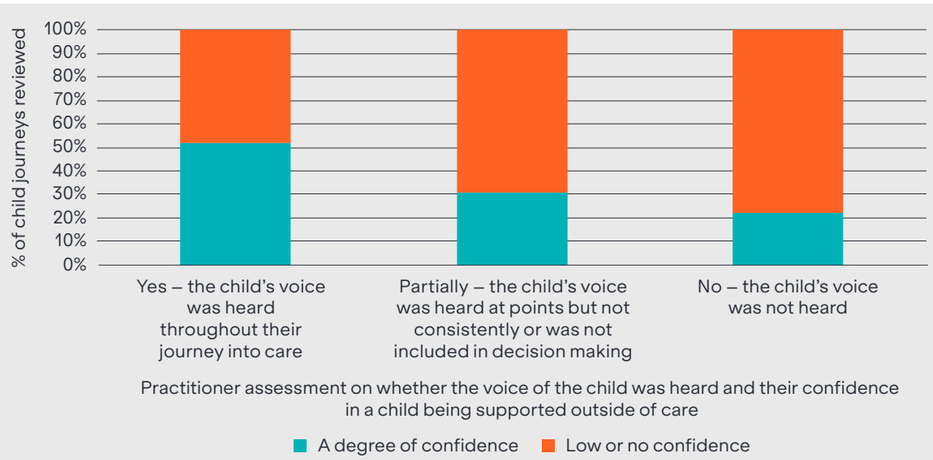
In the cases analysed for this programme, of the children's journeys into care reviewed by practitioners, less than a third had consistent engagement and inclusion of the voice of the child (see Figure 7).

Figure 7: Was the child involved in the decision making process and conversations during their journey into care?



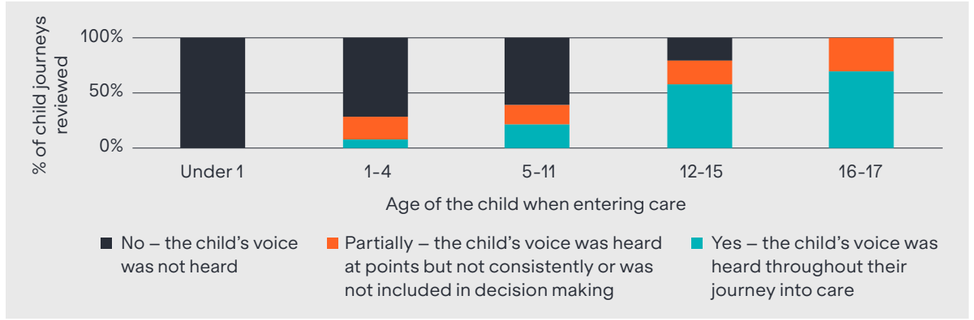
As shown in Figure 8, in over 50% of journeys reviewed where practitioners felt the child's wishes had been listened to and considered, practitioners also had a degree of confidence that the child could have been supported outside of care. This compares to just 22% of journeys where the voice of the child was not captured.

Figure 8: Relationship between capturing the voice of the child and practitioner confidence in a child being supported outside of care



Based on the cases reviewed, older children and young people are more likely to have their opinions and wishes captured during decision-making processes, with 88% of secondary school-age children and young people having their voice heard compared to just 40% of primary school-age children (as shown in Figure 9).

Figure 9: Was the child involved in the decision making process and conversations during their journey into care?



Summary: This evidence suggests that the barrier to earlier support is often not the absence of services, but the inability to engage families in positively receiving support. Analysis of characteristics of children in the care system indicate high proportions of children from deprived backgrounds. Evidence from case reviews also suggests a significant potential for the voice of children and young people to be more fully considered in care decisions, which in turn appears likely to contribute to a greater potential to support children and their families outside of care.

What could be done differently?

A key part of the move to a 'Family Help' model of supporting families at the Early Help or Child in Need threshold (as defined in the Government's Families First Partnership Programme) is the introduction of a 'Family Help Lead Practitioner' who can be employed by any agency within the local children's services partnership.

This should in theory mean that the professional or practitioner with the strongest existing relationship with a family (or the practitioner with the greatest likelihood of forming a strong relationship) can take on this role. However, the development of Family Help models across the country are still in their early stages, with as yet very few examples of professionals from agencies outside of a local authority's children's social care department systematically taking on the role. Accelerating this change and using this role in this way is intended to be an important means by which local authorities can gain the consent of parents to participate in early support.

When this approach is in place, it is likely to be a significant challenge for professionals and practitioners in other agencies to take on this role. The capacity will need to be freed up to undertake this work, and these professionals or practitioners will also need to be trained and supported to be able to secure the consent of families at a higher rate than the current system delivers, as this role will be new for these staff. Partnerships will therefore need to work together to plan for how these roles can be used to best effect, and what is required in order for them to succeed.

Another element of the Families First Partnership Programme – Family Group Decision Making – is also intended to support gaining parental consent. The programme stipulates that Family Group Decision Making must be offered to every family at the pre-proceeding stage before a child is taken in to care. However, the use of it across the social care pathway is encouraged. The involvement of wider family is seen as a key enabler in gaining consent, supporting families prior to coming into care, and also supporting positive exit of the care system back to the care of family networks.

> If a social worker suggests it the parents might feel they are being judged... better if it came from someone independent."
>
> **Care experienced young person**

> Even when parents do want support, there's always some barrier — waiting lists, endless meetings, application forms... it leaves them feeling hopeless."
>
> **Care experienced young person**

> When I got my own flat, they taught me how to use a washing machine, change a lightbulb, clean — if they'd done that for my parents, things would have been different."
>
> **Care experienced young person**

Whilst many local authorities have pre-existing specialist Family Group Conference facilitators, it should be acknowledged that their increased use likely poses a capacity challenge for this model of delivery. As a result, many local authorities are moving to a model whereby specialist Family Group Conferencing staff directly support the families where this is most beneficial (informed by objective data) and then perform a consultative or advisory role to other professionals working with families.

Alongside these changes outlined in the Families First Partnership Programme, many local authorities are moving to neighbourhood or locality models of service delivery, reflecting the national policy direction towards neighbourhood delivery of health and care services. The rationale for this approach is that working in this way will enable practitioners to get to know the communities in their area in more depth, and will therefore be more able to understand the different cultures and beliefs at play. This should as a result enable them to more successfully understand the situations that families are in and therefore to build trust and gain consent.



> They sat opposite her with a clipboard writing every word... it felt like a police interview and everything could be used against her."
>
> **Care experienced young person**

Many areas are planning to centre such services around Family Hubs, a core part of the Best Start in Life reforms, such that services are connected through physical estate to local communities. The challenges of doing this in rural areas should be noted, whereby the reality of local travel infrastructure and communities means that many families would be unlikely to physically access their local Family Hub if it were solely estate-based. As a result, designing Family Hubs to be peripatetic services in rural areas may be a more effective approach. It is also important that Family Hubs deliver on the policy aspiration to be a 0-19 service so working with school age children rather than solely providing early years support (see analysis of children's ages in shift three).

In relation to other means of improving practice to better be able to gain the consent of parents for early support, evidence suggests that practitioner support, reflective supervision, and structured opportunities to examine how assumptions (including unconscious bias) may be influencing assessments are important components of improving practice with families from diverse backgrounds.

Several practical means of building trust were highlighted by care experienced young people involved in this work. For example, they spoke about the detrimental impact on trust of small actions such as practitioners wearing organisation lanyards when working with a family; typing in to laptops during conversations; or bringing briefcases into their house – simple changes that could help to build trust:

> By wearing a lanyard, you're already creating a barrier before you've even built trust, and then we wonder why families don't engage..."
>
> **Care experienced young person**

> It's like this invisible, unspoken barrier that's created from the start. You already just immediately categorise them."
>
> **Care experienced young person**

Care experienced young people engaged through this programme also argued for a national PR-style campaign aimed at changing negative perceptions of children's social care services as a means of helping to build parental trust.

Finally, the importance of including the voice of children and young people within the consent process should not be overlooked. For older young people, their views should be taken into account alongside that of the views of the parents, even when those views are not aligned. This poses practical and ethical questions but care experienced young people felt that fundamentally listening to the voice of the child should be paramount.

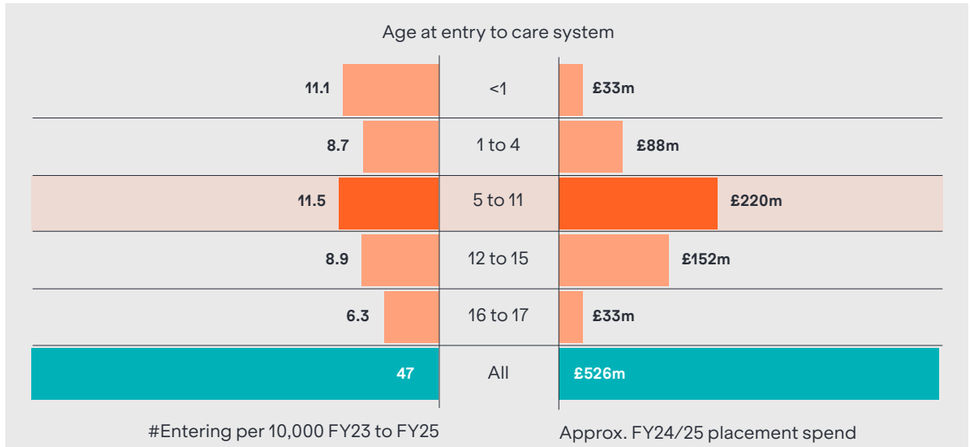
System shift 3: Integrating schools in multi-agency partnerships that support families

What does the evidence show?

Analysis undertaken as part of this programme shows that children who start in care during primary school account for the largest number of children in care and largest associated placement costs, in comparison to other age ranges (shown in Figure 10). Older children account for 60% of the remaining placement costs.

> “I went to teachers I trusted and tried to open up, and they just shut it down… they didn’t take what I was saying seriously.”
>
> **Care experienced young person**

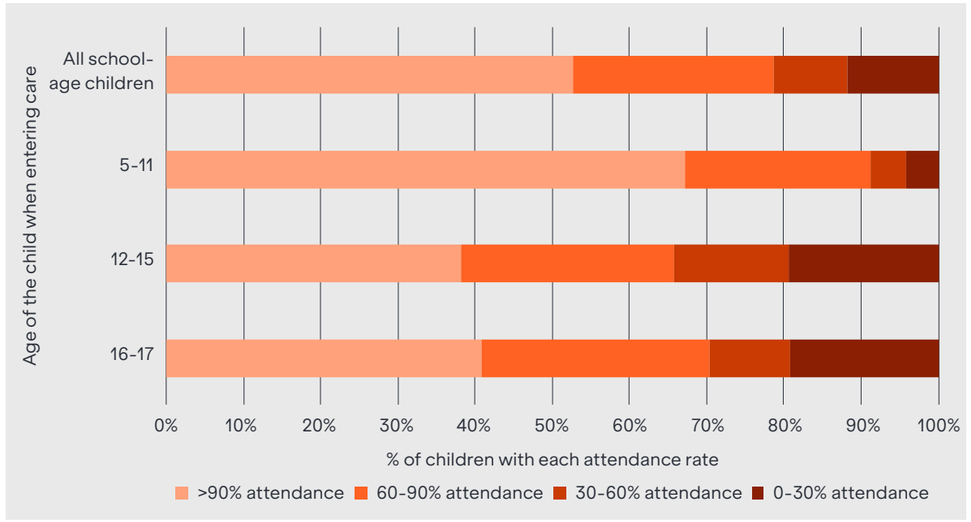
Figure 10: Age of children entering care and associated placement expenditure



As shown in Figure 11, nearly 80% of children of school age who enter the care system attend school three or more days per week (rising to 92% of for primary school age children), highlighting the potential for schools to be used more effectively to help identify and support children at risk of entering care.

> “I think schools’ understanding of trauma-informed practice is rubbish… we’re still very far from that being the norm.”
>
> **Care experienced young person**

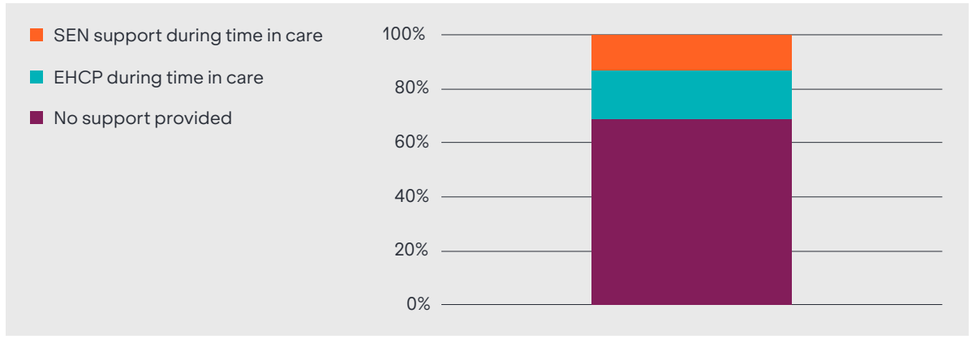
Figure 11: School attendance rates for children entering care



Analysis for this programme found that approximately one in three children have a recorded Special Educational Need (SEN) at the point of entering in to care, split approximately 1:2 between SEN Support and Education, Health and Care Plan (EHCP) (as shown in Figure 12). This shows how supporting the needs of children before they come in to care can often link to the local system supporting children with special educational needs. It highlights the need to consider how reforms in SEND promote the shifts articulated in this report alongside tackling wider significant complexity in improving outcomes for all children with SEND.

> “I wrote about fighting over a potato in an English exam — no one picked up that I was saying I wasn’t being fed.”
>
> **Care experienced young person**

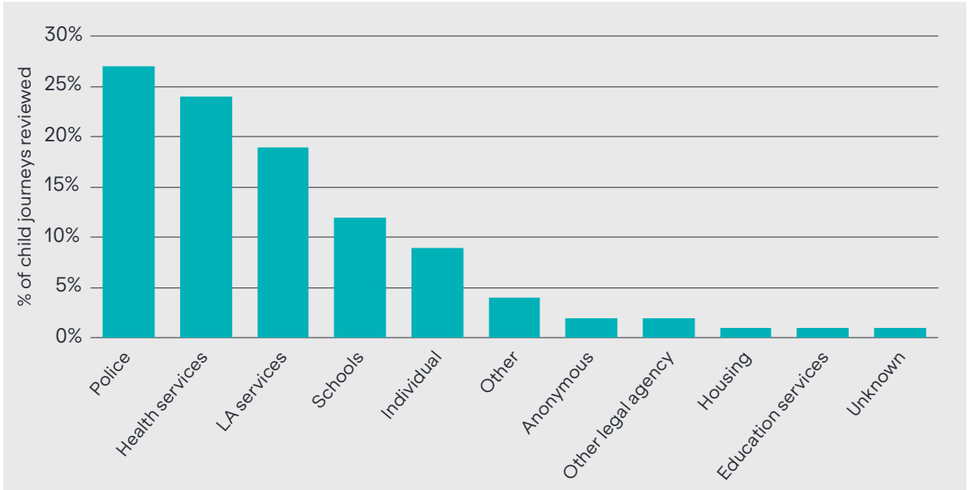
Figure 12: Proportion of children in care with recorded Special Educational Needs (SEN)



As indicated in Figure 13, in 12% of cases, schools were the agency to have referred a child to local authority children's social care services most recently prior to the child coming in to care.

This is set against 16% of all contacts for local authority children's social care support coming from schools. Acknowledging the wider pressures, roles and responsibilities of schools, this points to an opportunity to better equip schools to identify and escalate children who are at risk of requiring specialist local authority support.

Figure 13: Percentage of care starts by last contact



The service or organisation most recently in contact with the child prior to them entering care

Summary: the evidence suggests that schools are in sustained, regular contact with the children most at risk, often earlier and more consistently than any other service. As a result, schools could be more systematically integrated into the multi-agency work with families, in a prioritised way, to help make the most of that closer proximity.

What could be done differently?

Successful delivery of this shift will recognise that, in most county areas, there are hundreds of primary schools, secondary schools and other education providers. However, children and families that require support will be unevenly distributed across these different education providers.

In this context, using data to target support, and to align resources proportionately to levels of need becomes essential. Services should be designed using data in two key ways:

- Using historic data to understand consistent patterns of need for support, connected to individual or groups of schools, and using this information to inform the structure of relevant services.
- Using 'live' data about child or family support needs to inform a more flexible allocation of resources, connected to an individual school or to groups of schools.

This shift also points to the significance of placing focus and attention on how school representatives are integrated into multi-agency Family Help or Children Protection teams around individual children or families, and how this aspect of local reform implementation should be prioritised.

Finally, the latest reforms to the SEND system include substantial investment in teacher training and leadership development. This presents an important opportunity to also ensure that early identification and prevention to help avoid children at risk from reaching the point of crisis are also core elements of this training and development, whilst taking account of teachers' workloads and wellbeing in what is expected of them.

> "They need to read what children are not saying, not just what they do say – that's not being picked up in schools."
> **Care experienced young person**

> "You might get lucky and have a school that really helps, or unlucky and have one that doesn't know what to look for."
> **Care experienced young person**

> "Every teacher – even cleaners – should have safeguarding training, because one adult is the one we choose to trust."
> **Care experienced young person**

> "I think it would be good for schools to have vouchers like the council do when it comes to food banks... they could be the first point of contact before social workers are even involved."
> **Care experienced young person**



System shift 4: Targeted support from specialists in the local authority, at the right time, where it is needed, informed by joined up data across agencies

What does the evidence show?

This programme has sought to analyse patterns in the support that children and their families receive before entering care. This has been used to identify what would need to be different in the whole system of support around families in the period prior to coming in to care, to safely and positively prevent the need for children to come in to care more often.

To do this, the nature of support that children and young people were receiving in the six months before they entered the care system has been analysed. Each individual child and families' circumstances will dictate the specific timeframe in which, if they could have been supported to stay together, that support would need to be delivered over. However, for the purposes of comparison this was the time period selected.

This analysis highlighted two key issues:

1. There appears to be potential to provide earlier targeted support up to 74% of children that ultimately enter care.

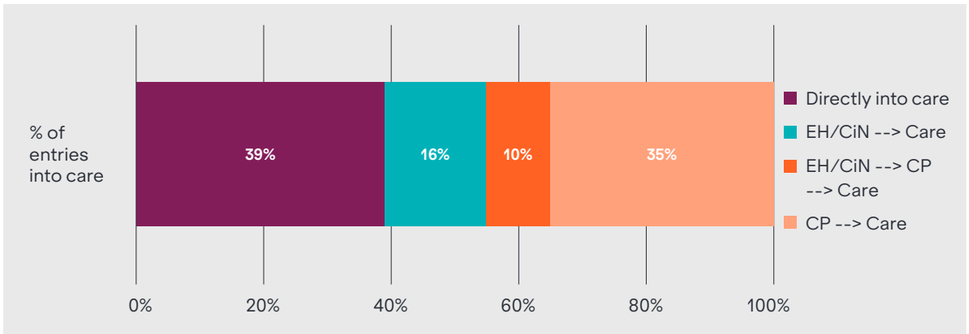
2. Improved information-sharing across agencies could be an enabler of identifying the families that could benefit from targeted, early support.

Potential to provide targeted earlier support to 74% of children who enter care

Analysis found that 61% of children had been subject to a local authority Early Help, Child in Need, or Child Protection Plan in the six months before coming in to care, as shown in Figure 14.

As a result, 39% of children had not been subject to an Early Help, Child in Need or Child Protection Plan in the six months prior to entering care.

Figure 14: Percentage of children and young people who received a support plan in the six months prior to coming into care



> "Police were involved multiple times... but nothing happened afterwards. They protected me in the moment, but did nothing to change what was happening."
>
> **Care experienced young person**

Of the 61% of children who entered care that were subject to a local authority Early Help, Child in Need or Child Protection Plan in the six months before coming in to care, approximately two thirds (35% of all children) had only been subject to a Child Protection Plan before coming in to care.

Whilst the scope of this work is confined to children who have entered the care system, practitioners engaged through this work emphasised that they felt a child would ideally not first receive specialist local authority support with the level of risk already at Child Protection threshold. They felt that ideally the child and family should first receive support at Early Help or Child In Need threshold. For the children that entered care after being subject to a children protection plan, this sentiment is compounded by 59% of those child protection plans being open for less than six months.

Importantly, the analysis shows that, if pathways in to support at Early Help or Child in Need threshold levels of support remain the same, the introduction of Family Help services will only directly impact ~25% of children who would ultimately end up in care (as illustrated in Figure 14).

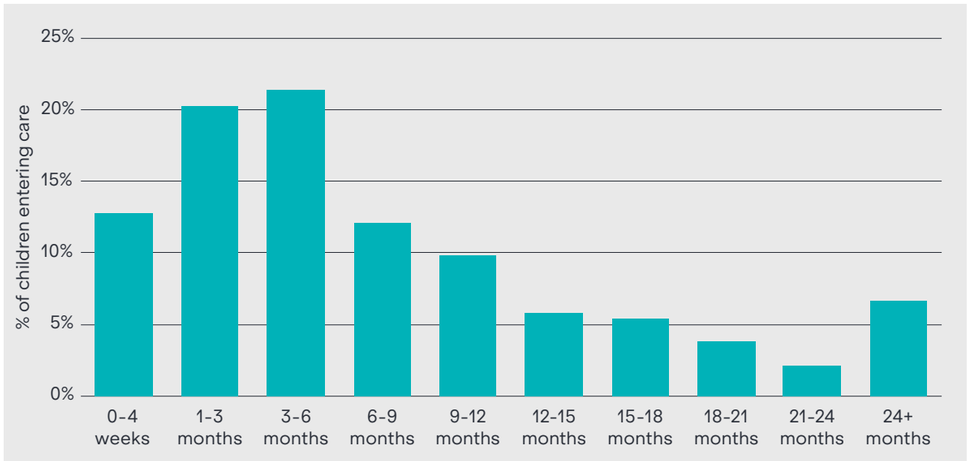
For the 39% of children who enter care without being subject to an Early Help, Child in Need or Child Protection Plan in the six months before entering care, contacts data was analysed to understand whether the system highlighted these families as having the potential to benefit from local authority support at an earlier stage. The findings indicated that:

- Just under half of these children had only had a single contact (in the four years of data) prior to coming into care.

- Just over half of these children had two or more contacts before coming in to care.

Considering the latter cohort, Figure 15 shows the timeframe between a child's penultimate recorded interaction with children's social services and the date of them coming into care.

Figure 15: The length of time between a child's penultimate contact with children's social care and the point at which they were taken into care



This data indicates that 46% of the cohort were the subject of a contact with the local authorities' children's social care department six months or more before the child came in to care. This raises the potential question of whether, for some children, support from local authority specialists from the earlier contact date could have ultimately helped prevent them from entering care.

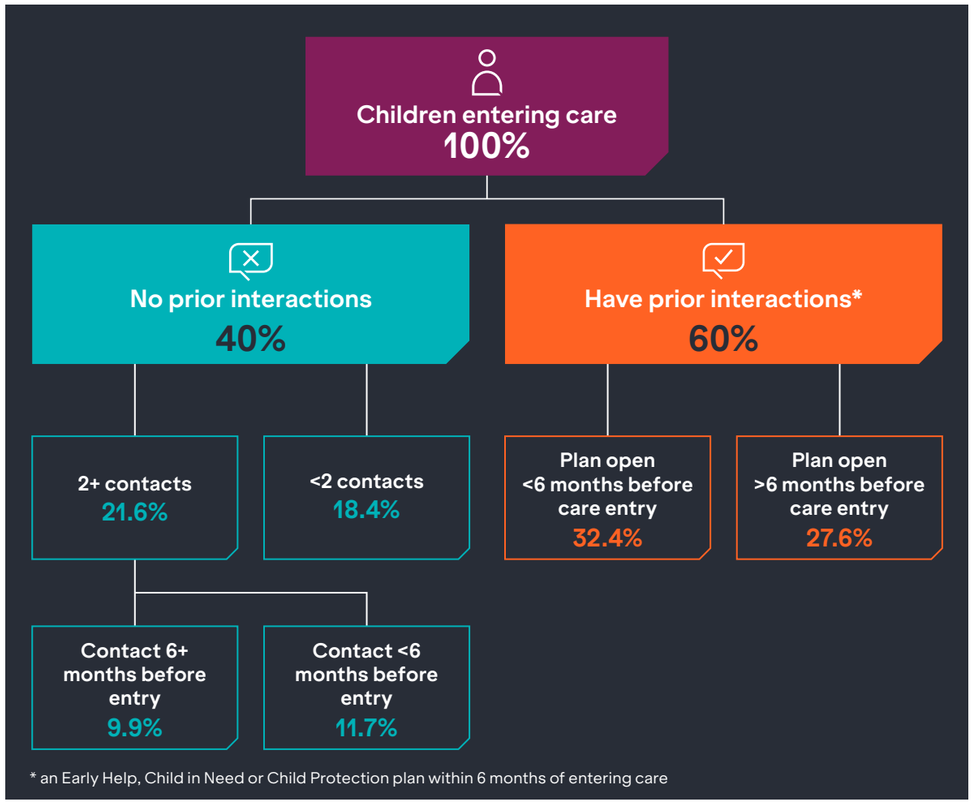
This should of course be taken in the context of the large number of children and families that local authorities need to make decisions about the proportionate level of support needed, based on their individual circumstances. To illustrate this, the nine data phase authorities receive 230,000 contacts from partners and parents reporting concerns about the welfare of a child each year. Within this, 50,000 children go on to receive some form of ongoing support plan from a local authority safeguarding specialist (through an Early Help, Child in Need, Child Protection or Child in Care plan). This shows how local authorities filter a large number of contacts to a smaller number of families that receive ongoing support, following multiple rigorous, statutory processes. This is critical for two reasons:

1. The existing evidence base regarding the negative consequences on families of unnecessarily intervening in their lives.

2. It would be impractical, from a resource perspective, to provide ongoing support to every child and family reported to the local authority's contact centre.

Given these statistics, it is understandable that Directors of Children's Services described identifying these children as like 'spotting a needle in a haystack'.

Figure 16: Proportion of children entering care who were known to children's social care previously, and the relationship between the length of their plan or the number of referrals they had from the community



Sharing of information to enable the provision of targeted support at an early opportunity

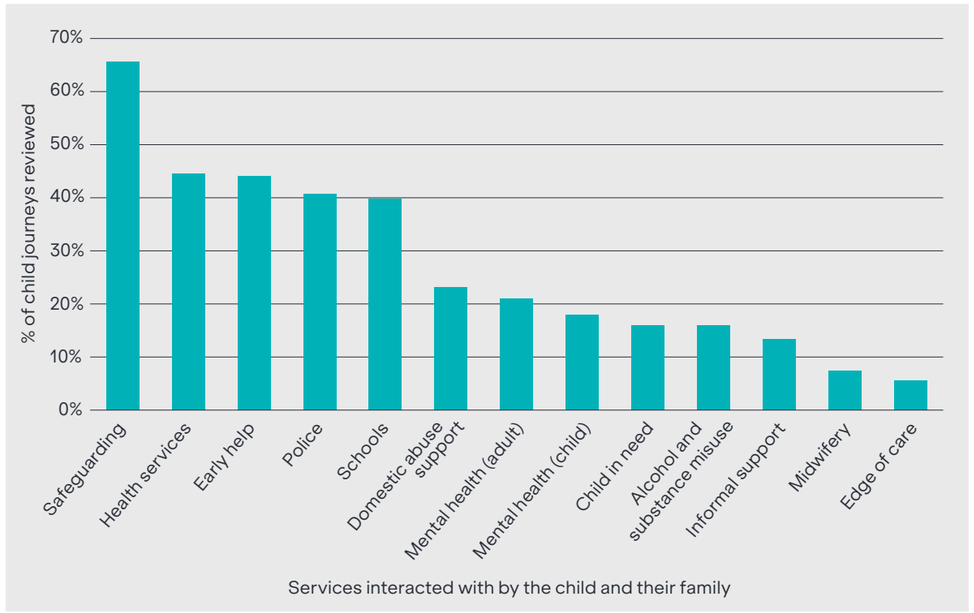
The multi-agency case reviews of more than 100 children that had been in care highlighted the impact of limited information sharing across agencies and local authorities.

As shown in Figure 4 earlier in the report, local practitioners identified that the second most common reason for not identifying families earlier and offering improved preventative or reconnecting support was due to information sharing and co-ordination between different agencies and local authorities. This corroborates the hypothesis born out of the data analysis described in the previous section, that there is potential in the children's services 'ecosystem' to help more families to receive specialist local authority support at an earlier point.

When reviewing case notes of 380+ children that had been in care, the most common agencies that had a prior interaction with the child or family (excluding police and local authority children's social care) were health services including GPs and midwifery; schools; and support for mental health difficulties (both child and adult). Overall, 45% of families whose journeys were reviewed interacted with a GP or another health service prior to entering care and 41% interacted with police. This is shown in Figure 17.

Having a prior interaction with these families means that these agencies were therefore likely to hold important information about the child and family that could inform earlier, proactive support.

Figure 17: Most prevalent service interactions for children and their families, prior to the child entering care





These findings suggest that for some children, earlier identification and connection to support may have been possible. Earlier identification does not automatically translate into different outcomes – entry to care often follows sustained work and complex risk and is frequently the right decision for a child's safety. The opportunity here is to ensure families are connected to the right support when need is present, not to suggest that earlier contact would definitively have prevented care in all or most cases.

Summary: This evidence suggests that there appears to be potential to provide targeted support to 74% of children in care at an earlier stage, rather than them first receiving support at Child Protection Plan stage or coming in to care without immediate prior support through an Early Help or Child in Need plan. It also indicates that the information needed to identify families at risk does often exist across partner organisations, but could be joined up more often to enable prompt earlier support from local authority safeguarding specialists.

What could be done differently?

The evidence above indicates an opportunity to better connect families to specialist local authority support, when they need it. It also suggests that a potential solution could be to make better use of existing, wider system interactions with families to identify the need for this support. This is not aimed at ensuring that all at-risk children avoid coming into care – for many, coming in to care will remain the right outcome. Instead, the aim is that no family in need should reach crisis point without ever having been connected to available support.

Practitioners already exercise considerable skill and judgment in making decisions in time-, resource- and information-constrained environments. The goal of better data infrastructure is to give them a more complete picture to work with, not to replace the relational practice that sits at the heart of good work with families.

There are existing systems in place which should mean that practitioners have a single view of intelligence about a child or family, that draws on multiple sources such as health, police, schools or local authorities. However, the existing systems can be labour intensive, time consuming and sometimes unreliable. Furthermore, they tend to drive reactive behaviour, as practitioners see families already flagged as being of concern, and will make decisions about what support they might need. In contrast, in an environment in which practitioners have access to wider data, individual families that could benefit from targeted support are identified before needs escalate, and practitioners can operate more proactively.

> "I always had to re-share really triggering information with people who should have been working together and already aware of my situation."
>
> **Care experienced young person**

> "It took a placement review for them to realise I hadn't been in education — it should never have taken that long."
>
> **Care experienced young person**

If services could make appropriate use of a comprehensive connected dataset, across the whole local partnership, their ability to identify families requiring support could be significantly enhanced, and in some instances, an earlier, targeted decision to support a child or family might be made as a consequence.

This could then work alongside the changes described in shifts one to three, whereby this data led intelligence is combined with 'on the ground' understanding of wider practitioners and professionals in the system (in adults services, schools or as Family Help Lead Practitioners) to successfully engage the families that most need support earlier.

Case study:

One council has been able to analytically identify approximately half of the children and young people who would otherwise enter care without a prior Early Help/Child In Need/Child Protection plan, and are now in the process of determining how to best support those families.

This was done by using pre-existing data sharing agreements in the partnership, that permit data sharing between partners in the interests of safeguarding children (commonplace across many local authorities).

Resident-level data sets across children's social care, education, housing, revenue and benefits and adult social care were combined to create single family records across multiple services. A machine learning model was then run across three years of data to determine the risk events that correlate most strongly with the outcome of a child entering care on this pathway, essentially to predict the likelihood of a child entering care. Developing the model took approximately three months after the initial data collection exercise across partners. In that three-month period, approximately half of the children that did enter care without prior EH/CIN/CP plan were highlighted by the model.

The risk events identified based on this authority's data were: rolling 6 month contact frequency, education related flags (such as truancy or persistent exclusion), housing instability.

This approach identified a list of families where those risk events had occurred but had not yet received support from the local authority's children's social care department, and who were therefore high priority for support.

The council is now turning its attention to running the model continuously so that the families who could benefit from early support are identified in real time, as well as designing how to operationally organise partners around these families so that they get the right support.

It is important to note that tools of this kind are designed to support and not replace professional judgment. Analytical identification of families at potential risk should always be followed by skilled, relational practice from experienced practitioners who can assess the full picture of a family's circumstances. Algorithmic flags are a prompt for human attention, not a basis for intervention in their own right. The ethical and practice governance frameworks around how such tools are used, and how families are approached as a result, require careful design.

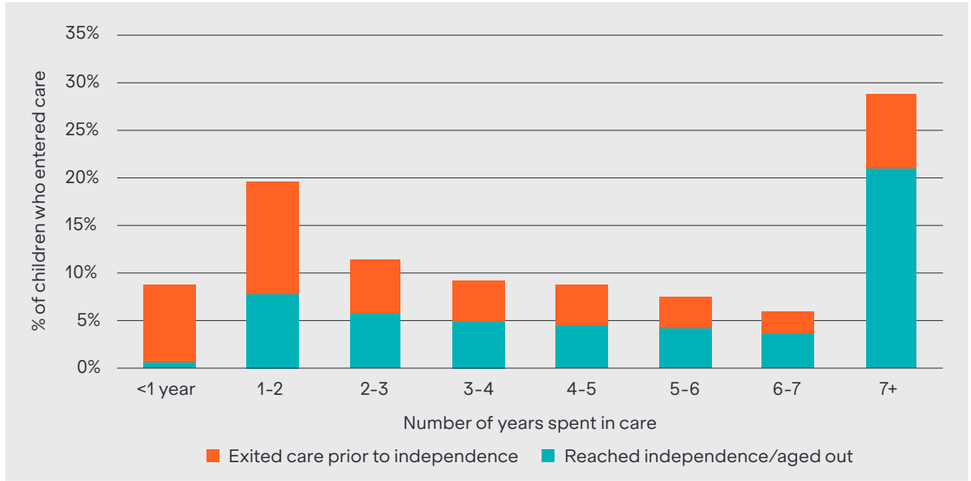
System shift 5: Supporting ongoing connection between families more often and more successfully, across foster carers and partners

What does the evidence show?

Analysis for this programme found that 80%+ of children who enter the care system stay in it for longer than one year. In approximately 50% of cases, children who enter the care system above the age of five stay in care until they turn 18 or transition to independent living.

> "They wouldn't let me live with my aunt because my cousin had a criminal record – even though he'd turned his life around."
>
> **Care experienced young person**

Figure 18: How long children stay in care when entering care above the age of 5



> "Families had to look perfect – savings, spare rooms, the right jobs – things that had nothing to do with the relationship with the child."
>
> **Care experienced young person**

> "Contact felt clinical and institutional... it didn't feel like family time, it felt like we were the ones in trouble."
>
> **Care experienced young person**

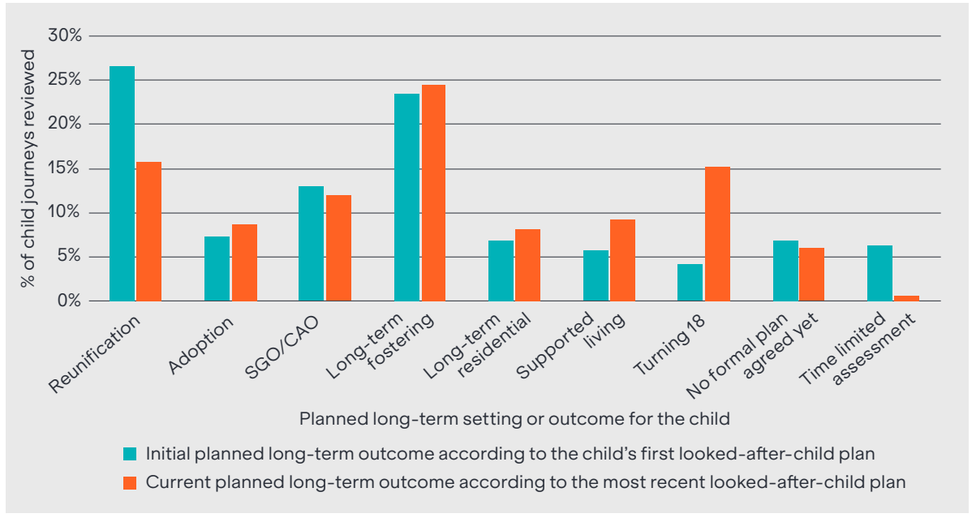
Staying in care for the long term is not necessarily a poor outcome – for many children, stable long-term foster or kinship care provides the security and continuity they need.

The focus of this shift is on those children for whom a return to their family network may be possible and beneficial, and where the system could do more to actively support and revisit that option over time.

> "I aged out of care with no relationship with any of my siblings because of how the system handled reunification."
>
> **Care experienced young person**

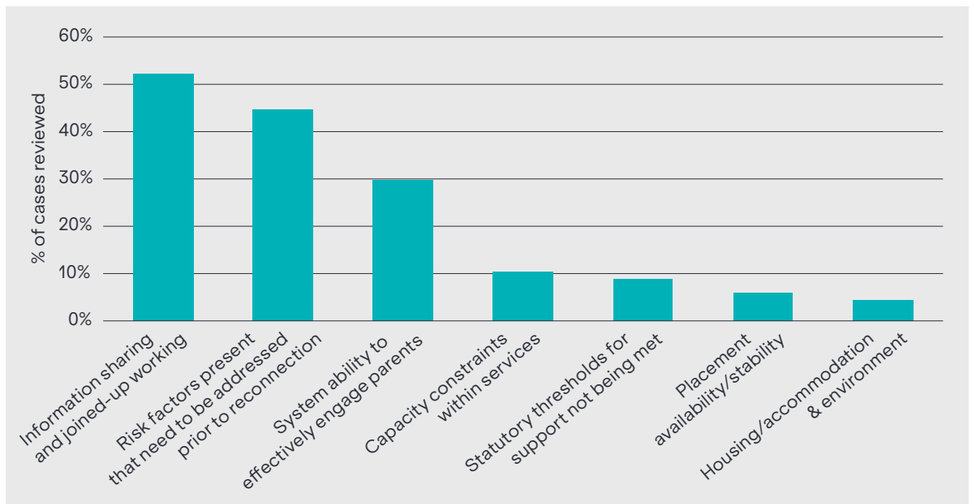
As shown in Figure 19, for children who stay in care for more than one year, their initial permanence plan was to return to their family 28% of the time. When reviewing the current permanence plan of children in care, this figure dropped to 16%. Directors of Children's Services engaged in this work felt these statistics speak to an opportunity to be more aspirational in the initial plan for children in care and their families, and increase the success rate of delivering this outcome, given how long (on average) children are remaining in the care system.

Figure 19: Initial versus current looked-after-child plan



This view is corroborated by the results of the local practitioner reviews of the stories of 100+ children in care. They found that in 33% of instances, more could have been done to support the family towards reconnection, including reconnection with siblings, wider family members and friends. The most common barrier they identified to achieve that aim was a lack of cohesive joined-up working and information sharing across the system (shown in Figure 20).

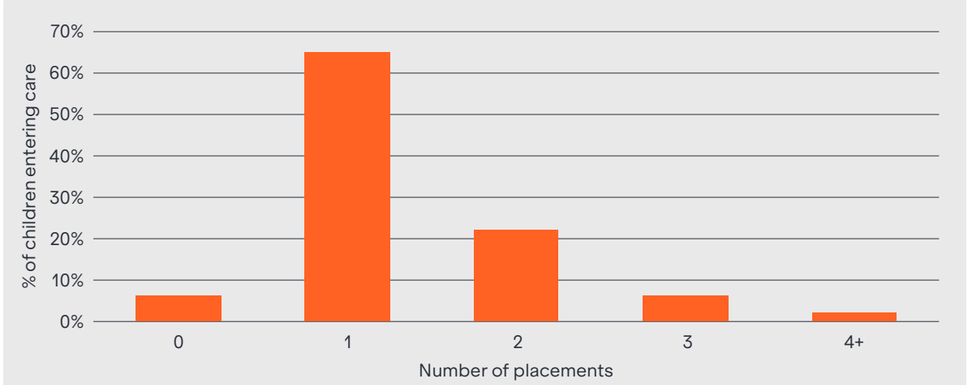
Figure 20: Most common reasons why the system was unable to support families to work towards reconnection



Senior leaders within children's social care services spoke consistently about the capacity challenges they face – how responding to crises such as children who need to come in to care, or those where their placement has broken down, often means capacity to promote reconnection becomes reduced.

Analysis shows that most children who stay in care for more than one year have a single placement in their first year. As shown in Figure 21, 65% of children who stay in care for more than one year only have one placement in their first year in care compared to 92% who leave the care system within a year. This would corroborate the view that a meaningful proportion of system capacity goes in to responding to changes of placements (noting that active work will lead to some of the single placements sustaining). It also suggests that promoting placement stability on its own will not deliver a higher rate of children leaving care.

Figure 21: Number of placements that each child had in the first year of being in care



Importantly, 80% of children who enter care between the age of one and 15, and stay for more than one year, are initially placed in a fostering setting, with approximately a 2:1 ratio of internal vs commissioned placements. As a result, how foster carers are integrated into wider multiagency activity to reconnect children and their family is crucial. This is an important consideration in the policy direction towards Regional Care Co-operatives overseeing much of the recruitment of, support to, and commissioning of foster carers.

It is also important to recognise many of the features of the system articulated in other shifts also hold true for the families of children in the care system and what would need to be addressed for more children to exit the care system – the most prevalent needs being associated with the parents; engagement and consent being a key enabler; schools being the agency most likely to interact with the child.

Summary: This evidence suggests that the prospect of family return, possible for a meaningful number of children, could be pursued and delivered by the system more commonly. In addition to the support to families described in shifts one to four, the analysis suggests key roles for foster carers in the ongoing team around the child and family.

What could be done differently?

Acknowledging the capacity issues highlighted by senior leaders engaged in this work, the key changes needed to support more children to exit the care system will hinge on ensuring any available capacity is used in the most targeted and effective way. Using data to 'wrap around' the children in care and their families – where the prospect of exiting the care system is most likely – is one way to achieve this. This raises innovative possibilities such as gathering data directly from children in care or their foster carers around whether exploring this outcome is timely in the current context of the child.

Layering on the changes described in shift one would also help identify when parents are beginning to engage in support to also inform this practice. Alongside this, senior leaders raised the importance of a culture that promotes these outcomes for children in care as being of equal importance to other outcomes delivered by the children's social care system.

This shift also links strongly to the national direction of travel to promote family group decision making as a means to either support reunification to parents or exit of the care system to the care of the wider family network.

These approaches were echoed by care experienced young people engaged in this work, who also emphasised the importance of listening to children and young people through the reunification process; returning to these conversations often in case their views and preferences change; and going at their own pace throughout the process.

Case study

One local area has achieved a 32% increase in the rate of children positively exiting the care system, alongside reducing the average timeframe to deliver this outcome by 18 weeks.

This was achieved by:

1. Using data to identify children in care who are most likely to have potential to exit the care system so that system capacity is used in a targeted way.
2. Convening the multi-agency team around the family at specific points in the permanence planning process to discuss how exit from the care system could be achieved, with a strong culture of championing exit from the care system.
3. Strengthening the delivery of this practice through IRO monitoring.
4. Tracking and reporting on the efficacy of this activity at a management level.

04: Wider enablers of change



Section 3 has identified five key system shifts that have the most potential to positively impact the number of children remaining with their families. However, these represent significant changes. Through the analysis and engagement conducted for this programme, several key enablers have been identified which, if implemented, will help achieve the shifts and maximise their benefits.

Local level enablers

1. **Commitment across local leaders, including local councillors, to prioritise outcomes for children at risk of entering care or in the care system.** This report demonstrates how support to vulnerable children and their families is a partnership endeavour. In the context of constrained public sector resources, a stated commitment should be made to prioritise resource, focus, and improvement efforts towards outcomes for children at risk of entering care or already in the care system.

2. **Development of local financial mechanisms and incentives to promote proactive, early support to families of children at risk of entering care or in the care system.** This report points to potential significant gross costs that can be avoided for local authorities because of fewer children needing to be in care. It also evidences the multi-agency nature of the shifts needed to deliver this outcome, and acknowledges the landscape of constrained resources across the public sector. Agreements between partners that appropriately enable and incentivise all agencies to promote the outcome of more children being cared for in their family network would help create the conditions needed to maximise the chances of these shifts happening.

3. **Use of data to inform targeted support to families and prioritised service design, enabled by appropriate information governance arrangements, to support practitioners' judgement and decision-making**. Live and historic data should be collected, shared, and analysed across agencies, including neighbouring local authorities, to understand both the journeys of families whose children have entered the care system and individual families who could most benefit from support. This data can also be used to inform:
   - The targeted allocation of system resource, across partners, to support individual families before or after a child enters care.
   - The design and commissioning of services such as multi-agency Family Help or Child Protection services – including how wider family support services can be best deployed to integrate with schools in a prioritised way and how multi-agency teams support the families of children in care.

4. **Continuous improvement of the system's ability to successfully engage families and gain consent for support.** Practitioners and professionals across agencies (particularly adult support services) should receive training and guidance on how to work with families so that they positively engage with support where it's needed. This should include the role of Family Group Decision Making and how this can help gain consent alongside other outcomes. Alongside this, data should be captured that enables the tracking of the success rate of gaining consent at practitioner, service, or agency levels. This should be reported in partnership forums as part of a continuous improvement culture around the system's ability to gain consent.

5. **Family Group Decision Making used as a practical means of facilitating the wider family network to support a family, potentially as an enabler of successfully gaining consent.** This could be at any point in the social care pathway from the initial assessment, all the way through to the child being in care. Maximising the use of Family Group Decision Making will require consideration of the capacity constraints in using specialist co-ordinators or facilitators, and therefore should include models whereby these specialists are consultants or advisors to other professionals to maximise effectiveness and impact.



6. **Joined up local commissioning and prioritisation of services to support adults, to ensure parents of children at risk of entering care or in the care system can receive support for their needs.** Ensuring that there are no 'gaps' in support offers for adults with mental health, substance misuse, or domestic violence needs is important in ensuring adults' needs are met in the most timely and effective way. This should be considered across the commissioning and delivery of services supporting adults with these needs including adult social care, public health, and NHS services.

7. **Promoting positive exit from the care system as a priority partnership outcome.** Rates of children with permanence plans to exit the care system should be monitored and reported in partnership forums. This should lead to discussions (using the data described in enabler three) about how this outcome can be promoted and resource allocated to achieving it (at either family or service levels).

8. **Integrating foster carers into teams around the families of children in care.** Alongside schools and adult support services, foster carers should be integrated into the teams around the families of children in care, recognising their role in supporting the child. This applies equally to local authority foster carers and those employed by Independent Fostering Agencies.

9. **Planning for continuity of local partnership improvement and transformation through Local Government Reorganisation.** For authorities undergoing LGR, a deliberate transition plan should be developed to preserve momentum on preventative system reform; to maintain partnership relationships across the children's services ecosystem; and to carry forward the data infrastructure and governance arrangements that underpin the shifts described in this report.

10. **Meaningfully engaging children, young people and families in service design and strategic decision-making.** The voices of those with lived experience of the children's social care system are an essential input to improving it. Local authorities and their partners should ensure that children, young people, and families are engaged not only in the design and shape of services, but also in the strategic decisions that govern them. This includes sharing findings from historic and current data analysis (presented in accessible and age-appropriate ways) so that those with lived experience can interrogate the evidence alongside professionals, and contribute their own insight to its interpretation.

National level enablers

1. **Commitment to prioritising outcomes for families where children are most at risk across all government reform and policy development.** This report has demonstrated how outcomes for children in care are influenced by agencies and associated policies and reforms across the entire children's services system. It has also demonstrated how these reforms need to be coherent on outcomes for children at risk of entering care or already in the care system for those outcomes to be best promoted. Government departments aim to join up policy developments but this is not always evident in implementation.

2. **Protecting funding for preventative services through support to manage overspends on children in care budgets and dedicated funding.** Government should consider how funding across adults' services, schools, and local authorities can be developed to promote outcomes for children at risk of entering care or within the care system, and how to incentivise partnership working towards these outcomes. In particular, a solution should be developed to address the short-term financial pressure on local authority finances from spend on children in care placements (so as to avoid disinvestment in preventative services). Financial 'rewards' for authorities that prioritise prevention and early intervention could potentially be considered (though would need careful design, application and management).

3. **Extending the Children's Social Care Prevention Grant (now part of the Children, Families, and Youth Grant) beyond its current end date of 2028/29 to at least 2032/33.** Modelling for this programme suggests this is the earliest point from which the benefits of a more preventative system could realistically be reinvested to sustain it.

4. **Investment in a national data infrastructure to enable joined up intelligence about families' needs.** Existing plans should go further to implement a single child identifier across systems and invest in the development of a national data infrastructure across all parts of the children's services system. As described above, data is a key enabler in the targeted deployment of constrained system resource in pursuit of outcomes for children. This would mirror similar ambitions in the NHS.

5. **Development of a national framework for the ethical use of data and AI for prevention to accelerate the benefits of this technology at local levels, in a responsible way.** The data infrastructure described above will only be as valuable as the insight, at family or system levels, that can be drawn from it. However, the use and sharing of personal data has complex ethical considerations – including privacy, fairness, and protecting people from harm. A national framework which draws on existing good practice and guidance, and sets parameters for local areas to operate within, would both be more efficient (rather than individual local areas each developing their own) and more consistent.

6. **Adding working with families to gain consent for support to statutory safeguarding training requirements for all roles within the children's services system.** This will play a role in helping to engage families in positively receiving support, and should reflect best practice in relation to engaging with and gaining consent from families from diverse backgrounds.

7. **Aligning statutory thresholds for adult support services across adult social care and NHS services to ensure parents of vulnerable children receive the support they need.** This would require legislative change and updates to statutory guidance, and would help to address stakeholders' concerns that eligibility criteria across adult social care, public health, and NHS services can often leave 'gaps' for adults with needs not getting support. Critically, safeguarding of children should be a core element of any adults' services threshold.

8. **Supporting exit of the care system through the way in which Regional Care Co-operatives are developed.** The government should ensure that the development of Regional Care Co-operatives incentivises and enables providers of homes for children in care – particularly foster carers – to actively support children in care to return to their family where appropriate (as part of the team around a child in care).

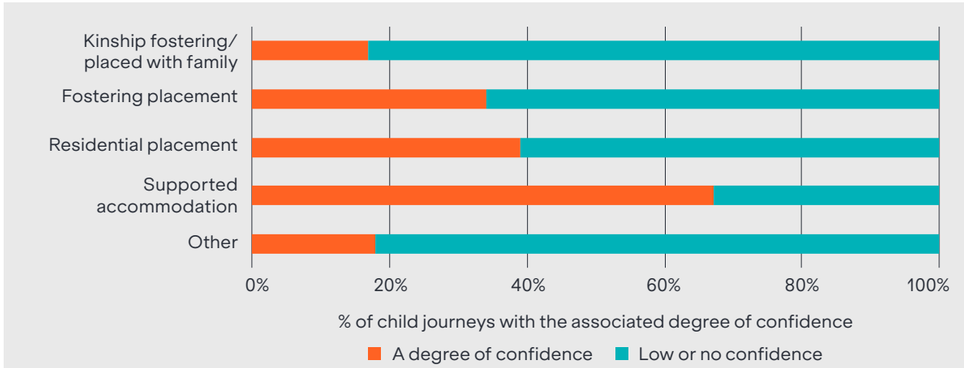


05: Impact of making these system shifts

Impact for children and families of making these system shifts

To calculate the potential impact that successful implementation of the system shifts described in Section 3 could have for children and families, the primary evidence source has been the reviews of children's stories by local practitioners. For each child, practitioners were asked to give a level of confidence regarding whether the child could have remained in the care of their family if different support had been given. The results of this analysis, by current care setting type, are shown in Figure 22.

Figure 22: How confident are we as practitioners that this child could have avoided being taken into care?



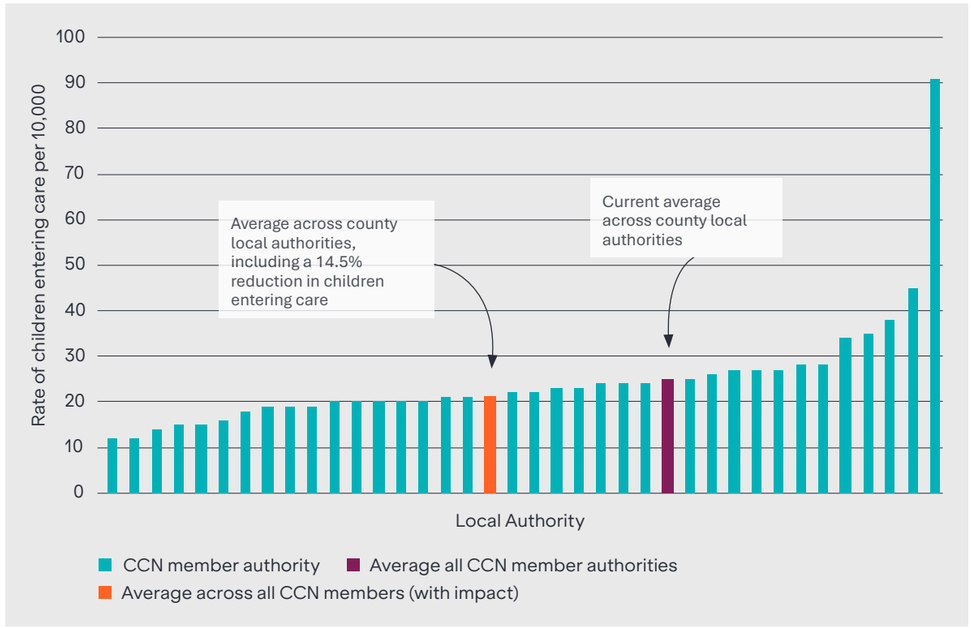
This data suggests that there is opportunity to support more children to be in the care of their family network, across children who are currently entering all different types of care. Therefore, further modelling has been done across all children in care, rather than seeking to draw conclusions about specific cohorts of children within care (e.g. those who are in kinship care vs residential etc). Given the acknowledged interconnectivity between different care settings (e.g. children in residential care due to a lack of capacity of foster care), it has been assumed that net impacts on numbers of children in care are distributed over all types of care.

To determine the potential impact on numbers of children in care, the programme has assessed the confidence levels of practitioners; further information about the pathways of those children in to care; and wider data analysis around children entering the care system. This indicates a potential for **14.5% fewer children to potentially enter care as a result of the successful implementation of the five shifts proposed.**

Many of the same children identified through the case review exercise as having the potential to be supported to avoid entering the care system, were also deemed by practitioners to have the potential to exit it. Removing this double count leads to a **2.2% increase in the rate of children exiting the care system.**

To corroborate these numbers, the current rate of children entering or exiting care per 10,000 was calculated for county and CCN unitary member authorities and these changes applied to the average. The average with the improvement applied is still within observed current variation of children entering or exiting care across county and CCN unitary member authorities suggesting it is a reasonable level to expect as a result of system improvements. This is shown in Figure 23.

Figure 23: The rate of children entering care each year within county local authorities, per 10,000 population





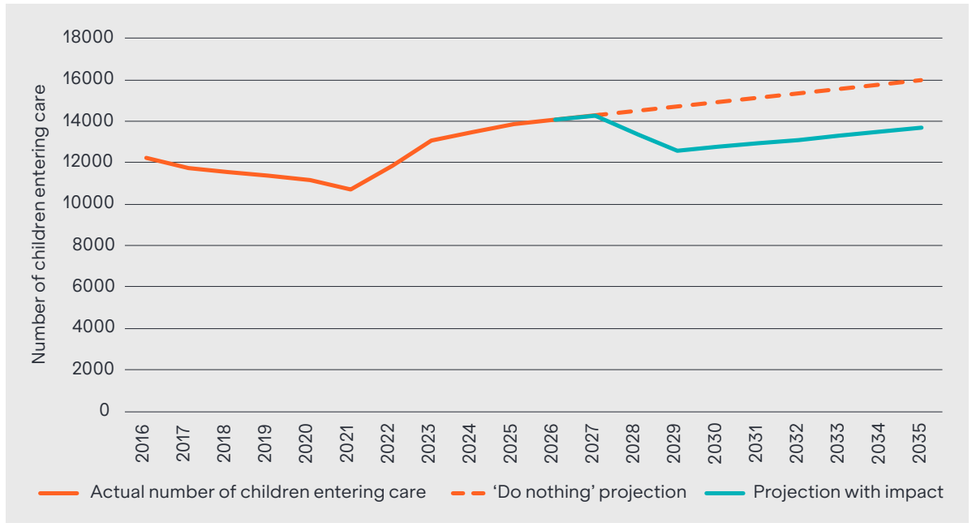
The following assumptions were then made about the timeframes over which these impacts could be achieved:

1. That it would take until the end of 2027 to introduce the system shifts described.
2. That in 2028, whilst the shifts are bedding in, only half the impact on children entering the care system would be achieved.
3. From 2029 onwards, the full impact on children entering the care system would be achieved.
4. The profile of impact on rates of children exiting the care system would 'lag' by one year, reflecting the approximate timeframe that processes to support children to exit the care system typically take (leading to half impact in 2029 and full impact from 2030 onwards).

Most county authorities will be progressing through Local Government Reorganisation between now and mid-2028. Whilst senior leaders engaged in this work recognised the complication this would introduce for local authorities in playing their role in introducing the system shifts described, views were mixed about the level of effect that this might have. Some leaders felt this kind of progress should be made regardless, whilst others felt it is not realistic to implement these system shifts in parallel to the reorganisation of councils. Given this, no specific assumptions have been made about the potential impact of LGR in the assumptions relating to delivery timelines.

The resultant impact of these assumptions is shown for children entering care in Figure 24.

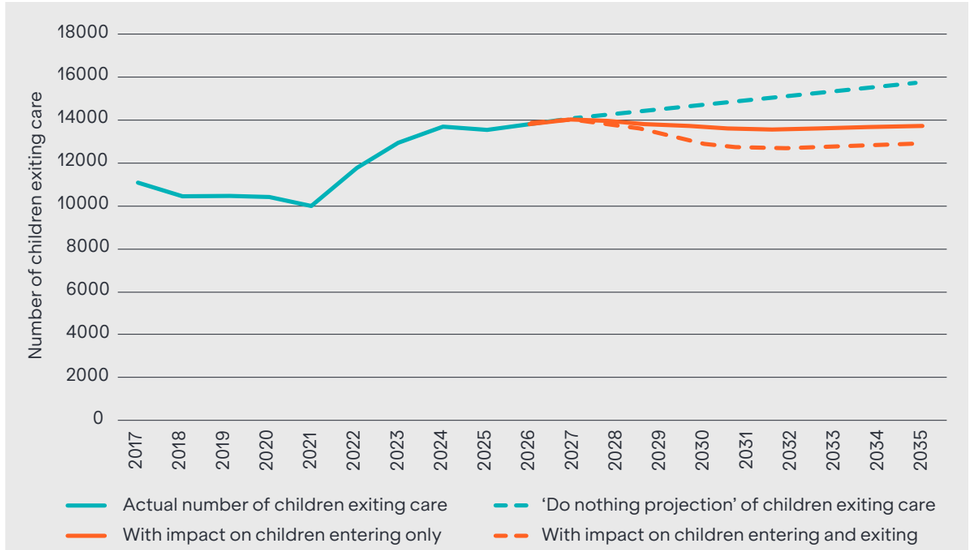
Figure 24: Number of children entering the care of county and CCN unitary member authorities per year



Across the projection to 2035, this average difference between the 'do nothing' and 'with impact' projections from 2029 is approximately **2,250 fewer children entering the care system each year**. These projections are based on analysis of county and CCN unitary member authorities so are likely to be higher for non-county authorities with higher levels of deprivation.

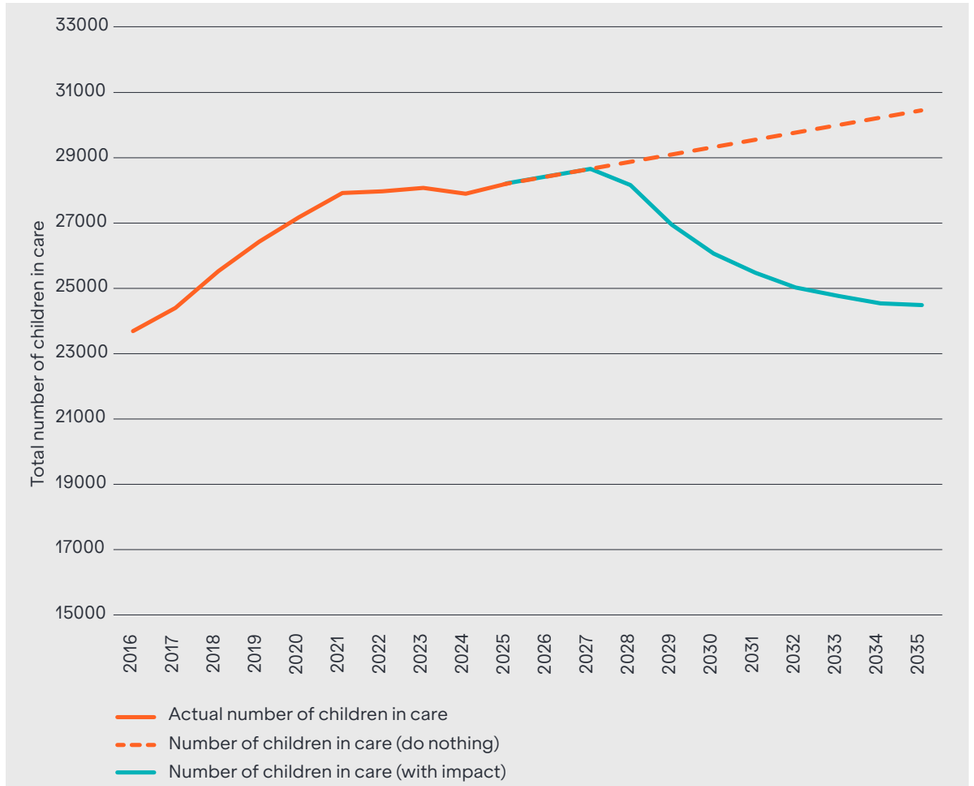
If the reduction in children entering care per year was delivered on its own, it would have a consequential impact of reducing the number of children exiting care each year by ~1,870 (between 2030 and 2035) as a result of fewer children being in the care system (compared to the increasing 'do nothing' baseline). Layering in the opportunity to support more children to exit the care system, based on the assumptions detailed above, reduces the magnitude of this reduction to ~1,600 children per year – **a ~270 children per year increase**. This is shown in Figure 25.

Figure 25: Number of children exiting the care of county authorities per year



The consequential impact of overall numbers of children in the care of county and CCN unitary member authorities is shown in Figure 26.

Figure 26: Total number of children in care of county authorities





Financial impact of making these system shifts

Forecast expenditure on support for children in care in a 'no change' scenario

In 2024/25, across England's county and CCN unitary member authorities, there were 28,196 children in care[xvi], with an associated budget for placement costs of £2.85bn. The actual outturn expenditure in 2024/25 for these authorities was £3.32bn, suggesting an approximate overspend of £470m compared to the budget allocated[xvii]. This gap reflects sustained demand and unit cost pressures that have consistently outpaced budget-setting assumptions across the sector, driven by factors including placement market dynamics; increasing complexity of need; and the absence of sufficient family-based care settings.

Analysis conducted for this programme indicates that if trends observed over the last decade were to continue unchanged, by 2035 these numbers will grow:

- Approximately 30,450 children could be in care.
- The associated placement budget would need to grow to approximately £4.5bn per annum.
- Outturn expenditure could reach approximately £5.24bn per annum, an increase of £1.93bn.
- The cumulative overspend accrued on placement budgets between 2026 and 2035 would be £6.2bn.

These projections are based on extrapolation of historic trends and carry significant uncertainty over a ten-year horizon. They are intended to illustrate the long-term financial direction of travel under a no-change scenario, not to predict specific future expenditure. Factors including national policy reform; demographic change; system partner capacity/incentives; and economic conditions could all materially alter these trajectories in either direction.

It should be noted that the children's social care Families First Programme (FFP) funding is currently due to reduce from £853.1m in 2026/27 to £729.1m in 2028/29. The reduction is due to part of the FFP investment coming from the HMT Transformation Fund, a two-year funding allocation announced at the last Spending Review. Confirmation of funding for 2028/29 will be confirmed in the next Spending Review.

Potential reductions in expenditure

If successfully delivered, the system shifts identified through this programme will make a significant positive impact on the outcomes and experiences of children, young people and families across the country. In addition to this, they will also make a significant impact on the financial sustainability of local authority finances.

With the previously described assumptions around delivery timeframes, analysis for this programme suggests that by 2035, county and CCN unitary member authorities could spend £4.2bn per annum on children in care placements – £1.0bn per annum less than the £5.2bn per annum that analysis suggests will be required if current trends continue without the changes identified being implemented. It should be noted that this still suggests that spend on homes for children in care will increase by £900m per annum over this timeframe.

Taken cumulatively to 2035, the modelled financial benefit to county and CCN unitary member authorities of successful delivery is in the region of £5.05bn compared to the do-nothing projection – a substantial figure that reflects the long-term effect of fewer children entering and remaining in care.

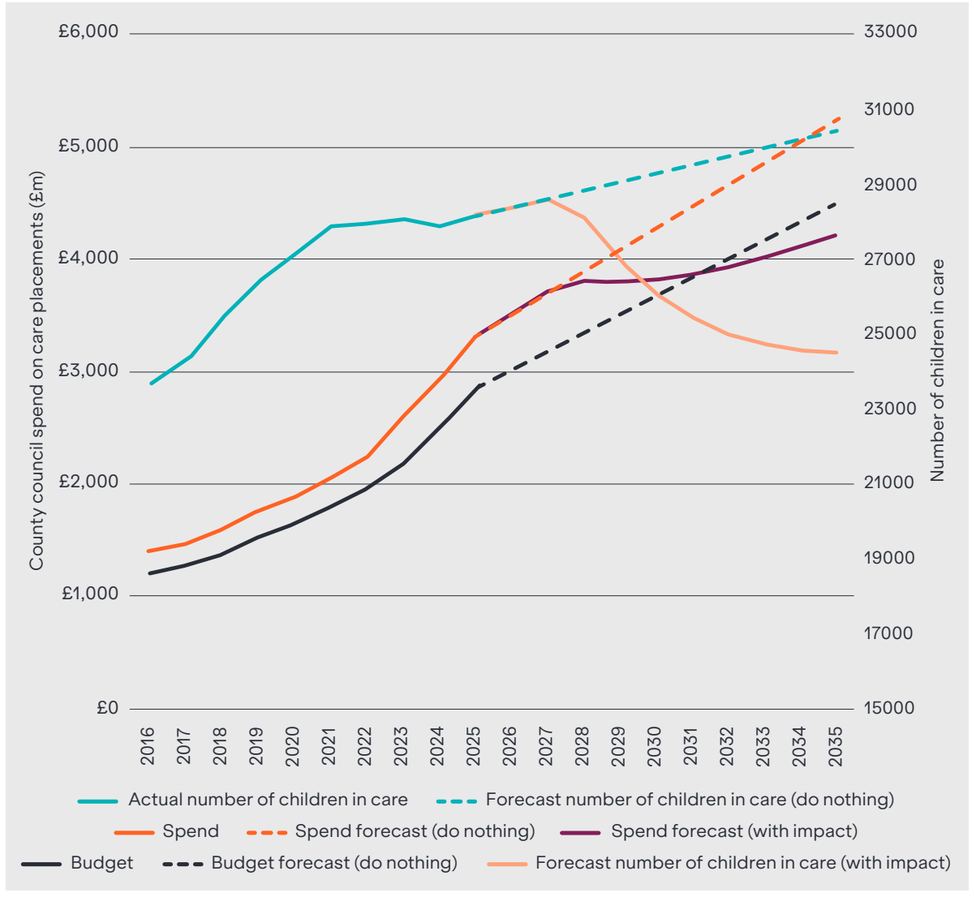
However, this cumulative figure should not be read as a net saving: it represents avoided future expenditure against a worsening baseline, not cashable savings that create residual budget that could be redirected.

A critical finding from this analysis is the time 'lag' before expenditure might reduce to budgeted levels. Even under the full-impact scenario, county and CCN unitary member authorities are projected to continue overspending placement budgets until approximately 2033, creating a cumulative overspend of approximately £1.93bn in the intervening years before break-even is reached. This overspend, which undermines local authorities' ability to invest in preventative services/shifts, has not been explicitly funded as part of any reforms to date.

The upfront investment required to deliver the priority changes at this scale – in workforce, services, technology, and partnership infrastructure – would need to be set against this figure to arrive at a net benefit. That investment analysis is beyond the scope of this report but is essential context for any financial planning based on these projections.

This financial impact is illustrated in Figure 27 below:

Figure 27: County authority children in care number, budget and spend forecasts (full impact)



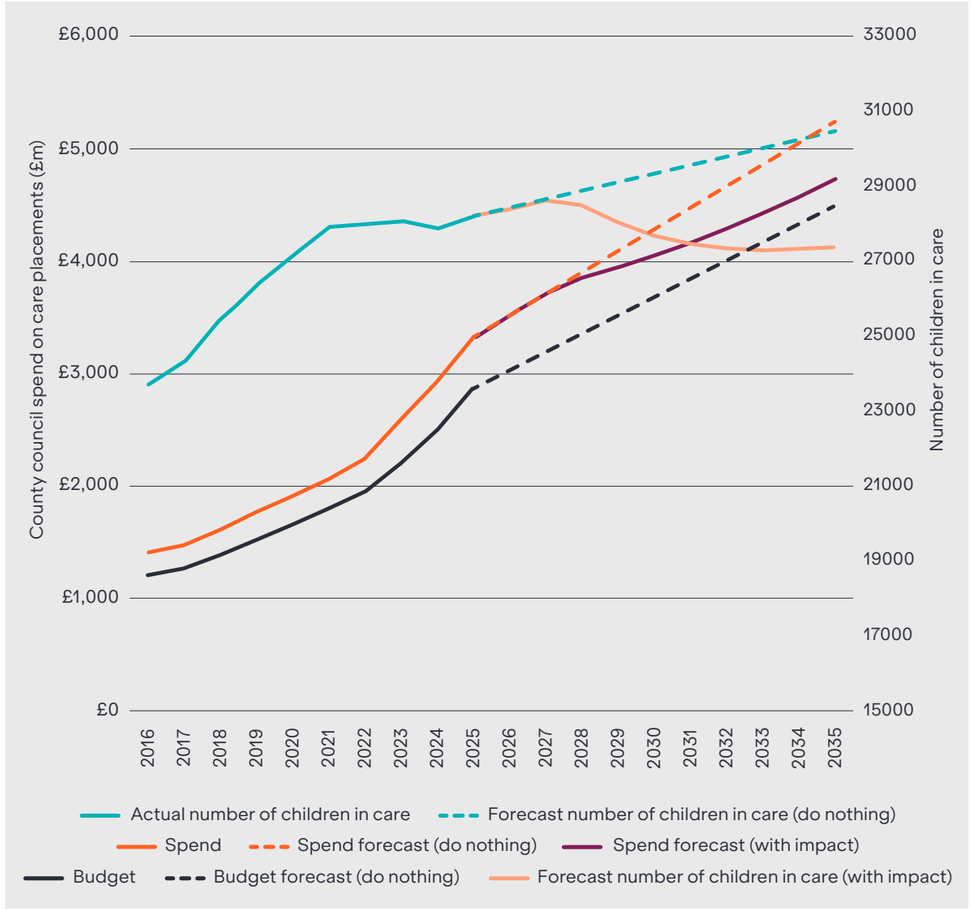
Risks to delivering these impacts

The figures above provide reasons for long term optimism, if solutions to medium term financial pressure can be found. However, they should be treated with caution as they assume successful navigation of the complexity in the delivery of the high impact changes listed in sections 3 and 4.

To illustrate the financial risk of **not** successfully navigating this complexity effectively, the analysis has been re-run assuming the impacts delivered are of half the magnitude – 7.2% fewer children entering the care system and 1.1% more children exiting the care system. The analysis suggests the financial consequence of this (beyond the missed opportunity to deliver better outcomes for children, young people and families) would be that county authority expenditure on children in care placements still exceeds available budgets in 2035.

This reduced financial impact is illustrated in Figure 28 below:

Figure 28: County authority children in care – number, budget and spend forecasts (half impact)



Whilst a £2.6bn cumulative benefit would be delivered, compared to the scenario where historic trends continue, county and CCN unitary member authorities would still accrue a cumulative overspend on children in care placement expenditure of £3.6bn by 2035.

This demonstrates the financial criticality of successfully delivering changes on the ground that meaningfully, positively impact outcomes for children who would currently experience being in the care system.

Scaling the impacts

In the context of LGR, the findings above have been scaled on a pro rata basis to demonstrate the potential financial impact for a representative population of 500,000. Based on the modelling conducted, this would lead to:

- Current expenditure on homes for children in care of £61m per annum, growing to £97m per annum by 2035 if trends continue.
- Successful implementation of the shifts could contain the growth in expenditure to £78m per annum by 2035, with cumulative benefits of £94m to that point.
- Current overspend above budget would be £9m per annum and even with the shifts successfully implemented and impacts achieved, cumulative overspend to 2035 would be £36m (with 'break even' still achieved in 2033).

Investment required in the system and implications for the prevention element of the new Children, Families, and Youth Grant

The upfront investment required to deliver the priority changes at this scale – in workforce, services, technology, and partnership infrastructure – would need to be set against this figure to arrive at a net benefit. This is likely to be a combination of one-off funding to help transform the system, and recurrent or reallocated funding to enable families' needs to be met earlier.

When considering any net additional recurrent funding required, the evidence gathered by this programme most significantly points to more adults receiving support for their mental health, substance misuse or domestic abuse needs prior to children entering care or after. The evidence gathered in this report suggests the number of adults this applies to is **6,000 across county and CCN unitary member authorities, minimum**. Further work would be required to understand the wider funding and operational landscape across adult social care, public health and NHS services (that support a much wider range of adults and outcomes). This would help determine whether the work could be delivered through prioritisation or greater efficiency of existing resources, or whether additional funding would be required. That investment analysis is beyond the scope of this report but is essential context for any financial planning based on these projections. That investment analysis is beyond the scope of this report but is essential context for any financial planning based on these projections.

This work has not sought to comment on whether the magnitude of the prevention element of the new Children, Families, and Youth Grant is large enough to enable the shifts described in this report. However, if it is assumed that this funding is essential to deliver support that results in fewer children in the care system, this analysis suggests the grant needs to be continued beyond the current committed end date of financial year 2028/29 until 2032/33. Only at this point would local authorities be in the position to continue funding these services as a result of the financial benefits associated with fewer children needing to be in the care system.

06: Next steps



Individual local areas that have participated in the work have all received their own individual analysis, which can be used to help support their local system improvement efforts.

One of the main themes highlighted in this report is the potential for more effectively using data and information across agencies. In this way, families that could benefit from support could be identified, and earlier support could be offered more proactively, in a more targeted way.

To help make this happen in practice, some of the authorities who took part in this work are now exploring how they could work together on a second phase of work to follow the publication of this report. This could take the form of a 'community of practice' model to take a consistent approach to implementing the shifts recommended in this report. By working in a consistent manner, this will accelerate learning and impact and will also help contribute towards a national evidence base for the impact of prevention in children's social care.

Any local authorities with either existing or intended activities to pursue this objective are invited to express their interest in joining such a community of practice to share learnings, collaborate across areas and contribute to the development of a national evidence base.

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i https://www.actionforchildren.org.uk/media-centre/childrens-charities-coalition-urging-chancellor-to-turbocharge-investment-in-childrens-social-care/

ii https://www.countycouncilsnetwork.org.uk/download/5543/?tmstv=1776944573

iii https://www.countycouncilsnetwork.org.uk/download/6179/?tmstv=1776944573

iv https://www.countycouncilsnetwork.org.uk/download/3003/?tmstv=1776963739

v SSDA903 returns

vi R03 returns

vii https://www.gov.uk/government/publications/childrens-social-care-national-framework

viii https://www.gov.uk/government/publications/childrens-social-care-national-framework

ix https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

x https://www.countycouncilsnetwork.org.uk/download/3960/?tmstv=1776945983

xi https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

xii R03 returns

xiii https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

xiv About the data phase authorities: Across these nine county local authorities, there are over 8,500 children in care and a combined annual placements budget of just over £1bn. As a result, the analysis completed as part of this work represents 27% of all children in the care of county and CCN unitary member authorities. The participating local authorities have an average number of children looked after (CLA) per 10,000 of 65.3, just below the average across all county and CCN unitary member authorities at 66.1 per 10,000. The most recent Ofsted inspections for the participating local authorities returned the following grades: 3 Outstanding, 5 Good, 1 Requires Improvement.

xv https://www.gov.uk/government/publications/childrens-social-care-national-framework

xvi https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

xvii R03 and S251 data returns

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