



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



HOW FAMILY BUDGET CHANGE INTERVENTIONS AFFECT CHILDREN BEING IN CARE

RAPID EVIDENCE ASSESSMENT

SUMMARY REPORT





What Works for Children's Social Care

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About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social

care sector. We generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

About CASCADE

The Children's Social Care Research and Development Centre (CASCADE) at Cardiff University is concerned with all aspects of community responses to social need in children and

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

To find out more visit What Works for Children's Social Care at: whatworks-csc.org.uk, or CASCADE at: sites.cardiff.ac.uk/cascade

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This is a summary report, which aims to condense the information found in a fuller, academic report into a more digestible format, written in plain English. A full academic report is also available.

In recent years, researchers have drawn attention to [child welfare inequalities in the UK](#). Studies have shown that a child's chances of being in care or on a child protection plan steadily increase with increasing deprivation and in the 10% most deprived communities the rate of state intervention to protect children is ten or more times greater than in the 10% least deprived. Other studies have shown that in practice social workers tend to focus on addressing parents' behaviour rather than on poverty. In this context we present a review of the evidence about the link between being in care and interventions which change family budgets in either direction – i.e. reduce them or increase them.

The purpose of the review is to give an initial summary of the evaluation evidence, focusing in particular on *how* interventions that change the amount of money available to families affect children coming in or out of care. When we say 'interventions' we mean any disruption to a system. In the case of this review, they range from financial assistance to families as part of a multi-component preventative programme, to a nationwide change in welfare benefits.

We summarise the effects of these interventions on children being in care, but this is not a definitive review of effectiveness. Nor is it an exhaustive review of all studies relating to the topic. The review is based only on the 15 studies that we identified in an earlier [scoping review](#). The scoping review was a thorough trawl of international literature for evaluations of interventions to prevent children coming into care or to promote reunification with families after a period in care. However, it did not involve specific searching for budget-change interventions, so some may have been missed.

The review uses the [EMMIE approach](#) – this covers Effectiveness, **M**echanisms, **M**oderators, Implementation and Economics. This approach combines headline results of whether or not an intervention works on average for all participants with how an

intervention works, for whom and in what circumstances. The main focus of the review is on developing an initial theory for how budget-change interventions affect children being in care. There has not been much theorising of these kinds of intervention, so the review is only a start and the theory developed here is based on the 15 reviewed.

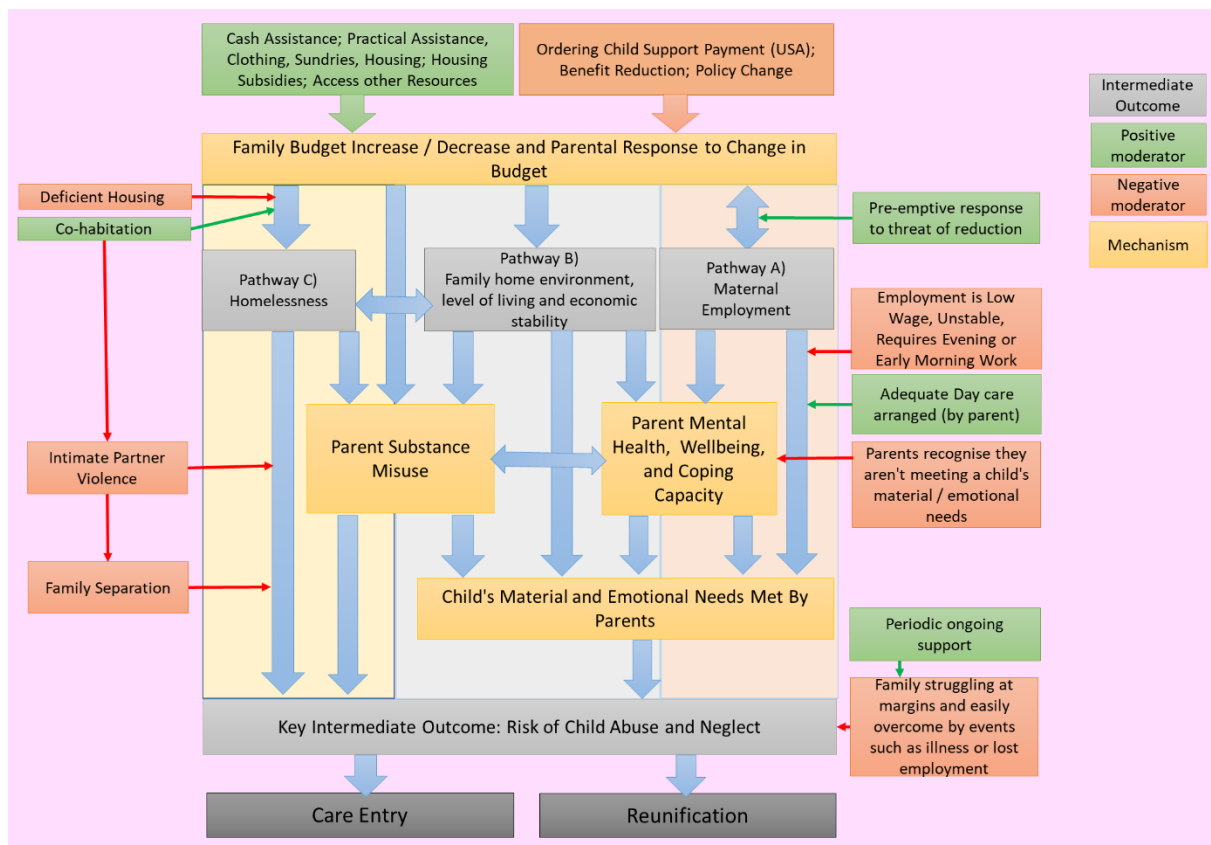
The effects of interventions

In terms of overall effect, the fifteen studies show that:

- *Reducing* family budgets either *increases* the number of children coming into care or has *no effect* on numbers.
- *Increasing* family budgets either *decreases* the number of children coming into care or it has *no effect* on numbers.

Of the fifteen studies reviewed, only three included any information on costs and of these three, none had carried out a robust economic evaluation, so it is not possible to reach any strong conclusion about the cost-effectiveness of any of the budget-change interventions.

In attempting an initial theory for *how* these interventions affect children being in care we have identified four pathways. The first three pathways are represented on the diagram below.



Pathway A – The positive or negative effect of employment on parenting in vulnerable families

The diagram refers to 'maternal employment': The studies we drew on in developing Pathway A only considered mothers. Of course employment could be relevant to any parent of any gender. In this pathway, parental employment can be either a risk or a benefit. Reducing welfare benefits, or the threat of reductions or sanctions on existing benefits, can push parents into looking for work. Moving into work can be a positive thing for parental self-esteem and autonomy, or it can lead to negative outcomes if the parent cannot arrange adequate child care and/or being in work increases stress or depression. Families may also experience high effective marginal tax rates, meaning that additional work creates an increase in time away from the home and stress, but does little to increase family budgets. The effect on children coming into state care, or leaving state care to be reunited with their families, will depend on whether the impact of parental employment is positive or negative for parents' care of children.

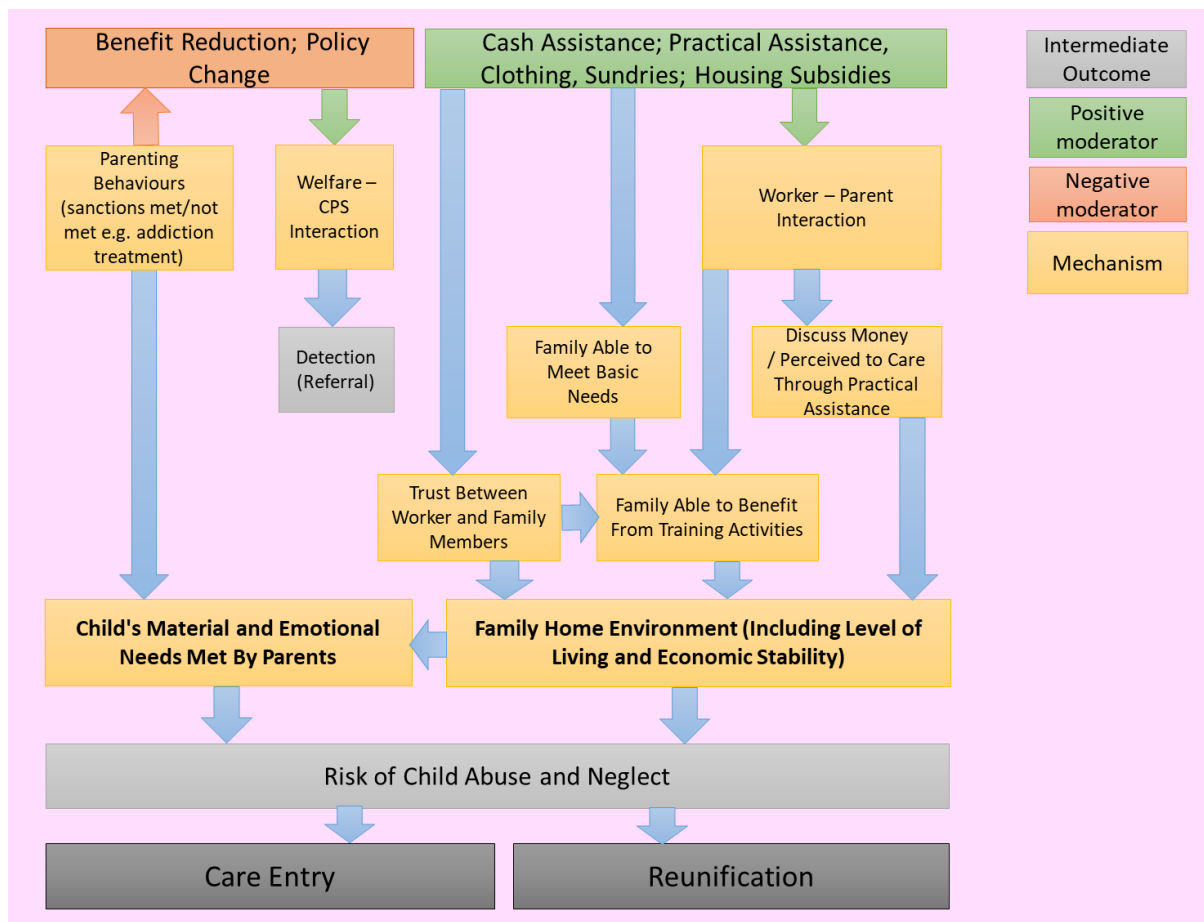
Pathway B – Changes to the home environment affecting children directly and indirectly via parenting

A change in family finance is likely to have an impact on the home environment. This can have a direct effect on children by influencing whether their material needs are met - food, warmth and cleanliness. The home environment can also indirectly effect children through the impact of their parents' mental ill health or substance misuse. The effect can be positive or negative. Reduction in family finance can lead to deterioration in the home environment. An increase in family finance can allow for improvements.

Pathway C – Reduced funds leading to homelessness which increases risk of child harm

A more concrete impact of reduced family finance is homelessness, which can lead to family separation or substance misuse and therefore difficulties for children that can result in them coming into care. The threat of homelessness can lead to enforced co-habitation which can put children at risk, e.g. where there is intimate partner violence or an abusive adult is introduced to the child's life.

The fourth pathway is an indirect effect of budget change and is represented in the diagram below.



Pathway D - The indirect effects of practical assistance

The provision of practical assistance to a family can have indirect benefits. Help with practical problems can allow families to focus on non-material needs such as support with parenting or therapeutic help. Practical help may be especially appreciated by families and increase trust between social worker and family members, which in turn can help families engage with a child protection plan.

The relevance of the programme theory to children's social care in the UK

The interventions from other countries which reduced family finances are *not* recommended for reducing the need for care, as they either resulted in no change or increases to the numbers of children in care. Some of the measures in these interventions from other countries would not apply in a UK context anyway – e.g. health insurance. However, cuts to welfare benefits, which we have seen in the UK, and particularly those

which might disproportionately impact on families with children, might potentially have the effect of increasing care entry or decreasing reunification.

National policies which increase the budgets of families in poverty, through tax and benefits regimes or provision of free child care, could potentially reduce the number of children in care, as was found in some studies from other countries. However, such policies are beyond the control of social workers, their managers and service leaders. What practitioners can consider is their role in direct material help for families.

Very recently there has been some attention paid to anti-poverty practice frameworks. The British Association of Social Workers is developing one and the Northern Ireland Office of Social Services [already has one](#). A clear focus on poverty is a key aspect of the 'social model' of child protection recently [written about](#) by some prominent social work academics in the UK. Some would say a focus in poverty means returning to an older tradition of material help in social work that has faded from view in favour of emphasis in practice on the behaviour of parents.

We consulted with some practitioners who are working on the What Works for Children's Social Care devolved budgets projects. They gave us useful examples of how material assistance can help families and these are summarised on p.35 of the full report. Examples spanned all of the four pathways in the programme theory. (In the case of pathway C the examples were about *prevention* of homelessness).

In pathways A to D above we have an initial theory. It is important to acknowledge that they do not explain every step of every process and there are some gaps. The current What Works Centre for Children's Social Care pilots devolving budgets to social workers aim to help develop greater clarity and encourage creativity in developing this work.

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