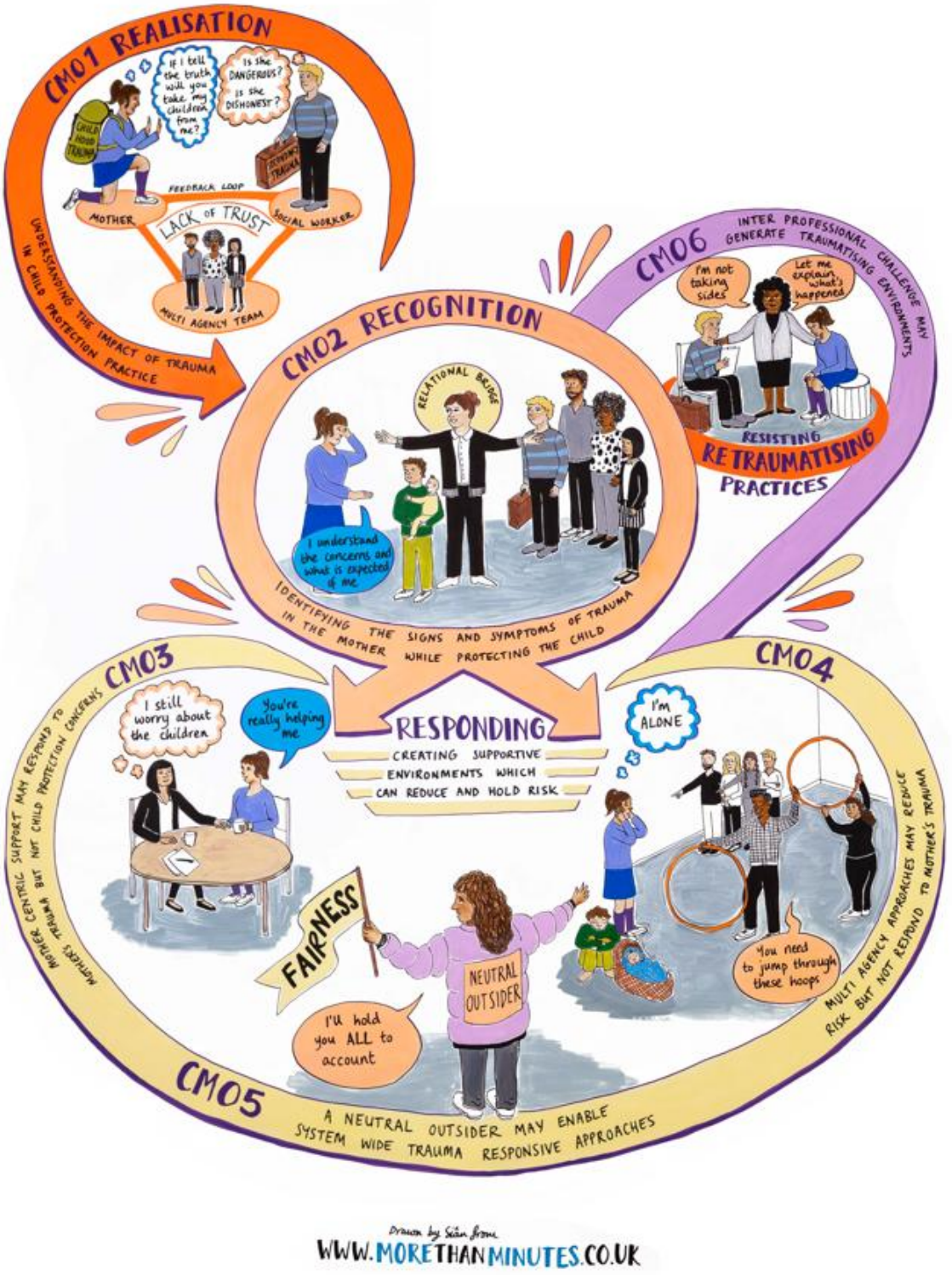
Newcastle University

What works to prevent care entry and support reunification?

Briefing for decision-makers



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Executive Summary

There are growing concerns about the increasing number of children entering care, including infants. These mothers have experienced multiple disadvantage throughout their lives and are often mistrusting of services.

Evidence shows that:

- Trauma drives low trust and adversarial practice, increasing care entry
- Preventing care entry and supporting reunification depends on **system functioning, not new services**
- Two key functions improve outcomes:
    - Relational bridge to build trust and engagement
    - Neutral outsider to reduce conflict and balance risk

1. Background

Over the past two decades, there has been an almost year on year increase in the number of children being taken into care, with particular concerns for the 1 in 4 mothers who experience child removal and return as a respondent in successive care proceedings and those infants who are born into care. These mothers often experience severe trauma, social disadvantage, and low trust in services. While interventions aim to prevent care entry and support reunification, there is limited understanding of how and why they work within complex child protection systems.

This briefing summarises key evidence and strategic implications for reducing children entering care and preventing recurrent care proceedings. It draws on 107 sources of published research and stakeholder insights to identify what drives outcomes and how systems can respond more effectively.

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2. Key Findings

2.1 A system under strain: Trauma at every level

Evidence indicates that trauma operates across the entire system:

- **Mothers** often experience complex trauma, poverty, and disadvantage
- **Practitioners** face sustained pressure, scrutiny, and risk
- **Systems** can reinforce harm through conflict, fragmentation, and defensive practice

This creates a pattern best described as a **traumatised system responding to traumatised families** characterised by:

- Low trust between mothers and professionals
- Disengagement or avoidance by mothers
- Emphasis on risk and maternal deficit
- Breakdown in relationships, particularly between mothers and child protection social workers

Where this occurs, **care entry becomes more likely**.

2.2 Relational safety and shared understanding

Outcomes improve when a practitioner acts as a **relational bridge** between mothers and professionals. This role:

- Builds trust with both the mother and the professional network
- Improves engagement and communication between the mother and the professional network
- Supports trauma-informed decision-making
- Helps mothers understand expectations and processes

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2.3 Supporting families whilst managing risk

Two common approaches are used to support mothers:

- Intensive, relational support from one key practitioner
- Integrated multi-agency support

Neither approach works as well as they could. This is because they do not simultaneously attend to the trauma experienced by both the mother and the system.

- Intensive, relational support builds trust with the mother but may lack credibility in reducing child protection concerns
- Multi-agency approaches are comprehensive but can overwhelm mothers

A **'neutral outsider'** function can help to:

- Reduce adversarial dynamics
- Balance fairness and risk
- Improve coherences across the system

The neutral outsider shows promise in enabling children to remain or be reunified safely with families.

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3. Implications for decision makers

3.1 Shift focus from services to systems

Improvement of outcomes depends less on new programmes and more on how the system operates:

- Relationships, culture, and interactions drive outcomes
- System design must support both engagement and risk management simultaneously

3.2 Embed trauma-informed systems

Trauma-informed practice must extend beyond individuals to include:

- Practitioners and teams
- Organisational culture and leadership

Unaddressed trauma within systems can **undermine** decision making and outcomes.

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3.3 Prioritise critical system functions

Evidence demonstrates the importance of specific roles and functions:

- **Relational bridge roles** to connect families and systems
- **Neutral outsider functions** to support fairness and alignment

These may be delivered through existing roles but require:

- Clarity of purpose
- Consistency of delivery
- System-wide recognition

3.4 Strengthen multi-agency practice

Effective collaboration requires more than coordination structures. Systems must:

- Support reflective, non-adversarial dialogue and action
- Promote shared accountability
- Manage uncertainty without escalating blame

3.5 Prioritise workforce wellbeing

Practitioner stress and secondary trauma directly affect decision-making and relationships.

- Workforce support should be seen as a **core safeguarding strategy**
- Not solely a workforce or HR issue

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4. Fit with children's social care reform

The findings from this briefing align closely with the direction of current children's social care reform in England, particularly the **Families First Partnership (FFP) programme and Family Group Decision Making (FGDM)**, which are reshaping how support, safeguarding and decision-making are delivered across the system.

At the centre of reform is a shift towards a more **relational, preventative and family-focused model**, designed to reduce escalation into care and improve outcomes for children by strengthening families and their networks. This briefing's emphasis on trauma, trust, and system functioning directly reflects this wider policy ambition to rebalance the system and provides actionable recommendations relating to a highly disadvantaged population of mothers.

4.1 Operationalising relational bridge and neutral outsider functions within reform

The Families First reforms create new roles, structures and practice expectations which provide a strong foundation for embedding the **relational bridge** and **neutral outsider** functions identified in this briefing. However, these functions are not automatically delivered through structural change alone, they require intentional role design, clarity of purpose, and practice discipline.

The **relational bridge** function (supporting trust, engagement and shared understanding between families and professionals), aligns most closely with roles that provide continuity, coordination and relationship-based practice.

A number of key roles within current reform that could fulfil this function include:

1. Family Help Lead Practitioner (FHLP)

2. Parent advocates

3. Key worker within multi-disciplinary Family Help teams

3. Trauma-informed practitioners

Critical success factors for the relational bridge include continuity of relationships, credibility with both the mother and professional network, sufficient time and manageable caseloads.

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The **neutral outsider** function (reducing conflict, balancing risk and fairness, and enabling shared understanding), requires roles with **sufficient independence from case decision-making**, while still being trusted by both families and professionals.

Key candidates within reform include:

1. Family Group Decision Making (FGDM) coordinators
2. Independent reviewing officers
3. Specialist mediation role
4. Designated 'neutral' practitioner within complex cases (consciously assigned)

Critical success factors for the neutral outsider include high frequency review, focus upon fairness, sufficient authority to hold all parties to account.

5. Conclusion

Reducing care entry and preventing recurrent proceedings requires **system-level change**, not simply increased service provision.

Effective systems must:

- Be trauma-informed
- Build and sustain trust
- Integrated approaches to engagement and risk management

Better outcomes depend on systems that can manage risk while maintaining trust, relationships, and collaboration under pressure.

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5. Acknowledgement

This briefing presents findings from independent research funded by the National Institute for Health Research (NIHR) Health Technology Assessment (grant reference NIHR163699). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care. The research team would like to acknowledge the mothers, practitioners and scientific experts who supported this project. These contributions shaped the findings and recommendations. In particular, we would like to thank our charity partners, Birth Companions and Her Circle.

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