Devolved Budgets in Children's Social Care: A Logic Model Based on Three Pilot Evaluations

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Abstract

A lack of basic resources and financial difficulties affect many families and increase risks to children. Social workers' ability to help is limited by scarce resources, and managers usually control the financial and material help that is available, making it difficult to access directly. This article reports on a mixed methods evaluation of 'devolved budgets' (DBs), an intervention where social workers could use up to £10,000 to help families directly and reduce the need for children to enter care. The devolution of decision making to workers was a key feature of the intervention, and many needed encouragement and support to use DBs, exercised caution and spent less than expected. Resources were used to access additional help quickly, though often in circumstances where there was no immediate likelihood of a child entering care. We present a logic model which delineates two pathways through which we theorise DBs to operate: by (1) resources being dedicated to a family's needs and (2) improved worker–family relationships. By illustrating the erosion of practical support within the social work role, our findings substantiate critiques of managerialism. As a way forward, we argue for greater trust in social workers' judgement.

Keywords: devolved budgets, reducing care, supporting families

Introduction

Many families who are known to Children's Social Care (CSC) in the UK have financial difficulties and lack basic resources. As well as making life more challenging for these families, this can amplify the risks to children and increase the likelihood that they will enter care (Bywaters et al., 2015). Similarly, in North America, children resident in low-income families face higher rates of maltreatment (Sedlak et al., 2010) and out-of-home placements (Paxson and Waldfogel, 2003). One of the key principles of the Children Act 1989, covering England and Wales, is that social workers operate in partnership with parents (Children Act, 1989). This helps them gain a deep understanding of what families need, but they are often limited in their ability to help because local authorities (LAs) are often unable to provide such resources. Indeed, there are indications that a long-term trend of UK budget cuts makes this even more difficult (Hastings et al., 2015). What would happen if social workers had greater access to financial resources, and autonomy over how to use them to help the most vulnerable children they work with?

This is the question we explore in this article, by distilling key insights from three pilots funded by the Department for Education. The pilots rested on the idea that financial help may

support families and reduce the need for children to enter care. 'Devolved budgets' (DBs) were implemented in statutory settings and assigned to social workers who were given substantial autonomy over how the resource was used. This was done differently in each pilot, and here we present overarching findings and an initial logic model for how DBs may work in reducing the need care. This draws upon how DBs were implemented, how the resources were used, and how they were experienced and perceived by various stakeholders.

Background and rationale

The intervention was designed to address rising levels of involvement from CSC, and particularly increases in care numbers. Over the last two decades in England, this has grown markedly, from 50,900 in 1997 to 78,150 in 2019 (Biehal et al., 2014; Department of Education, 2019). Although care is the best option for some children, policy makers, practitioners and academics have raised concerns about the unprecedented scale of this increase and its implications for children, families and the state. Children who live in England's poorest communities are over ten times more likely to be in care and subject to a child protection plan than those from the wealthiest areas (Bywaters et al., 2016).

In a recent review that sought to identify promising solutions, Brand and colleagues highlighted some of the complexity underlying this trend (Brand et al., 2019a, b; Stabler et al., 2019). They identified a group of interventions that involved increasing family finances and had potential for reducing care. These included subsidies for homeless families and financial help within family preservation programmes, though they were at a relatively small scale (e.g. Walker, 2008; Huebner et al., 2012; Shinn et al., 2017). The Opening Doors, Changing Lives project is a promising example that used partner agencies to provide direct cash grants to individuals and families experiencing severe and multiple disadvantage (Lankelly Chase, 2015). Benefits reported include widening choice and expediting the help available. Moreover, recent international evidence adds weight to the argument that financial help can have a positive impact. Kovski et al. (2021) found that a 10 per cent increase in Earned Income Tax Credit was associated with reductions of 5 per cent in child maltreatment and 9 per cent in neglect.

In the UK, DBs are more common in Adult Social Care and services for disabled children (Hamilton et al., 2016; Ismail et al., 2017; Mitchell and Glendinning, 2017). 'Personalised budgets' aim to empower service users, so they receive what they need rather than whatever is available (Williams, 2019). In the UK, they became the primary mechanism for personalisation (Department of Health, 2010; Glasby and Littlechild, 2017). They were enshrined in English law in 2014 (Care Act, 2014), but implementation has been 'cautious' and the evidence supporting personal budgets for adults is mixed (Martinez and Pritchard, 2019, p. 6). Budgets may improve outcomes through offering genuine choice, working with people rather than doing things for them (Martinez and Pritchard, 2019). Yet, varied implementation and available resources has led to confusion among service users (Kendall and Cameron, 2014) and limited evidence of effectiveness (National Audit Office, 2016). Though direct payments are used to support disabled children, few studies have investigated how they operate or their impact. Again, the strength of the evidence that does exist is limited (McNeill and Wilson, 2017).

When DBs have featured more broadly in UK CSC it has been on a relatively small scale. Social workers in London used small budgets to purchase white goods and similar for families, and they were reportedly positive about the initiative (Stevenson, 2015). Their rarity may be explained by the fact such approaches contrast sharply with standard practice, both in terms of the financial resources available and the decisions about usage. Social workers can request small monetary amounts through Section 17(6) of the Children Act 1989 (Section 17). The Act states: 'The services provided by a Local Authority. . . may include providing accommodation and giving assistance in kind, or in exceptional circumstances, in cash' (Children Act, 1989). However, in his analysis of the 1989 Act, Allen (2005) noted three issues. First, that there was 'enormous variation. . . between local

authorities'; secondly, that the average amount spent was low and thirdly, that the phrase 'exceptional circumstances' could be misinterpreted (meaning resources were used to help only those with the most acute needs).

These apprehensions still seem relevant thirty years since the Act became law. In practice, obtaining such resources tends to be onerous and bureaucratic. In a previous study, we observed a social worker as they and their manager navigated several hurdles to obtain a reimbursement of £1.30 for a parent to cover a bus journey—a process that took over two hours (Forrester et al., 2013). Moreover, in most authorities, larger spends are approved and managed by resource panels. The senior managers who sit on these panels tend to have minimal contact with families, so their understanding of what individual children and families need is usually less extensive than that of the child's social worker. Indeed, for any type of spending under Section 17, decision making tends to be done by managers instead of front line workers.

The contrast between DBs and practice-as-usual meant there was a risk that implementing DBs would prove a Sisyphean task. Furthermore, such a departure from usual practice may bring unintended consequences for workers. It could create new anxieties about decision making that overshadow any relief they may experience from reduced bureaucracy, for example. Bureaucracies strive (albeit with limited success) to reduce the burden of responsibility on individuals as a way of managing anxiety among the organisation and those within it (Lyth, 1988). Whilst some workers may relish more autonomy, early discussions in the pilots highlighted the potential for unease about such responsibilities. These were amongst other concerns from managers that resources could be misspent and opportunities for change wasted.

Three pilot projects

The intervention varied in each pilot, due to differences in implementation and context. Key facts about the pilots are summarised in Table 1, and further detail can be found in Westlake et al. (2020). The pilots shared several common characteristics. Most notably, all made significant funds available to individual families and gave social workers assigned to those families the autonomy to spend the funds as they thought appropriate. The concept that social workers and families are best placed to know what help they need to was central. It is compatible with the broader notion that management of public sector resources is best achieved by situating decision making as close to the service user as possible (Vass, 1990).

Research questions

The common characteristics described above make it possible to generate a programme-level understanding of DBs. Here we focus on three overarching questions:

1. How are DBs used?
2. How are they perceived and experienced?
3. Can we describe how DBs might help families and reduce the need for care?

Methodology

Study design

Our mixed-methods approach accounted for context, implementation and mechanisms of change (Moore et al., 2015). The study involved three phases, with administrative data submitted on a monthly basis throughout the project:

- Phase 1:
  - Development of working logic model for programme theory and implementation, through meetings with stakeholders.
- Phase 2:
  - Data collection site visits (see 'Data collection and sampling' section)
  - Analysis and refinement of logic model.
- Phase 3:
  - Further site visits (see 'Data collection and sampling' section)
  - Analysis and refinement of logic model.

Table 1 Summary of each pilot.

Pilot	Geography	Target group	Number of families involved	Main focus	Expected budget per family	Authorisation process for spending; amount approval required from
1	London borough	Adolescents	Ninety-five	Risk of care entry and contextual harm	£4,000	Up to £500: none required Up to £1,000: advanced practitioner Up to £4,000: team manager
2	Market town, North East town	Families with children aged four to sixteen years	Thirty-five	Risk of care entry	£10,000	Up to £500: team manager Up to £750: service manager Up to £1,000: service manager
3	Metropolitan borough, North West England	Families with children of all ages	Forty-two	Risk of care entry	£4,000	Up to £50: none required Over £50: management team
			Thirty-six	Reunification	£4,000	Up to £1,000: none required Over £1,000: management team

Data collection and sampling

Qualitative data were gathered through interviews with practitioners, managers, children and their parents, focus groups with professionals and practice observations. All social workers and managers involved were invited, and we used convenience sampling to engage children and families. Typically, workers were asked to invite those they were seeing during our visits, and if they agreed a researcher would shadow the worker and observe a meeting and/or conduct an interview. Field notes were typed-up and interviews were audio-recorded and transcribed. Quantitative data included social worker case questionnaires, completed twice (shortly after initial budget decision

and three to six months later), and administrative records of spending (submitted monthly). These provide insights into reasoning and patterns of spending. These activities are summarised in Table 2. The study was approved by Cardiff University ethics committee and all participants gave informed consent.

Table 2 Summary of data collected (across both data collection, Phases 2 and 3).

Data collection type	Pilot 1		Pilot 2		Pilot 3		Total
	Phase 2	Phase 3	Phase 2	Phase 3	Phase 2	Phase 3	
Interviews with managers and senior managers	5	3	2	4	3	6	23
Interviews with business support officer	-	-	-	1	-	-	1
Interviews with social workers	6	6	10	6	7	2	37
Observations of social work practice	8	3	5	4	-	1	21
Observation of edging away from care panel	-	-	-	-	-	1	1
Focus groups involving social workers	2	2	1	2	1	-	8
Interviews with parents	-	8	-	6	-	1	15
Interviews with parents and young people	-	2	-	-	-	1	3
Interviews with young people	-	2	-	-	-	-	2
Completed case questionnaires	56	34	35	23	5	-	153
Administrative finance data (monthly returns)	10		10		10		48

Analysis

Qualitative analysis allowed for inductive and deductive coding. Data were reviewed by a second researcher who completed a basic coding framework identifying themes. The framework was then shared with the researcher who collected the data, and the analysis was refined in light of their input. Overarching themes were brought together by the lead author and, in a final stage of analysis these were discussed and agreed by the research team. The discussion incorporated our learning from wider data collection, including observations and informal discussions. The logic model was developed iteratively throughout.

Findings

How were DBs used, perceived and experienced?

Families involved

As DBs were designed to reduce care, the level of risk was supposed to be the key determinant of which families were involved. The criteria used to determine eligibility varied slightly between pilots, but all aimed to work with families where care was a likely outcome. Aside from the focus on adolescents in one pilot and partial focus on reunification in another, DBs were not directed at particular issues or groups. It would be equally legitimate, for example, to use a DB to address issues of domestic abuse as it would to alleviate child mental health problems or tackle the causes of neglect.

However, our analysis suggests that only a minority of families who received DBs were at genuine risk of a child entering care. Across the pilots, social workers perceived (Figure 1) the likelihood of a child entering care 'in the following three months' to be relatively low, with only 32 per cent (35/111) indicating this as 'quite' or 'very likely'. In addition, the majority (58 per cent) of those we have data for (excluding Pilot 2's reunification strand) had Child In Need plans at the point DBs were first agreed (Table 3).

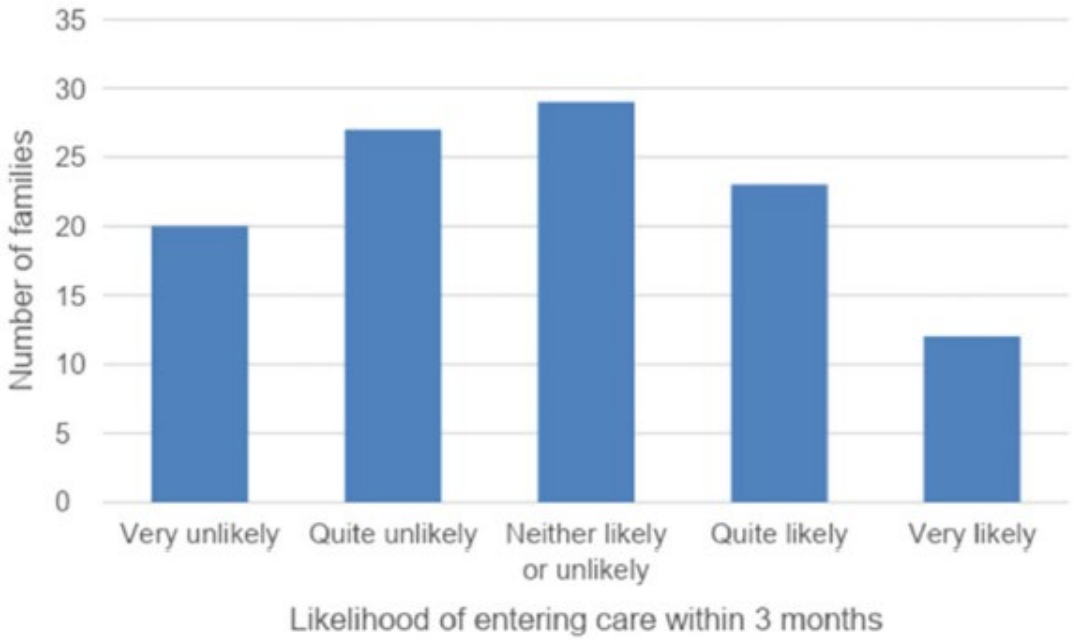

Figure 1 Likelihood of child entering care in following three months, according to social worker (all local authorities, n = 111).

Table 3 Legal status of children when budget first agreed (all local authorities, n – 53).

Child in Need	Child Protection	Looked after under s.20 (voluntary)	Looked after under legal order	Total
31	17	2	4	53

Our qualitative work supports this. There were many examples of DBs improving the circumstances of children and families, and families we interviewed were generally positive. More than one parent described the 'relief' they felt, and those who referred to 'struggling' or being 'used

to having to scrape by and survive' described a situation that seemed common. Several practitioners felt that some DBs helped to prevent care or facilitate reunification.

However, in many cases it is harder to determine how likely care entry was, and unclear how a DB might address this. In these instances, where there was little chance a child would need to enter care imminently, practitioners seemed to relax the criteria to include families they thought would reap other benefits.

This is consistent with street level bureaucracy theory, which highlights the role of individual discretion of front line workers in implementing policy (Lipsky, 1980). Arguably workers did this with one eye on the wider objectives of their work with families, aside from just keeping children at home. Aside from reiterating the power of frontline workers in shaping interventions, one lesson here may be that an unwavering emphasis on care related outcomes might overlook other advantages of DBs. Another is that workers can be a valuable, and perhaps underused, resource in deciding how best to help children and families.

However, there is also some evidence that some families were unfairly disadvantaged by the decisions of individual workers. Frustrated about what they perceived to be a lack of motivation or willing from parents, some workers felt particular families did not 'deserve' a budget. In a focus group discussion of this issue, one worker summarised what several framed as a common dilemma:

I personally don't think that we've gone far enough down the route to empower the families. But, equally, . . . it's quite hard to do that in some of these situations where there's . . . child protection issues, issues of neglect [etc]. It's a really difficult balance . . . I think a lot of this comes down to the individual assessment of each family. But then, I worry about [judging whether a family is] 'deserving' and 'underserving' (Social worker, focus group).

Practitioners also worried that similar perceptions among managers and other agencies may lead to their decisions being questioned. One participant remarked 'what will my manager say to me if I tell them that I allowed [a family] to go and pick something that costs X amount of thousands, and they're deemed to not deserve it?' However, most managers seemed able to devolve these judgements, even when they had reservations:

So for instance the social worker will come for a TV for a family and from my view [the question is] 'if they didn't get the TV is that going to prevent that child coming into care?' No, it's not. However, the social worker has decided that that is going to support the family in some way so we've had to go with that (Manager, interview).

Workers also faced some scepticism from external agencies, including 'negative comments from other professionals. . . [such as] "why them?"'. As Evans and Harris argue, 'in some circumstances [discretion] may be an important professional attribute, in others . . . it may be an opportunity for professional abuse of power' (Evans and Harris, 2004).

Interestingly, a small minority of parents (<5) declined the offer of a budget, and workers felt this was because they either felt shame about accepting financial help, or wanted to maintain the impression that they could manage without it. We were unable to include these families in the study, and they may have declined for other reasons.

Nonetheless, one parent we interviewed, who was positive about the DB, described being careful about how the money was spent and conscious of how needing financial help might be perceived. She explained:

I don't like asking, because I feel it goes against me. . . I'm supposed to provide for my children, so if I'm asking them for money I'm not providing for my children am I?" . . ."If I can cope without it, I'll cope without it, rather than go and beg, just in case I get judged on it. . .that's pride I think.

Devolution of decision-making power

All the pilots successfully devolved decision-making to workers and enabled them to work more creatively. We explored how workers and managers felt about this, given that the way DBs perceived by workers are thought to be critical to their success, in theory and in practice (Lipsky, 1980; Vass, 1990). Most workers appreciated being able to practice more autonomously, though many took time to adjust. They emphasised feeling more empowered and trusted with decision making. As one worker observed, 'If we're trusted to go into the homes and the lives of the most vulnerable people, why can't we be trusted in making decisions about a budget?' Efficiencies in purchasing (e.g. credit cards) signified this trust and ensured help came quickly in most cases, even though sourcing goods created some extra work.

We also identified benefits for managers. Although devolving decision making felt uncomfortable for some initially, those who embraced it seemed to spend more time advising workers and discussing ways to help families, and less on process-oriented tasks. For some the role became more of a 'critical friend' with whom advice could be sought and a shared responsibility developed. However, how managers adapted was thought to be important in guarding against unintended consequences:

The last thing I would want is having social workers paralysed with fear when we've given them all this power and responsibility and accountability, but that has to go hand in hand with us not then judging social workers further down the line because that would be very easy for people to do (Manager, interview).

How the resource was used

We documented what DBs were spent on and how much was spent to aid our understanding of how DBs were implemented. Much of the spending was on material, practical or financial support. Financial support included mobile phone credit, rent and rent arrears, and (in one case) a rental deposit. Material support was usually designed to improve home conditions. For instance, adding space by converting a garage, or providing essentials such as beds, food and clothing. Practitioners noted the effectiveness of this usage, both in terms of resolving immediate crises and promoting other types of change:

Neglect is a really positive one because I think it's much better if you can support a family to get everything at . . . the best level and then work with the family to maintain, sustain, and support. I think when you're working with families where there's chronic neglect and home conditions are so poor it's very hard to get a family to be able to see . . . the positives anywhere else if they're living in crisis at that point (Manager, interview).

Practical support included helping parents develop skills, and was often characterised as an investment. In one example, a worker described spending '£300–400 on driving lessons' for a parent, as a 'really smart way of using the money'. Various types of educational or therapeutic input were funded, including tutoring, counselling, psychological assessments. Therapeutic support may be a less tangible way of spending DBs than buying material goods, but it was considered important largely because it is usually difficult to access. Indeed, a major driver for using DBs this way seemed to be to avoid long waiting times.

There was also a sense that the process of delivering the budgets brought workers and families closer. Deciding how to use the resources generated opportunities for collaboration, and budgets were spent on activities that young people and their social workers could do together. This was particularly evident in the pilot that focussed on adolescents, where workers accompanied young people on cinema trips, sporting activities, and food and drink outings. Using budgets to support engagement makes sense in the context of well-known challenges in building productive working relationships in CSC (Platt, 2012). The key mechanisms were around relationship building

enabled by activities, and (in some cases) shared decision making about how to use budgets. One mother recounted visiting Ikea with the worker and her children:

The children had a lot of say in their own stuff. And yeah with the sofas and stuff like that, this is what I chose, I got to pick my own and I didn't have to sit there and - say you know – 'you have to have this' or 'you have to have this.' Because that's what I actually thought would happen, . . . [the social worker saying] 'you can only choose this'. But no, it was really good, we actually got to choose everything (Parent, interview).

There was a consensus that using the resources in these ways led to benefits for children, families and workers. Indeed, the way workers informally relaxed the criteria so that more families could be involved implies a subtle endorsement of the intervention.

Levels of spending

We can quantify spending types to some extent, though variable administrative data makes comparisons across the three authorities difficult.

The data in relation to amounts spent in one pilot were of insufficient quality, but Figure 2 outlines spending types in the other two (excluding two large outliers, discussed below). This details amounts of individual transactions.

On two occasions, much higher value budgets were used. In Pilot 1, £52,000 was spent on a therapeutic provision for several children (which ten children had accessed at the time of our analysis). In Pilot 3, three periods of respite care were provided to a child who had complex behavioural needs. A total of £27,261 bought a specialist respite provision designed to keep the child within their family in the longer term. In this case, the DB was designed to give the family the best chance of staying together, but subsequently the child entered care because their needs were such that ultimately a specialist residential placement was thought to be the best option. The flexibility to spend DBs in these more uncommon ways was thought to be a strength of the intervention.

Notwithstanding these examples, spending was lower than anticipated in all three pilots, and practitioners took time to adapt. Yet, the levels of spending also reveal how prudent workers were in managing DBs. Figure 3 illustrates this using data on spending throughout.

Organisational factors that shaped implementation

Our analysis highlights some individual and systemic drivers of practice that may help to explain the lower-than-expected spending. The role of culture in how organisations embrace new interventions is well established (Berta et al., 2015), and organisational issues were evident in the pilots. As we discussed above, spending to support families is set out in Section 17 of the CA 1989, but professionals indicated that LA financial support is limited, tightly controlled and difficult to obtain. As one manager described, workers know 'it's local authority, it's public service, we've had X amount of years of austerity' and are more used to 'a bureaucratic way of working' than the flexibility and autonomy encouraged by the pilot. In this context, it is understandable that workers initially lacked confidence, and some worried that they may be blamed for perceived 'mistakes' retrospectively (although we found no evidence of this).

Working more autonomously required workers to change their mindset. One manager was 'surprised at how difficult social workers found it to spend money freely' but noted that 'many years of having to seek permissions' made this difficult. From a social worker perspective, it '. . .just made things less stressful because if your family needs a food parcel or whatever on a Friday night you're

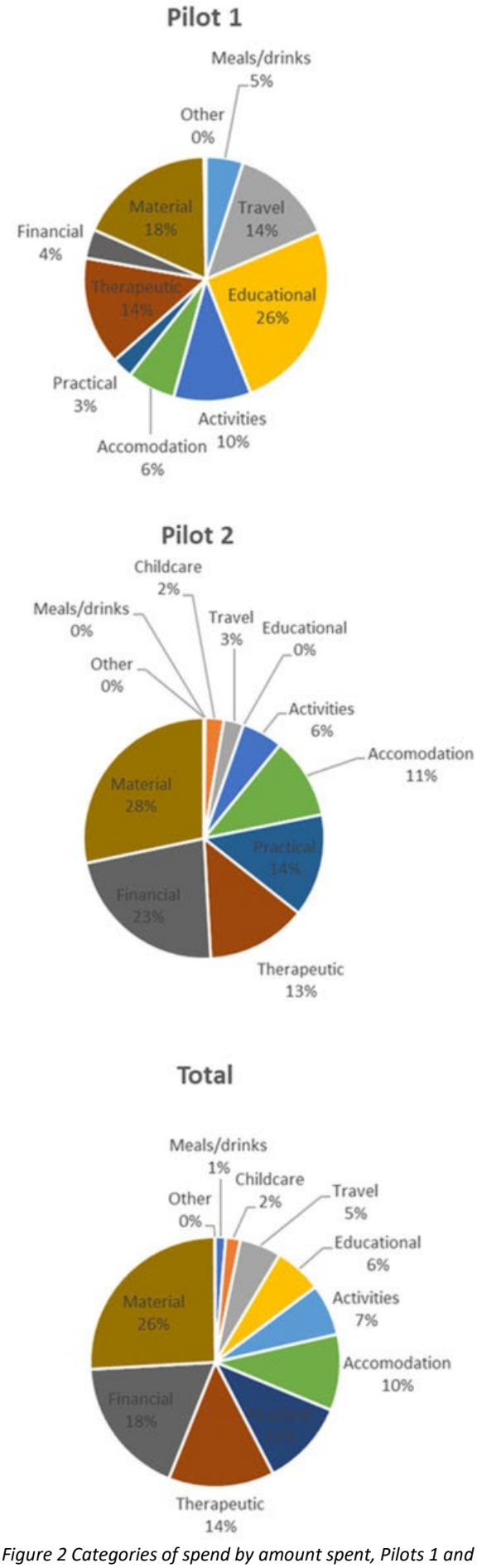

Figure 2 Categories of spend by amount spent, Pilots 1 and 2.

not having to go and get "okay" from managers, you can take them to the shop and just get the basics'. Or, as another worker put it:

I think for me what's so wonderful about this way of working is its instant isn't it? It's not jumping through hoops, it's not having to wait for permissions, it's there and then families are listened to, supported, at the time of needing it and not maybe 24-48 hours down the line (Social worker, interview).

This raised new considerations for workers, such as the sense of responsibility when tasked with spending public money. This weighed heavily on some workers, especially where families were to be selected based on being at risk of children being removed. In Pilots 2 and 3, for example, some social workers were hesitant to use DBs when they knew other families would not get the same. This sense of unfairness was compounded by anecdotes about families or neighbours voicing their disgruntlement about what another family had received. The operationalisation of eligibility criteria was somewhat subjective, and there were few guidelines or definitions of 'at risk of entering care' in this context. As such, the distinctions between families may have been less obvious than those that drive other decisions about what level and types of intervention families receive within CSC.

It is also likely that the amount of funds available was greater than most families needed for risks to be reduced. There were many examples where fairly small amounts were put to good use. In Pilot 1, for example, one of the main benefits was thought to be the ability to spend quality time with young people, funded by less than twenty pounds to go to a cafe or restaurant.

Towards a theory of DBs

Through a synthesis of insights from each pilot we have developed an overarching logic model which delineates how DBs may help families and reduce the need for care. Whilst there was some evidence that care entry was avoided, further evaluation is necessary to test the efficacy of DBs in this regard. The logic model (Figure 4) is intended to aid such work.

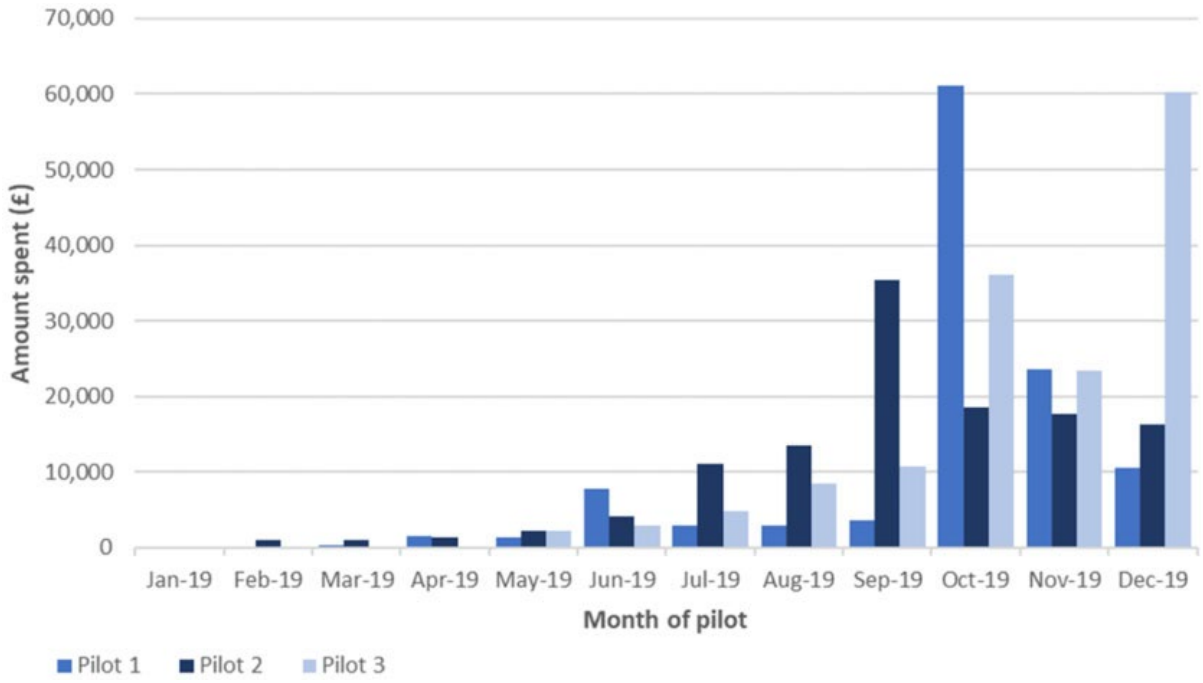

Figure 3 Total spend per month of pilot.

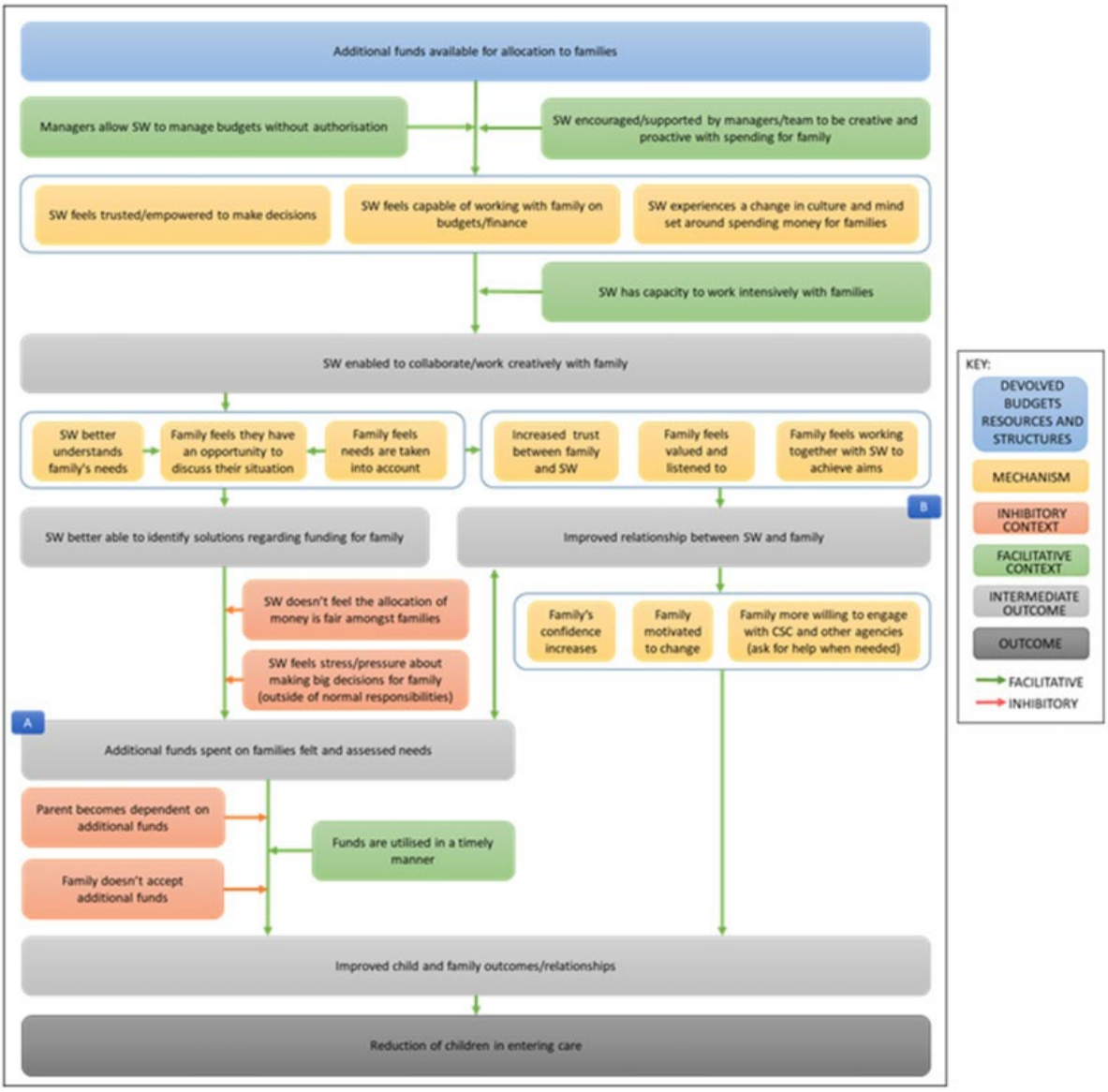

Figure 4 Logic model showing how we theorise Devolved Budgets to operate.

Our analysis identified some pre-requisite conditions and two key pathways through which DBs might work:

- Pathway A: Resources are spent on a family's felt and assessed needs and
- Pathway B: Improved relationships between social worker and family.

Pre-requisites to both pathways

Social workers need to be supported to spend a certain amount without authorisation, and feel trusted to make decisions about spending. In many authorities, social workers cannot spend any amount without authorisation, so the key here may be that the threshold for managerial approval is above zero. Manageable caseloads, consistent supervision and understand families' needs are also important pre-requisites.

Pathway A: Resources are spent on a family's felt and assessed needs

This pathway is most relevant for families with practical or material needs that can be addressed through the provision of goods or services, or therapeutic needs that can be met using commissioned services. It involves the provision of resources which would not otherwise be available (or only available after a long delay). These can bring about improved home conditions, family relationships, lead to behavioural or psychological changes and reduce the need for care.

Pathway B: Improved relationships between social worker and family

This pathway involves activities designed to facilitate relationship building, and the impact of shared decision making. More productive working relationship can develop when families feel they are listened to and understood, and have the opportunity to discuss their situation. This is achieved through the development of trust, which enables them to feel valued and working alongside their social worker towards shared goals (Mayer and Timms, 1970).

To some extent the pathways are, of course, interrelated. For example, there is likely to be a link between DBs being delivered and the development of trusting relationships, and equally such a relationship may help in identifying needs in the first place.

Discussion

Autonomy and prudence

Giving social workers the freedom to use DBs in relatively unspecified ways gave the pilots a feeling of 'stepping into the unknown'. In our early discussions with senior managers, the notion of ceding control of spending decisions to social workers caused some trepidation. However, the ring-fenced external funding these pilots benefited from meant they could experiment with a new approach without risking their own resources. A striking feature of our analysis is the way in which the main risks—of too much money being spent and of money being spent unwisely— did not materialise. Workers were cautious about how to use DBs, thoughtful about the consequences and the need for parity, and mindful of securing value for money when given the autonomy to make decisions. Implementing key aspects of this intervention, such as devolving the distribution of existing Section 17 resources, would be within the gift of most LAs and well worth pursuing. The prudence we found among workers should be reassuring to those considering it.

Areas of focus for DBs

Having piloted DBs on a relatively small scale, the next step in examining their potential requires us to reflect on the intervention's objectives. The finding that DBs were directed at a range of families, not all of whom had children at high risk, raises questions about how future iterations of the intervention should be framed, and which families DBs should target. One could argue that using budgets where the risk of care is not imminent may be an effective way of reducing the number of children at risk in the long term, especially in the context of cuts to services for children and families (Hastings et al., 2015; Gray and Barford, 2018). Indeed, some issues may be so engrained by the time care proceedings are being considered that DBs will not make a big enough difference. Nevertheless, the effectiveness of interventions is easier to ascertain when they are more narrowly defined and centred on specific outcomes. If care outcomes remain a key focus then the intervention needs to be tailored more closely to them, from the point families are selected through to spending decisions. For instance, they could be linked to strategy discussions, child protection plans or public law outline processes. Likewise, adding boundaries around the type of spending that is most appropriate may assist in focussing future work, as long as it is done in a way that preserves workers' autonomy.

Moving beyond this, our findings suggest DBs warrant a place in CSC more widely. They were implemented in varied contexts and regions of England, and with different service user groups. Their

versatility suggests that it may be worthwhile to explore using DB's with other groups—such as looked after children or care leavers.

Wider considerations about how CSC helps families

The variety of uses that workers found for budgets exemplifies the creative problem solving that the pilots envisaged. Yet, a more critical interpretation would be that it suggests social workers are often uncertain about how to reduce the likelihood of children entering care. With this outlook, some examples of budget spending seem like attempts to do something—anything—to help, when they might have been unsuccessful before. We cannot be certain, but it follows that this may be especially pertinent where the types of risk are less well understood. In Pilot 1, workers found that the best way of protecting those at risk of contextual harm was to get to know them and spend time building relationships. Perhaps, this points to a need for the theory of change embedded in these 'pathway B' mechanisms to be better articulated and understood.

Strengths and limitations of the evaluation

Being able to pilot a different way of working in three contexts presented a rare opportunity, and the evaluation benefitted from the variation in how each pilot was designed and implemented. This is both a strength and a limitation. Being a feasibility analysis, our priority was to draw on this variation and understand what DBs are and how they operate, rather than focus on the impact they might have. Although some indications point to a positive impact, our attempts to quantify this were limited by the data and the timescales we were working with. For example, some of the administration teams were newly established specialists and it was outside the scope of the study to undertake detailed matching work or explore historical comparators. In any case, medium and long-term outcomes were beyond the timescale of the study, and longitudinal work may help to address this in future.

Conclusions

Our findings illustrate some of the benefits of trusting front line staff to make good use of resources, but there is more to learn about how DBs are used and the impact they have. This programme of pilots focussed on reducing the need for children to enter care, but budgets were also deployed creatively where the level of concern was lower and children were not likely to enter care imminently. If they can be tailored to help families at all stages of CSC involvement, then the intervention may be versatile enough to target other outcomes.

DBs seem to be a promising way of helping families directly and supporting the development of stronger relationships with professionals. This will not be a surprise for most readers; delivering practical help through supportive relationships has always been an element of the social work role. What may be surprising is the degree to which the provision of practical help has been eroded, with workers and organisations finding the use of DBs relatively challenging.

This may be an example of the negative effects of managerialism coming home to roost. It fits, for example, a 'rational technical' feature of managerialism (Munro, 2011) that encourages the system to focus on procedural accounting at the expense of helping individuals use their analytical and decision-making skills. Moreover, it also upholds broader concerns about decision making being drawn away from those who work with families and ensconced behind layers of managerial bureaucracy (Broadhurst et al., 2010; White et al., 2010; Lees et al., 2013). Since Lipsky's (1980) work highlighting the 'dilemmas of the individual in public services', systems have sought to contain individual discretion (Pithouse et al., 2012), and as a result many social workers do not feel trusted to make decisions and lack confidence in doing so.

In light of this, and given that so many workers felt financial help would benefit many of the families they worked with, we could look more closely at policies that universally raise low family

incomes. Such policies represent a different mechanism to achieve broadly similar objectives, but as they are rarely used there is limited research that compares universal and targeted approaches. Most of the evidence is from low and middle-income countries (Banerjee et al., 2019). However, one attraction of universal programmes that is relevant here is their administrative simplicity. This would remove the need for individual workers' judgements about need or deservedness, and may reduce feelings of unease among recipients. In the absence of such fundamental policy developments, the successful use of DBs may seem a relatively straightforward initiative that could be embraced by the CSC sector, but in fact it needs substantial organisational support to enable workers to use it with confidence.

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