The Case for Change

The independent review of children's social care

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Foreword from Josh MacAlister, Chair of the Independent Review

The Pandemic has shuffled who helps and who is helped. As individuals we have been vulnerable in countless ways to the forces of a global event, but families, friends and neighbours have bolstered us. Since March 2020, our shared national experience has been one of greater isolation but out of this shared experience has grown a fuller understanding of our human need for quality relationships and, dare we say it, love.

There is therefore perhaps no better time to launch a bold and broad review of how we – all of us – can support families to provide children with safety, stability, and love, and where this is not possible that care can provide the same foundations.

As we set out in this report, 1 in 10 children in 2018 had a social worker in the past six years (Department for Education, 2019b), and it is estimated that 25% of children will have had a social worker before their 16th birthday (Jay et al., 2020). These children often get a social worker because their parents might be caught in abusive relationships, struggling with their own mental health, or fighting an addiction. And this might be on top of being short of money or stuck in cramped damp housing. Raising children is hard enough but raising children with the weight of these additional stresses can prove almost impossible.

The isolation many of us have felt throughout the pandemic is a narrow window into the experiences of young people in care and care experienced adults who have had their family bonds permanently broken. My hope is that as a country we are better able to understand how life changing it is for children to grow up without the safe and loving foundations many of us can take for granted. These foundations are the first base for a good life and without them everything else is harder. One of our most fundamental obligations to children in care should be that they grow up and grow old with a strong loving tribe of people around them. We are currently not meeting this most basic of obligations.

This Case for Change sets out the urgent need for a new approach to children's social care in England. Our children's social care system is a 30-year-old tower of Jenga held together with Sellotape: simultaneously rigid and yet shaky. There have been many reviews and attempts at reform since the landmark introduction of the 1989 Children Act and though each has ushered incremental progress, we are now left with a high stack of legislation, systems, structures, and services that with their sheer complicatedness make it hard to imagine something different, let alone address foundational problems.

But we know that children's social care isn't just a system. It's a collective endeavour involving all of us and we have stepped back from playing our full part in the way that we need to. Some of this is because the system pushes away help from neighbours, extended family and the wider community. As one example, last year around 137,200 people came forward with an interest in fostering but only 2,135 new foster carers were approved.(Ofsted, 2020a) But, if we are being honest with ourselves, it is also because we have backed away from our mutual obligations to one another to raise future generations as a community. This needs to change.

The objective of the review is not to bring together lowest common denominator consensus, but a bold set of recommendations that will meaningfully improve things for children and families. I therefore expect that this document will open up debate. Good. That's the point. We have for too long avoided knotty topics that deserve our attention. Children and families rarely characterise these issues as complex or difficult, they describe them as their straightforward, if painful, experiences. It is for us, the people who work in and around this system to dig deep, step out of our comfort zone and come up with the recommendations needed.

This is just the start of a conversation. Finding the positive, speedy and lasting solutions is the hard work that begins following the publication of this paper. This report poses a number of questions that we need to discuss and answer together. Whether you are someone with lived experience of children's social care, someone who works with children and families or a member of the public, we need you in this conversation.

Josh MacAlister

Chair, Independent Review of Children's Social Care

About this report

The independent review of children's social care is a once in a generation opportunity to transform the children's social care system and improve the lives of children and their families. This review is a chance to look afresh at the system and ask how we can ensure that children grow up in loving, stable, safe families and, where that is not possible, care provides the same foundations.

The review was announced on the 15th January and began its work on the 1st March. Since then the review has worked at pace to identify the biggest challenges. We have done this through:

- **Visits, conversations, surveys and events - since the review began in March we have directly heard from more than 700 people with lived experience of children's social care and also spoken with around 300 people working with children and families.**

- **The review's Call for Advice, which asked about how the review should work and the big questions we should focus on. We received over 900 responses and have shared a summary of responses from this _here._**

- **The review's Call for Evidence, which received 207 responses from academics, researchers and others covering a wide range of topics.**

- **Input from our Experts by Experience Board, Design Group and Evidence Groups - although groups were brought together purposely to reflect a wide range of views and so the end position is ultimately that of the review.**

We are extremely grateful to everyone who has contributed their time to help the review in its early stages, particularly those with lived experience of children's social care who have shared either experiences.

This is not a traditional interim report that reviews of this kind might produce at a halfway point. Instead, it is our early attempt to synthesise what we have heard so far and transparently set out what we think the biggest problems in children's social care are. You can read more detail about the evidence we have received and the findings of the review's engagement and participation work _here._

Children's social care is a wide ranging and complicated field and whilst we have tried to make this report as easy to understand as we can, we know it won't be accessible to everyone. This is why we have created a simplified version of the case for change, which is suitable for both children and adults, which summarises the key themes within the report. This is available _here._ We also know there are topics that some may feel are missing from this document - whilst the review can't look at every issue in detail we would like to hear from you if you think there is something important missing.

What next?

At the end of each chapter of this document we have asked for feedback on our interpretation of the evidence and have also asked important questions where we would like ideas, views and further evidence. We will use your responses to help shape the future work of the review.

The main way to provide feedback on the Case for Change will be through our online form which you can access here. This will be open until **13th August.** As always, at any point you can email the review team at *review.childrenssocialcare@education.gov.uk.*

In addition to this we will continue to provide a variety of online, in person and interactive engagement opportunities for people with lived experience and for people working in children's social care to input into the review. A plan about how you can input has also been published alongside this document. You can find more details about these events on our website, and if you are part of a group we should be speaking to and haven't yet, please let us know.

As the review moves into its next phase we will explore in more depth the issues highlighted in this document, including focused work in a small number of local areas to understand the perspectives of children, families and those working on the front line. We will communicate more about our plans through our website, email newsletter and social media. The response to our Case for Change will help inform the next phase of the review and final recommendations.

Children's social care in England at a glance

There are more children in the system: *Number of children by category 2019/20 compared to 2009/10*

2009/2010 *Figures*

Increase

Up 7%

Up 4%

Up 129%

Up 32%

Up 24%

642,980	389,260	201,000	51,510	80,080
Referrals	*Children in need*	*Section 47 enquiries*	*Child protection plans*	*Looked after children*

80,080 looked after =

Category	Figure
Foster homes	57,380
Children's homes, secure and semi-independent	10,790
Living with parents	5,400
Other placements in the community	2,610
Placed for adoption	2,060
Other placements	1,840

At a glance

Increasing numbers of older children: *changes in age profile from 2009/10 to 2019/20*

Children in need

Children looked after

Up 11%

Up 31%

Up 25%

Up 39%   Up 36%

Up 5%

< 1	1 - 4	5 -9	10 - 15	16+

Down 1%

Down 20%

Down 1%

Spending: *Change in spending for statutory and non-statutory children's services since 2012/13 (all figures in 2019/20 prices)* [1]

2019/20

Total spending on children's services : £10.5 billion	
£8.2 billion	£2.3 billion

2012/13

Total spending on children's services : £10.1 billion	
£6.6 billion	£3.5 billion

■ *Statutory spending* ■ *Non-statutory spending*

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[1] Population data taken from ONS estimates of the child population (Office for National Statistics, 2020b). S251 data - The review defines 'statutory children's social care' as spend lines 3.1.11 'Total Children Looked After'; 3.3.4 'Total Safeguarding Children and Young People's Services'; and 3.6.1 'Youth Justice' - see *DfE s251 budget guidance* for definitions of individual spend lines. NB Data before 2014/15 was provided by the Department for Education. S251 data - the review defines 'non-statutory children's services' as spend lines 3.5.3, 3.4.6, 3.2.1, 3.0.5, and 'statutory children's social care' as spend lines 3.1.11 and 3.3.4 - see *DfE s251 budget guidance* for definitions of individual spend lines. NB Data before 2014/15 was provided by the Department for Education.

At a glance

Executive summary

Context

The experiences and outcomes of children and families tell us that children's social care needs to change. We should not casually accept that a small number of children and families have such poor life experiences and outcomes. This is not a criticism of the many dedicated professionals who work to improve the lives of children and families, nor is it a criticism of any individual government - but it is a call to action. Improving children's social care will take us a long way to solving some of the knottiest problems facing society - improving children's quality of life, improving the productivity of the economy, and truly levelling up.

At present the system is under significant strain: more families are being investigated, more children are in care and costs are spiralling as money is increasingly spent on crisis intervention.

Underlying this there are significant and concerning inequalities - with deprivation, ethnicity and prior care experience all associated with increased likelihood of state intervention. In the case of deprivation, we have now reached a point where the weight of evidence showing a contributory causal relationship between income, maltreatment and state intervention in family life is strong enough to warrant widespread acceptance (Bywaters, Bunting, et al., 2016). This does not mean children's social care is powerless. The fact that services can either deepen or alleviate these inequalities should grip us with a focus on levelling up outcomes for the poorest children and families through children's social care.

Improving children's social care is not something that national government, local authorities or other partners can achieve on their own. The statutory children's social care "system" is only the tip of the iceberg: promoting and protecting children's welfare and rights must be a priority that goes beyond any single agency. Government's primary focus should be on supporting the resources of families and the wider community to keep children safe as close to a family environment as is possible, whilst still acting decisively and swiftly where children require protection. Too often we are allowing situations to escalate and then being forced to intervene too late, severing children's relationships and setting them on a worse trajectory.

We need to do more to help families

In the majority of cases, families become involved with children's social care because they are parenting in conditions of adversity, rather than because they have caused or are likely to cause significant harm to their children. We have a shared obligation to help families raise their children. Communities can also play a key role in supporting families, in some cases removing the need for statutory intervention.

When the state steps in, too often the focus is on assessment and investigation not support. In the year ending March 2020, there were just under 135,000 investigations where a child was suspected of suffering significant harm did not result in a child protection plan - three times as many as just ten years ago

(Department for Education, 2021d). The review has consistently heard from parents and families who came to social care looking for support, but their experience of being assessed added stress to an already difficult situation without meaningful support being offered. In part, this is because there are fewer local services to support families: between 2012/13-2019/20, spending on non-statutory children's services decreased by 35% in real terms (Department for Education, 2021b) and there are also pressures on wider support such as safe accommodation for victims of domestic abuse (Davidge et al., 2021), mental health (Care Quality Commission, 2020) and substance misuse services (Black, 2020). But it is also because there is an inherent tension between the objectives of a service that protects children and tries to support families.

Investing in family help matters – but more money alone is not a silver bullet. There must be a clearer definition of what 'family help' is, it must be high quality, based on good evidence and those doing this work must be confident holding risk. We have offered an initial definition of a family help service to start this conversation. This description is a starting point for debate which we will evolve in the next stage of the review.

We need a child protection system that keeps children safe through more effective support and decisive action

Social workers have to make complex and challenging decisions every day, balancing how to protect a child from harm, whilst keeping families together where possible. We need a system that gives them the skills and confidence to do this. Yet, process continues to dominate over direct work with families, and decision making and risk assessment are too often underpinned by a lack of knowledge. Information sharing problems remain across agencies despite decades of reviews calling for greater sharing.

The system particularly fails teenagers who face harm outside of the home. Teenagers are the fastest growing group in both child protection and care (Department for Education, 2021d), and many experience serious harm or die. There was a 60% increase in the number of 10-19 year olds being treated for knife wounds between 2012/13 and 2017/18 (Campbell & The Guardian, 2019). Government departments and safeguarding partners have failed to have an effective response to the risks that teenagers face. Different parts of the children's social care, police, education, justice and health systems are responding differently to the same teenagers. Accountability for keeping these teenagers safe is lacking.

When children have met the threshold of child protection and are at risk of serious harm, we need to be more decisive in providing effective support for families, and in making decisions if it is clear that support will not lead to enough change. Court proceedings are by their nature adversarial and have high human and economic costs - more work is needed to promote solution finding and non-adversarial approaches before children and families are taken to court. Shared and supported care options could help keep families safely together without the need for breaking family ties.

We should find stable alternative homes for children where they cannot remain with their birth parents. Kinship arrangements and adoption can offer children permanence outside of care. The government approach to adoption shows the positive impact of focused action. A similar level of focus on kinship is needed to promote and support its use and ensure that more children grow up with carers who already know and love them.

More needs to be done to support parents who have their children removed. Repeat care proceedings make up 20% of cases in the public care system, yet intensive support for parents at risk of repeat proceedings is patchy (Harwin et al., 2018)[2]. Better practice and alternative approaches are needed where children return home after a period of being in care to stop cycles of re-entry and trauma - nearly 30% of children who left care in 2006/07 returned to care within five years (Department for Education, 2013).

The care system must build not break relationships

There are also more than 80,000 Children Looked After (Department for Education, 2021e) now for whom we have an important responsibility, as well as a currently unknown number of care experienced adults in the country who we have failed to examine our relationship to.

Many of the current problems we see in the care system are symptomatic of the state trying and failing to provide a relationship as a service. The review will consider whether the state should instead play the role of enabling lifelong loving relationships for children in care.

Care too often weakens rather than strengthens relationships: many care leavers report having small support networks, 6% had no one providing emotional support and nearly one in ten young people only had support from their leaving care worker (Briheim-Crookall et al., 2020). Too often children are moved far from where they have grown up, are separated from their brothers or sisters, are forced to move schools, and have a revolving door of social workers. We are failing to build lifelong loving relationships around these children.

The "placement market" is broken: we need a pragmatic re-think with all options considered. The review is working alongside the Competition and Markets Authority (CMA) to look at this issue. We need to ask, if we were creating care today that was good enough for all our children, what would it look like?

Care for children who need secure accommodation - some of our most vulnerable children - reflects short term siloed thinking across government. Urgent action is needed given long standing issues and growing pressures on secure accommodation, although more homes are not a long term answer. There are particular issues for children in youth custody and government must step up its action to deliver on existing commitments.

The state is not a pushy enough parent when it comes to getting access to the support children in care need. We have repeatedly heard from parents, carers and care experienced adults that children entering care are not getting the mental health support they need. Education can be transformational for children and there is more to be done to support children in care to achieve their potential.

2 Mothers who return to court within 5 years from previous section 31 care proceedings make up 20% of cases in the public care system

Important birthdays for children in care are often accompanied by unequal and insufficient help. The support young people receive is too inconsistent and based on where they live, the homes they are in and their specific care history. There is much more we can do to help children who have been in care progress to further and higher education or find a job or home, acknowledging it might sometimes take longer than their peers. We need to do more to combat the stigma attached to care experience and to help care experienced adults to understand their identity.

Change will not happen without addressing the system causes

To make change happen across the areas identified in the report we need to address some of the underpinning issues in the system.

The cost of children's social care is escalating and funding is increasingly skewed towards acute services and away from effective help (Department for Education, 2021b). It is getting harder to meet children's needs within the current system and if we don't take urgent action to prevent this, costs will continue to rise and the situation of children will deteriorate. There is no situation in the current system where we will not need to spend more - the choice is whether this investment is spent on reform which achieves long term sustainability and better outcomes, or propping up an increasingly expensive and inadequate existing system. We don't do enough to understand the collective costs of poor outcomes for children in contact with social care when we think about the case for investment.

There is insufficient national coordination of policy for children in contact with children's social care and more effective strategic direction and coordinated central government policy is essential to meet the needs of children and families.

This disjointed national picture translates into a similarly complicated picture locally. There have been promising reforms to multi-agency safeguarding arrangements in recent years, but a follow-up review of the implementation of these partnerships has highlighted inconsistent leadership and commitment by all partners (including central government) to support and fund multi-agency safeguarding (Wood, 2021).

The system continues to be bureaucratic and risk averse. Despite some action locally and nationally, the underlying behaviours identified by Munro remain. One in three of all social workers in children's services do not work directly with children or families (Department for Education, 2021a). Even those in direct practice spend less than 1/3rd of their time with families (Department for Education, 2020a). This is a staggering misuse of the greatest asset that children's social care has - its social workers.

There is more to do to recruit, retain and support social care staff, including a high quality social work workforce. Burnout is high (Department for Education, 2020a), supervision is often infrequent and inadequate, the use of agency staff is costly (Kantar, 2020), and leadership turnover is too high (ADCS, 2021).

Children's social care has been subject to numerous reviews and strategies in recent decades, yet actually achieving change that improves the lives of children and families has been stubbornly difficult. "Top down"

approaches to reform focused on statutory duties and entitlements are well intentioned but can have negative and unintended consequences, adding to the bureaucracy and inflexibility of the system. "Bottom up" approaches to develop and spread good practice have played an important role, but there is a limit to the progress that can be made without changes to the fundamental drivers and forces in the system. To achieve progress we suggest more systemic change will be needed, rather than making tweaks or piling more bricks onto an already wobbly and fragile Jenga tower. This is why this document asks big questions about how the system should change.

Chapter one: The context

Every child deserves to live within a loving, safe and stable family. This review is about how we improve the children's social care system so that as many children as possible have that, and where that isn't possible, that care can provide the same foundations.

Each chapter of this document explores a theme of problems that children and families are facing, starting with how we can better support families when they are struggling, through to the role of child protection, care and the underpinning system factors. But before we can do this, it is important to look at the overall context of what is happening within children's social care and why it is so important that we act.

The experiences and outcomes of children and families tell us that children's social care needs to change

This review is unambiguous that children and families involved with children's social care are not getting a good enough deal. This is the overwhelming message we have heard so far from the children, families, foster carers, adopters and others we have spoken with and whose views are contained throughout this report.

This is not a criticism of the many dedicated professionals who work to improve the lives of children and families - indeed many people have told us about the individuals who have battled the system to improve things for them. Nor is it a criticism of any individual government - it is hard to find a previous government, domestically or internationally, that has got this right (and there are positive attributes to the English system).

The outcomes for children who have been in care (and to a lesser extent children who have had a social worker but have not been in care) are frequently discussed, but still warrant setting out in full. We should not casually accept such poor life experiences.

- **Health:** Adults who spend time as children in the care system are 70% more likely to die prematurely than those who do not (Murray et al., 2020). In terms of mental health, nearly half of looked after children meet the criteria for a psychiatric disorder. In comparison, one in ten children who are not looked after suffer from a diagnosable mental health disorder (House of Commons Education Committee, 2016).

- **Offending:** Children who have been or are in care are over-represented in the justice system - care leavers are estimated to represent between 24% (K. Williams et al., 2012) and 27% (Social Exclusion Unit, 2002) of the adult prison population. This is despite less than 1% of under 18s entering care each year (House of Commons Education Committee, 2016) and estimates that care leavers represent 2% of the adult population. This is also true of Children in Need: between April 2018 to March 2019, 56% of children sentenced in the Youth Justice System at some point had a social worker (Ministry of Justice & Youth Justice Board, 2020).

- **Educational:** Attainment at key stage 4 is 34% lower for a child on a Child in Need plan, 46% lower for a child on a Child Protection Plan, and 53% lower for a child in care, when compared to children with no social work interventions during the school years (Berridge et al., 2020). We also know that only 6% of 19-21 year olds who left care enter university (Department for Education, 2021e) and while the rates rise to 12% by 23 years old, this compares to 43% in the general population (Harrison et al., 2020).

- **Unemployment:** 39% of care leavers between the ages of 19 and 21 are not in education, employment, or training, compared to 13% of all young people of that age (Department for Education, 2021e). After 11 years, four times more looked after children were on benefits and less than half were in employment compared to all school leavers (Department for Education, 2021f).

- **Homelessness:** It is estimated that 25% of those who are homeless had been in care at some point in their lives[3] (Reeve, 2011).

These poor experiences have a huge human cost, but also incur a significant overall cost to society. Whilst we struggle to quantify this fully, a recent report quantified the direct costs to government of some of these poor outcomes for children in care alone at £2.3 billion per year (PWC, 2021). The true figure is likely to be much larger, particularly when outcomes of the wider group of children in need are taken into account.

As the country recovers from the pandemic, this group of children and their families must be our priority. This is a moral imperative that will take us a long way to solving some of the knottiest and most difficult problems facing society - improving children's quality of life, improving the productivity of the economy, and truly levelling up.

More families are being assessed and investigated and more children are in care

More families have contact with the children's social care system than is commonly understood. The Children in Need review found that over a six year period, one in ten children had a social worker (Department for Education, 2019a). Another study suggests that 25% of all children have a social worker, at least once, before their 16th birthday (Jay et al., 2020).

We have seen numbers increase in all parts of children's social care since 2009/10[4] (with trends in some parts plateauing or seeing a decrease in very recent years). There have been large increases in the overall number of

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3 To note, this is based on a study of the "hidden homeless" population, which is only a small proportion of the wider homeless population.
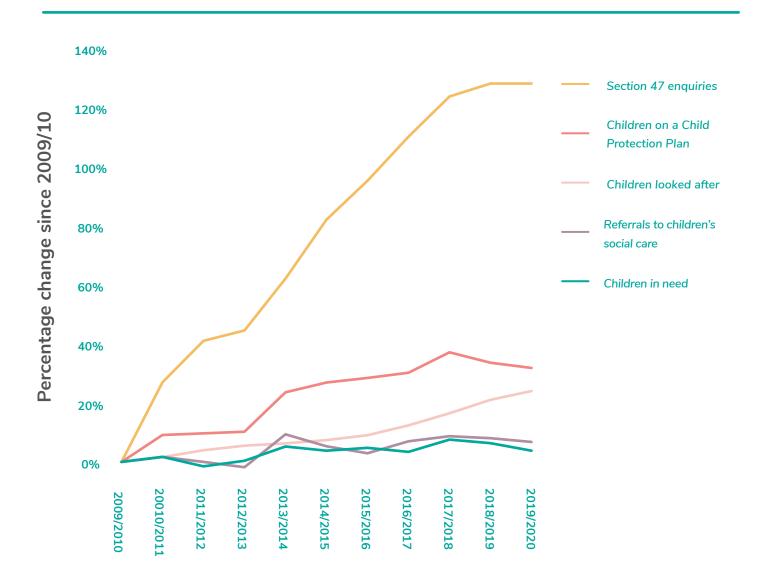
4 To note, early years of the Children in Need census have poorer data quality.

children on a Child Protection Plan: 51,510 at March 2020, an increase of 32% since 2009/10 (Department for Education, 2021d) and the number of Children Looked After: 80,080 at March 2020, an increase of 24% since 2009/10 and the highest number since the early 1990s (Department for Education, 2021e).

Assessments and investigations are also increasing: assessments following a referral have risen by 21% since 2014/15 and section 47 enquiries have increased by a staggering 129% since 2010 (Department for Education, 2021d). This has been accompanied by an increase in child protection conferences - increasing by 80% since 2010 (Department for Education, 2021d).

Figure 1: *Change in the numbers of children interacting with children's social care since 2009/10. (Department for Education, 2021d, Department for Education, 2021e)*

With increasing demand at the acute end of the system, the costs of children's social care are spiralling and shifting towards crisis management. Spending on statutory children's social care has increased by 26% in real terms between 2012/13 and 2019/20,[5] with a year-on-year increase in real terms each year[6] (Department for Education, 2021b).

To accommodate the cost of rising care populations, there has been a fundamental shift in spending on children's services as local authorities have sought to maintain core statutory services. Spending on non-statutory children's services decreased by 35% between 2012/13 and 2019/20[7] (Department for Education, 2021b).

Figure 2: *Total local authority spend on children's services in 2020 prices, split by statutory and non-statutory spend (Department for Education, 2021b).*

5 S251 data - The review defines 'statutory children's social care' as spend lines 3.1.11 'Total Children Looked After'; 3.3.4 'Total Safeguarding Children and Young People's Services'; and 3.6.1 'Youth Justice' - see DfE s251 budget guidance for definitions of individual spend lines. NB Data before 2014/15 was provided by the Department for Education.

6 Due to changes in the spend categories within the S251 forms that local authorities use to report their budget and outturn data for children's social care, several current spend areas are not comparable with years before 2012/13. As such, when using s251 data to identify historic trends in children's social care spending, we have used 2012/13 as our standard base year.

7 S251 data - the review defines 'non-statutory children's services' as spend lines 3.5.3, 3.4.6, 3.2.1, 3.0.5, and 'statutory children's social care' as spend lines 3.1.11 and 3.3.4 - see DfE s251 budget guidance for definitions of individual spend lines. NB Data before 2014/15 was provided by the Department for Education.

These trends of increasing demand are due to both changes in the needs of families and how they are interpreted and responded to

The reasons families become involved in children's social care are wide-ranging, but to understand why numbers are increasing we need to understand two distinct components: the needs of children and families and then how they are interpreted and responded to.

The needs of families and the risks to children

There are a range of problems and needs, stemming from inside and outside of the home, which create risks and mean the state might need to intervene in family life. As the box below demonstrates, these are varied and many of them are increasing, explaining in part why more families are becoming involved in children's social care. For many families, these problems will overlap and will themselves have underlying associations and causes (these are discussed in more detail in the next section). Policies that aim to reduce these underlying factors are an important part of avoiding families needing the support of children's social care and many have been subject to reviews or strategies. These factors also sit in the context of the number of children in England increasing by 7% between 2009-2019 (Office for National Statistics, 2020b).

Factors associated with involvement with children's social care (not exhaustive)

- **Domestic abuse** - in 2019/20, 32% of Children in Need assessments reported parental domestic violence (up 6% from 2019) and 12% reported child domestic violence (up 3% from 2018/19) as a factor identified that contributed to the child being in need[8] (Department for Education, 2021d).

- **Mental health** - in 2019/20, 30% of Children in Need assessments reported parental mental health (up 15% from 2018/19), and 14% reported child mental health (up 22% from 2018/19) as a factor identified that contributed to the child being in need (Department for Education, 2021d).

- **Emotional, physical and sexual abuse** - in 2019/20, 21% of Children in Need assessments reported emotional abuse (up 5% from 2018/19), 14% of Children in Need assessments reported physical abuse (similar to 2018/19), 6% of Children in Need assessments reported sexual abuse (down 1% from 2018/19) as a factor identified that contributed to the child being in need (Department for Education, 2021d).

- **Neglect** - in 2019/20, 17% of Children in Need assessments reported neglect (up 2% from 2018/19) as a factor identified that contributed to the child being in need (Department for Education, 2021d).

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[8] To note, multiple factors can be reported at the end of assessment and in 2020 79% of episodes of need had factors identified that contributed to the child being in need, up from 77% in 2019.

- **Alcohol and substance misuse** - in 2019/20, 14% of Children in Need assessments reported parental alcohol misuse (up 8% from 2019) and 14% reported adult drug misuse (up 10% from 2018/19) as a factor identified that contributed to the child being in need (Department for Education, 2021d).

- **Disability** - There are around 1.2 million disabled young people aged 0-19 in the UK.(Department for Work and Pensions, 2021) A child who is disabled is legally classed as being a "child in need", but only those who are assessed as requiring services are included in data collections (Department for Education, 2020d). In 2019/20, 10% of Children in Need assessments reported the child's learning disability (up 13% from 2018/19) and 5% reported the child's physical disability (up 7% from 2018/19) as a factor identified that contributed to the child being in need (Department for Education, 2021d).

- **Criminal exploitation** - 34,000 child victims of a violent crime in 2016/17 were either in a gang or knew a gang member. (Clarke, 2019). In 2019/20, 4% of children in need assessments reported child sexual exploitation (unchanged from 2018/19), 3% reported gangs (up 34% from 2018/19) and 1% reported trafficking (up 21% from 2018/19) (Department for Education, 2021d).

- **Unaccompanied Asylum Seeking Children** - in 2019/20, unaccompanied asylum seeking children accounted for 6% of children in care. There is wide fluctuations in this number over time and whilst the number of children has decreased by 3% since 2018/19, there has been an increase of 43% since 2009/10 (Department for Education, 2021e).

- **No Recourse to Public Funds** - families who are unable to claim benefits or work because of their immigration status are supported by local authorities through Child in Need status. There are no national statistics for the number of children in these families, however, a sample of 66 local authorities in 2019/20 were estimated to have provided £44m to 2,450 households (NRPF Network, 2020).

The response of the system

In response to the referrals it receives, children's social care makes decisions about what to do - which families should get support, which concerns require an investigation and where children should be removed from their families. As the box below sets out, national government, local government, the judiciary, individual social workers, partner agencies and the wider community all have a part to play in influencing the number of children who enter social care, both in how they respond and the support they provide.

Who influences how the system responds to harm?

- **The public** - 8% of referrals to children's social care come from individuals and the public has an important role in safeguarding children (Department for Education, 2021). Ultimately the public (alongside the media) set the tone of our expectations about how the state should intervene in family life. Communities also have an important role to play in supporting families in distress.

- **Wider public services** - police, health and education collectively make 62% of referrals to children's social care (Department for Education, 2021) and better multi-agency working is likely to result in more children and families being identified. Decisions of other public services also impact on children's social care (e.g. positive reductions in the number of children in custody can result in more need for children's social care). These services also have an important role in supporting families.

- **Local authorities** - interpret legislation and statutory guidance to set local thresholds for action. Local authorities decide how to respond to need based on available resources. They also have responsibility for a number of relevant areas outside of children's social care, such as education, housing and public health.

- **Social workers** - interpret thresholds within their local authority, work with families and make individual case decisions about whether to apply to court.

- **Judiciary** - make judgements where a local authority takes a case to court. Through individual judgements the judiciary creates case law, which can be highly influential on demand in the system (e.g. the Southwark Judgement in 2009, which influenced the number of looked after 16 and 17 year olds) (House of Lords, 2009 n.d.).

- **National government** - sets legislation and statutory guidance and determines overall government spending. Sets political direction and intervenes through specific policies and programmes.

- **Inspection and regulation** - influence what local authorities and other partners prioritise.

These decisions are influenced by our changing attitudes to and knowledge of risk and what is acceptable parenting. Our understanding of different types of harm have significantly evolved over recent years, with growing understanding of the impact of adverse childhood experiences and increased awareness of various forms of child exploitation. These understandings of risk are balanced against our willingness to intervene in families' lives and the resources available to do this.

The way that different risk factors translate to a response is uneven and in some areas we are prescriptive about how the state should intervene (e.g. in stating that every child on remand should be looked after), whilst in other cases we leave a significant amount of local discretion (to interpret what should be considered significant harm). As we will discuss throughout this report, as resources are finite, this piecemeal approach can be problematic in distorting how children's social care is able to respond to the differing needs of children and families.

Together these factors help to explain growing numbers and demographic changes

There is significant debate about the precise extent to which increasing numbers are driven by increases in "demand" factors such as the needs of families and risks to children, compared to "supply" factors about

the decisions of the system.[9] It is clear that both types of factors have a significant impact. Throughout this review we aim to unpick where we think there are opportunities to reduce need (through better and more timely help for families) and opportunities to change how the system responds.

Looking at both of these factors also helps us understand increasing numbers of teenagers involved with children's social care. Teenagers are the largest growing cohort in both child protection and care. From 2010 to 2020, the number of Children Looked After aged 10-15 years has increased by 25%, and the number of children aged 16 and over has increased by 39%. (Department for Education, 2021d) (Department for Education, 2021e). Over the same period, the number of 16 year olds and over on a Child Protection Plan increased by 210% and by 58% for 10-15 year olds (Department for Education, 2021d). There are multiple reasons for this dramatic growth. Part of this is due to increases in the risk factors that affect teenagers, for instance Dame Carol Black's review of Drugs has found young people and children have been pulled into drugs supply on an alarming scale, with strong associations between young people being drawn into county lines and increases in child poverty, the numbers of children in care and school exclusions (Black, 2020). Recent scandals and increased knowledge have made us more alert to certain types of harms to teenagers outside of the home, including criminal and sexual exploitation, serious youth violence and peer-on-peer abuse as demonstrated by 'Everyone's Invited'[10]. In turn there has been an increased national government and inspection focus on harms outside of the home and children's social care is becoming involved with children who would have previously been seen as outside of their remit.

There are significant inequalities in which families are involved with children's social care

Underlying these risk factors are inequalities that are strongly associated with children's social care and make it more likely that families will come into contact with children's social care. These disparities in intervention for children entering the social care system have a real impact on families.

Poverty and deprivation

The chances of children in poverty living safely in their family and community are significantly lower than for their wealthier peers. Children who live in the most deprived 10% of small neighbourhoods in the UK are 10 times more likely to be looked after or on a Child Protection Plan than children in the least deprived 10% .

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9 For example see (National Audit Office, 2019) (ADCS, 2021).

10 https://www.everyonesinvited.uk/

Evidence suggests deprivation is a contributory causal factor in child abuse and neglect. It is well established that social determinants - such as income, education, housing and employment, as well as "psychosocial" factors such as stress - impact mental health and make effective parenting more challenging (Public Health England, 2017). Poverty creates stress in its own right as well as making families less resilient to other shocks and struggles (Bywaters et al., 2016). These different adversities filter through families and shape the experience of raising children.

Looking beyond the immediate family context, local deprivation, income inequality, and ethnic density of different ethnic groups are all associated with the "demand for services" that local authorities deal with (Webb, Bywaters, Scourfield, McCartan, et al., 2020). The more deprived the neighbourhood that children live in , the more likely they are to experience care or child protection - this is known as the 'social gradient' (Bywaters et al., 2020).

We have now reached a point where the weight of evidence showing a relationship between poverty, child abuse and neglect (Bywaters, Bunting, et al., 2016), and state intervention in family life is strong enough to warrant widespread acceptance. The acceptance of this significant impact of deprivation should lead us away from framing the differences as 'variations' in children's social care intervention and instead frame them as 'child welfare inequalities'. An equivalent shift in framing took place in the noughties with the widespread recognition of, and new found attention on, educational inequality. This terminology now permeates the education field in England.

This new framing of child welfare inequality could have positive policy implications. Gearing central and local government to concerns about child welfare inequalities gives a different perspective to how children's services are resourced, delivered and measured. This could result in a focus on levelling up outcomes for the poorest children and families through children's social care. This would be in much the same way as a raft of education policies – from measures of pupil progress, the creation of Opportunity Areas, teacher recruitment focussed in areas of deprivation, through to Pupil Premium funding - that have focussed on areas that have the greatest levels of educational inequality.

This means no longer treating poverty as the 'wallpaper' of practice (Bywaters et al., 2020). It asks that practitioners bring curiosity and skill to consider how deprivation contributes to a family's stress or how unfamiliar living conditions might challenge the bias of a practitioner. It also means that practitioners should never conflate poverty with neglect.

The majority of families living in poverty do not maltreat their children and maltreatment is not exclusive to families living in poverty.

The review rejects the notion that a contributory causal link leaves the children's social care system powerless. The fact that services can either deepen these inequalities or can alleviate them should grip us. Anyone concerned with social justice who is working in children's social care needs to take responsibility for leading a system that has agency and power to tackle these inequalities.

Chapter one

Race and Ethnicity

The issue of racial and ethnic disparities in how the state intervenes is more complicated and under researched than deprivation, and there is a complex relationship between deprivation, age, ethnicity and state intervention. In England, Black Caribbean and children from some Mixed ethnic groups are overrepresented among children in care and children of South Asian heritage are underrepresented (Bywaters et al., 2019). There are higher rates of Black and Mixed heritage looked after children when compared to all children (Bywaters, Brady, et al., 2016). Even greater inequalities are apparent when comparing rates at different levels of deprivation - with Black African children in care rates outnumbering White British children by 4 to 1 in low deprivation neighbourhoods but White British children in care rates outnumbering Black African rates by nearly 3 to 1 in high deprivation neighbourhoods (Webb, Bywaters, Scourfield, Davidson, et al., 2020). The review will interrogate these findings further, looking at both the data and the experiences of families who are both over and under-represented in children's social care.

Intergenerational experiences of care

Children whose parents were in care are more likely to be in care themselves (Jackson & Simon, 2005),(Thomas, 2018). 40% of mothers who have had more than one child removed from their care have experienced being looked after themselves as children. A further 14% had spent a period of time not living with their parents through an informal arrangement (Broadhurst et al., 2017). A survey of 127 fathers in pre-proceedings found that of those who return to court for repeat appearances at care proceedings, 22% were themselves looked after as a child (Philip et al., 2021). As one member of our Experts by Experience Board put it: *the state is the grandparent to many of today's children in care*. Rates of intergenerational care demonstrate a long term failure to break cycles of trauma and abuse and are a stark demonstration of how much must change.

Children's social care needs a clear purpose

If we are going to improve children's social care and do better for children and families we need a clear vision and purpose about what we are trying to achieve. We are at the beginning of this journey and we want to hear from everyone with an interest in this review about what they think the right vision for the future of the system should be.

Our view so far is that improving children's social care is not something that national government or local authorities can achieve on their own. When it comes to supporting children and families, the statutory children's social care "system" is only the tip of the iceberg: promoting and protecting children's welfare and rights must be a priority that goes beyond any single agency. The vast majority of the resources that exist to support families when they struggle, to keep children safe and to help them thrive when they can't live at home, are in the places children live and with the relationships they already have.

We see this in how families, friends and neighbours who have supported each other during the pandemic, in the vast number of informal kinship arrangements where families step up and help to care for children when they can't live at home, and in how when children in care describe what matters to them - they talk about their carer, friends, pets and school.

The role of the state should be to support and enable the inherent strengths of families and communities (sometimes by getting out of the way), whilst acting decisively where children require protection. This could mean doing more to support children to stay safely with their families where possible, actively seeking out and supporting those who step up to care for children, and supporting children in care by tending to relationships that will last for their lifetime. Too often we are allowing situations to escalate and then being forced to intervene too late, severing children's relationships and setting them on a worse trajectory.

We would welcome views on our interpretation of evidence in this chapter and the following question:

- **What do you think the purpose of children's social care should be?**

Chapter two: We're not doing enough to help families

In the majority of cases, families become involved with children's social care because they are parenting in conditions of adversity, rather than because they have caused or are likely to cause significant harm to their children.

Community is the first line of defence but we do not utilise its full potential to help families

There is a role for all of us to play in helping children grow up in happy and healthy homes, and not all families will require or want state intervention. COVID-19 demonstrated that a state-run, professional role can be limited and communities are well placed to step-up and deliver for neighbours in need. Research by Ipsos MORI found that, overall, communities are felt to have become more supportive during the pandemic (although this has been lower in deprived communities) (Beaver & Ipsos MORI, 2021). The public's response to COVID-19 was also characterised by a greater level of empathy for families who were struggling.

Whilst we must acknowledge that the community can be a source of harm for some children and young people (which we discuss in more detail in chapter three), we also need to recognise that strong community and family ties go hand in hand. Increasing the strength of communities could therefore play a key role in supporting families in some cases removing the need for blunt and at times undignified statutory interventions. In Northern Ireland, strong family and community ties seem to play a role in rates of foster and residential care by strangers being lower than you may expect from the levels of social disadvantage. In particular, extended family and strong community bonds have been referenced as increasing capacity to care for children, alongside a greater awareness of and access to community services (Bywaters et al., 2020). A similar study in the US has also found that wider neighbourhood social cohesion is associated with lower levels of neglect (levels of abuse remained the same) (Maguire-Jack & Showalter, 2016).

The power of a strong community network should not be underestimated. People with stronger social relationships show a dramatic reduction in their risk of mortality beyond reductions seen through quitting smoking, with evidence suggesting well socially connected individuals have a 50% increased likelihood of survival compared to those with weaker social relationships (Holt-Lunstad et al., 2010). Communities and places can both positively affect health through the services they provide and the resources they have, as well as through supporting the development of "social capital" (referring to the networks and social trust we hold which facilitate cooperation for mutual benefit) (Putnam, 1995), cohesion and feelings of safety – all of which are associated with lower stress and better physical and mental health (Marmot et al., 2020). Many of these notions are features of the Government's own Levelling Up agenda.

However, despite the recent positive trends in community support seen during the pandemic, earlier studies showed that a number of indicators relating to social capital fell in the decade preceding the pandemic in communities across the UK, including positive engagement with our neighbours as well as our sense of belonging to our neighbourhoods, suggesting lower engagement within our communities (Office for National

Statistics, 2020a). International research has also demonstrated a "remarkable drop" in the size of people's core discussion networks, including a shift away from ties formed in the neighbourhood and community contexts (McPherson et al., 2006). Robert Putnam has described this loss of social capital and how, for a variety of reasons, life is easier where a community has a "substantial stock" of it – not least because it allows for increased coordination and communication (Putnam, 1995).

The review has heard from programmes which focus on building peer-to-peer relationships in communities to support families, such as Shared Lives Plus[11] who are testing the Family by Family model[12] in the UK, pairing families who have had challenging experiences with those who are currently experiencing difficulties. The model is just one example of support for families that come from assets in the community itself.

When we are facing the crisis of family engagement in children's social care described below, the importance of enabling communities to help one another is all the more pronounced. Parents see friends and family as their most trusted sources of support compared to professionals (Beaver & Ipsos MORI, 2021). Evaluation of the See, Hear, Respond project – set-up during COVID-19 to bring together national and community-based charities to help vulnerable families – also showed that the project could provide reassurance to parents that support is available should they need it, particularly in communities which are suspicious of statutory children's services but willing to access support from a voluntary and community sector organisation.

Despite this potential for the community to play a greater role in supporting families, and some demonstration of a preference for this type of engagement, we are not tapping into this rich resource enough. The mindset of 'safeguarding' may be resulting in risk aversion around how we make greater space for communities to play a fuller role in supporting families. Of course, some families will require more specialist support provided by highly-skilled practitioners. However, the review wants to explore how we can enable, empower and encourage communities to step-up and support families.

When the state needs to step in, the focus should be support not investigation

Despite the prevalence of families struggling to manage in conditions of adversity, the system too often focuses its efforts on investigating and assessing parents without providing real help for the family to deal with the problems they are facing when, often, we can best help children by providing meaningful support to their families. In the last year we have data for, just under 135,000 investigations where a child was suspected of suffering significant harm did not result in a child protection plan – three times as many as just ten years ago (Department for Education, 2021d). Each of these investigations is an intrusion into families that in itself can cause additional stress. This was a consistent theme from our engagement with families.

11 *Shared Lives Plus*

12 *Family by Family model*

Chapter two

The views of parents and families

During April and May, we met over 100 parents and family members through one-to-one conversations, review-led workshops and co-led events with charities such as the Family Rights Group.

At these sessions, you told us that relationships between social workers and families were paramount. We heard about the power dynamics in relationships between social workers and families and how that could be a barrier to building a trusting relationship:

"Social workers have the power to change people's lives for the good or the better and they never seem to realise the enormity of the power they have. They need to see the impact they have on people's lives."

"The more you fight, the more you are seen as you cannot work with professionals."

The impact of domestic abuse was also a key theme that came out of our early conversations. Parents and some social workers told us they had: *"rarely met a family that had a child removed where domestic abuse wasn't present."*

Mothers and fathers we met who had been victims of domestic abuse told us that they often felt blamed and judged. Whilst the fathers we met recognised that men were most frequently the perpetrators of domestic abuse, they told us that professionals often treated them with suspicion and doubt, or even to blame, when they were the victim. For instance, families told us:

"People are frightened and it takes time to build trust if they have experienced domestic abuse."

Part of the reason for a lack of support might be because the help which families need to turn things around is not available. Local services have experienced increasing demand in recent years, particularly at the acute end of services. Spending has shifted towards acute services and meeting statutory duties. Between 2012/13-2019/20, spending on non-statutory children's services decreased by 35% in real terms (Department for Education, 2021b).[13] Local authorities have finite budgets and have responded to financial pressures by reducing spending on non-statutory children's services and increasing spending on statutory social work (National Audit Office, 2019). In 2017/18, the average local authority spend on a Child in Need intervention ranged between £566 and £5,166, showing a significant variation in the support received by families (National Audit Office, 2019).

13 S251 Data before 2014/15 was provided by the Department for Education. See definition of spending on 'non-statutory children's services' in chapter 1

This is an acute problem for the families of disabled children who rely on support delivered by children's social care, such as short breaks, to manage the pressures which can accompany caring for their child - 24% of parent carers are providing upwards of 100 hours of care a week (Contact, 2017). Families of children with disabilities have consistently told us that support is only being offered once they reach crisis point, and research shows that concern over unmet needs and navigating the system forms a key stress for these families (Cullen & Lindsay, 2019). This lack of clear accountability also exists where children have complex health needs. Where families need support from children's social care and the NHS, the review has heard that a failure in co-commissioned services leaves families without support. Families with disabled children feeling that they are navigating a system that is set up for child protection, not support, has been a consistent theme in what the review has heard so far.

There is a range of work underway in Government looking at provision for children with disabilities, including the Department for Education's (DfE) Review of Special Educational Needs and Disabilities, the National Disability Strategy for Disabled People and the National Autism Strategy. The independent review of children's social care will continue to work closely with these pieces of work, and we will listen to the views of children and families to explore how we can better support families of disabled children and children with multiple complex needs.

The level of deprivation at local authority level also affects children's chances of experiencing care or child protection. If two families have similar socio-economic background but one lives in a poorer local authority and the other living in a more affluent area, the family living in the more affluent area is more likely to experience a CSC intervention (Bywaters et al., 2020).

There are also pressures in families' access to other support. 64% of referrals to domestic abuse refuge services were rejected in 2018/19, with a significant proportion due to a lack of space and capacity (Davidge et al., 2021). The new duty for local authorities to provide support to victims in safe accommodation included in the Domestic Abuse Act 2021 should help this and the Act is very welcome, but gaps in community provision remain (Children's Commissioner, 2021a). Funding for substance misuse treatment fell by 14% on average between 2014/15 and 2017/18, with some local authorities cutting budgets by as much as 40% (Black, 2020). Pressure on mental health services remains high (Care Quality Commission, 2020) despite recently increased investment for mental health support.[14] A lack of treatment for alcohol dependency can have a particularly detrimental impact during pregnancy as there is a strong association with alcohol dependence and the occurrence of Foetal Alcohol Spectrum Disorder (FASD) - a leading cause of non-genetic disability in children (British Medical Association, 2020). Benefits and good quality housing can be challenging to access (National Audit Office, 2020) (Local Government and Social Care Ombudsman, 2020) and quality of housing in particular has been linked to poor mental health (Marmot et al., 2020). These issues are particularly acute for families with no recourse to public funds who do not have access to a range of welfare support mechanisms and find support given through a Child in Need status patchy (Dickson et al., 2020).

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14 _The NHS Long Term Plan, Children and Young People's Mental Health Green Paper_ and _COVID-19 Mental Health and Wellbeing Recovery Action Plan_ outline increased investment for mental health support.

However, this is about much more than the availability of services. It is about the approach that social care takes to engaging with families in situations of stress. Despite our growing understanding of the underpinning factors that mean families are referred to children's social care and an increasing recognition at a societal level of the issues which impact more families than has been previously acknowledged, the energy of the system appears to be disproportionately spent on assessing and investigating families instead of providing support. The number of initial assessments that found a child was not in need increased from 19% in 2012/13[15] to 30.2% in 2019/20 (Department for Education, 2021d). The number of section 47 investigations has increased by almost 129% between 2009/10-2019/20 whilst the number of initial child protection conferences increased by 80% (Department for Education, 2021d). Part of this may be attributed to rationing of services in response to rising referrals, meaning the system spends energy deciding who gets services rather than delivering them. But these rises illustrate a growing risk aversion in the system as diagnosed by the Munro review ten years ago. They are also costly and intrusive. We will explore decision making in more detail in chapter three, but our overall view from our engagement to date is that the underlying problems identified by Munro remain.

The review has consistently heard from parents and families who came to children's social care looking for support, but their experience of being assessed often added stress to an already difficult situation. This marries with literature on families' experiences of children's social care. Parents in the UK have lower levels of satisfaction with social care compared to other services and levels of dissatisfaction were higher for parents from lower socio-economic groups (Wilkins & Forrester, 2020). In some cases, relationships between families and social workers can be hostile or based on mutual suspicion (Ferguson et al., 2020). Some families have also reported "cold hearted" encounters with professionals which damages the relationship, leading to resistance from families which then inform judgements about risk and family capacity to care for their children (Morris et al., 2018). In the words of one parent from our engagement events: "*professionals can judge parents and families before they know the facts. Parents are asking for help and they need to be commended for that.*"

The review has also heard from care-experienced parents who describe the undignified position of being subject to child protection investigations if they seek help, which in turn stops them asking for the support they need to succeed as parents to their children. This is reflected in the intergenerational patterns of care demonstrated in chapter 1, and we will use the next stage of the review to explore the issue in more detail. Similar interactions are experienced by victims of domestic abuse where agencies are inappropriately attributing responsibility to the victim to protect their child, including through leaving the relationship, and the adult's needs (both victim and perpetrator) are not addressed (Ofsted et al., 2018). Victims have told us they feel like they are punished twice – by the perpetrator, and by the child protection system - when with the right support many children could be protected and the family kept together where appropriate. There are examples where local authorities can get this right and the impact on children and families are significant, as described in the box below.

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15 Data not available for earlier years.

Hertfordshire Family Safeguarding Model

The Hertfordshire Family Safeguarding Model provides a whole family approach to child protection, providing the direct help and support a family needs from different professionals working as one team with the aim of keeping more children safely at home with their families.

In its initial roll-out, a high proportion of families allocated to the model were experiencing parental domestic abuse, as well as other issues such as parental substance misuse and mental health problems. The prevalence of these issues was the rationale for core elements of the Family Safeguarding Model, including the creation of multidisciplinary Family Safeguarding teams with specialist adult workers. This included both a domestic abuse practitioner to work with victims and a domestic abuse officer to work with perpetrators. All team members are also trained in Motivational Interviewing, a guided counselling approach, which aims to harness parents' motivation to improve their children's lives.

In 2017 (Forrester et al., 2017) and 2020 (Rodger et al., 2020), the DfE published evaluations of the model and found, amongst other positive results, a 64-66% reduction in repeat police call outs sustained over successive cohorts of families over five years. Families allocated to the programme had previously had high levels of police involvement, particularly for domestic abuse incidents, suggesting a reduction in risk from domestic abuse as a result of the model. The 2020 evaluation of the model's wider implementation in multiple local authorities (including Hertfordshire) concluded the model was effective at preventing children becoming looked after and reducing the numbers of children on Child Protection Plans. The Department for Education's Strengthening Families, Protecting Children Programme is investing £84 million over five years in expanding this and other effective models of practice.

We explore the issues facing the social care workforce more in chapter five, and the above strained relationship with families may be symptomatic of some of these wider pressures felt by social workers. However, it is our view that there is a bigger, systemic issue here in the form of a tension between the two parts of the system: protection and support. That is why, in the next stage of the review, we want to explore how we can address this tension to ensure both support for families and child protection is done well.

We are not the first to identify this tension. Lady Hale, a key author of the Children Act 1989, has made the following observation: "*the aspiration of developing a partnership between children's services and families with children in need proved very difficult to achieve... The trouble is that, if efforts to work with families run into difficulties, the local authority can always resort to care proceedings and the families know that.*" (Hale, 2019). In all of this, we have to acknowledge the reality for families, and the current response makes it less likely that parents will engage in support - a feature that hampers efforts to protect children. As the review moves into its next phase, we intend to explore how we can provide families with the most effective support.

Investing in help for families matters – but more money alone is not a silver bullet

The review has at times heard a simple narrative that if there was more money in the system for early support, then families would be helped and numbers of children involved in children's social care would automatically be reduced, including the number of children taken into care. It is not that straightforward and there is a risk that more money without reform could lead to more child protection work and more children in care. In Wales, despite there having been stable levels of spending directed towards help for families, we have seen rising numbers of Children Looked After, with rates climbing from 64 per 10,000 in 2003 to 102 per 10,000 in 2018 (Hodges & Bristow, 2019). We recognise there are wider factors which influence the number of children interacting with children's social care, but this helps to demonstrate that more money alone will not automatically reduce demand on the children's social care system and keep families together. In their reviews of the child protection system, both Lord Laming and Eileen Munro commented on the quality and confidence in delivering early help, at times when funding of these services was comparatively high:

"Universal services, for example children's centres, do not currently offer comprehensive early specialist support to vulnerable children, young people and families because the professional and specialist family support capacity and expertise has not been developed in those services. There is evidence of inconsistency and uncertainty among professionals in respect of managing and responding to contacts and referrals about vulnerable children and young people" (E. Munro, 2011).

There are also important gaps in the evidence base. The Early Intervention Foundation reports a significant lack of evidence around what works to support families facing particular problems, such as domestic abuse or parental substance misuse. This is about a lack of centrally commissioned research but also local services lacking the capability and capacity to evaluate their programmes (Early Intervention Foundation, 2018). However, there is emerging evidence that there are links between spending on help for families and reduced demand on children's social care. This contradicts evidence that has been cited, including by the NAO (National Audit Office, 2019), that failed to find an association between preventative spend and numbers of children in care. The more recent evidence takes into account underlying trends within and between local authorities and looks at all preventative services, using analysis that was not available to previous research (Webb, n.d.).

- Spend on early help is associated with better Ofsted inspection outcomes (Webb et al., n.d.);

- Reduced spending on preventative and family services is associated with rising rates of adolescents entering care (but not 1-4 year olds) (Bennett et al., n.d.);

- Controlling for other variables, for every £20 increase per child in preventative spending in a previous year, there was an average reduction of almost 2.5 Children In Need the following year within local authorities between 2010/11-2018/19. Based on average reductions in spending on these services, this equates to an additional 8 to 20 Children in Need per 10,000 for each year of the decade - around 8,750-24,400 children in total per year - than would be expected had spending remained at 2010/11 levels (Webb, n.d.).[16]

16 These figures are based on further discussion with Calum Webb based on his research.

Moreover, despite the gaps in the evidence base as a whole, there are a range of interventions that have good evidence of strengthening family relationships and improving outcomes for children. The Early Intervention Foundation has identified a range of approaches (from universal services, targeted support, and specialist child protection interventions across different age ranges) with good evidence of improving outcomes on behalf of the review (see box below). The below are not review recommended interventions but examples of where there is evidence of effectiveness.

A common feature of successful programmes is often clear eligibility criteria, sufficient 'dosage' (interactive time spent on the programme), and the opportunity for parents to develop a positive relationship with skilled practitioners. The need for a high degree of professional skill is particularly important in engaging with vulnerable families to achieve positive behaviour change and improve child outcomes.

Examples of help for families

- **Parenting Support:** Interventions which seek to build parenting capacity to improve child outcomes, often advising on how to strengthen parent-child interactions and manage children's behaviour. These can range from light-touch to more intensive and developed versions. Examples include but are not limited to, some versions of the Incredible Years and Triple P programmes.

- **Supporting the Parental Relationship:** Interventions which focus on the quality of the relationship between parents (whether together, or separated/separating) to improve children's emotional, behavioural, social and academic development. Examples include but are not limited to: Family Foundations, Couples Coping Enhancement Training, and Schoolchildren and Their Families.

- **Intensive Home Visiting (IHV) Programmes:** Trained maternity and early years practitioners conduct intensive and regular home visits aiming to improve a range of parent and child outcomes through psychoeducational and therapeutic methods. Examples include but are not limited to: Family Nurse Partnership, Child First and Parents as First Teachers.

- **Reducing the risk of abuse and neglect:** These interventions work intensively and therapeutically with individual families to reduce the immediate risk of abuse, neglect and other indicators of significant harm. Examples include but are not limited to: Parent Child Interaction Therapy, Multisystemic Therapy and Functional Family Therapy.

Investment in services which help families should be part of improvements we make to children's social care but there are important caveats and nuances to this argument, as described above. Furthermore, the quality, efficacy and culture with which this help is delivered needs a step change if it is going to meet the needs of families. As we move to the next stage of the review, we intend to investigate how to support the use of some of the best-evidenced approaches and how these can be best delivered.

Essex County Council approach to supporting families

Essex County Council (ECC) has improved outcomes for children through a focus on working with families. In 2013, it led a whole system review, using ethnographic approaches to understand families' needs with the aim of exploring what life is like for a "typical" family with young children. Support and services for families were built to meet those needs.

They found that, whilst many families accessed support, for instance through children's centres, there had been little impact and, as parents didn't get value from existing services, they didn't want or need them. Common issues included social isolation, poor health and fitness, and the availability of stable employment which were not being addressed well. As existing services focused too much on parents and not on children, opportunities to give children a better start in life were also missed.

Through this work, ECC redesigned its early years system, focusing on families' strengths, preventing problems before they occur or develop, and helping to build parental resilience. It also forms part of ECC's array of children's services, and its success has led to significant reductions of the numbers of children requiring statutory intervention and care.

We need a clear understanding of what is meant by family help

Part of the problem that underlies our ability to understand whether preventative services work in resolving family problems, is our inability to properly express what we mean by this group of services. Policy makers and practitioners refer to this sort of support by various terms, including "early help", "preventative services", "early intervention", "family support" and "targeted support" but we lack precision about what this means for families, what positive outcomes it can achieve, and what our expectation is on local areas about what should be provided. Given many families subject to statutory social care intervention get very limited practical support, the threshold for Child in Need services is locally determined and participation is voluntary, separating "early help" and Child in Need services is not necessarily meaningful in practice.

There are examples of central Government initiatives focussed on support for families, including the Supporting Families Programme (MHCLG), Healthy Child Programme (Department of Health and Social Care), Children of Alcohol Dependent Parents Programme (DHSC/DWP), Reducing Parental Conflict Programme (DWP) and establishment of Violence Reduction Units (HO). However, this split of family initiatives funded and set centrally but delivered locally can be frustrating and confusing, leading to lots of relatively small and short-term funding streams, each with differing objectives (Early Intervention Foundation, 2018). This adds to the complicatedness of the overall system.

Supporting Families Programme

The Supporting Families Programme (previously Troubled Families) promotes a whole family working model delivered through a trusted key worker, allowing locally available services and specialist support to be drawn together for the family in a coordinated way. It usually works with families with the most complex needs. The 2015-2020 evaluation showed the programme was successful in reducing the proportion of Children Looked After, with 2.5% of the comparison group having Looked After status compared to 1.5% of the programme group – a 32% difference for this cohort at 19-24 months after joining the programme (Ministry of Housing, Communities & Local Government, 2019). Over four in five families (83%) also said their key worker was helpful, with this increasing to 91% for those who saw their key worker every week, and 61% said they were very helpful.

At the moment, the statutory obligations placed on local authorities in providing support for families are limited and generally involve local discretion about what is provided.[17] Areas have largely been left to work out what to do with services in a situation of high demand and limited funding, and we do not have systematic data on what is being provided in different areas. This has led to some innovative practice by local areas, with Family Hubs being a notable example. But it also means there is significant variation in what families are offered and it is very difficult to get a grasp of what it all adds up to and the impact it has (Lewing et al., 2020). At the moment, it is very hard to determine the collective output of spend on support for families (beyond the promising evidence described above) and this makes it harder to make the case for more resources.

There is an opportunity to do this better, but to do this we need to define what the review will refer to as "family help" actually is. We will share a comprehensive description when we publish our final recommendations which will be based on consultation with children and families. However, in an effort to start this conversation, we are proposing the initial following definition of family help and the types of services this might include based on discussions we have had so far. This description is a starting point for debate which we will stress test and evolve in the next stage of the review.

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17 _Section 17 of the Children Act 1989_ stipulates that it is the "duty of every local authority... to safeguard and promote the welfare of children within their area who are in need; and so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs"; _Section 10 of the Children Act 2004_ stipulates that each local authority must make arrangements to promote inter-agency co-operation, with a view to improving the well-being of children in the authority's area; _Section 5A of the Childcare Act 2006_ stipulates that local authorities must make arrangements to secure that early childhood services in their area are provided in an integrated manner and these arrangements must, so far as is reasonably practicable, include arrangements for sufficient provision of children's centres to meet local need; _Working Together to Safeguard Children_ provides a broad definition of "early help" and outlines that "local areas should have a comprehensive range of effective evidence-based services in place to address assessed needs early".

A possible definition of "family help"

The aim of Family Help should be to improve children's lives through supporting the family unit and strengthening family relationships to enable children to thrive and keep families together, helping them to provide the safe, nurturing environments that children need.

Family Help should be high quality, evidence-led and delivered by skilled professionals who are able to engage families and build trusting and supportive relationships with them. In delivering this support, Family Help should recognise that all families need help at times, and that does not mean there is a child protection concern. It should be able to confidently hold risk whilst also being equipped to recognise child protection issues.

Support offered has to be grounded in the context of family life, including the communities and circumstances in which families live. It should build on families' strengths, drawing on the wider relationships that families have, and on the capacity and potential for support and advice from within local communities, including schools and voluntary organisations. It should offer support at the level that a family needs in order for them to function well with the aim of avoiding ongoing service involvement.

This help should be available to any family that is facing significant challenges that could pose a threat to providing their child with a loving, stable, safe family life. This includes parents of children with disabilities and teenagers, adopters and kinship carers. It should seek to understand and respond to the whole range of challenges families face, and work with wider services and partners to support families and avoid them falling between services. Whilst we would expect the cohort of families who receive Family Help to be primarily those who are currently receiving early help, subject to a Child in Need plan or alongside a Child Protection Plan, there should be porous boundaries and access to the support should not be dependent on a statutory assessment.

Family Help would provide support with: parenting, helping parents and carers to manage their child's behaviour; improving the relationship between parents; supporting families to protect their children from exploitation or harm within their community; and providing respite for parents of children with disabilities. It would support adults with challenges that impact on children, including support with parental substance misuse, mental health, physical disabilities or domestic abuse, as well as helping to manage and mitigate other stresses on families such as poor housing and debt.

We would welcome views on our interpretation of the evidence in this chapter and the following questions as we move to the next stage of the review:

- **What is the role of the Children's Social Care system in strengthening communities rather than just providing services?**

- **How do we address the tension between protection and support in Children's Social Care that families describe? Is a system which undertakes both support for families and child protection impeded in its ability to do both well?**

- **What do you think about our proposed definition of family help? What would you include or exclude?**

Chapter three: We need a child protection system that keeps children safe through more effective support and decisive action

A more effective and compassionate response to families facing conditions of adversity will improve the lives of many children and families and remove them from unnecessary and intrusive levels of state intervention. However, there will always be children that are at risk of serious harm and ensuring the safety of a child through child protection and family law processes remains a central role of the children's social care system. This chapter focuses on these children and how we can increase the resources of families and the wider community to keep them as safe and close to a family environment as is possible whilst acting decisively where children require protection.

Decision making and risk assessment related to harm is too inconsistent and often isn't good enough

In the previous chapter, we set out how we are assessing and investigating more families. Effective and consistent decision making is crucial to both reducing these numbers and instigating decisive action where it is necessary. We all need to be comfortable that uncertainty and risk are features of child protection work and risk cannot be eliminated in children's social care (E. Munro, 2011). Attempting to fully eradicate risk leads to other forms of harm including disruptive over-investigation, severing important relationships and children being removed unnecessarily. In managing this balance between under and over intervention, practitioners have to analyse and integrate a broad range of usually incomplete information, often in the context of high-anxiety and in a system and organisation that do not help hold that risk. We need to build a system that provides social workers with the skills, knowledge and support to make these difficult decisions with confidence.

The quality and variation of decision making across the system requires attention. We know that poor risk assessment and decision making is the most prevalent practice issue in the small number of cases with the worst outcomes. The Child Safeguarding Practice Review Panel's 2018-2019 Annual Report noted it occurred in 41% of the 538 reviewed cases where a child was seriously harmed or died (Child Safeguarding Practice Review Panel, 2020). However, poor decision making can be seen at various points in the system including over-intervention (Department for Education, 2021d). Variation in who is subject to child protection investigations are significant. Analysis by the National Children's Bureau found widely differing thresholds between local authorities at every part of the system. For instance, many local authorities automatically initiated a section 47 investigation when responding to domestic violence, whilst in others a child who had witnessed regular altercations but was not in immediate danger may only be considered for early help (Clements & National Children's Bureau, 2018) (All Party Parliamentary Group for Children & National Children's Bureau, 2018).

The conditions for effective decision making

We have to recognise that much of what is described in this section was identified in the Laming and Munro Reviews.[18] Munro's diagnosis of the 'causal loops' driving an overly process driven approach to risk assessment without space for professional expertise still holds true (E. Munro, 2011). We have heard from social workers that not enough has changed since its publication: high levels of bureaucracy remain and they do not have enough time and resources to help and build relationships with families. In many cases, social workers have not acquired the knowledge to properly identify and assess risk. There is a high level of anxiety when making decisions and social workers and organisations continue to feel vulnerable to public, regulatory and government scrutiny if things do go wrong (Whittaker & Havard, 2016) (Whittaker, 2011). A study of 90 final year social work students showed how anxiety in their placements led to defensive practice, including overestimating risk, logging disagreements with managers, sticking rigidly to process, and even avoiding supervision to avoid blame (Whittaker & Havard, 2016). This combination of factors contribute to ineffective and inconsistent decision making.

The work of getting to know children and families is crucial to social workers' understanding and assessment of risk. They need to hold detailed information about the child and family across different domains from child development, to education and addiction, and balance a family's challenges against their resources. They also need to be able to notice indirect communication and recognise changes in behaviour. However, as the number of Child Protection Plans have increased by almost a third between 2009/10 and 2019/20 (51,510 in 2019/20, up from 39,100 in 2009/10), it is more difficult to spend this time and identify and support the children who are most at risk (Department for Education, 2021d). Social workers spend less than 1/3 of their time doing working directly with children and families (Department for Education, 2020a). One parent we spoke to explained "*We need to break down the barriers on trust, and practitioners need time to build relationships, which they are not given.*"

We also need to build systems and organisations that are resilient to anxiety and that are happy to hold risk and consider complexity instead of defensively following process. A small-scale comparative study illustrated that Finish social workers were supported in their decision making, with a greater focus on joint working and reflection. In comparison English social workers were supervised in their decision making. They were more often told what to do and were less confident and responsible for making their own decisions (Falconer & Shardlow, 2018). Whilst reflective workplaces are crucial to holding risk, 12% of social workers have not received any reflective supervision since joining their current employer, and one in four (23%) had reflective supervision less than every six weeks (Department for Education, 2020a). Reflective supervision is also crucial to improving the relational work with families, to build trust, increase knowledge, and make better decisions (Wilkins et al., 2018). This includes considering a family's context and history, of which an understanding of race and intersecting inequalities is a critical part. It is a cause for serious concern that we have a system that devalues some of the crucial elements behind effective and consistent decision making.

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18 For more analysis on why this is the case please see chapter 5: *System Factors.*

Practitioner knowledge

The accuracy of decision making is often impacted further by a lack of detailed knowledge in the social work and wider workforce in identifying and understanding specific risks. This is significant given the prevalence of some of these issues. Domestic abuse is the largest factor in referrals yet numerous reports have found that knowledge, risk assessment and decision making require improvement (Ministry of Justice, 2020) (Safe Lives, 2017) (Ofsted et al., 2018). A survey of newly qualified social workers showed most respondents did not consider themselves ready to work with substance use and misuse issues: under 40% felt adequately prepared to identify problematic alcohol and drug use, and just 34% to assess risk relating to these issues (Galvani & Forrester, 2011). We need to ask how we expect social workers to be confident in assessing, and comfortable holding risk if they do not have the knowledge to do so.

Across the safeguarding partners a Joint Targeted Area Inspection report found that professionals lacked the knowledge and confidence to identify and explore child sexual abuse in the family environment (Ofsted et al., 2020). A 2011 prevalence study indicated that 4.8% of children aged between 11-17 experienced contact sexual abuse and 16.5% experienced any form of sexual abuse, including non-contact, yet it is estimated only one in eight children who experience child sexual abuse are known to services (Radford et al., 2011) (Children's Commissioner, 2015). There are similar concerns in relation to child criminal exploitation: 34,000 child victims of a violent crime in 2016/17 were either in a gang or knew a gang member (Clarke, 2019). The Children's Society found in 2019 that the vast majority of police forces and local authorities across England and Wales were not able to share figures of the number of children affected by criminal exploitation in their area (The Children's Society, 2019).

The courts also play a crucial decision making role with huge impacts for children and families yet we know there are significant variations in the levels of care orders and supervision orders granted by the six court circuits in England. In London 28% of children in care proceedings received a care order, whilst in the North West it was 47% of children, there was also notable variation between the 40 smaller Designated Family Judges areas (Harwin et al., 2018). Whilst external factors will play a role in the decisions judges make, the significant differentiation in judgments is a cause for concern. How judges respond at a local level in turn affects the decisions local authorities make. We do not know enough about the effectiveness of these decisions. The current President of the Family Division has highlighted that judges receive no feedback on the impact of their judgements (McFarlane, 2017). Judges in the Family Division are expected to complete training through the Judicial College, however it is not clear whether this provides the right level of knowledge on topics such as child development that are important in decisions on the welfare of the child (Judicial College, 2020).

Proceduralisation and siloed working

Anxiety in the system and a lack of knowledge too often leads to an overreliance on proceduralised risk assessment creating further bureaucracy. Limited understanding of the evidence from policy to practice has also led to the use of blunt notions such as the 'toxic trio' (parental mental health, substance/alcohol misuse and domestic abuse) for which the evidence base has been shown to be weak (Skinner et al., 2021). Professor Shemmings has noted how social workers can inappropriately use attachment theory in assessments to judge the quality of parenting

without the necessary training (Silman, 2016). A report for the Centre of Expertise for Child Sexual Abuse found that simplified and poorly-evidenced risk assessments led to false and missed identification of child sexual exploitation (Brown et al., 2017). This confusion was found to have real impacts on the support provided to a child by focusing on future risk, and thereby disregarding the harm they had already suffered precluding them from suitable services. Research is clear that such tools are no substitute for a relationship with and knowledge about a child (Beckett et al., 2017). Police have also over-relied on simplified risk assessment models such as the DASH (Domestic Abuse, Stalking and Harassment and Honour-based violence risk identification, assessment and management model), despite it not being subject to systematic empirical evaluation since it's implementation. Additionally its application on the front line has been inconsistent (Robinson et al., 2016).

There is a similar pattern in managing risk. The Child Safeguarding Practice Review Panel which looks across agencies, noted there is an overreliance on processes such as Multi Agency Risk Assessment Conference meetings or written agreements in the mistaken belief that they will reduce risk - it highlighted one case of systematic sexual abuse where six written agreements used over 15 years gave false assurances to the local authority (Child Safeguarding Practice Review Panel, 2020). In domestic abuse a simplified model of separation and low conviction rates often place an unrealistic duty to protect on the victim, which may even increase the risk (Ofsted et al., 2018). One mother said, **"***Social services assume being a mum makes you immune to domestic abuse when in fact it makes you more vulnerable.***"**

Close multi-agency working with a shared understanding of risk, information sharing and compatible working practices are also crucial to decision making. However there is much to do in this area. Information sharing problems remain across agencies despite decades of reviews calling for greater sharing. Poor exchange of critical information was present in 40% of the small number of cases with the most serious outcomes that were reviewed in the Safeguarding Practice Review Panel's 2019 report (Child Safeguarding Practice Review Panel, 2020). Alan Wood's recent review highlights this remains an issue across England's safeguarding partnerships (Wood, 2021). The wider issues surrounding multi-agency working are covered later in this report in Chapter five.

We need decision making to be more effective and consistent. It is a long-standing challenge that previous reviews have considered but too little has changed. To build our understanding, the review will be working with the What Works Centre for Children's. Social Care to undertake a more detailed rapid review of the evidence. We also ask for engagement from everyone in the system to make this time different.

Professionals and parents trying to safeguard teenagers facing harm outside of the home, are being failed by a system that was not designed for the task.

Teenagers are the largest growing cohort in both child protection and care. This follows a growing recognition by Government and safeguarding partners of harms that happen outside of the home, which often, although do not exclusively, affect this group.[19] The latest ADCS Safeguarding Pressures report shows that the number of children identified as being trafficked at social work assessment has increased by 45% since 2017/18 and there has been a 70% increase in gangs[20] being identified as a factor in the same time period (ACDS, 2021). Whilst we are better at recognising these harms, government departments and safeguarding partners have failed to come to a shared understanding. A failure to grasp the complexity of these cases where children are open to numerous services, are both victims and perpetrators, and face harm from different and harder to manage sources has led to ineffective and confused responses and a lack of accountability. Different parts of the children's social care, justice and health systems are responding differently to the same teenagers. This leads to confusion, gaps and ultimately means worse outcomes for these children.

A confused response across the system

Teenagers who experience child criminal exploitation have been particularly failed by this confused response. In her 2019 report, the former Children's Commissioner explained how many teenagers are trapped in criminal exploitation, often desperate to escape, and that parents are "shocked and then exasperated by the daily calls to one service or another, told repeatedly that nothing can be done to protect their children." (Children's Commissioner, 2019b). The issue described in chapter two of parents asking for support from services and not receiving it is compounded by a confused multi-agency response to teenagers. The number of identified children involved continues to rise with 14,700 children's social care assessments identifying concerns about gang involvement in 2019/20, an 124% increase from 2016/17 (Children's Commissioner, 2021b). In 2019 the NHS reported a 60% increase over five years in 10-19 year olds being treated for knife wounds (Campbell & The Guardian, 2019). Many of these children are highly vulnerable and many suffer serious harm or die. A thematic review of 60 children in Croydon found they experienced multiple adversities. Many had experienced parental absence, drug use, domestic abuse, and poor mental health in their families. At least 41 of the children had received fixed term exclusions (now termed suspensions) in secondary school (73% of the 56 children with

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19 Specific Government Guidance on child sexual exploitation was published in 2009, assessment of risk outside of the home was recognised in Working Together to Safeguard Children 2018. *Working Together to Safeguard Children 2018 (publishing.service. gov.uk); Safeguarding Children and Young People from Sexual Exploitation: Supplementary guidance to Working Together to Safeguard Children.*

20 We note that the use of the word 'gangs' to refer to child exploitation lacks specificity and can perpetuate racialised stereotypes, as such we have used the terms 'child criminal or sexual exploitation' wherever possible and when sources allow. (P. Williams et al., 2016).

available exclusion data), 28% had faced multiple moves living in homeless and temporary accommodation and 53% lived in the most deprived neighbourhoods (top 20%) in the country. Five of these children had died by the conclusion of the report process (Croydon Safeguarding Children Board, 2019).

Our current approach is not equipped to manage this growing challenge. The legislative framework and guidance for social work practice focuses largely on the family. A study of 841 cases in one local authority found that all cases referred due to serious youth or gang-related and other forms of extra-familial harm were closed without assessment. A review of a small number of cases related to harms outside the home suggested that progression of cases required social workers to attribute harm to parental care or control, even when the risks identified were harms outside the home (Lloyd & Firmin, 2020). Social work tools and processes in their traditional forms such as child protection conferences, unannounced visits and work on parenting capacity are ineffective in responding and managing risk outside of the home (The Child Safeguarding Practice Review Panel, 2020). The Children's Society found that almost two thirds of local authorities that responded to their FOI in 2019 did not have (nor were in the process of developing) a strategy to tackle child criminal exploitation or county lines (The Children's Society, 2019).

Other agencies are also struggling to effectively help these teenagers leading to well-intentioned but piecemeal responses. For instance, whilst the Home Office have established Violence Reduction Units in partnership with the police many vulnerable teenagers are still being criminalised. The Independent Anti-Slavery Commissioner reported that police were not regularly considering whether young people found to be in possession of drugs, were doing so as a result of being trafficked and exploited. This means that the section 45 defence in the Modern Slavery Act was not being used to protect these children,and too often trafficked children were being criminalised when their exploiters did not face justice (Independent Anti-Slavery Commissioner, 2020). An FOI in 2019 by the Children's Society found that police forces do not consistently have flags for vulnerable children to inform how best to respond to them, and the majority of police forces could not provide the number of children arrested for drug related offences who were at risk of child criminal exploitation (The Children's Society, 2019). At the same time the number of children arrested for intent to supply class A drugs increased by 13% between 2015/16 and 2017/18 and 49% when London is excluded (The Children's Society, 2019). For children released from custody in the year ending December 2018, 65.2% reoffended (Ministry of Justice et al., 2021). Educational instability also plays an important role. Children associated with gangs are five times more likely to have experienced a permanent exclusion in the 12 months prior to their latest assessment and six times more likely to have been in alternative provision than other children assessed by children's services once differences in demographic profiles are accounted for (Children's Commissioner, 2019b).

We are also concerned by analysis of two serious case reviews highlights concerns that Black boys who are already disproportionately affected by gang child criminal exploitation, are receiving different services, including police responses as they are adultified - perceived as older than they actually are (Davis & Marsh, 2020). It is positive that more work is being done to raise awareness of how to respond to child criminal exploitation, however we now need a widespread change in how the police and other services respond to vulnerable teenagers on an everyday basis (What Works Centre for Crime Reduction, 2020).

The effects of this response on children and teenagers

The combination of these ineffective approaches that do not disrupt the actual risks children face in their communities means that around one in ten young people open to children's services due to harms outside the home are moved away from their homes in response to an immediate risk to the physical safety of a child or their family (Firmin et al., 2020). Many children are moved under a section 20 agreement or a section 31 care order, others are carried out through section 25 of the Children Act 1989 and placed in secure accommodation, and sometimes children and families move without the use of legislation. Whilst this can create some short-term physical safety, and give agencies a sense of false relief, this is often short lived and can be to the detriment of a child's relationships and psychological well-being (Firmin, 2019). The national panel noted that in eight of the cases it reviewed where teenagers were moved from home, two teenagers returned home and were killed and others were exploited in their new areas (The Child Safeguarding Practice Review Panel, 2020).

This lack of effectiveness is symptomatic of a system that is not set up to respond to these harms, a system lacking clear professional accountability for these teenagers' safety out of the home. In a follow up report the former Children's Commissioner has highlighted that many Local Authorities are still struggling to implement an effective response to harms outside the home (Children's Commissioner, 2021). There are still issues on how the National Referral Mechanism is being used, missing opportunities to support children who are victims of modern slavery and prosecute those who exploit them (The Child Safeguarding Practice Review Panel, 2020). The review has heard frequently that it is unclear between the police and children's services who is responsible for teenagers at risk of exploitation where the harm is outside the home. Numerous multi-agency partnerships have grown in this vacuum where too much resource is directed to discussing the same children at different meetings. The thematic review in Croydon demonstrates this, with all 60 children being ultimately let down by different services across the course of their lives despite a great deal of professional busyness (Croydon Safeguarding Children Board, 2019). We will consider recommendations for a new approach to working with teenagers and young people who face risk outside of the home as a priority.

Promising initiatives

Contextual Safeguarding

Contextual Safeguarding is a new framework for social work assessment and intervention which focuses on the context a child lives in rather than focusing primarily on the family when harm is occurring outside of the home. Contextual safeguarding is being tested in 10 pilot areas, there are a further 43 areas who are adopting the framework, and there are 23 that meet in a Local Area Implementation Group. The initial assessment of contextual safeguarding in Hackney found it provides a workable framework to build practice with potential to have positive impact (Lefevre et al., 2020). The review will continue to look at evaluations of this practice as it develops.

No Wrong Door North Yorkshire

No Wrong Door shows the potential impact of community based, non-compulsory, multi-disciplinary services. With two hubs in Scarborough and Harrogate, with hub workers, a speech and language therapist, a clinical psychologist and a police liaison officer, the service is designed to support 12-25 year olds in or on the edge of care. All staff are trained in Signs of Safety, and restorative and solution-focused approaches. As an edge-of-care service 86% of children remained out of the care system. Amongst the young people who used the service there was a reduction in crime (38% drop in arrests), reduction in substance use (32% stopped or reduced), fall in missing incidents (503 to 254 since the year prior to the opening of the service) and an improvement in wellbeing and resilience (Lushey et al., 2017).

When cases escalate there needs to be more decisive action and the right support

More effective support

When children have met the threshold of child protection and are at risk of serious harm, we need to be more decisive in providing effective and intensive support to tackle often complex, entrenched and sometimes intergenerational issues. We also need to be more decisive in making decisions if it is clear that support will not lead to enough change.   Over one fifth of the 66,380 Child Protection Plans starting in 2019/20, were repeat plans (14,540, 21.9%) (Department for Education, 2021d). These figures are too high, child protection should sustainably reduce risk in most cases. Assessment without supportive intervention makes it hard to monitor and reduce risk, and too often results in a critical incident followed by court applications driven by a crisis response. In 2019/20 55% of public law cases and 66% of all care applications happened on short-notice - within seven days of application (Public law working group, 2021). The Public Law Working Group noted that many of these applications could have been avoided with more resource given to proper pre-proceedings work (Public law working group, 2021). Many people we spoke to with lived experience also highlighted this lack of support, one family member said *"It's heart-breaking that is coming to this because we didn't have the help and support from the beginning."*

Courts do often decide that children should be removed in line with the local authority position but in a significant minority of cases this does not happen. 88% of standalone supervision orders to support family reunification between 2010/11 and 2016/2017 resulted from local authority applications for care orders (Harwin et al., 2019). As at March 31st 2020, 7% of all Children Looked After were living with their parents – although not all of them would be placed at home under a care order (Department for Education, 2021e). These responses can be the result of a court acknowledging the threshold for an order has been met and that there was significant risk, but the family had not been given the support or opportunity to demonstrate their parenting capacity so as to avoid the need for the court to make a public law order.

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These responses do not change the facts on the ground and do not ensure safety if support is not provided. In an evaluation of supervision orders after four years, 40% of children had experienced further neglect, 24% had experienced a permanent placement change and 28% had experienced further care proceedings (Harwin et al., 2019). For change to happen local authorities need the resources to provide support, and courts need to trust that they will provide it and not be critical when this has taken time.

There is good evidence that intensive support can help families at the edge of care (as set out in the box below) and avoid unnecessary removals, but there is unequal provision across the country driven in part by the disparity in Local Authority resources and approaches. For instance, a study on the regional variation in infant removals indicated there was less access to mother and baby placements in the North East and Yorkshire (C. Mason & Broadhurst, 2020). Both of these areas have seen some of the highest rates of infant removals (Harwin et al., 2018). The rate of newborn babies in care proceedings in the North East has doubled over the last eight years and in 2019/20 sat at 83.1 per 10,000 live births. In contrast, the rate in London for the same period was 24.9 per 10,000 live births (Pattinson et al., 2021). This vast regional differentiation in intervention is unfair and indefensible. Former President of the Family Division, Sir James Munby, described it as a "*deeply troubling postcode lottery*" (Berg & BBC 2021). Whilst intensive services are more expensive to deliver they can save the high costs of care proceedings and supporting Children Looked After. They also lead to savings in other services which local authorities do not see.

Examples of edge of care interventions

Intensive family prevention services have been shown to be effective at diverting from court over up to 2 years. Meta-analysis from WWCSC shows that intensive, 24 hour services that provide support in the family environment within 24 hours of referral reduce the chance of a child having an out of home placement by 43% at 3 months, 49% at 6 months, 40% at 12 months and 49% at 24 months after the intervention compared to children in the control/ comparison group (Nurmatov et al., 2019).

Family Drug and Alcohol Courts (FDAC) show how intensive and targeted services can tolerate a higher level of risk, make meaningful change, and assess whether a child is safe with their parents. When accepted into FDAC a parent is supported by a specialist multi-disciplinary team who work with the court to devise and deliver an intervention plan alongside providing regular reports to court on updates. A problem-solving approach where the same judge speaks to families each fortnight to motivate them removes the normally adversarial approach to court proceedings (Harwin et al., 2014). A study of participating families found that more children remained with their parents than the comparator group (36% compared to 24%), and more parents stopped using drugs and maintained this over five years (Harwin et al., 2014). Family Drug and Alcohol Courts were estimated to save an average of £15,850 per case compared to standard proceedings. These estimated savings were accrued from fewer children being removed from their families, fewer families returning to court and reduced need to provide drug treatment and contact with justice system due to drug-related crime. The proceedings themselves were seen by all involved as less contentious and more streamlined (Whitehead & Reeder, 2016).

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Issuing care proceedings

Care proceedings have high human and economic costs and should be avoided where possible. Parents find the experience of going to court traumatic and alienating, and many do not have confidence in the decision making process (Hunt, 2010). The adversarial nature of proceedings make it incredibly difficult for social workers, children and families to maintain effective relationships (Broadhurst & Mason, 2017). It was estimated that the total cost of proceedings to the state was £1.1 billion in 2009/10, with a single public law case costing one local authority £80,000 on average (Department for Education & Ministry of Justice, 2014). Factoring in inflation and the increase in care proceedings, the cost would be significantly higher today.

Better use of the pre-proceedings period could reduce court applications. The use of pre-proceedings is inconsistent with too many local authorities using the process as preparation for court where social work and expert assessments can be completed (Thomas, 2018). Only 24% of cases are diverted from the court and some of these subsequently enter proceedings at a later date (Masson et al., 2013). It is positive that the Public Law Working Group recently provided practice guidance on pre-proceedings, stating that the local authority should enter it open to all possible outcomes and support should be provided to families and that courts should not be critical of time taken to complete this (Public law working group, 2021). We also have to recognise that whilst the 26 week rule has made some impact in reducing drift in cases, it should not be adhered to strictly where rushing proceedings is to the detriment of a child[21]. Over-adherence to the rule can lead to rushed decisions sometimes not allowing time for thorough assessments of parents or potential carers, and may not allow some parents to demonstrate the necessary change required (Masson et al., 2018). We again welcome the recommendation from the Public Law Working Group that extensions should be applied for and granted where there are good reasons for this (Public law working group, 2021).

More work is needed to promote problem solving, non-adversarial approaches before children and families are taken to court.

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[21] The Public Law Outline sets out that care proceedings should be completed within 26 weeks, although there is judicial discretion for this to be extended.

Promising practice: approaches to avoiding court

Parent advocates are parents with experience of child protection and care proceedings who are trained to support parents going through the same processes. They have been shown to be effective in authentically supporting parents and helping them understand and engage with services in order to care for their children safely (Better Care Network & International Parent Advocacy Network, 2020). Camden Conversations has shown the potential for parent advocates to co-design effective and supportive services (Camden Council, 2019). In this model child protection is designed and practiced with the communities and families it is meant to support, rather than being designed apart from and practiced to families. The review is interested in the potential of parent advocacy and co-production in child protection to reduce adversarial practice and avoid unnecessary escalation.

Family Group Conferences have been found to be effective in utilising family and friend resources to keep children safe, and where this is not possible to increase the chances of children being placed with family and friends. Interviews of 54 families who took part in a Family Group Conferencing as part of Leeds Family Valued found that (Mason et al., 2017):

- 100% felt involved in the process

- 100% felt their values had been respected

- 99% felt the conference had helped address their problems

- 91% felt the service they were offered was appropriate to their needs.

The use of section 20, where parents voluntarily agree to a child being accommodated by the local authority, has reduced following recent case law (Thomas, 2018) (Department for Education, 2021e). Whilst it is right that section 20 should not be used without proper and informed parental consent, or for long periods of time where a care order is more appropriate, the Public Law Working Group has noted that *"The reluctance and confusion over the use of s 20 / s 76 detracts from local authorities using it as an effective support mechanism. Clarity and confidence in the effective use of s 20 / s 76 would reduce the number of children and families coming before the Family Court."* (Public law working group, 2021). Section 20 must be used for its intended purpose, to support families with care and avoid proceedings. Voluntary arrangements should also be used to provide respite for parents of children with complex needs and disabilities. We are also interested in the trials in Northern Ireland of 'step up, step down' where a specially trained foster carer carries out regular visits, provides parenting and practical support, short breaks, respite and short-notice accommodation for a child (Lakhani, n.d.). Shared and supported care options could offer the potential to keep more families together.

We should find stability and permanency for children where they cannot remain with their families and kinship should be prioritised and supported

When we do remove children from their birth parents, we need to ensure they are cared for in consistent and loving relationships that support their development and identity. We agree with the Care Inquiry that permanency should mean children feeling *security, stability, love and a strong sense of identity and belonging* (The Care Inquiry & Family Rights Group, 2013). How this permanency is provided will be unique to each child, and kinship and adoption can be good options. The Government approach to adoption shows the positive impact of focused action. A similar level of focus on kinship is now needed to promote its use and ensure that more children grow up in long-lasting and loving homes.

Kinship care

For many children living with extended family and friends will be the best option and provide a real sense of belonging. The majority of these children see their kinship carer (70%) or their carer's partner (14%) as the person or one of the people that they were closest to and confided in (Wellard et al., 2017). The majority of these children maintain relationships with their parents and wider family (Selwyn et al., 2013) (Wellard et al., 2017). For children placed with family or friends under Special Guardianship Order, risk of disruption to their placement was 5.7% over five years (Department for Education, 2014). This close bond with their carer and living within their own community are seen as key factors to children living with family or friends having comparatively good mental health outcomes compared to children in other forms of care (Holtan et al., 2005). Educationally children in kinship placements do well with 37% achieving the national target of at least five grades of A*-C at GCSE and 16% attending university in one study of young people who had lived in kinship care, in comparison to 6% for children in the care system (Wellard et al., 2017).

The vast majority of kinship care arrangements happen informally outside of the courts and in roughly 5% of cases children are cared for by family and friends in official foster care arrangements (Wijedasa, 2015). Children in informal kinship care have experienced similar challenges to those in formal arrangements. 67% had experienced parental drug or alcohol misuse, 35% had been affected by domestic abuse, 22% had experienced parental mental illness, and 37% had experienced parental death (Selwyn et al., 2013). We need to be more proactive at identifying potential kinship carers before care proceedings. 32% of children living in kinship foster care as of March 31st 2018 had previously been placed in unrelated foster care. There is regional variation in the proportion of children who are being raised by kinship carers, and in inner London this was only 11% of all Children Looked After compared to 18% in Yorkshire and the Humber (Kinship Care Parliamentary Taskforce, 2020). This shows that by identifying potential kinship arrangements sooner the number of moves children experience after being removed can be reduced.

We know that kinship carers often continue to support children in very challenging circumstances often with little support.[22] The majority of kinship carers are grandparents (51%), and a qualitative study of 80 kinship carers found 73% had long standing health conditions or disabilities and 67% were found to be clinically depressed (Nandy et al., 2011; Wijedasa, 2015). Children in kinship care were twice as likely to live in the most deprived 20% of neighbourhoods than the general population (Nandy et al., 2011).

Kinship carers are a huge national resource, a natural source of support for children and the contribution that they make should be much better recognised. We have heard time and again from kinship carers about the lack of support they receive. Many have made huge sacrifices often at short notice for the children they love. Many faced significant financial impact without access to legal aid when applying for special guardianship and more broadly in supporting a child, often having to pay for specialist support themselves. Limited access to the Adoption Support Fund, due to its narrow eligibility criteria requiring a child to be 'looked after' prior to an SGO, shows the impacts of narrow funding and piecemeal policy solutions. All of this creates perverse incentives such as kinship carers needing to be assessed as foster carers in order to access resources or as an alternative children to be placed in unrelated foster care increasing the number of moves they experience and the loss of existing connections they have. Issues such as this make the system dysfunctional.

In a report on Special Guardianship the Local Government Ombudsman received 2,046 complaints on SGOs in 2017/18 which is an 11% increase from previous year. 70% were upheld (average 57%). These were on: poor advice for potential special guardians; failure to provide initial support plans (statutory duty), review them, and providing the named support (which is discretionary); wrongly calculating, changing or cutting an SGO allowance (Local Government & Social Care Ombudsman, 2018).

The views of kinship carers

We heard from around 150 kinship carers during April and May - at review led events and through workshops facilitated by charities such as Kinship and the Family Rights Group.

During those conversations many of you told us about circumstances where you had to make significant life choices, with little support. Some of you told us about situations where you had a matter of hours to decide whether to take on the care of your family member I received a phone call at 10am out of the blue one morning and was told I needed to come to court at 3pm that day, otherwise my grandchild, who I hadn't seen for 7 years, would be taken into foster care.

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25 In one study, nearly half (45%) of kinship carers struggled to cope with the children in their care, significantly more than 30% of unrelated foster carers in the same study. Yet 71% of kinship placements continued at a follow-up in comparison to 48% in unrelated foster care (Farmer & Moyers, 2008).

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Many of you also told us about the financial sacrifice you had made to become kinship carers which included decisions to give up full time work, or to cash-in pension benefits which left you with insecure futures. You also told us about the impact of past-trauma on your family members lives - and that there had been little trauma-informed support available to access when you needed it or training for you as Kinship carers.

However, you also told us that Kinship Care had ultimately been positive for the children you cared for, and had allowed siblings to stay together and in some cases reunification with birth parents. This experience had been strengthened for many of you that had received peer support from fellow kinship carers which had been provided through charities or local groups.

We think there is scope to increase the number of children who can grow up in the care of their wider family and get the benefits that come from a stronger sense of identity and lifelong loving connections. This could also provide savings in the system and more broadly. A report published by Kinship estimated that for every 1000 children that are moved from local authority to kinship care, £40 million pounds is saved in placement costs once SGO allowances are factored in (Nicol Economics, 2020). Kinship carers need greater support and recognition, however, it is important to provide that support in a way that does not entail unwanted and unnecessary state involvement. In the next stage of the review we want to speak to kinship carers and look in more detail at how we can better promote and support kinship care.

Adoption

Adoption can provide children with a sense of permanence and a 2014 study found a breakdown likelihood of 3.2% over a 12-year period (J. Selwyn et al., 2014). Focussed attention from government has had an impact in this area and Regional Adoption Agencies are placing more children locally and reducing the time children are waiting to be adopted, particularly older children and those from ethnic minority backgrounds (Blades et al., 2019) (Ecorys UK & Rees Centre, 2020). The Adoption Support Fund is an example of where support has made a difference and has been shown to improve children's behaviour and mental health and family functioning and high levels of satisfaction from recipients (Blades et al., 2019). That said, we need to recognise there are still challenges for adoption and that it is not an option for most children. Only 6% of Children Looked After in 2019/20 had a placement order for adoption (Department for Education, 2021e), and despite improvements some children wait too long to be adopted, particularly ethnic minority, disabled children and sibling groups[23]. We have also heard clearly from adopters that they often feel let down without enough support when bringing up their children who often have complex needs and behaviours (particularly in relation to Foetal Alcohol Spectrum Disorder). We also recognise that adoptive parents, children and birth families need more support when children understandably want to make contact with their birth parents.

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[23] Dr Krish Kandiah at APPG Event, *children waiting the longest*: Children with white backgrounds approx. 19 months, ethnic minorities approx. 22 months. When you look at other characteristics, the disadvantage is compounded and wait time increases further eg single children, white under 5, no disabilities wait about 15 months whereas single children with disability over 5 wait 38 months

The views of adopters and adoptees

Through April and May we heard from around 125 adopters through our events and through events hosted by Home for Good and Adoption UK as part of the All-Party Parliamentary Group on Adoption. We also met a small number of adults who had been adopted as children.

Many of you told us about the challenges you faced around contact with birth families - and that the letterbox system no longer felt relevant in the context of social media. Some adoptees told us about experiences where they had found, or been found by, birth families through social media and that there had been little support available to recognise the emotional distress caused. Adopters and birth parents both told us that they also required support and training to understand how to avoid contact re-traumatising them and their children.

The impact of Foetal Alcohol Spectrum Disorder, as well as the impact of delayed trauma and attachment, were key themes in our discussions with Adopters. Many of you felt that social workers needed more understanding of these issues, and that the information you received about your children as part of the adoption process could have been much more comprehensive and forthcoming so that you could have arranged the necessary support. You told us that training on issues such as FASD and child/parent violence could and should have been provided proactively before you adopted your child or children.

More needs to be done to support parents who have their children removed

Much is said about supporting families to keep children out of care, but less about supporting families after children are taken into care. A long term failure to support these families in policy and practice has led to unacceptable entrenched and multi-generational cycles of adversity and child protection intervention. One in four mothers who have been through care proceedings will enter into a second set of care proceedings within seven years, 60% of these will happen in short succession of one another (Broadhurst et al., 2017). Mothers who return to court within five years from previous section 31 care proceedings make up 20% of parents in the public care system (Harwin et al., 2018). It is estimated that over one in ten (11.5%) fathers experienced a return to court within five years of their first care proceedings. This is likely to be an underestimation as fathers are not registered in 20% of care proceedings, 79% of these fathers were returning to court with the same partner (Philip et al., 2021). The majority of both of these cohorts have faced extreme adversity from childhood. For mothers, 66% experienced neglect, 67% experienced emotional abuse, 52% experienced physical abuse, 53% experienced sexual abuse as children, and approximately 40% were care experienced (Broadhurst et al., 2017). For fathers 48% had experienced multiple childhood adversities and 22% were care experienced (Philip et al., 2021). With such complex needs it is unrealistic that general family help services would ever be enough to stop these parents continuing on the same path. For mothers the majority of those returning had the same persistent problems in their second care appearance as they did with their first (Broadhurst et al., 2017).

Child removal is a gateway to further adversity. Interviews of 76 birth mothers highlight the immediate devastation that follows the removal of a child often leading to further harmful behaviours. This is compounded by often broken family and personal relationships and the isolation and stigma of having a child removed (Broadhurst & Mason, 2020). At the same time the sudden removal of support from services, like perinatal mental health and the loss of benefit entitlements and housing mean parents are least supported when they are most vulnerable. We need to recognise that parents with their own complex needs need support for longer than the 26 week court deadline to achieve a durable recovery. As it stands, we are failing to break an intergenerational cycle with devastating human cost.

Local authorities have a duty to provide birth parents and those affected by an adoption order with support under the Adoption and Children Act 2002. However, we have heard too often from parents that this is insufficient or non-existent. It often takes the form of letter-box-contact and brief counselling. Though this demonstrates the limitations of expecting duties to result in improved services, there is no equivalent duty for the majority of parents whose children are removed but not adopted. This is insufficient when we consider the multiple impacts of having a child removed (Broadhurst & Mason, 2017, 2020).

Programmes have now been developed to support parents who have had a child removed. As the box below shows these can have very positive outcomes, including stopping repeat care entries and longer-term employment and housing outcomes. Research in Practice has mapped services across England, and whilst they show that many local authorities have invested in services, coverage is still patchy and there are particular gaps in provision for couples and fathers.[24] Given the effectiveness of these programmes and significant human and financial cost of repeat removals it is crucial that high quality services are available to all parents who have had children removed, including fathers. A failure to do so is symptomatic of short termism in the system.

Examples of programmes supporting mothers post removal

Positive Choices and MPower are run in Suffolk for both mothers and fathers. An evaluation found that in terms of emotional and mental wellbeing all participants were more positive, had better emotional awareness and anger management at the end of engagement. Psychometric testing of a small sub-sample backed this up showing significant improvement and emotional health and wellbeing 9-12 months after working with services. The study showed that 24% of participants had found employment and 23% had access to training (some accessed both). No women experienced an unplanned pregnancy during the 18 month study, delivering estimated savings of £450,000 - £810,000 in the study period (Cox et. al., 2015). Positive Choices is delivered by Suffolk Children's Services and MPower is delivered by Ormiston Families. Since the review on these services MPower has expanded to cover Norfolk and Cambridgeshire.

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Pause is a well-known programme that works with mothers who have multiple pregnancies. An evaluation showed very positive outcomes for parents: the confidence and self-esteem of the mothers who took part increased; 25.6% of women who lived in insecure housing had moved to secure housing; 30.8% of those who had been drinking alcohol at high risk levels had reduced their consumption to safer levels; and 27.3% of those who had been experiencing problematic Class A substance misuse were no longer using Class A substances. This, combined with a significant reduction in unplanned pregnancies meant there were an estimated savings of £1.2 to £2.1 million per year (McCracken et al., 2017).

Work with birth families is also critical as some children who enter care do return home to their families. In 2019/20 this was the experience of 29% of children in care (Department for Education, 2021e). Even if children do not return to their birth families during childhood, when they leave care it is likely they will seek some connection and possibly even return to the family home, particularly if they are left with no connections and no support as they become a 'care leaver'.

We know currently that reunification stability is a significant concern with nearly 30% of children who left care in 2006/07 returning to care within five years (Department for Education, 2013). Despite the emotional impact that moving back to a family home can have on a child, there is a significant proportion of children repeatedly moving between home and care – a study of maltreated children who returned home highlighted that a third of the children experienced two or more failed returns (Farmer, 2018). There is a balance to be struck between stability by not returning children home unless there is a very good chance of success, but in order to be able to do this support for families must be provided. This comprises supporting ongoing safe relationships with birth families when a child is in care and support for the birth family when a child returns home. Professor Farmer's review of return-home practice showed insufficient assessment and support for families and that only one third of children over the age of four were recorded as having been consulted about the timing and manner of the return (Farmer, 2018). This is an underexplored area with little in the way of specific services, and with the NSPCC's framework *Taking Care* having a positive evaluation but not being widespread (Hyde-Dryden et al., 2015).

We would welcome views on our interpretation of the evidence in this chapter and the following questions as we move to the next stage of the review:

- **How do we raise the quality of decision making in child protection?**

- **How do we fill the accountability gap in order to take effective action to keep teenagers safe?**

- **What can we do to support and grow kinship care?**

- **Given the clear evidence of positive outcomes and value for money of programmes that support parents at the edge of care and post removal why aren't they more widely available and what will it take to make this the case?**

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Chapter four: Care must build rather than break relationships

There is more we can do to keep children safely out of care. However, the reality is there will always be some children where the state needs to step in and provide a place of safety and love that can support them to thrive. There are also around 80,000 children in care (Department for Education, 2021e) now for whom we have an important responsibility, as well as a currently unknown number of care experienced adults in the country who we have failed to examine our relationship to. Over the years there have been attempts to improve specific parts of the care system for children, but we have failed to create a system that prioritises and creates loving relationships. Any parent would say that love is essential for raising their own children, so why do we accept anything less for children in care? We have tried to regulate listening to children's voices, creating forms and roles to do this but the collective impact does not add up to a system that puts what is right for the child at its heart. In a system of experienced and dedicated professionals why have we continued to create new roles, meetings and entitlements but still for many children fail to create loving homes and lifelong relationships that nurture individuals through childhood and into adulthood?

How many parents don't know where their child is at 30, 40 or 50? How many would not offer support and love for their children at whatever age they needed it. This is not true for all children, many people have difficult family relationships but our expectation is that for the majority of people these bonds last a lifetime. They support them through transitions, celebrate successes and offer unconditional love. If we were not bound by the system as it exists today and were creating something completely new, something that would be good enough for all our children, would 'leaving care' exist?

Many of the issues identified in the chapter that follows are symptomatic of the state trying to provide a relationship as a service. The next stage of the review will consider whether the state should instead play the role of enabling lifelong loving relationships for children in care. That is why our main question about care is: if we were creating care today that was good enough for all of our children what would it look like?

Care does not do enough to strengthen relationships

When children enter care they are separated from the most significant adults in their lives, even if with good reason. Children often do not have an understanding about what is happening and why, they do not get a chance to say goodbye or seek comfort from the adults and friends that are important to them. A survey of children in care and care leavers found that almost half of younger children (aged 4-7) felt they hadn't had a sufficient explanation about why they were in care (Staines & Selwyn, 2020). We heard from many care experienced adults about the poor quality or complete nonexistence of life story work that meant they still had many questions about their childhood. Often entry to care is accompanied by a change of school and the loss of friends. There is considerable variation in the mean age that children of different ethnicities first coming into care, with children of mixed ethnicity coming into care the youngest and children from Black African, Chinese, Other and Bangladeshi backgrounds being the oldest. This highlights the many

intersecting disparities children can face, here age and ethnicity that we must work to understand if we want to understand children's experience of social care (Owen & Statham, 2009). Taken together, the professionals running various parts of the system do not seem to recognise the profound impact each change, particularly when that change represents a severing of a relationship, has on children entering care and as they grow up.

Many care leavers report having small support networks. 6% had no one providing emotional support and nearly one in ten young people only had support from their leaving care worker (Briheim-Crookall et al., 2020). We have heard that care leavers who struggle generally have fewer strong relationships. We are not doing enough to help children and teenagers in care build lifelong relationships that can hold memories, identity and a sense of belonging and too often we are investing in relationships that get severed once children 'leave care' or when a professional leaves their role. We heard repeatedly through our engagement and have seen it echoed in much of the literature, that there is a care 'cliff-edge' not only of support available but of important relationships. Not only do young people go from having multiple adults supporting them to sometimes just an individual, they also have to change from their social worker to a personal adviser, meaning that for some young people no relationships are preserved at a time when everything in their lives are in transition.

Relationships are central to development for all children and particularly so for children in care who have experienced significant trauma. Positive psychological development requires consistent loving care from infancy to adulthood and whilst adversity in early childhood can be a threat to healthy development, providing children with warm and loving care and stimulation can help them recover from those experiences. For children who have experienced negative or inconsistent parenting, developing secure relationships is even more important (Centre for Parenting & Research & Research, Funding & Business Analysis Division, 2006). Children tell us about the importance of relationships. In the Coram Brightspots report *"The voices of children in care and care leavers: recommendations for reviewing the care system' they highlight that '[a] cross all age groups relationships were identified by children and young people as a key feature of well-being"* (Briheim-Crookall et al., 2020).

We have been told that behind every care experienced person who is doing ok, there are trusted adults who went over and above. The Black Care Experience Report highlighted the challenges that children and carers in interracial homes can face, and how positive trusting relationships with people outside the home can help both child and carer navigate this to offer better support for the child (The Black Care Experience, 2021).

Care Experienced Adults

Throughout April and May 2021 we heard the views of around 200 care experienced adults through events, focus groups and one-to-one conversations we hosted and at events and workshops hosted by the charities and organisations such as the Drive Forward Foundation and Become. During these sessions we asked participants to tell us what they wanted to change about children's social care to improve the experience of children and for other adult care leavers.

You told us that:

- There was often a care 'cliff edge' at age 18, 21 or 25 – where the support you received ended, or where the relationships you had in your lives up until that point became broken. In particular, many of you told us that the transition from support via CAMHS to accessing adult mental health support often involved long waiting lists, and that resulted in a gap in that vital support being provided to you.

- Children's social care does not do enough to protect you from harms outside of the home, and about the link between care and criminalisation. You also told us about the difficulties and lack of recognition you had whilst in the education system – which often felt to you like your needs had been overlooked.

- That the quality of advice you received at age 18 was varied, and often poor – which meant that some of you told us about unacceptable situations where you had faced homelessness whilst also trying to study for vital A-Level or vocational exams or felt unprepared and apprehensive about leaving your children's home or foster placement.

- About the number of 'professionals' in your lives whilst growing up. Many participants at our events had attended lots of different schools, lived in many different homes, and been allocated too many different social workers (sometimes as many as 30) as children. You told us that this lack of stability had an impact on you, and that it meant you struggled to form relationships or felt that things were being done for the convenience of others, and not focussed on you.

- Above all, you told us that the experience of growing up in care never leaves you and that everyone needs love and bonds, including to the community you live in, to sustain you through life. Many of you had experienced significant trauma, which sometimes only became apparent much later in your lives, or when you had your own children – and too often the support you had to help you through that was non-existent.

We also asked you what had worked well for you – and there were examples given of excellent social workers, personal advisors, teachers or other professionals who had gone the 'extra mile' to help you – but that overall this had been based on luck, rather than a system which was effective in providing the safety, stability and love you required. One attendee at a focus group put it poignantly when he said "*If it wasn't for my school teacher, who went the extra mile to keep in touch with me even when I changed schools, I wouldn't be here today.*"

As children grow up they may typically face experiences such as a change of school, parents getting divorced or getting into trouble with friends. Through these ups and downs families are usually able to offer unconditional love and whilst parents won't always get it right they keep trying. For children in care we often talk about the 'system', rather than recognising with our words and actions that this is a 'system' like no other. This is 80,000 childhoods at any given moment and many times that number of professionals. At every point of these childhoods and as children grow up and become adults, there is so much more we could do.

- **Keeping children close to their community:** The number of children being moved far from home has increased in the last decade. On 31st March 2020, almost 33,000 Children Looked After were moved outside their home local authority. This represents 41% of all children in care, rising from 36% of looked-after children on 31st March 2010. (Department for Education, 2021e) While for some children this may be part of a considered and appropriate care plan, the increase is alarming, and we have to consider the challenges for children of being uprooted from their communities. The former Children's Commissioner highlighted that children feel isolated and often do not see loved ones enough. Some children find the distance between where they live and their loved ones extremely isolating and saddening. Friendships are often side-lined as contact with families has to take priority. (Children's Commissioner, 2019c)

- **Keeping children with their brothers and sisters:** the review has heard that opportunities are being missed to keep children with their brothers and sisters. Last year, a BBC Freedom of Information request revealed that more than 12,000 children in care were not living with at least one of their siblings (Kenyon & Forde, 2020). In 2015, a report found that 49.5% of brothers and sisters in local authority care are split up (Ashley et al., 2015). The Children Act 1989 states that children should be able to remain living with their brothers and sisters 'so far as is reasonably practicable in all circumstances'. Despite studies showing that maintaining positive sibling relationships can be a protective factor for children's mental health and children telling us about the importance they place on their sibling relationship, decisions about a child's future home can often be driven by practical considerations (Jones, 2016).

- **Reliable homes, schools and social workers:** In 2017/18, fewer than three in ten children in care experienced no change of home, school move or social worker through the year. Only one in six experienced none of these changes over two years (Children's Commissioner, 2019a). Instability reduces opportunity for developing secure attachments and may compound existing behavioural and emotional needs, making it more difficult to establish good relationships with carers. This, in turn, may lead to further home breakdown fuelling the cycle of instability (E. R. Munro & Hardy, 2006).

- **Nurturing ongoing relationships with family:** The Children Act 1989 places a duty on Local Authorities to promote "contact". However, the implementation of these arrangements can vary hugely between local authorities and even between social workers. Evidence about the prevalence and impact of time with their families for children is limited and mostly dated. Across different studies, figures on the proportion of children in care spending some sort of time with a birth parent range from 40-80% (Boddy et al., 2013). This does not tell us what percentage of children want to see their parents, or what percentage of children are having contact with someone else in the wider family or a trusted adult, and again how many children might want that. Knowing how essential relationships are to development, wellbeing and identity it is vital that we better understand the relationships that children have that are important to them and that we actively seek to promote them. Although time with family as a single variable is not predictive of home

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stability, synthesis of evidence across 49 studies published between 2000 and 2020 suggests that well-facilitated time with the birth family is associated with positive outcomes whilst poorly managed contact is associated with risks to children's wellbeing (Iyer et al., 2020). It is also important to note that the importance placed on extended families can differ between families and communities. The family time a child wants and needs will change at different ages and stages of their lives, it should not just be a fixed arrangement made when a child comes into care and then never thought about again. It should be dynamic ongoing work that nurtures and grows relationships that provide strong lifelong bonds.

- **Growing children's network of relationships:** While further evidence is required to validate these findings, an evaluation of the Lifelong Links programme, which was aimed at helping children in care form a positive support network during their time in care and into adulthood, found that a statistically significant difference in home stability with almost three-quarters (74%) of the participating children and young people remaining in their placement in the year following Lifelong Links, compared to 41% for the comparison group (Holmes et al., 2020). Every local authority should be making sure that they are helping children in their care build lifelong relationships and this should not be left to when a child is leaving care. This should be the default in every local authority.

There are not enough homes in the right places with the right support

Rising numbers of children in care are adding to underlying problems that were already present. Addressing the issues set out earlier in this document would reduce the number of children needing homes in care and that would provide an opportunity to make significant improvements. Yet, increasing the number of families that can stay together safely will not happen overnight and there are urgent challenges in providing homes for children in care. Underpinning many of the reasons the care system as it is currently designed breaks relationships, is the immediate pressure of there not being enough of the right homes in the right places. We have heard that too often homes for children are chosen based on availability and price and not on what the child needs. We are also aware of cross border issues of English children being sent to live in Scotland, how this can exacerbate isolation for children and reduces the number of homes available for Scottish children. This is a particularly pressing issue given the Independent Care Review in Scotland and The Promise Scotland have been clear that they do not believe cross border homes are in children's best interests and they have a clear plan to 'End the selling of care placements to Local Authorities outside Scotland'. In recent years both foster care and residential care have been subject to detailed reviews but change has been slow. Fixing this in the long term will take bold and focused action, however, we cannot ignore the current issues and the impact they are having daily on the lives of children.

The "market for care" and the role of commissioning

Thinking about finding the right homes for children we could not escape the language of 'markets', 'commissioning' and 'placements'. For clarity we have used these terms but we are aware how far removed from children's experiences they are. The 'market for care' and local authority commissioning and matching are not working. While local authorities have a duty to ensure there is sufficient provision in their area to meet the needs of the children in their care, it is increasingly the case that they are operating in a national market where providers
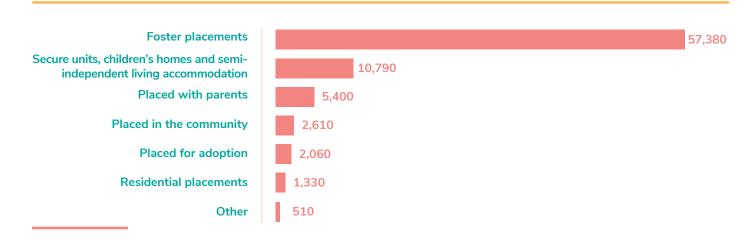
are able to set the terms of engagement. In this environment, local authorities struggle to shape their market; individually they lack the ability due to the relatively small number of children they are each responsible for placing, and providers are able to fill their provision with 'easier to manage' children from across England and set whatever price they choose. Local authorities bid against each other and drive up the price: Cordis Bright research for the DfE showed that the more local authorities commissioned placements within a home, the higher the average fee being charged (Department for Education, 2020e). In all of this is it easy for the child's experience to be lost.

Across both fostering and residential care it is impossible to ignore the increasing role of private provision. 78% of children's homes are provided by private providers and 41% approved fostering places are provided by independent fostering agencies (Ofsted, 2021a, p. 20). The average reported price per child for a place in an independent children's home in England in 2018/19 was around £4,000 per week (more than £200,000 annualised), representing an increase of 40% on prices in 2012/13 (Rome, 2020b). Across the largest twenty providers this amounts to a profit estimated at £265 million or a profit margin of 17.2% (Rome, 2020a). Supply is not meeting demand, the overall number of looked-after children at 31 March increased by over 24% between 2009/10 and 2019/20, but the number of children's home places grew by just 8% in the years 2011/12-2019/20 (Department for Education, 2021e).[25]

The review is concerned about the cost, profit, and financial health of providers and the impact of the current system on children. We want a pragmatic re-think given the urgent problems, the complexity of the issues and the fragility of the current system. We are pleased the CMA are undertaking a market study in this area and are working closely together, within the bounds of the CMA's legal powers and obligations and respecting the independence of both pieces of work. There is an active debate in the sector about whether incremental improvement of commissioning or radical rethinking of the care marketplace is needed to ensure that children receive the care that they need. This review will consider all options. We have also asked the What Works Centre for Children's Social Care to work with the Government Outcomes Lab at Oxford University to look at effective models of commissioning that could be applied to children's social care.

Figure 3: *Children looked after as of 31ˢᵗ March 2020 by placement type (Department for Education, 2021e)*

Foster placements	57,380
Secure units, children's homes and semi-independent living accommodation	10,790
Placed with parents	5,400
Placed in the community	2,610
Placed for adoption	2,060
Residential placements	1,330
Other	510

25 March 2012 data is the earliest available where children's homes places are separated from residential special school's places.

Chapter four

Foster care

Foster care is the bedrock of the care system, with the majority of Children Looked After (72%) (Figure 3) continuing to live in foster homes (Department for Education, 2021e). For many children foster care provides a loving stable home, however we were told this is not true for all children. It can be easy to simply say we need more foster carers, but the answer is clearly more complex. We need foster carers who are able to create the loving homes we know that children need and deserve.

In 2015, the government introduced a definition of long-term foster care as a permanence option, recognising that for a significant minority of Children Looked After foster care provides long-term stability - on 31 March 2019, 28% of Children Looked After were recorded as being in long-term foster homes (Department for Education, 2021e). Studies show that where children are in long term, stable foster homes outcomes for children in educational achievement and emotional and behavioural well-being were similar to adoption (Biehal et al., 2010).

A detailed review of fostering was published in 2018 by Sir Martin Narey, which concluded that whilst we have in absolute terms enough foster carers, they are not in the right places in the country or able to meet the needs of children who are older, part of a sibling group or have a disability. The result of this is that relationships with communities and siblings are broken and that children who might be able to thrive in fostering, end up in residential care. Recruiting and supporting foster carers to be able to meet the needs of the children in care must therefore be a priority. We also agree with the Office for the Children's Commissioner that the mix of homes and carers must include more specialist foster care, to meet the needs of children with complex emotional or behavioural problems (Children's Commissioner, 2020d).

Although there were 137,200 initial enquiries from prospective fostering households in 2019/20, only 8,805 applications were received. Of the 5,650 assessments completed by 31 March 2020, only 2,135 were approved. Whilst initial interest enquiries in fostering continue to grow, applications are going down (Ofsted, 2020a). These figures are a stark demonstration of a public desire to do more to support children at a time when the need is huge. They also raise serious questions about the fitness of our current approach to recruiting prospective foster carers - an area that has been given less national focus than adopter recruitment. This is concerning given the ageing profile of foster carers. At 31 March 2020, of the 71,150 approved foster carers 25% were over 60 (Ofsted, 2020a). We need to ensure we have enough good quality carers of all ages to meet the needs of children, particularly for those children who do need to stay in care long term. We also know that the older the carer the more likely they are to have 'not available' places, this means that an ageing profile of carer could be a bigger sufficiency challenge than we realise. Currently 8% of those places defined as 'not available' are due to young people 'Staying Put' after turning 18 (Ofsted, 2020a). This is a positive development, however, we have to address the additional pressure it will put on current carer numbers.

Foster Care in England also identified the need to ensure foster carers have the right support, are empowered to take day to day decisions and feel confident showing affection to the children they look after. Despite Fostering Regulations requiring that *Carers "care for any child placed with them as if the child was a child of the foster parent's family",* in practice we continue to see a risk averse culture that has led some carers to believe that physical contact is actively discouraged, limiting the care and affection they are able to show children (The

Fostering Services (England) Regulations 2011). This point has been mirrored in our engagement with foster carers. Foster parents also experience high levels of compassion fatigue. In one study, 71% had moderate to high levels of burnout and 74% had moderate to high levels of secondary traumatic stress (Ottaway & Selwyn, 2016). This is concerning as it raises the question about how emotionally available they are for the children in their care. The DfE has told us they invested in a small number of projects to drive new more effective approaches to commissioning and recruitment following the fostering stocktake, working with local authorities and their independent partners. The appetite for change, driven by a lack of capacity in the system, has been evident but the scale of the current response falls far short of the urgent need.

The views of Foster Carers

Throughout April and May we met with around 80 foster carers through one-to-one conversations and two bespoke events.

The theme of support for foster carers, to allow them to best look after the children in their care, was central to these discussions. One attendee at our events summarised this by saying *"if you don't look after your carers, they can't look after the children"* and another told us that as they became a more experienced foster carer, and cared for children with more complex needs, the support they received was reduced. We heard about the need for respite care - which sometimes is necessary at short notice - and some of you told us that you would have preferred to ask family members to help provide respite, but were prevented from doing so.

Some of you told us that you didn't feel consulted enough about decisions which were made about the children you cared for, or that when you had reached out to get support it was unavailable or took too long. One attendee told us that their child began self harming and decided to pay for private therapy directly because the waiting times for funded support were too long.

Residential care

Residential children's homes provide a home for some of the most vulnerable children in care. As at 31st March 2015, 97% of children in children's homes were aged 10 or over (Department for Education, 2016). Older children in care are also more likely to have complex needs. In 2018, teenagers in care were 50% more likely (compared to children in care aged under 13) to have an Education, Health and Care Plan (EHCP) or a statement of special educational needs, and 10 times more likely to have been attending a pupil referral unit (PRU) (Children's Commissioner, 2020c).

The number of children placed in children's homes has increased by 34% since 2009/10, with 6,780 children looked after in children's homes as at 31st March 2020 (Department for Education, 2021e). The challenges in the children's home market described above and the increasing number of children who social workers are placing in these homes, means that residential care is dominating local authorities budgets, with spending on residential care

increasing by 42% in real terms between 2012/13 and 2019/20 and reaching £1.6 billion in 2019/20 (Department for Education, 2021b). Do we really believe this is offering the sort of care we aspire to for all children?

We have also heard that the cost of these homes and the lack of suitable foster carers means children are often placed in foster homes that do not meet their needs, and it is only after multiple home breakdowns that a residential home is sought or approved. It also means some children are forced to leave their children's home and enter independent or semi independent accommodation before they're ready.

As the Office for the Children's Commissioner set out:

"Good children's homes do exist in England…. homes which children have told us they experience as loving and supportive and the best place for them to be; homes that engage and involve children's families; homes that provide therapeutic care, access to a good education and experience of the wider world…. Unfortunately, too many children do not get this experience…. children being placed far away from home, friends and family; struggles accessing healthcare, education or fun activities; and homes which feel overly institutional, sterile or even filthy" (Children's Commissioner, 2020d).

The quality of homes continue to be raised with the review and whilst some point to the high proportion that receive a good or outstanding Ofsted rating, others have questioned whether these ratings are linked enough to children's experience.

Recruitment, training and support of staff has also been raised with the review. The most recent census found over half of managers found it hard to recruit, with finding staff with the right experience (91%) and qualifications (52%) being the main barrier (Thornton et al., 2015). Ofsted report that at any one time, around 10% of children's homes do not have a registered manager in place (Ofsted, 2021b). Residential care is still first and foremost a child's home, and a stable team who understand this and are equipped to meet children's needs are essential to creating a loving environment. The Independent Inquiry into Child Sexual Abuse (IICSA) also recommended in the 2019 interim report that registration is introduced for children's home staff to maintain standards of training and conduct, although the DfE have not yet responded to the consultation on this.

There is a broader question about whether children's homes are the right long term option for children in care and the extent to which they should play a role in our long term vision for care. We would welcome views, particularly from children and care experienced adults, on this question.

Independent and semi-independent accommodation

The use of unregulated accommodation for children under the age of 18 should come to an end. The strength of feeling about unregulated independent and semi-independent accommodation has been clear in our Call for Advice, Call for Evidence and through the many conversations the review has had.

It remains a national scandal that children aged 13 and younger were placed in provision that did not provide care and that some teenagers are living in completely unsuitable settings, such as bed and breakfasts, canal

barges and caravans (Department for Education, 2020b)(Children's Commissioner, 2020a). It is right that the Government is banning this provision for under 16s from September 2021. This change will particularly help Unaccompanied Asylum Seeking Children who are overrepresented in unregulated homes – who represent a quarter of children under the age of 16 in unregulated homes, but only 1% of the whole cohort of Children Looked After under the age of 16 (Department for Education, 2021c).

There are also too many concerning examples where unregulated accommodation leaves 16 and 17 year-olds isolated or even exploited. However, the review heard from some 16 and 17 year- olds who are happy, safe and supported in good quality semi-independent homes. It is welcome therefore that the Government are consulting on regulation for these settings so that there will no longer be unregulated accommodation and so that the quality can improve. As the DfE are now mid consultation on national standards and an Ofsted regime of regulation, this is an area that the review is giving a view sooner, although we continue to welcome views on this, particularly from young people in care.

It is important that decisions about where a child lives are made based on what is right for them. We heard from one care experienced adult who told us they were required to move to a semi-independent setting at 16 or risk losing housing and other entitlements. They were unable to cope and moved back to live with their birth family – which has had a long-term negative impact on their life. It is unlikely this type of provision is right for all of the 1 in 8 16 and 17 year olds currently placed in this provision and we are sceptical that the 69% increase in its use since 2012/13 has been driven by what is right for children (Children's Commissioner, 2020a). It is important that there is not an effective lowering of the leaving care age by shunting young people into independent and semi-independent living. However, a ban that would remove the option of high-quality semi-independent homes for 16 and 17 years would be to the detriment of some young people. The review has heard from young people who want this option.

It is critical that the introduction of regulation leads to an urgent improvement in the quality of independent and semi-independent homes. New regulation should give transparency about who the providers of the homes are, the type of homes they offer to children and the recourse that will be available to act swiftly to close homes that do not meet these standards. New standards should significantly raise the bar on the quality of support offered to children in these settings. In addition to considering what the right standards are, the Government should go further in setting out a broad and ambitious definition of 'support' that Ofsted can inspect against, rather than relying on existing definitions included in their current consultation document that were not designed for this purpose. Any child will have periods of stress, confusion or isolation where they will need a greater level of attention, support and warmth from the adults around them. Any home, including independent and semi-independent living, must be able to provide this. Children in care in these newly regulated homes should have the right to stay beyond the age of 18 and we should also consider how we regulate similar accommodation for under 18s who aren't in care.

It is notable that even the strongest advocates of a complete ban of the use of independent and semi-independent homes recognise that the alternative would mean "possible modifications" (Blackwell & Samuel, 2021) to existing children's homes standards so as to make them suitable for older children. Given that there is widespread agreement that these homes need to be regulated and that this regulation may require something different to existing children's homes regulations, we should be focussed on designing the best possible new quality standards.

Care for children who need secure accommodation reflects short term siloed thinking across government

A small but highly vulnerable group of children are in secure accommodation, whilst not all are technically in care, research by the Children's Commissioner's Office shows us that at 31st March 2020 there were 1,340 children living in secure settings with significant overlapping needs, such as mental health problems as well as a history of involvement in offending behaviour.

- 715 children were living in Secure Children's Homes, Secure Training Centres and Young Offenders Institutions (YOI) because they had either been sentenced or remanded there by a court (and remand automatically makes a young person 'looked after');

- 81 children living in Secure Children's Homes for welfare reasons, and

- 237 children detained under the Mental Health Act on secure mental health wards and psychiatric intensive care units, and a further 307 detained on non secure wards (Children's Commissioner, 2020b).

There will always be some children for whom a secure setting is necessary for their own or others' protection. For these children there must be an extremely high threshold to determine this, a clear demonstration of the support being offered and regular review that plans for a move to non-secure settings as soon as possible, in line with the child's best interests. We would question whether there is no other alternative for the two thirds of children currently placed in secure children's homes who are victims of sexual exploitation (A. Williams et al., 2020). Importantly we must remember that any secure intervention must be purposeful and prepare a child for returning to a home, whilst the trusted adults around that child are using the time to ensure appropriate support in the community. Secure settings must not be seen as a place to merely 'contain' a child.

Children in secure settings for welfare reasons

We know that the secure system is under significant strain: one study found that it takes up to three applications before a child is accepted into a secure children's home, and those children placed in alternative accommodation tended to have up to six applications sent to secure children's homes before a suitable place was found. From those referred to secure but placed in alternative accommodation, nearly half of the children were placed in a children's residential home. A smaller number were split between independent living, foster care, a mental health hospital or with parents (Williams et al., 2020). We have also heard that a lack of suitable provision can mean that children are unnecessarily remanded in custody as a place of safety. While we hear anecdotally this is a small number, more needs to be done to understand the size of this cohort and the impact on them.

We also know that some children end up in homes which are not a children's home regulated by Ofsted, but also not a CQC registered CAMHS placement, because they don't meet the criteria for either kind of placement. This means that bespoke places are being created for children with the most complex needs, which aren't always as safe as they should be. We need to improve joined-up commissioning, regulation and funding for these arrangements so that very bespoke, safe and loving homes can be approved. This bind that Ofsted and CQC find themselves in as regulators is a fine example of an accumulation of very specific and well intentioned rules having an unintended and negative effect of leading the system to 'do things right' rather than 'do the right thing'. Taking an absolutist approach to defending all existing legal protections without considering these consequences for children.

We continue to hear that there are not enough of the right homes for children with the most complex needs. This does not necessarily mean that the right thing is more secure places in either tier four beds or welfare settings - depriving a child of their liberty is an extremely serious thing to do and wherever possible it should be avoided. What is clearly true is that at present the state is not meeting the needs of a very vulnerable group of children. We desperately need better planning, coordination and investment for this group with leadership across health, justice and children's social care. Instead of simply doing more of the same, we need to consider the needs of these children and ask whether any home that currently exists is able to meet their needs while still providing a loving environment.

In the recent judgement of Justice Macdonald in the case Lancashire CC v G he said:

"*It is very hard, if not impossible, to do right by G, to keep her safe and to work to relieve her enduring and acute emotional pain, when the tools required to achieve that end are simply unavailable to this court. As I have commented in my previous judgments, this places the court in the invidious position of being required by the law of this realm to make decisions that hold G's best interests as the court's paramount consideration but being effectively disabled from doing so by an ongoing and acute lack of appropriate welfare provision for a constituency of the country's most needy, most vulnerable children.*" (Royal Courts of Justice, 250 [2021] EWHC 244 (Fam)).

We have read many judgements like this that continue to highlight the everyday impact that our collective inaction is causing.

Children held in secure settings on justice grounds

Children held on remand currently automatically become Looked After Children. In the year ending March 2020, the number of children held in youth custody on remand accounted for 31% of all children in youth custody, the largest proportion in the last ten years (Ministry of Justice et al., 2021). This is particularly concerning given two thirds (66%) of children given a remand to youth detention accommodation did not subsequently receive a custodial sentence. Given this we question whether it is appropriate or necessary to send children on remand to secure settings such as these or if there is a better alternative. The Ministry of Justice recently conducted a review of the use of custodial remand for children and the findings will be published shortly. The review will report that a child can sometimes be remanded to custody for a short

period to allow time for local authorities to find suitable accommodation in the community, pending further bail hearings. There can also be reliance on unsuitable community placements for children such as out of area placements and unregulated provision. These issues can affect the courts' confidence in remanding a child to local authority accommodation.

There are specific issues about provision for children in youth custody. It is positive that the number of children in these settings has decreased significantly in recent years, however, there are considerable concerns about the quality of the youth estate. In 2016 the Taylor review recommended the creation of Secure Schools to replace youth custodial provision. The Ministry of Justice (MoJ) agreed with this recommendation, and set out plans for two secure schools, but no secure schools have been opened. And there is no plan to close YOIs. In 2019 we saw the House of Commons and House of Lords joint committee on Human Rights report on Youth Detention, which highlighted the range of psychologically and physically damaging experiences children can face in YOIs. In 2020 the former Children's Commissioner highlighted "the custodial environment is neither inherently therapeutic nor child friendly" (Children's Commissioner, 2020e). We see almost annual reports condemning the conditions in YOIs and advocating for the children in them, however we see little change in the conditions children face. In the meantime, during the early days of the COVID-19 pandemic we saw a HMIP scrutiny report into conditions at YOIs (HM Chief Inspector of Prisons, 2020) that showed some children were spending over 23 hours a day locked in their cells. Addressing these issues is just as much a matter of public safety given high reoffending rates as it is an issue of welfare for children. Improving secure justice provision will also particularly help Black, Asian and Minority Ethnic children who are disproportionately likely to be in YOIs compared to white children – with 77% of ethnic minority children in youth custody placed in those institutions compared to 69% of white children (Her Majesty's Prison and Probation Service & Youth Custody Service, February 2021). There are disparities throughout the youth justice system with more restrictive remand outcomes for Black and mixed ethnicity children, fewer out of court disposals for Black, Asian and mixed ethnicity children and harsher sentences for Black children even after controlling for differences in offending profiles and demographics (Youth Justice Board for England and Wales, 2021).

Finally we have heard there is much more to do to support transitions home across all types of secure provision and this is where the lack of join up between health, justice, education and local authorities can be felt most acutely. A scathing thematic inspection of youth resettlement by Her Majesty's Inspectorate of Prisons and Probation in 2019 concluded that children are too often not being effectively prepared to re-enter their communities and that for some children finding timely accommodation is a problem (Criminal Justice Joint Inspection, 2019). Similar problems exist where children leave other secure settings.

The review provides an opportunity for a better approach on secure provision across health, justice and local authorities and as the review continues we intend to look further at this issue. This should not stop the Government from acting now where improvements have been identified and are overdue, for instance taking action now to implement the recommendations of the Taylor review. The alarm has been rung on this issue many times and action is long overdue.

Chapter four

The state is not the pushy parent children in care need

If the state is going to be a good parent for children in care it must push to get children the support they need. There are many exceptional social workers, advocates, personal advisors, IROs and carers across the system who work hard to listen to children's views and push to get what's right for them and there have been well intended policies to prioritise the needs of children in care. However, good care and support is not lacking due to an absence of guidelines, entitlements or focused roles. The dominant policy orthodoxy has been to layer in new and additional roles and prescribe specific solutions to one part of the system without due regard for unintended consequences. Though we are only setting out the issues at this stage, recommendations from the review will need to resist solutions that may seem simple but could add proceduralism and undermine high quality relationship building.

All children have *"the right to say what they think in all matters affecting them and to have their views taken seriously"* (Unicef, n.d.). This is particularly important for children in care when so many decisions are beyond their control. While this right is recognised in law and procedure, do we genuinely have properly independent relationship-based advocacy which can support children to contribute meaningfully to their care journey. Throughout our engagement we have heard mixed things about the quality of advocacy, but it has been clear that children and care experienced adults think it is essential that someone consults them and ensures their views are heard. We are keen to hear about what will enable children, young people and adults to be better active participants in their own care experience.

Mental health support

Looked-after children are particularly vulnerable to poor mental health not least because they are disproportionately likely to have suffered abuse or neglect, disadvantage or parental bereavement, disability or serious illness before coming into public care. As at 31st March 2020, just under half (49%) of all Children Looked After continuously for at least 12 months had 'normal' emotional and behavioural health, 13% had 'borderline' SDQ scores and 38% had scores which were a cause for concern (Department for Education, 2021e). Nearly half of children looked after meet the criteria for a psychiatric disorder, compared to one in ten children who are not looked after who suffer from a diagnosable mental health disorder (House of Commons Education Committee, 2016). We heard from many parents and carers at our engagement workshops that access to CAMHS support was a serious issue for children in their care, that waiting lists for CAMHS referrals were too long, and this pushed children to breaking point before support was forthcoming.

"I was told there would be long wait to get my foster child the support they needed - within that time he self harmed, tried to commit suicide, and I still had to argue the case that he should receive intensive mental health support" (a foster carer - Care review event - April 2021).

The local variation in CAMHS commissioning arrangements that sees some local authorities commission directly, some that is done by Clinical Commissioning Groups and some where it is done jointly helps explain the different thresholds and local offer available to children. Over a quarter (26%) of referrals to specialist children's mental health services were rejected or deemed inappropriate in 2018/19. This amounts to approximately 133,000

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children and young people referred for but not accepted into treatment. Rejection rates have not improved over the last four years, despite an extra £1.4 billion committed from 2015/16 to 2020/21. There is considerable regional variation in England. On average, providers in London rejected 17% of referrals, compared to 28% in the South, the Midlands and the East, and 22% in the North (Crenna-Jennings & Hutchinson, 2020). We have repeatedly heard from parents, carers and care experienced adults that there should be an assumption made that therapy should be provided to any child in care, and not something which needs to be argued or pleaded for. This does not necessarily mean that every child and family will require CAMHS clinical support, but it does mean we should be exploring who is best placed around the child to provide consistent therapeutic support. Lack of mental health support, a lack of understanding of attachment and trauma and the impact this can have on children in care and care leavers is too high a price to pay for us as a society. We see the human cost of not properly supporting children and families in the increasing need for acute services and homes. This is an incredibly important issue and when not properly supported in childhood, poor mental health can continue to cause distress and have significant consequences for people as they go into adult life. We need to take action to improve this.

Education

Education can be transformational for children. School is a place of safety, social learning and academic exploration. Although the relationship between care and education is complex, recent evidence suggests that care can act as a protective factor on educational outcomes – children in care make better educational progress than Children in Need at all stages and a 2015 study indicated that care has a protective effect on educational outcomes, – the experience and attainment of these children is still not good enough (Judy Sebba et al., 2015)(Department for Education, 2020c). In March 2019, only 52% of children continuously looked after for at least 12 months reached the expected standard in reading, 43% in writing and 49% in maths at Key Stage 1 (Department for Education, 2020c).

Over the past decade there has been an increased focus in this area with the creation of the Virtual School Heads, who have the role of championing the education of all children who are looked after within that authority (acting as the pushy parent they may be missing) and introduction of Pupil Premium Plus. We are starting to see some improvements, with reductions in exclusions and absenteeism, and improved educational progress; in 2018/19 the exclusion rate for children continuously looked-after for at least 12 months was almost the same as for all pupils (0.11% compared to 0.10%), and much lower than Children in Need (0.69%) (Department for Education, 2021d). There are still many areas for improvement, such as the issue of 'off-rolling' leaving children with no appropriate education provision and schools refusing entry for children in care.

We are not consistently aspirational enough for Children Looked After. New data published by the Department for Education finds that 11 years after leaving school, children who had been in care were four times more likely to be in receipt of benefits and less than half were in employment compared to all school leavers. For those in employment, there is a £6,000 pay gap between those who were in care and all individuals (Department for Education, 2021f). Despite DfE guidance stating that 'outstanding' and 'good' schools should be prioritised for placing a child in care in a new school, almost one in five children in care at 31st March 2019 attended schools rated as 'requires Improvement' or 'inadequate' by Ofsted (Children's Commissioner, 2020c). Progress has been made but there is more to do. Every child deserves the chance to fulfil their potential through education, whatever their chosen path, and we should be empowering Children Looked After to be able to choose routes

they are interested in – whether they be apprenticeships, higher education or others – and making sure these are options are accessible to them. We would question whether enough is being done to explore all routes open to children to provide them with the best possible education, including access to grammar and public schools where these are available and right for children.

Important birthdays are accompanied by unequal and insufficient help

When we talk about children in care, we talk about them as "looked after" and then at any time between 16 and 18 our language and attitude shifts and they become "care leavers". Once they have "become" a care leaver that title stays with them forever. When children are in care they often experience less freedom than their peers, having to make special requests to stay at a friend's house or go on holiday, yet as soon as they reach this period we accelerate their journey to independence and level of freedom compared to their peers.

A UK household study shows that two-thirds of 16 to 24 year olds still live at home (Office for National Statistics, 2021). Yet we talk and act as though the children we have identified as most 'vulnerable' in the country only need support for a much shorter period of their lives. In comparison, care leavers often live independently much earlier than their peers – in 2019/20, 43% of care leavers aged 21 were living independently (Department for Education, 2021e).

We welcome the increased prominence both central government and local authorities have given to the issue of children leaving care in recent years, particularly the introduction of Staying Put to allow young people to stay with their foster carers and more recently the decision from DWP to extend the upper age limit to the care leaver exemption for the shared accommodation rate of the Local Housing Allowance from 22 to 25. The Ministerial Care Leaver Covenant Board is a positive demonstration of the profile that the Government has given care leavers nationally.

An overarching concern we have heard so far is that the support children receive is too inconsistent and based on where they live, the homes they are in and their specific care history. For example:

- Children in residential care currently do not have an equivalent legal entitlement to Staying Put and can be forced out of their children's home far too early. DfE continues to pilot Staying Close, as an alternative for children in residential care. It is welcome that the Government has committed £6m to roll this out further but for many this will remain out of reach. It is important that children are not forced to leave their children's homes before they are 18 into semi-independent accommodation if this is not right for them.

- The locally determined nature of the care leaver offer means that other types of support, such as access to housing differ significantly depending on the local authority. This is made yet more complex by the two tier system of government in many areas of the country that sees county councils responsible for social care and separate district, borough or city councils responsible for housing. The disjointed and unequal nature of this support means some children will leave care with stable housing and for others it's a much more precarious picture.

- The legal definition required to achieve support (being in care for at least 13 weeks including their 16th birthday) is arbitrary: a child who may have argued with their family and needs some time away from them, or a child who is remanded but has a supportive family network, could be entitled to more than a child who has spent the majority of their life in care but returns home before there 16th birthday. Care leavers who are looked after from 15 until 18 but then return home for a period will not be able to get additional support.

- We hear that even access to statutory entitlements can be patchy – for example we have heard from young people who want to stay with their foster carer under Staying Put but have not been able to and it has been highlighted to the review that local authorities set their own criteria for eligibility for Staying Put which can lead to differential access.

We also know there is much more we can do to help care leavers to enter further and higher education and to find employment. Care experienced people often enter higher education later in life and in policy we should acknowledge this. There are lots of examples of good practice locally that have been raised with the review, for instance local authorities offering guaranteed interviews for care leavers or priority for apprenticeships. We think there is more we can do nationally - especially as the country recovers from the pandemic. The review has already raised directly with the Department for Work and Pensions (DWP) issues with the current Kickstart scheme excluding care leavers who are under 18. We urge DWP to ensure that future employment support programmes do not unfairly exclude care leavers and that they are given the priority they deserve. If we are asking communities to come together and take joint responsibility, government departments must lead by example.

Care experience carries stigma and can weaken identity

A resounding theme we have heard so far is that care experienced people encounter significant stigma and discrimination. We see this in every part of the system, from the way care experienced adults have to navigate conversations about family, to the way that communities frequently campaign against children's homes being opened in their area, to children being bullied at school, to the professionalised language that permeates children's lives - terms such as "contact" and "placement". These points have been frequently raised by children in care over many years and yet change has been difficult to achieve.

Having a care experience is not an ordinary experience and it can have a life-long effect on people. We have heard from some care experienced people that they find it difficult to talk about the fact they were in care and that they find themselves treated differently if they do share it. A lack of understanding and ignorance pervades society in general, which can lead to fear, blame and discrimination.

The ignorance and prejudicial behaviour held by individuals towards the care experienced community can be dissipated and turned into a supportive force. To achieve this, the public should be educated and enabled to step forward and demonstrate that they care for care experienced people. Coram commissioned a public attitudes survey that showed both 'sad/sadness' and 'abuse/d/sive' featured in the top 10 words people think about when they think
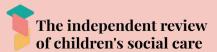
about children in care, yet two thirds of people don't know anyone who has been in care (Taylor & Coram, 2021). There was a wide and sympathetic understanding of the range of challenges care experienced adults might face which demonstrates how effective some education and awareness raising campaigns have been.

Some have raised with the review whether care experience should be more formally recognised, for instance as a protected characteristic (Who Cares Scotland & The Equality and Human Rights Commission, 2018). The review would like to hear from care experienced people about their views on this and what else can be done to end the stigma attached to experiences of care.

We have also heard issues raised about access to care records. One of the asks of Government from the Care Experienced Conference was to take steps to improve the quality and transparency of case recording and improve access to care and health records for care experienced people. Support should be available for care experienced people to access and explore these records recognising that they form a significant part of the personal history and identity for care experienced people (The Care Experienced Conferene, 2019). Accessing care files is for some care experienced people an important way of understanding what has happened in their past and can play a role in the lifelong memory and identity needs of care-experienced people. Inadequate recording practices can impact on the ability to form autobiographical narratives and lead to further marginalisation of care-experienced people (Hoyle et al., 2020). Ensuring that case recording is accurate, and substantive is essential to ensure they are able to help children and adults understand how and why decisions were made. Recognising the complex feelings accessing records could cause it is important that we consider what support is needed so that this can be a healing or sense-making experience.

We would welcome views on our interpretation of the evidence in this chapter and the following questions as we move to the next stage of the review:

- **If we were creating care today that was good enough for all our children what would it look like?**

- **How can care help to build loving lifelong relationships as the norm?**

- **What changes do we need to make to ensure we have the right homes in the right places with the right support? What role should residential and secure homes have in the future?**

Chapter four

Chapter five: System factors

Children, families and professionals have all told the review that too often the social care system doesn't live up to our aspiration of supporting families to provide safety, stability and love to children, leaving social workers with insufficient time and resources to do the vital work with children that inspired them to enter the profession. Underpinning each of the problems set out so far and any potential solutions to them are system factors like funding, multi-agency working and workforce.

Children's social care is under significant financial pressure and urgent action is needed

Children's social care is under significant financial pressure. Total spending on children's services reached £10.5 billion in 2019/20, and costs are spiralling out of control in the majority of local authorities, leaving little to no budget to improve services (Department for Education, 2021b)[26]. There is no situation in the current system where we will not need to spend more on children's social care in future years - the question is whether this investment is spent on reform and long term sustainability or propping up an increasingly expensive existing system. The Local Government Association (LGA) estimated in 2019, based on funding levels at the time, that children's social care would face a £3 billion funding gap by 2025 just to maintain existing levels of support (Local Government Association, 2019). Local government spending on children's social care services has been rising in real terms since 2014/15 and is predicted to now increase faster than any other upper-tier local authority service (apart from one-off COVID-19-related business support pressures) (MHCLG, 2020). The impact of these financial pressures is likely to be compounded by the harmful effects that the COVID-19 pandemic has had on children and families.
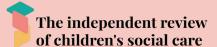
The increased spending pressures are driven, in large part, by increased pressures at the most acute end of the system. Whilst the number of Children in Need has remained relatively stable, rising by 4% from 2009/10 to 2019/20 (Department for Education, 2021d), the number of more intensive interventions has increased significantly. In this time period, the number of section 47 enquiries and initial child protection conferences increased by 129% and 80% respectively (Department for Education, 2021d). The number of looked after children has also increased year on year for more than a decade, from 64,470 in 2009/10 to 80,080 in 2019/20 (Department for Education, 2021e).

Despite the rising numbers of children needing support, since 2012/13 total spending on children's services has increased by 5% in real terms. This equates to a 1% real terms decrease in spending per child under 1 in England, in stark contrast with the increase in demand (Department for Education, 2021b)[27].

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26 Spending figures based on DfE s251 data. The review defines 'total spending on children's services' as the total of the 2 categories of spending below: 'statutory children's social care' plus 'non-statutory children's social services'

27 Calculation based on ONS estimates of the child population (Office for National Statistics, 2020b)

The total spending figures mask even greater pressures on funding for preventative interventions. Although spending on statutory children's social care has increased by 26% in real terms since 2012/13[28], this has been outweighed by reductions in spending on non-statutory children's services which saw a 35% real terms decrease over the same period (Department for Education, 2021b)[29].

The funding picture for local authority children's services is complicated, as are the data sets that record this spending. All spending figures in this document are based on DfE's 'section 251' data. In comparing current and previous spending, the review has used statistics going back to 2012/13. We have not compared spending in previous years, due to changes in 2012/13 in the way local authorities record their spending. The review has also calculated all changes in funding in real terms, so that previous and current years' statistics are directly comparable. As well as comparing total spending across the years, this document also shows the total spending per child in England on children's services, by dividing the total spending by the child population in England (aged 0-17).

At a time of wider budgetary pressures, local authorities trying to balance their books are increasingly stuck in a cycle of spending more on short-term reactive interventions, including the most drastic measure of moving children away from their family to live in a residential home, at the cost of the preventative work that could lead to better long-term outcomes for children and families. For example, by 2019 the average cost of a residential placement had reached almost £4,000 per week, which equates to an average cost of over £200,000 each year per child (Rome, 2020b).

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28 S251 data - The review defines 'statutory children's social care' as spend lines 3.1.11 'Total Children Looked After'; 3.3.4 'Total Safeguarding Children and Young People's Services'; and 3.6.1 'Youth Justice' - see DfE s251 budget guidance for definitions of individual spend lines. NB Data before 2014/15 was provided by the Department for Education."
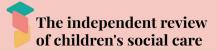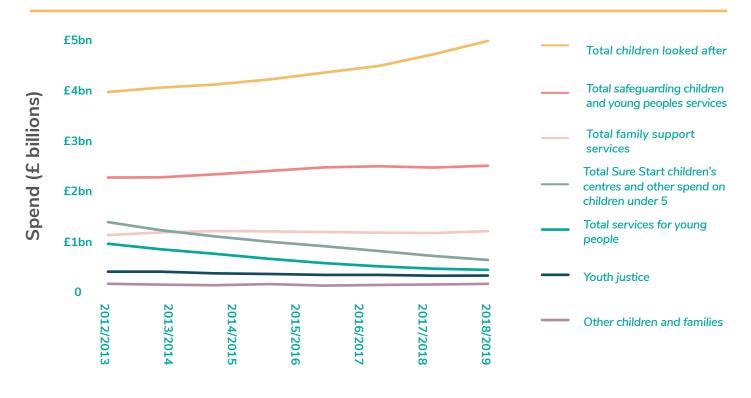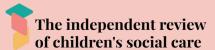
29 S251 data - the review defines 'non-statutory children's services' as spend lines 3.5.3, 3.4.6, 3.2.1, 3.0.5, and 'statutory children's social care' as spend lines 3.1.11 and 3.3.4 - see DfE s251 budget guidance for definitions of individual spend lines. NB Data before 2014/15 was provided by the Department for Education.

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Figure 4: *Total local authority spend on children's services in 2019/2020 prices. (Department for Education, 2021b)*

This increased spending has come at the same time that local authority budgets have been highly constrained. The National Audit Office has found that whilst overall local authority spending power increased slightly in 2020/21, it remains more than 25% lower in real terms than in 2010/11 (National Audit Office & Ministry of Housing Communities & Local Government, 2021). This has led to funding of non-statutory children's services being squeezed, with spend decreasing by 35% in real terms between 2013-2020 (Department for Education, 2021b). In 2020, nearly 65% of local authorities characterised their services as 'fulfil[ling] our statutory obligations but nothing else' or 'provid[ing] a little bit more than our statutory obligations' (LGiU & MJ, 2020) .In chapter one we explored the complex set of reasons that spending is rising and some part of this is due to rises in demand that are outside of local authorities' control.

Whatever the drivers of spend, it is clear that breaking the current cycle of acute spending will take additional investment over the medium-term in family help services. Local authority children's services overspent by over £800m in 2019/20, just to meet the most pressing needs of children and families (ADCS, 2021). Throughout the system there are opportunities for things to both work better as well as cost less - avoiding parents having repeat removals, taking fewer children into care by supporting families where possible, making better use of kinship arrangements, avoiding children entering costly residential and secure placements, curbing profit and reducing the number of agency social workers. What it will cost to achieve this and the benefits of this will be a focus for the review in its next phase. What is clear is that without action on both investment and reform, particularly on family help, we will see these costs continue to spiral.

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When we consider the case for investment, it is important we do not only focus on the cost of services, but also the longer term cost of later life outcomes of children that have been referenced in this document so far. Whilst there have been important attempts to quantify the costs of long term outcomes of children in care (putting the total cost of poor outcomes at £2.28 billion per year), we do not have any grasp of the collective cost of this group of children - instead we see children through the lens of services whether it is as offenders, children with complex mental health needs, or children who are falling behind in school (PWC, 2021). Because of our limited data and evidence we only have a very narrow picture of the life-long impacts of childhood experiences. Estimating the costs of poor outcomes for other children receiving support through children's social care would add to current estimates, and represent a huge life-long loss of opportunity as well as a cost to the state and society.
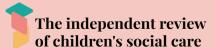
As the review moves into its next phase of work it will examine what is needed, including additional investment, to deliver improvements to the system and the potential longer term savings this could make both through better outcomes for children and shift in demand away from the acute crisis intervention.

There is insufficient national coordination and accountability is confused

Our failure to quantify the long term cost of the cohort of children and families involved in children's social care is symptomatic of a wider lack of join up both locally and nationally. The complexity of the policy landscape around children's social care is something that is frequently remarked upon. Policy responsibility for services supporting children and young people is split across several government departments: DfE; MHCLG; DHSC; MOJ; Home Office; Treasury; DWP; HM Revenue and Customs; Department for Digital, Culture, Media and Sport. This has led to uncoordinated policy initiatives that see children and families through the lens of individual challenges they are experiencing.

The disjointed national approach to policy making is partly a result of the patchy approach to data collection about the experiences, outcomes and spending on children and families who require support from children's social care (Stanford et al., 2019). There has been some positive work in recent years to create a single understanding of children and families, such as the six year dataset for Children in Need,(Department for Education, 2019a) initiatives to link departmental data sets such as Child in Need and youth offending data, and ADR UK's ECHILD programme which brings together health, education and social care data. (ADR UK, n.d.). However, the data available to policy makers is patchy, particularly regarding health spending, outcomes, access to early help and parental characteristics. (Nuffield Family Justice Observatory, 2021) As data collection takes up time for local authorities and other services, the burden this places needs to be considered and proportionate to the benefits in knowledge it will bring. It is unsurprising that national policy for children is not coordinated if departments are working with conflicting information.

The review has heard from central and local government, as well as front-line practitioners that more effective strategic direction and coordinated central government policy is essential to address the root causes of the pressures facing children's social care. For example, policy initiatives to reduce the numbers of children in secure health and justice settings are welcome, but have been implemented without sufficient consideration for the additional demand this creates for welfare placements for children who might previously have lived in health or justice settings (ADCS, 2021). More effective and joined-up support for children and families

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has the potential to improve outcomes across a wide range of services. This review will examine how these benefits can be quantified, but achieving this potential for children, families and society as a whole relies in part on central government willingness to develop policy in a coordinated way.
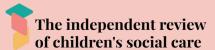
Multi-agency arrangements don't take a multidisciplinary approach to working with children and families

This disjointed national picture translates into a similarly complicated picture locally where multi-agency boards and meetings dominate. Health services, the police and other agencies rightly have significant responsibilities towards children and individually make a major contribution to promoting children's welfare. However, each service has its own footprint, objectives, accountability arrangements and inspectorates, which in turn leads to a system that is confusing and difficult to navigate for professionals let alone children and families. The review has heard that this siloed approach creates a bureaucratic labyrinth that prevents children from accessing the support they need, as one adopter explained: "*services are owned by different departments and it is too complex and they fob you off and pass you on to someone else because they are all gatekeeping to keep their budgets.*" Work carried out for the Local Government Association has shown that a coherent joined up local strategy is critical to children's social care success (Bryant et al., 2016).

There have been promising reforms to Multi-Agency Safeguarding Arrangements in recent years following Alan Wood's 2016 review of local child safeguarding boards, which led to their replacement by Safeguarding Partnerships between police, clinical commissioning groups and local authorities (Wood, 2016). However, in his follow-up review of the new arrangements, Alan Wood has highlighted issues with their implementation, including inconsistent leadership and commitment by all partners (including central government) to support and fund multi-agency safeguarding (Wood, 2021). Similarly, the Child Safeguarding Practice Review Panel's latest annual report has again highlighted serious cases in which poor coordination between services, including insufficient joined-up leadership and inadequate information sharing practices, was a contributing factor (Child Safeguarding Practice Review Panel, 2021).

For instance, less senior delegates are frequently sent to fill safeguarding partners' statutory role and often do not have the power to be accountable or make decisions on key matters such as funding and information sharing (Wood, 2021). The review has heard concerns from police and social care staff that health services are not always fully engaged in the safeguarding conversation. Health professionals have told us that they are not always invited to contribute a perspective that focuses on behaviour as the symptoms of underlying trauma, rather than the episodic approaches taken by other agencies.[30] This is an area that needs particular focus as Clinical Commissioning Groups move to Integrated Care Systems (Department for Health and Social Care, 2021). The review has heard from each of the three statutory partner services that individually they have a clear understanding of their own roles within a safeguarding partnership, but lack a shared

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30 Submission to the review from the National Network of Designated Healthcare Professionals for Children

understanding of the responsibilities of their partners, which can lead to gaps and misunderstandings in everyday practice. Failing to grasp collective responsibility for safeguarding in an area is concerning, even if individual services know what they are responsible for - it leads to a complex, fragmented and frustrating experience for children and families.
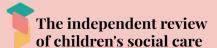
The system is complicated, bureaucratic and risk averse

Social work is at its best when staff have the freedom, responsibility and time to tailor their practice to the needs of the children and families they are working with. Following the diagnosis and recommendations of the Munro review, central Government took some steps to improve this landscape, including through simplifying aspects of the key statutory guidance, Working Together. Similarly local trials of new models of social work have led to some local examples of more effective practice, such as some of the programmes identified in this report. However, too often reform initiatives over the past decade have had limited impact in the face of institutional inertia and bureaucracy, or have been too small-scale to substantively transform practice across the country.

As members of a regulated profession, social workers willingly take on wide-ranging professional responsibilities towards the children and families that they work with. However, too often bureaucratic process-driven practice means social workers don't have the freedom to follow their judgement of what is in the best interests of children and families. Some of the cultural barriers to change are deep. For example, a recent initiative to give social workers control of their own budgets found that though the programme was promising, staff had to overcome an ingrained mindset of deferring to managers' decisions before they could take on this new level of responsibility (Westlake et al., 2020).

A significant proportion of social workers' time is currently absorbed by activity away from direct work with children and families. If we consider that the greatest value of social work is in the interaction between social workers and children and families, then it should be an ongoing source of alarm that 1 in 3 of all social workers in children's services do not work directly with children or families (Department for Education, 2021a). Even those in direct practice spend less than one third of their time with families (Department for Education, 2020a). This is a staggering misuse of the greatest asset that children's social care has - its social workers. In our engagement to date, the review has heard that social workers themselves feel frustrated by the lack of time to work with children and families. This point and the impact it has on the ability of social workers to form relationships has also been highlighted by the British Association of Social Work in their submission to the review's Call for Evidence (BASW et al., 2018). We have heard that good case management and IT systems and the right administrative support can make a difference, and there is an opportunity to make better use of data and technology in children's social care (although with due regard to the highest ethical standards). However, this is an area where significant action may be required given the lack of progress since the Munro review.

Changing practice culture is only possible if experienced practitioners remain at the frontline, working to help children and families. It is still the case that the natural career path within social work leads away from practice, unlike teaching or health professions. In many local authorities, the first steps in promotion mean

moving completely out of direct work with families. 33% of social workers, often the most experienced, hold managerial roles or non-case holding posts (Department for Education, 2021a). Social work currently relies on too many professional observers who are not directly involved in practice. Many local authorities have disempowering and complicated processes to make decisions and allocate resources. At a time of financial pressures and high workloads for frontline staff, this inefficient use of time and people does not support the most expert practitioners to make the difference for children and families that they joined the profession to deliver.

We have also heard time and again about the role inspection plays in driving behaviour. The most recent Ofsted local authority social care inspection framework (ILACS) was designed to focus more on the features of practice that make a difference to children and young people and was a positive step forward following the Munro review (Ofsted, 2019). However, the review of the implementation of the new inspection regime commissioned by Ofsted found that alongside positive changes, inspections were still accompanied by additional bureaucracy (Ferguson et al., 2019). These additional tasks take staff away from working directly with children. This is only one example of the patterns of self-reinforcing cycles of beliefs and practices that, whilst understandable on an individual level, have proven stubbornly persistent blockers to progress.

There is more to do to recruit, retain and support a high quality workforce

Much work has been done in recent years to bring more people into social care and equip social workers with the right knowledge and skills. The number of full time equivalent social workers increased by 12% between 2017 and 2020 (Department for Education, 2021a). Government investment in the teaching partnerships scheme means 65% of higher education institutions offering social work courses are now participating in the scheme to improve the quality of initial social worker training (Interface Associates UK Limited, 2020). This has led to closer collaboration between local authorities and course providers that prepares student social workers for the workplace, including through embedding the Knowledge and Skills Statement for social workers from the start of their training. However, behind these positive developments we see some clear signs of a workforce under significant strain.

Firstly, the time in service of most social workers remains low, with 60% of social workers in post for 4 years or less. In the year ending September 2020, the turnover rate of staff was at 13.5% (Department for Education, 2021a). 26% of social workers who leave local authority practice move to child and family roles outside of local authorities (Department for Education, 2020a). This reliance on less experienced staff reflects the challenges local authorities experience in retaining staff.
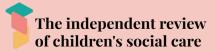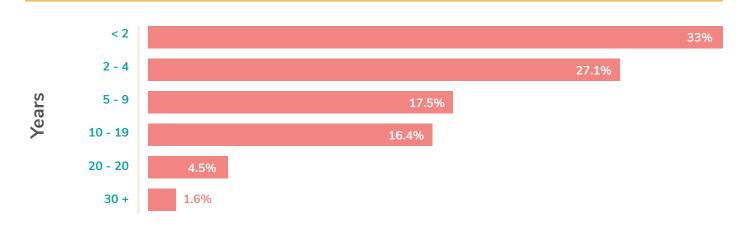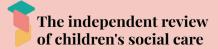
Figure 5: *Percentage of full time equivilant children and family social workers at 30 September 2020 by time in service at local authority. (Department for Education, 2021a)*

Child protection workers are particularly vulnerable to burnout. This group report high workloads, high levels of stress, and that they are asked to fulfil too many different roles (Department for Education, 2020a). Previous research has also found earlier evidence of poor working conditions, and ineffective bureaucratic structures (Anderson, 2000). High stress levels are in part a symptom of a system that requires social workers to spend too much of their working time doing paperwork, with insufficient time left to spend with children and families (Department for Education, 2020a). Overwork and dislike of workplace culture were also cited by almost a quarter of those considering leaving social work (Department for Education, 2020a). Overall, three-quarters (75%) of social workers reported working more than their contracted hours either 'all the time' or 'most weeks' (Department for Education, 2020a) and worked with an average of more than 16 children (Department for Education, 2021a). These pressures, such as issues with turnover and inexperienced staff, are noticeably higher in local authorities with an Ofsted rating of 'inadequate', creating a spiral of increasing workload pressures for the remaining staff (Department for Education, 2020a).

Secondly, the full time equivilant (FTE) agency worker rate remains at around 15% (Department for Education, 2021a), far higher than comparable professions, such as the 7% of agency staff in adult social care (Skills for Care, 2020). In the course of just 1 year, DfE's recent small scale longitudinal surveys of social workers showed two per cent of social workers moving from direct employment with a local authority to agency work or self-employment. The main motivations for this move were: pay (a factor for 50% and the main reason for one-third (33%), and increased flexibility of working hours (a factor for 44% and the main reason for over one-quarter (27%) (Department for Education, 2020a).

Like in other public services, limited use of agency staff can provide valuable resource flexibility for local authorities facing shifting patterns of demand or during periods of unexpected staff turnover. However, a widespread and long-term reliance on short-term staff inevitably has a negative impact on children and families, who face disruption in their relationships with services, as well as creating significant additional

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costs to local authorities, diverting funding that could potentially have been used to deliver additional support to children and families. Frequent turnover of social workers was highlighted to the review repeatedly by children, parents, kinship carers, foster carers and adopters as a cause of frustration, delay and lack of support. Recent analysis conducted for DfE has estimated the additional cost of employing agency staff at approximately £22,700 per worker per year (53% of the average social worker salary) (Kantar, 2020). This means there is a loss of over £100m per year that could be better spent on frontline activity to support children and families.
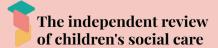
Much work has been done in recent years on the training of the social work workforce, piloting of the National Assessment and Accreditation System, establishment of Social Work England and the introduction of a range of practice focussed training and development opportunities. However, as has been set out so far, there is more to do to make sure social workers have the skills, knowledge and support to take the significant decisions that are asked of them in their role and the review will continue to look at this. Social work is only possible in collaboration with a range of committed professionals across social care and related fields, who similarly need effective training and support to deliver their vital roles.

Workforce issues also apply to leadership and good quality, stable leadership has long been known to be a significant factor in changing institutional cultures and delivering consistently high quality children's social care (Ofsted *Annual Report 2017/18*, 2018). Effective leadership should also represent social workers and the children and families staff they work with. However, Black and minority ethnic social workers are disproportionately underrepresented in managerial and senior-level positions in social services departments (Research in Practice, 2021). It is equally important to effective area safeguarding partnerships, as is recognised in government guidance (Working Together to Safeguard Children, Department for Education, 2018), - Alan Wood's recent review of safeguarding partnerships has shown how poor information sharing practices can directly result from insufficiently clear leadership within the partner agencies (Wood, 2016).

Getting the leadership of children's social care within local authorities right requires the alignment of engaged council chief executives, knowledgeable elected Lead Members and permanent and skilled Directors of Children's Services. Achieving this alignment can prove extremely difficult for too many children's services and is made worse by high turnover of Directors of Children's Services. The average tenure of a Director of Children's Services is less than four years with more than 25% of posts being newly filled between 31st March 2020-31st March 2021 - this compares to less than 5% turnover at the level of local authority chief executive (ADCS, 2021).

We are good at describing the challenges in the system but progress improving the system has been slow

This review is unique in its breadth and scope to look across children's social care and suggest radical change, but it is certainly not the first to look at these issues. The past decades have seen the children's social care system subject to numerous reviews and strategies, some with more wide ranging briefs such as the Laming and Munro reviews and the DfE's strategy *Putting Children First*. Others have been more targeted at specific parts of the system, such as the Children in Need Review, Care Leaver and Adoption Strategies,
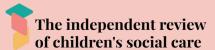
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Wood Review of Safeguarding Arrangements, Narey Reviews of Foster and Residential Care and the Social Work Taskforce. A very significant amount of the problems we are diagnosing in this document have been exposed and described again and again with sensible and considered recommendations for change. Yet actually achieving change that improves the lives of children and families has been stubbornly difficult.

Many of the suggested reforms in recent years have been focused on "top down" changes through national regulation and reform focused on statutory duties and entitlements. A 2018 review of statutory duties for local authority children's services identified 298 duties imposed by nine different central government departments or arms length bodies (ADCS, 2018). Of these, over 160 duties relate to children's social care or related services (i.e. excluding duties relating to universal education services). As pressures on the system increase, the temptation is that every time we want to make sure a particular objective is achieved we layer on an extra requirement to local authorities. There is a systemic overconfidence that additional top down duties or changes to legislation will lead to positive change for children and families. In fact, they can sometimes have a negative unintended consequence, adding to the inflexibility of the system - for instance, as is set out in chapter three, the difficulties of regulating bespoke accommodation that meets the needs of children. What is needed is a coherent regulatory landscape and rulebook which is grounded in the needs - and indeed rights - of children and families, and combines greater levels of both freedom and responsibility for professionals in children's social care.

Acknowledging the limits of "top-down" reform, other attempts to change in recent years have been more focused on local, "bottom-up" improvement, focused on targeted local funding for specific programmes. The Innovation Programme and subsequent pots of funding for scaling and spreading good practice have had an important role in recent years of supporting stronger practice and giving exposure to and evaluating different ways of working, some of which are associated with improved Ofsted outcomes (J. Sebba et al., 2017). Many of these initiatives are quoted throughout this report. However, there is a limit to this kind of scale-and-spread strategy in the absence of changes to the most fundamental drivers and forces in the system. We have seen frequently that positive models of practice - whether this is Family Group Conferencing or Signs of Safety - are found to be less effective when rolled out nationally.

The hypothesis of this review is that the reason recent top-down and bottom-up strategies have not improved the system is that they have failed to address the big and fundamental tensions in the system and suggest that more systemic change is needed. We must avoid increasingly piling bricks onto an already wobbly and fragile Jenga tower. We need a clear purpose for children's social care and recommendations that return to and strengthen the bedrock principles of the Children Act 1989, so that children and families get the support and protection that they need and that professionals want to provide. This is why this document asks some very big questions, such as how to address the tensions between protection and help or what is the role of residential care. These debates may be uncomfortable for many working in the system, but ultimately asking these questions is what is needed to consider recommendations that will improve children and families' lives.

We also need to be able to measure change and understand whether things are genuinely improving for children and families. At the moment, we are over-reliant on Ofsted ratings as a metric of success and, whilst many point to the fact that the number of local authorities rated 'good' or 'outstanding' has increased from just 36% of authorities rated under the previous local authority inspection framework to 50% by August 2020, (Ofsted, 2020b) we should be cautious about interpreting this as absolute improvement in the system, particularly given the framework has changed. More broadly, the review questions whether what

we are measuring through inspection - whether of local authorities or 'placement' providers - does enough to measure the things that matter to children and families and take into account their experiences of the system. We need a way of measuring the success of any reforms that result from this review that are reliable, responsive and have the experiences of children and families at their heart.

We would welcome views as we move into the next phase of the review about what we can do differently to make sure this once in a generation opportunity is truly the tipping point for change.

We would welcome views on our interpretation of the evidence in this chapter and the following specific questions as we move to the next stage of the review:

- **How can we strengthen multi-agency join up both locally and nationally, without losing accountability?**

- **How do we free up social workers to spend more time in direct practice with children and families and reduce risk aversion?**

- **How can monitoring and inspection make the most difference to children's and families' experiences and engender greater freedom and responsibility in the workforce?**

- **What will need to be different about this review's recommendations compared to previous reviews so that they create a tipping point for improvement?**

Chapter five

Glossary of terms

Adoption

The legal process of child becoming a permanent member of a new family. Once an adoption order has been made, the child is no longer legally related to their birth family. Legal parenthood, which encompasses all parental rights, passes to the adopter. This can only happen if a court orders it.

Care Order

An order granted by a court under section 31 of the Children Act 1989 and places a child in the care of a local authority. This requires the local authority to provide accommodation for the child, to maintain and safeguard them, to promote their welfare and to act in accordance with the other welfare responsibilities set out in the Children Act 1989. It gives the local authority parental responsibility for the child.

Care Proceedings

The legal process where a local authority applies to the family court to become involved in a child's care. They may do this if they are concerned that a child has suffered or is at risk of suffering significant harm. Children's services can ask the court to make an order to protect the child. This includes an emergency protection order or a care order.

Child in Need

Is defined under section 17 of the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of children's social care services, or the child is disabled.

Child Looked After

A child is looked after by a local authority if they are provided with accommodation for a continuous period of more than 24 hours; are subject to a care order or are subject to a placement order.

Child Protection plan

A child becomes the subject of a child protection plan if they are assessed as being at risk of harm, at an initial child protection conference. Once a child becomes the subject of a child protection plan, their plan should be reviewed within the first 3 months and then at intervals of not more than 6 months.

Initial assessment/child in need assessment

An assessment carried out by by a local authority to see whether a child is a child in need of extra help (as defined by Section 17 of the Children Act 1989). If the social worker decides the child is a child in need, they will draw up a child in need plan. This will set out what extra help will be given to the child and their family by children's services and other local agencies (e.g. the school and local health services).

Initial Child Protection Conference (ICPC)

If a child is judged to be at continuing risk of significant harm following a section 47 enquiry then an initial child protection conference should be convened within 15 working days. The conference will result in a decision on whether or not the child will become the subject of a child protection.

Pre-proceedings process

The procedures that children's services must follow if they are thinking about starting care proceedings. These procedures are set in the Public Law Outline. This is the legal framework which sets out the duties that children's services have and the processes they must follow when they are thinking about taking a case to court. The pre-proceedings process is a chance for parents and children's services to work together.

Section 20 arrangement

A child becomes looked after by a local authority without a court order due to the either: a voluntary agreement between children's services and either the chid's parent or another person with parental responsibility; there is no-one to looked after the child (such as an unaccompanied minor); or a 16-17 year old has voluntarily agreed to be accommodated.

Section 47 enquiry

If a local authority identifies there is reasonable cause to suspect the child is suffering, or is likely to suffer significant harm, it will carry out an assessment under section 47 of the Children Act 1989 to determine if it needs to take steps to safeguard and promote the welfare of the child.

Special Guardianship Order

A special guardianship order is an order appointing one or more individuals to be a child's 'special guardian'. It is a private law order made under the Children Act 1989 and is intended for those children who cannot live with their birth parents and who would benefit from a legally secure placement.

Supervision Order

An order granted under section 31 of the Children Act 1989 and places the child under the supervision of a local authority. Under the order, the local authority must advise, assist and befriend the child. A supervision order can be made for a period up to a year. This can be extended for any period not exceeding 3 years in total from the date of the first order.

Bibliography

ADCS. (2021). *Safeguarding Pressures Phase 7*. https://adcs.org.uk/safeguarding/article/safeguarding-pressures-phase-7

ADCS. (2018). *Children's Service Statutory Duties—Working Document*. https://adcs.org.uk/assets/documentation/Childrens_Services_Statutory_Duties_ADCS_Working_Doc_web_181010v2.xlsx

ADCS. (2021). *ADCS DCS Update 2021*. https://adcs.org.uk/leadership/article/adcs-dcs-update-2021

ADR UK. (n.d.). *ECHILD: Linking children's health and education data for England*. ADR UK. Retrieved 8 June 2021, from https://www.adruk.org/our-work/browse-all-projects/echild-linking-childrens-health-and-education-data-for-england-142/

All Party Parliamentary Group for Children, & National Children's Bureau. (2018). *Storing up trouble—A postcode lottery of children's social care*. National Children's Bureau. https://www.ncb.org.uk/about-us/who-we-are/ncb-northern-ireland/resources-publications/storing-trouble-postcode-lottery

Anderson, D. G. (2000). Coping strategies and burnout among veteran child protection workers. *Child Abuse & Neglect, 24*(6), 839–848. https://doi.org/10.1016/S0145-2134(00)00143-5

Ashley, C., Roth, D., & Family Rights Group. (2015). *What happens to siblings in the care system?* https://frg.org.uk/wp-content/uploads/2021/04/What-happens-to-siblings-in-the-care-system.pdf

BASW, Centre for Social Work Practice, & Children's Commissioner. (2018). *80-20 Campaign—How much 'direct' time do social workers spend with children and families*. https://www.basw.co.uk/resources/80-20-campaign-final-report-2018

Beaver, K., & Ipsos MORI. (2021). *Understanding Public Attitudes to the Early Years*. Ipsos MORI & Royal Foundation. https://royalfoundation.com/understanding-public-attitudes-to-the-early-years/

Beckett, H., Holmes, D., & Walker, J. (2017). *Child sexual exploitation: Definition and guide for practitioners. Extended text*. https://www.beds.ac.uk/media/86735/uob-rip-cse-guidancefeb2017.pdf

Bennett, D., Webb, C., Mason, K., Schluter, D., Fahy, K., Alexiou, A., Wickham, S., Barr, B., & Taylor-Robinson, D. (n.d.). *Funding for preventative Children's Services and rates of children becoming looked after: A natural experiment using longitudinal area-level data in England.*

Berg, S. (2021, June 4). Postcode lottery for baby care orders—Judge. *BBC News*. https://www.bbc.com/news/uk-57343582

Berridge, D., Luke, N., Sebba, J., Strand, S., Cartwright, M., Staples, E., McGrath-Lone, L., Ward, J., & O'Higgins, A. (2020). *Children in need and children in care: Educational attainment and progress* (p. 221). University of Bristol & Rees Centre. http://www.bristol.ac.uk/media-library/sites/policybristol/briefings-and-reports-pdfs/Final%20Report%20Nuffield.pdf

Better Care Network, & International Parent Advocacy Network. (2020). *International Review of Parent Advocacy in Child Welfare: Strengthening Children's Care and Protection Through Parent Participation | Better Care Network.* https://bettercarenetwork.org/library/principles-of-good-care-practices/parent-participation/international-review-of-parent-advocacy-in-child-welfare-strengthening-childrens-care-and-protection

Biehal, N., Ellison, S., Baker, C., & Sinclair, I. (2010). *Belonging and Permanence: Outcomes in Long-Term Foster Care and Adoption.* British Association for Adoption and Fostering (BAAF).

Black, C. (2020). *Review of drugs: Phase one report.* Home Office. https://www.gov.uk/government/publications/review-of-drugs-phase-one-report

Blackwell, A., & Samuel, M. (2021). *Accommodation for 16 and 17-year-olds to face slimmer standards than children's homes, under DfE plans.* Community Care. https://www.communitycare.co.uk/2021/05/27/accommodation-16-17-year-olds-face-slimmer-standards-childrens-homes-dfe-plans/

Blades, R., Ronicle, J., Selwyn, J., & Ottaway, H. (2019). *Evaluation of regional adoption agencies.* Department for Education. https://www.gov.uk/government/publications/evaluation-of-regional-adoption-agencies

Boddy, J., Statham, J., Danielsen, I., Geurts, E., Helene Join-Lambert, & Euillet, S. (2013). *Beyond contact: Work with families of children placed away from home in four European countries.* University of Sussex Centre for Innovation and Research in Childhood and Youth. https://www.nuffieldfoundation.org/about/publications/beyond-contact-work-with-families-of-children-placed-away-from-home-in-four-european-countries-janet-boddy-june-statham-inge-danielsen-esther-geurts-helene-join-lambert-and-severine-euillet

Briheim-Crookall, L., Michelmore, O., Baker, C., Oni, O., Taylor, S., & Selwyn, J. (2020). *What Makes Life Good? Care Leavers' Views on their Well-being.* Coram Voice and Rees Centre. https://coramvoice.org.uk/wp-content/uploads/2020/11/1883-CV-What-Makes-Life-Good-Report-final.pdf

British Medical Association. (2020). *Alcohol and pregnancy: Preventing and managing fetal alcohol spectrum disorders.* https://www.bma.org.uk/what-we-do/population-health/drivers-of-ill-health/alcohol-and-pregnancy-preventing-and-managing-fetal-alcohol-spectrum-disorders

Broadhurst, K., & Mason, C. (2017). Birth Parents and the Collateral Consequences of Court-ordered Child Removal: Towards a Comprehensive Framework. *International Journal of Law, Policy and the Family, 31*(1), 41–59. https://doi.org/10.1093/lawfam/ebw013

Bibliography

Broadhurst, K., & Mason, C. (2020). Child removal as the gateway to further adversity: Birth mother accounts of the immediate and enduring collateral consequences of child removal. *Qualitative Social Work, 19*(1), 15–37. https://doi.org/10.1177/1473325019893412

Broadhurst, K., Mason, C., Bedston, S., Alrouh, B., Morriss, L., McQuarrie, T., Palmer, M., Shaw, M., Harwin, J., & Kershaw, S. (2017). *Vulnerable birth mothers and recurrent care proceedings—Final Main Report.* Centre for Child and Family Justice Research. https://www.nuffieldfoundation.org/project/vulnerable-birth-mothers-and-recurrent-care-proceedings

Brown, S., Brady, G., Franklin, A., & Crookes, R. (2017). *The use of tools and checklists to assess risk of child sexual exploitation.* CSA Centre. https://www.csacentre.org.uk/

Bryant, B., Parish, N., & Rea, S. (2016). *Action research into improvement in local children's services.* Local Government Association.

Bywaters, P., Brady, G., Sparks, T., & Bos, E. (2016). Inequalities in child welfare intervention rates: The intersection of deprivation and identity. *Child & Family Social Work, 21*(4), 452–463. https://doi.org/10.1111/cfs.12161

Bywaters, P., Bunting, L., Davidson, G., Hanratty, J., Mason, W., McCartan, C., & Steils, N. (2016). *The relationship between poverty, child abuse and neglect: An evidence review.* Joseph Rowntree Foundation. https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review

Bywaters, P., Featherstone, B., & The Child Welfare Inequalities Project Team. (2020). *The Child Welfare Inequalities Project: Final Report.* CWIP & Nuffield Foundation. https://pure.hud.ac.uk/en/publications/the-child-welfare-inequalities-project-final-report

Bywaters, P., Scourfield, J., Webb, C., Morris, K., Featherstone, B., Brady, G., Jones, C., & Sparks, T. (2019). Paradoxical evidence on ethnic inequities in child welfare: Towards a research agenda. *Children and Youth Services Review, 96,* 145–154. https://doi.org/10.1016/j.childyouth.2018.11.042

Camden Council. (2019, April 24). *Camden Children's Safeguarding: News Articles / Family-led Child Protection Enquiry—Camden Conversations.* https://www.camdenchildrenssocialwork.info/blog_articles/2012-family-led-child-protection-enquiry-camden-conversations?term=camden+conversations

Campbell, D., & The Guardian. (2019, February 9). *Young knife wound admissions to hospitals pass 1,000 a year | NHS | The Guardian.* The Guardian. https://www.theguardian.com/society/2019/feb/09/nhs-figures-show-rise-in-knife-wounds-among-young-people

Care Quality Commission. (2020). *The state of health care and adult social care in England 2019/2020.* https://www.cqc.org.uk/publications/major-report/state-care

Bibliography

Centre for Parenting & Research & Research, Funding & Business Analysis Division. (2006). *The impor-*
tance of attachment in the lives of foster children—Key messages from research. https://earlytraum-
agrief.anu.edu.au/files/research_attachment.pdf

Child Safeguarding Practice Review Panel. (2020). *Child Safeguarding Practice Review Panel: Annual*
report 2018 to 2019. https://www.gov.uk/government/publications/child-safeguarding-practice-re-
view-panel-annual-report-2018-to-2019

Child Safeguarding Practice Review Panel. (2021, May 14). *Child Safeguarding Practice Review Panel: An-*
nual report 2020. GOV.UK. https://www.gov.uk/government/publications/child-safeguarding-prac-
tice-review-panel-annual-report-2020

Children's Commissioner. (2015). *Protecting children from harm.* https://www.childrenscommissioner.gov.
uk/report/protecting-children-from-harm/

Children's Commissioner. (2019a). *Stability Index 2019.* https://www.childrenscommissioner.gov.uk/report/
stability-index-2019/

Children's Commissioner. (2019b). *Keeping kids safe – Children's Commissioner for England.* https://www.
childrenscommissioner.gov.uk/report/keeping-kids-safe/

Children's Commissioner. (2019c). *Pass the parcel: Children posted around the care system.* https://www.
childrenscommissioner.gov.uk/report/pass-the-parcel-children-posted-around-the-care-system/

Children's Commissioner. (2020a). *Unregulated.* Children's Commissioner. https://www.childrenscommis-
sioner.gov.uk/report/unregulated/

Children's Commissioner. (2020b). *Who are they? Where are they? 2020.* Children's Commissioner. https://
www.childrenscommissioner.gov.uk/report/who-are-they-where-are-they-2020/

Children's Commissioner. (2020c, November 11). *Stability index 2020.* Children's Commissioner for Eng-
land. https://www.childrenscommissioner.gov.uk/report/stability-index-2020/

Children's Commissioner. (2020d). *The children who no-one knows what to do with.* https://www.children-
scommissioner.gov.uk/report/the-children-who-no-one-knows-what-to-do-with/

Children's Commissioner. (2020e). *Injustice or In Justice.* https://www.childrenscommissioner.gov.uk/report/
injustice-or-in-justice/

Children's Commissioner. (2021a). *Our joint call on the government to include a statutory duty on local*
authorities to fund community-based services in the Domestic Abuse Bill. Children's Commissioner
for England. https://www.childrenscommissioner.gov.uk/2021/02/02/our-joint-call-on-the-govern-
ment-to-include-a-statutory-duty-on-local-authorities-to-fund-community-based-services-in-the-
domestic-abuse-bill/

Bibliography

Children's Commissioner. (2021b). *Still not safe.* https://www.childrenscommissioner.gov.uk/report/still-not-safe/

Clarke, T. (2019). *Characteristics of gang associated children and young people—Technical report.* Children's Commissioner. https://www.bl.uk/collection-items/characteristics-of-gang-associated-children-and-young-people

Clements, K., & National Children's Bureau. (2018). *An analysis of Local Safeguarding Children Boards' threshold documents—Summary of research carried out on behalf of the All Party Parliamentary Group for Children.* National Children's Bureau.

Contact. (2017). *Caring More Than Most—A profile of UK families caring for disabled children.* https://contact.org.uk/wp-content/uploads/2021/03/caring_more_than_most_full_report.pdf

Cox, P., Barratt, C., Blumenfeld, F., Rahemtulla, Z., Taggart, D., & Turton, J. (2015). *Reducing Recurrent Care Proceedings—Service Evaluation: Positive Choices and Mpower.* University of Essex. https://www.essex.ac.uk/-/media/documents/research/recurrent-care-proceedings.pdf

Crenna-Jennings, W., & Hutchinson, J. (2020). *Access to child and adolescent mental health services in 2019.* Education Policy Institute. https://epi.org.uk/publications-and-research/access-to-child-and-adolescent-mental-health-services-in-2019/

Criminal Justice Joint Inspection. (2019). *Youth resettlement – final report into work in the community.* https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/youth-resettlement-final-report-into-work-in-the-community/

Croydon Safeguarding Children Board. (2019). *Vulnerable Adolescents Thematic Review.* http://croydonlcsb.org.uk/wp-content/uploads/2019/02/CSCB-Vulnerable-Adolescent-Thematic-Review-PUBLISHED-Feb-2019.pdf

Cullen, M. A., & Lindsay, G. (2019). Special Educational Needs: Understanding Drivers of Complaints and Disagreements in the English System. *Frontiers in Education, 4.* https://doi.org/10.3389/feduc.2019.00077

Davidge, S., Magnusson, L., & Samuel, M. (2021). *The Domestic Abuse Report 2020—The Annual Audit.* Women's Aid. https://www.womensaid.org.uk/wp-content/uploads/2020/01/The-Domestic-Abuse-Report-2020-The-Annual-Audit.pdf

Davis, J., & Marsh, N. (2020). Boys to men: The cost of 'adultification' in safeguarding responses to Black boys. *Critical and Radical Social Work, 8(2),* 255–259. https://doi.org/10.1332/204986020X15945756023543

Department for children, schools and families. (2009). *Safeguarding Children and Young People from Sexual Exploitation: Supplementary guidance to Working Together to Safeguard Children.* https://www.basw.co.uk/system/files/resources/basw_112154-2_0.pdf

Bibliography

Department for Education. (2013, September 9). *Looked-after children: Improving permanence—Data pack.* GOV.UK. https://www.gov.uk/government/publications/improving-permanence-for-looked-after-children-data-pack

Department for Education. (2014). *Beyond the Adoption Order: Challenges, interventions and adoption disruption.*

Department for Education. (2016). *Looked-after children in residential care: Analysis.* Department for Education. https://www.gov.uk/government/publications/looked-after-children-in-residential-care-analysis

Working together to safeguard children, Department for Education, DFE-00195-2018 (2018). https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Department for Education. (2019a). *Review of children in need.* GOV.UK. https://www.gov.uk/government/publications/review-of-children-in-need

Department for Education. (2019b). *Help, protection, education: Concluding the Children in Need review.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809236/190614_CHILDREN_IN_NEED_PUBLICATION_FINAL.pdf

Department for Education. (2020a). *Longitudinal study of local authority social workers.* https://www.gov.uk/government/publications/longitudinal-study-of-local-authority-social-workers

Department for Education. (2020b). *Looked after children in independent or semi-independent placements.* Department for Education. https://www.gov.uk/government/publications/looked-after-children-in-independent-or-semi-independent-placements

Department for Education. (2020c). *Outcomes for children looked after by LAs: 31 March 2019.* https://www.gov.uk/government/statistics/outcomes-for-children-looked-after-by-local-authorities-31-march-2019

Department for Education. (2020d). *Children in need census 2021 to 2022: Guide.* https://www.gov.uk/government/publications/children-in-need-census-2021-to-2022-guide

Department for Education. (2020e). *Analytical associate pool—Summary of recent small-scale research projects.* Department for Education. https://www.cordisbright.co.uk/admin/resources/analyticalassociatepoolsummaryofrecentsmall-scaleresearchprojects.pdf

Department for Education. (2021a). *Statistics: Children's social work workforce.* GOV.UK. https://www.gov.uk/government/collections/statistics-childrens-social-care-workforce

Department for Education. (2021b, January). *Statistics: Local authority and school finance.* GOV.UK. https://www.gov.uk/government/collections/statistics-local-authority-school-finance-data

Bibliography

Department for Education. (2021c). *Looked after children aged under 16 in unregulated placements.*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/
file/960067/Looked_after_children_aged_under_16_in_unregulated_placements.pdf

Department for Education. (2021d, March 25). *Statistics: Children in need and child protection.* GOV.UK.
https://www.gov.uk/government/collections/statistics-children-in-need

Department for Education. (2021e, March 25). *Statistics: Looked-after children.* GOV.UK. https://www.gov.
uk/government/collections/statistics-looked-after-children

Department for Education (2021f). *Post-16 Education and labour market outcomes for looked after chil-
dren (LEO)*

Department for Education, & Ministry of Justice. (2014). *Family Justice Review reports.* https://www.gov.uk/
government/collections/family-justice-review

Department for Health and Social Care. (2021). *Working together to improve health and social care for all.* https://
www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all

Department for Work and Pensions. (2021, March). *Family Resources Survey: Financial year 2019
to 2020.* GOV.UK. https://www.gov.uk/government/statistics/family-resources-survey-finan-
cial-year-2019-to-2020

Dickson, E., Jolly, A., Morgan, B., Qureshi, F., Sojka, B., & Stamp, D. (2020). *Local Authority Responses to
people with NRPF during the pandemic.* https://doi.org/10.13140/RG.2.2.35815.88486/1

Early Intervention Foundation. (2018). *Realising the potential of early intervention.* https://www.eif.org.uk/
report/realising-the-potential-of-early-intervention

Ecorys UK, & Rees Centre. (2020). *Evaluation of Regional Adoption Agencies Second report: 2019 to
2020.* Department for Education.

Falconer, R., & Shardlow, S. (2018). Comparing child protection decision-making in England and Finland:
Supervised or supported judgement?: Journal of Social Work Practice: Vol 32, No 2. *Journal of So-
cial Work Practice, 32,* 111–124. https://doi.org/10.1080/02650533.2018.1438996

Family by Family. (2021). *Https://familybyfamily.org.au/.* Family by Family. https://familybyfamily.org.au/

Farmer, E. (2018). *Reunification from Out-of-Home Care: A Research Overview of Good Practice in Re-
turning Children Home from Care.* University of Bristol. https://research-information.bris.ac.uk/en/
publications/reunification-from-out-of-home-care-a-research-overview-of-good-p

Farmer, E., & Moyers, S. (2008). *Kinship Care: Fostering Effective Family and Friends Placements.* Jessica
Kingsley Publishers.

Bibliography

Ferguson, H., Disney, T., Warwick, L., Leigh, J., Cooner, T. S., & Beddoe, L. (2020). Hostile Relationships In Social Work Practice: Anxiety, hate and conflict in long-term work with involuntary service users. *Journal of Social Work Practice, 35(1)*. https://doi.org/10.1080/02650533.2020.1834371

Ferguson, H., Gibson, M., & Plumridge, G. (2019). *Appendix 2: Independent Evaluation of the Implementation of Ofsted's Framework for Inspection of Local Authority Children's Services (ILACS)*. GOV.UK. https://www.gov.uk/government/publications/implementation-review-inspection-of-local-authority-childrens-services-framework'

Firmin, C. (2019). Relocation, relocation, relocation: Home and school-moves for children affected extra-familial risks during adolescence. *Children's Geographies, 0(0)*, 1–13. https://doi.org/10.1080/14733285.2019.1598545

Firmin, C., Wroe, L., & Skidmore, P. (2020). *A sigh of relief: A summary of the phase one results from the Securing Safety study*. https://contextualsafeguarding.org.uk/wp-content/uploads/2020/05/SS-Phase-1-Briefing_FINAL-MAY-2020.pdf

Forrester, D., Lynch, A., Bostock, L., Newlands, F., Preston, B., & Cary, A. (2017). *Family Safeguarding Hertfordshire: Evaluation Report*. Department for Education. https://www.gov.uk/government/publications/family-safeguarding-hertfordshire-an-evaluation

Galvani, S., & Forrester, D. (2011). How Well Prepared are Newly Qualified Social Workers for Working with Substance Use Issues? Findings from a National Survey in England. *Social Work Education, 30*, 422–439. https://doi.org/10.1080/02615479.2010.504981

Hale, B. (2019). *30 Years of the Children Act 1989—Scarman Lecture 2019, Law Commission, London—Lady Hale*. https://www.supremecourt.uk/docs/speech-191113.pdf

Harrison, N., Baker, Z., & Stevenson, J. (2020). Employment and further study outcomes for care-experienced graduates in the UK | SpringerLink. *Higher Education*. https://doi.org/10.1007/s10734-020-00660-w

Harwin, J., Alrouh, B., Bedston, S., & Broadhurst, K. (2018). *Care Demand and Regional Variability in England: 2010/11 to 2016/17*. Centre for Child and Family Justice Research. https://www.cfj-lancaster.org.uk/app/nuffield/files-module/local/documents/Care-Demand-Regional-Variability-Report_2018.02.21_V1.2.pdf

Harwin, J., Alrouh, B., Golding, L., McQuarrie, T., Broadhurst, K., & Cusworth, L. (2019). *The contribution of supervision orders and special guardianship to children's lives and family justice*. Centre for Child and Family Justice Research. https://www.nuffieldfjo.org.uk/wp-content/uploads/2021/05/SGO_FinalReport.pdf

Bibliography

Harwin, J., Alrouh, B., Ryan, M., & Tunnard, J. (2014). *Changing Lifestyles, Keeping Children Safe: An evaluation of the first Family Drug and Alcohol Court (FDAC) in care proceedings.* https://www.researchgate.net/publication/268983069_Changing_Lifestyles_Keeping_Children_Safe_an_evaluation_of_the_first_Family_Drug_and_Alcohol_Court_FDAC_in_care_proceedings

Her Majesty's Prison and Probation Service, & Youth Custody Service. (February 2021). Youth custody data. GOV.UK.Retrieved 7 June 2021, from https://www.gov.uk/government/statistics/youth-custody-data

HM Chief Inspector of Prisons. (2020). *Young offender institutions holding children.* https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/young-offender-institutions/

Hodges, H., & Bristow, D. (2019). *Analysis of the Factors Contributing to the High Rates of Care in Wales.* Wales Centre for Public Policy. https://www.wcpp.org.uk/publication/analysis-of-the-factors-contributing-to-the-high-rates-of-care-in-wales/

Holmes, L., Neagu, M., Sanders-Ellis, D., & Harrison, N. (2020). *Lifelong Links Evaluation Report.* Department for Education. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/955953/Lifelong_Links_evaluation_report.pdf

Holtan, A., Rønning, J. A., Handegård, B. H., & Sourander, A. (2005). A comparison of mental health problems in kinship and nonkinship foster care. *European Child & Adolescent Psychiatry, 14(4),* 200–207. https://doi.org/10.1007/s00787-005-0445-z

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Medicine, 7(7),* e1000316. https://doi.org/10.1371/journal.pmed.1000316

House of Commons Education Committee. (2016). *Mental health and well-being of looked-after children—Fourth Report to Session 2015-16.* https://publications.parliament.uk/pa/cm201516/cmselect/cmeduc/481/48102.htm

House of Lords. (2009). *R (G) v London Borough of Southwark (2009) UKHL 26.* https://publications.parliament.uk/pa/ld200809/ldjudgmt/jd090520/appg-1.htm

Hoyle, V., Shepherd, E., Lomas, E., & Flinn, A. (2020). Recordkeeping and the life-long memory and identity needs of care-experienced children and young people. *Child & Family Social Work, 25(4),* 935–945. https://doi.org/10.1111/cfs.12778

Hunt, J. (2010). *Parental Perspectives on the Family Justice System in England and Wales: A review of research.* Family Justice Council. https://www.judiciary.uk/wp-content/uploads/JCO/Documents/FJC/Publications/Parental_Perspectives_final.pdf

Hyde-Dryden, G., Holmes, L., Lawson, D., & Blackmore, J. (2015). *Taking care: Practice framework for reunification evaluation report* [Report]. Loughborough University. /articles/report/Taking_care_practice_framework_for_reunification_evaluation_report/9579998/1

Bibliography

Independent Anti-Slavery Commissioner. (2020). *The Modern Slavery Act 2015 statutory defence: Call for evidence - review published.* http://www.antislaverycommissioner.co.uk/news-insights/the-modern-slavery-act-2015-statutory-defence-call-for-evidence-review-published/

Interface Associates UK Limited. (2020). *Social work teaching partnerships: An evaluation.* Department for Education. https://www.gov.uk/government/publications/social-work-teaching-partnerships-evaluation-interim-report

Iyer, P., Boddy, J., Hammelsbeck, R., & Lynch-Huggins, S. (2020). *Contact following placement in care, adoption, or special guardianship: Implications for children and young people's well-being.* Nuffield Family Justice Observatory. https://www.nuffieldfjo.org.uk/resource/contact-well-being

Jackson, S., & Simon, A. (2005). The costs and benefits of educating children in care. In *In Care and After: A Positive Perspective* (pp. 44–62). Routledge. https://discovery.ucl.ac.uk/id/eprint/1507004/

Jay, M., Stavola, B. D., Dorsett, R., Thomson, D., & Gilbert, R. (2020). *Model estimates of cumulative incidence of children in need status and referral to children's social care.* https://doi.org/10.17605/OSF.IO/6ECRZ

Jones, C. (2016). Sibling Relationships in Adoptive and Fostering Families: A Review of the International Research Literature. *Children & Society, 30*(4), 324–334. https://doi.org/10.1111/chso.12146

Judicial College. (2020). *Judicial College Prospectus 2020-2021.* https://www.judiciary.uk/announcements/judicial-college-prospectus-for-courts-judiciary-2020-2021/

Kantar. (2020). *National assessment and accreditation system (NAAS): Evaluation of phases 1 and 2.* Department for Education. https://www.gov.uk/government/publications/national-assessment-and-accreditation-system-naas-evaluation-of-phases-1-and-2

Kenyon, P., & Forde, E. (2020, January 14). Thousands of siblings split up in care system. *BBC News.* https://www.bbc.com/news/uk-51095939

Kinship Care Parliamentary Taskforce. (2020). *First Thought Not Afterthought: Report of the Parliamentary Taskforce on Kinship Care.* https://frg.org.uk/product/first-thought-not-afterthought-report-of-the-parliamentary-taskforce-on-kinship-care/

Lakhani, N. B. (n.d.). *'Step Up Step Down': Improving life in the household | The Fostering Network.* The Fostering Network. Retrieved 8 June 2021, from https://www.thefosteringnetwork.org.uk/blogs/n-b-lakhani/step-step-down-improving-life-household-0

Lefevre, M., Preston, O., Hickle, K., Horan, R., Drew, H., Banerjee, R., Cane, T., Barrow, M., & Bowyer, S. (2020). *Evaluating a contextual safeguarding system in Hackney.* Department for Education. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932353/Hackney_Contextual_Safeguarding.pdf

Bibliography

Lewing, B., Stanford, M., & Redmond, T. (2020). *Planning early childhood services in 2020: Learning from practice and research on children's centres and family hubs.* Early Intervention Foundation. https://www.eif.org.uk/report/planning-early-childhood-services-in-2020-learning-from-practice-and-research-on-childrens-centres-and-family-hubs

LGiU, & MJ. (2020). *LGIU MJ State of Local Government Finance Survey 2020.* https://lgiu.org/publication/lgiu-mj-state-of-local-government-finance-survey-2020/

Lloyd, J., & Firmin, C. (2020). No Further Action: Contextualising Social Care Decisions for Children Victimised in Extra-Familial Settings. *Youth Justice, 20*(1–2), 79–92. https://doi.org/10.1177/1473225419893789

Local Government & Social Care Ombudsman. (2018). F*irm foundations: complaints about council support and advice for special guardians.* https://www.lgo.org.uk/information-centre/news/2018/may/ombudsman-challenges-councils-to-ensure-appropriate-support-provided-for-special-guardians

Local Government & Social Care Ombudsman. (2020). *Focus on Housing Benefit.* https://www.lgo.org.uk/information-centre/news/2020/jan/ombudsman-highlighting-the-human-cost-of-poor-housing-benefit-practice

Local Government Association. (2019). *Explaining Variation in Spending – Children's Services | Local Government Association.* https://www.local.gov.uk/publications/explaining-variation-spending-childrens-services

Lushey, C., Hyde-Dryden, G., Holmes, L., & Blackmore, J. (2017). *'No Wrong Door' innovation programme: Evaluation.* Department for Education. https://www.gov.uk/government/publications/no-wrong-door-innovation-programme-evaluation

Maguire-Jack, K., & Showalter, K. (2016). The protective effect of neighborhood social cohesion in child abuse and neglect. *Child Abuse & Neglect, 52,* 29–37. https://doi.org/10.1016/j.chiabu.2015.12.011

Marmot, M., Allen, J., Boyce, T., Goldblatt, P., & Morrison, J. (2020). *Health Equity in England: The Marmot Review 10 Years On.* Institute of Health Equity & The Health Foundation. https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

Mason, C., & Broadhurst, K. (2020). *Discussion paper: What explains marked regional variations in infant care.* Nuffield Family Justice Observatory. https://www.nuffieldfjo.org.uk/resource/regional-variations-infant-care-proceedings

Mason, P., Ferguson, H., Morris, K., Munton, T., & Sen, R. (2017). *Leeds Family Valued programme—Evaluation report.* Department for Education. https://www.gov.uk/government/publications/leeds-family-valued-programme

Masson, J., Dickens, J., Bader, K., & Young, J. (2013). Partnership by Law? The Pre-Proceedings Process for Families on the Edge of Care Proceedings. *SSRN Electronic Journal.* https://doi.org/10.2139/ssrn.2281146

Bibliography

Masson, J., Dickens, J., Garside, L., Bader, K., & Young, J. (2018). *Reforming care proceedings: 1 Court outcomes.* https://doi.org/10.13140/RG.2.2.26018.53443

McCracken, K., Priest, S., FitzSimons, A., Bracewell, K., Torchia, K., Parry, W., & Stanley, N. (2017). *Evaluation of Pause.* Department for Education. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625374/Evaluation_of_Pause.pdf

McFarlane, A. (2017). *Holding the Risk – the Balance between Child Protection and the Right to Family Life—Lord Justice McFarlane.* Family Justice Council. https://www.judiciary.uk/announcements/the-inaugural-bridget-lindley-annual-memorial-lecture-holding-the-risk-the-balance-between-child-protection-and-the-right-to-family-life/

McPherson, M., Smith-Lovin, L., & Brashears, M. E. (2006). Social Isolation in America: Changes in Core Discussion Networks over Two Decades. *American Sociological Review, 71*(3), 353–375. https://doi.org/10.1177/000312240607100301

MHCLG. (2020). *Local authority revenue expenditure and financing England: 2020 to 2021 budget.* https://www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2020-to-2021-budget

Ministry of Housing Communities & Local Government. (2019). *National evaluation of the Troubled Families Programme 2015 to 2020: Findings.* https://www.gov.uk/government/publications/national-evaluation-of-the-troubled-families-programme-2015-to-2020-findings

Ministry of Justice. (2020, October 6). *Assessing risk of harm to children and parents in private law children cases.* GOV.UK. https://www.gov.uk/government/consultations/assessing-risk-of-harm-to-children-and-parents-in-private-law-children-cases

Ministry of Justice & Youth Justice Board. (2020). *Assessing the needs of sentenced children in the Youth Justice System.* https://www.gov.uk/government/statistics/assessing-the-needs-of-sentenced-children-in-the-youth-justice-system

Ministry of Justice, Youth Justice Board for England and Wales, & Youth Custody Service. (2021). *Youth justice statistics.* GOV.UK. Retrieved 8 June 2021, from https://www.gov.uk/government/collections/youth-justice-statistics

Morris, K., Featherstone, B., Hill, K., & Ward, M. (2018). *Stepping Up, Stepping Down.* https://www.basw.co.uk/resources/stepping-stepping-down

Munro, E. (2011). *Munro review of child protection: Final Report - A child-centred system.* Department for Education. https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system

Bibliography

Munro, E. R., & Hardy, A. (2006). *Placement stability: A review of the literature* [Report]. Loughborough University. /articles/report/Placement_stability_a_review_of_the_literature/9580304/1

Murray, E. T., Lacey, R., Maughan, B., & Sacker, A. (2020). Association of childhood out-of-home care status with all-cause mortality up to 42-years later: Office of National Statistics Longitudinal Study. *BMC Public Health, 20*(1), 735. https://doi.org/10.1186/s12889-020-08867-3

Nandy, S., Selwyn, J., Farmer, E., & Vaisey, P. (2011). *Spotlight on Kinship Care—Using Census microdata to examine the extent and nature of kinship care in the UK at the turn of the Twentieth century.* University of Bristol. https://research-information.bris.ac.uk/ws/portalfiles/portal/189942972/Final_Kinship_Care_Report.pdf

Narey, M. (2018). *Foster care in England.* GOV.UK. https://www.gov.uk/government/publications/foster-care-in-england

National Audit Office. (2019). *Pressures on children's social care.* https://www.nao.org.uk/report/pressures-on-childrens-social-care/

National Audit Office. (2020, July 10). *Universal Credit: Getting to first payment.* National Audit Office. https://www.nao.org.uk/report/universal-credit-getting-to-first-payment/

National Audit Office, & Ministry of Housing Communities & Local Government. (2021). *Local government finance in the pandemic.* https://www.nao.org.uk/report/local-government-finance-in-the-pandemic/

Nicol Economics. (2020). *Kinship Care: The Opportunity.* Grandparents Plus. https://kinship.org.uk/news/the-economic-case-for-kinship-care/

NRPF Network. (2020). *NRPF Connect data report 2019-20 | NRPF.* https://www.nrpfnetwork.org.uk/news/nrpf-connect-data-report-2019-20

Nuffield Family Justice Observatory. (2021, February 18). *Children in the family justice system infographic.* Nuffield Family Justice Observatory. https://www.nuffieldfjo.org.uk/resource/children-in-the-family-justice-system

Nuffield Family Justice Observatory for England & Wales. (2019). *Pre-Proceedings in England and Wales: Sharing Practice Perspective.* https://www.nuffieldfjo.org.uk/wp-content/uploads/2021/05/Pre-Proceedings-Report.pdf

Nurmatov, B. U., Bezeczky, Z., El-Banna, A., Kemp, A., Forrester, D., & Scourfield, J. (2019). *Intensive Family Preservation Services to prevent out-of-home placement of children: A systematic review and meta-analysis.* What Works for Children's Social Care. https://whatworks-csc.org.uk/wp-content/uploads/WWCSC-Intensive-Family-Preservation-Services-to-prevent-out-of-home-placement-of-children-v2.pdf

Office for National Statistics. (2020a, February 20). *Social capital in the UK - Office for National Statistics.* https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/socialcapitalintheuk/2020

Office for National Statistics. (2020b, June 24). *Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland—Office for National Statistics.* https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

Office for National Statistics. (2021, March 2). *Young adults living with their parents—Office for National Statistics.* https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/datasets/youngadultslivingwiththeirparents

Ofsted. (2019). *Inspection of local authority children's services framework: Implementation review.* https://www.gov.uk/government/publications/implementation-review-inspection-of-local-authority-childrens-services-framework

Ofsted. (2020a). *Fostering in England 2019 to 2020: Main findings.* https://www.gov.uk/government/statistics/fostering-in-england-1-april-2019-to-31-march-2020/fostering-in-england-2019-to-2020-main-findings

Ofsted. (2020b). *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2019/20.* https://www.gov.uk/government/publications/ofsted-annual-report-201920-education-childrens-services-and-skills

Ofsted. (2021a). *Main findings: Local authority and children's homes in England inspections and outcomes autumn 2020.* Ofsted. https://www.gov.uk/government/statistics/local-authority-and-childrens-homes-in-england-inspections-and-outcomes-autumn-2020/main-findings-local-authority-and-childrens-homes-in-england-inspections-and-outcomes-autumn-2020

Ofsted. (2021b). *Competition and Markets Authority—Market study into children's social care provision: Invitation to comment – Ofsted response.* https://assets.publishing.service.gov.uk/media/60a3dbee-8fa8f56a37d59d9a/Ofsted-response.pdf

Ofsted, Care Quality Commission, HM Inspectorate of Probation, HM Inspectorate of Constabulary and Fire & Rescue Services, & HM Inspectorate of Constabulary. (2018, September). *Joint inspections of the response to children living with domestic abuse: The multi-agency response to children living with domestic abuse: Prevent, protect and repair.* GOV.UK. https://www.gov.uk/government/publications/joint-inspections-of-the-response-to-children-living-with-domestic-abuse

Ofsted, Care Quality Commission, HM Inspectorate of Probation, HM Inspectorate of Constabulary and Fire & Rescue Services. (2020). *The multi-agency response to child sexual abuse in the family environment.* GOV.UK. https://www.gov.uk/government/publications/the-multi-agency-response-to-child-sexual-abuse-in-the-family-environment

Ottaway, H., & Selwyn, J. (2016). *'No-one told us it was going to be like this': Compassion fatigue and foster carers.* https://doi.org/10.13140/RG.2.2.33955.45606

Bibliography

Owen, C., & Statham, J. (2009). *Disproportionality in Child Welfare.* https://dera.ioe.ac.uk/11152/1/DCSF-RR124.pdf

Pattinson, R., Broadhurst, K., Alrouh, B., Cusworth, L., Doebler, S., Griffiths, L., Johnson, R., Akbari, A., Ford, D., & Centre for Child & Family Justice Research. (2021). *Newborn babies in urgent care proceedings in England and Wales.* Nuffield Family Justice Observatory. https://www.cfj-lancaster.org.uk/news/new-report-newborn-babies-in-urgent-care-proceedings

Philip, G., Bedston, S., Youansamouth, L., Clifton, J., Broadhurst, K., Brandon, M., & Hu, Y. (2021). *'Up Against It': Understanding Fathers' Repeat Appearance in Local Authority Care Proceedings.* Nuffield Foundation. http://www.research.lancs.ac.uk/portal/en/publications/-(ed2f-d92e-ee90-484c-877e-9f6cd1523cb5).html

Public Health England. (2017). *Psychosocial pathways and health outcomes.* GOV.UK. https://www.gov.uk/government/publications/psychosocial-pathways-and-health-outcomes

Public law working group. (2021). *Recommendations to achieve best practice in the child protection and family justice systems.* https://www.judiciary.uk/wp-content/uploads/2021/03/March-2021-report-final_clickable.pdf

Putnam, R. D. (1995). Bowling Alone: America's Declining Social Capital. *Journal of Democracy, 6*(1), 65–78. https://doi.org/10.1353/jod.1995.0002

PWC. (2021). *The investment of a lifetime: Delivering better outcomes for children in care.* https://www.pwc.co.uk/industries/government-public-sector/insights/investment-of-lifetime-delivering-better-children-care-outcomes.html

Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., & Collishaw, S. (2011). *Child Abuse and Neglect in the UK Today* [Monograph]. UCLan - University of Central Lancashire; NSPCC. http://www.nspcc.org.uk/childstudy

Research in Practice. (2021). *Addressing barriers to the progression of black and minority ethnic social workers to senior leadership roles.*

Reeve, K. (2011). *The hidden truth about homelessness—Experiences of single homelessness in England* (p. 21). Crisis and CRESR.

Robinson, A., Myhill, A., Wire, J., Roberts, J., & Tilley, N. (2016). *Risk-led policing of domestic abuse and the DASH risk model.* WHAT WORKS: CENTRE FOR CRIME REDUCTION.

Rodger, J., Allan, T., Elliot, S., & York Consulting LLP. (2020). *Family Safeguarding Evaluation report.* Department for Education. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932367/Hertfordshire_Family_Safeguarding.pdf

Bibliography

Rome, A. (2020a). *Profit making and risk in independent children's social care placement providers | Local Government Association.* Local Government Association & Revolution Consulting Limited; https://www.revolution-consulting.org/wp-content/uploads/2020/03/Profit-Making-and-Risk-in-Independent-Childrens-Social-Care-Placement-Providers-Final-29-Feb-2020-report.pdf. https://www.local.gov.uk/profit-making-and-risk-independent-childrens-social-care-placement-providers

Rome, A. (2020b). *Price trends and costs of children's homes.* Revolution Consulting & National Centre for Excellence in Residential Child Care. https://www.revolution-consulting.org/wp-content/uploads/2020/02/FoI-price-report-final-16-Feb-2020-1.pdf

Royal Courts of Justice. (2021). *Lancashire CC v G No4 Continuing Unavailability of Regulated Placement judgment.* https://www.judiciary.uk/wp-content/uploads/2021/02/Lancashire-CC-v-G-No4Continuing-Unavailability-of-Regulated-Placement-judgment.pdf

Safe Lives. (2017). *Safe Young Lives: Young People and Domestic abuse.* https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf

Sebba, J., Luke, N., McNeish, D., & Rees, A. (2017). *Children's Social Care Innovation Programme: Final evaluation report.* Department for Education. https://www.gov.uk/government/publications/childrens-social-care-innovation-programme-final-evaluation-report

Sebba, Judy, Berridge, D., Luke, N., Fletcher, J., Bell, K., Strand, S., Thomas, S., Sinclair, I., & O'Higgins, A. (2015). *The Educational Progress of Looked After Children in England: Linking Care and Educational Data.* Rees Centre & University of Bristol. https://research-information.bris.ac.uk/en/publications/the-educational-progress-of-looked-after-children-in-england-link

Selwyn, J. T., Farmer, E., Meakings, S. J., & Vaisey, P. (2013). *The Poor Relations? Children and Informal Kinship Carers Speak Out: A Summary Research Report.* School for Policy Studies, University of Bristol. https://research-information.bris.ac.uk/en/publications/the-poor-relations-children-and-informal-kinship-carers-speak-out

Selwyn, J., Wijedasa, D., & Meakings, S. (2014). *Beyond the adoption order: Challenges, intervention, disruption.* Department for Education. https://www.gov.uk/government/publications/beyond-the-adoption-order-challenges-intervention-disruption

Silman, J. (2016). *Never use the word 'attachment' again.* Community Care. https://www.communitycare.co.uk/2016/08/09/never-use-word-attachment/

Skills for Care. (2020). *The state of the adult social care sector and workforce in England.* https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx

Skinner, G. C. M., Bywaters, P. W. B., Bilson, A., Duschinsky, R., Clements, K., & Hutchinson, D. (2021). The 'toxic trio' (domestic violence, substance misuse and mental ill-health): How good is the evidence base? *Children and Youth Services Review, 120,* 105678. https://doi.org/10.1016/j.childyouth.2020.105678

Bibliography

Social Exclusion Unit. (2002). *Reducing re-offending by ex-prisoners.* https://www.bristol.ac.uk/poverty/downloads/keyofficialdocuments/Reducing%20Reoffending.pdf

Staines, J., & Selwyn, J. (2020). "I wish someone would explain why I am in care": The impact of children and young people's lack of understanding of why they are in out-of-home care on their well-being and felt security. *Child & Family Social Work, 25*(S1), 97–106. https://doi.org/10.1111/cfs.12721

Stanford, M., Lennon, M., & Feinstein, L. (2019). *Estimating Children's Services spending on vulnerable children: Vulnerability technical spend report. July 2019.* Children's Commissioner. https://dera.ioe.ac.uk//33781/1/cco-vulnerability-2019-spend-report.pdf

Taylor, S., & Coram. (2021). *Public attitudes to children in care and care leavers Coram.* www.coram.org.uk/resource/public-attitudes-children-care-and-care-leavers-coram

The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2017/18. (2018). https://www.gov.uk/government/publications/ofsted-annual-report-201718-education-childrens-services-and-skills

The Black Care Experience. (2021). *The Black Care Experience 2021 Report.* https://theblackcareexperience.files.wordpress.com/2021/03/the-black-care-experience-2021-report.pdf

The Care Experienced Conference. (2019, April 26). *Conference Report | Care Experienced Conference.* Care Exp Conf. https://info822785.wixsite.com/careexpconf/reports

The Care Inquiry, & Family Rights Group. (2013). *Making not breaking—Building relationships for our most vulnerable children.* https://frg.org.uk/wp-content/uploads/2021/02/care-inquiry-full-report-april-2013.pdf

The Child Safeguarding Practice Review Panel. (2020). *It was hard to escape—Safeguarding children at risk from criminal exploitation.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/870035/Safeguarding_children_at_risk_from_criminal_exploitation_review.pdf

The Children's Society. (2019). *Counting Lives Report.* https://www.childrenssociety.org.uk/information/professionals/resources/counting-lives

The Fostering Services (England) Regulations 2011. Queen's Printer of Acts of Parliament. Retrieved 9 June 2021, from https://www.legislation.gov.uk/uksi/2011/581/contents/made

The independent review of children's social care. (2021). *Terms of Reference: The independent review of children's social care.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952624/terms_of_reference_independent_childrens_social_care_review.pdf

Thomas, C. (2018). *The Care Crisis Review.* The Nuffield Foundation & Family Rights Group. https://frg.org.uk/policy-and-campaigns/the-care-crisis-review/

Bibliography

Thornton, A., Hingley, S., & Mortimer, E. (2015). *A census of the children's homes workforce—Research report.* Department for Education. https://www.gov.uk/government/publications/childrens-homes-workforce-census

Unicef. (n.d.). *UN Convention on the Rights of the Child (UNCRC).* Unicef UK. Retrieved 8 June 2021, from https://www.unicef.org.uk/what-we-do/un-convention-child-rights/

Webb, C. (n.d.). 'In Defence of Ordinary Help: Estimating the effect of Early Help/Family Support Spending on Children in Need Rates in England using ALT-SR. *Under Review.*

Webb, C., Bennet, D., & Bywaters, P. (n.d.). *Funding and deprivation as determinants of child welfare and protection services quality—A multilevel analysis of evaluations in England.*

Webb, C., Bywaters, P., Scourfield, J., Davidson, G., & Bunting, L. (2020). Cuts both ways: Ethnicity, poverty, and the social gradient in child welfare interventions. *Children and Youth Services Review, 117,* 105299. https://doi.org/10.1016/j.childyouth.2020.105299

Webb, C., Bywaters, P., Scourfield, J., McCartan, C., Bunting, L., Davidson, G., & Morris, K. (2020). Untangling child welfare inequalities and the 'Inverse Intervention Law' in England. *Children and Youth Services Review, 111*, 104849. https://doi.org/10.1016/j.childyouth.2020.104849

Wellard, S., Meakings, S., Farmer, E., & Hunt, J. (2017). Growing up in Kinship Care: Experiences as Adolescents and Outcomes in Young Adulthood. *Kinship.* https://kinship.org.uk/report/growing-up-in-kinship-care-experiences-as-adolescents-and-outcomes-in-young-adulthood/

Westlake, D., Corliss, C., El-Banna, A., Thompson, S., Meindl, M., Talwar, R., Diaz, C., Folkes, L., & Addis, S. (2020). *Devolved Budgets: An Evaluation of Pilots in Three Local Authorities in England.* What Works for Children's Social Care. https://whatworks-csc.org.uk/research-report/devolved-budget-an-evaluation-of-pilots-in-three-local-authorities-in-england/

What Works Centre for Crime Reduction. (2020). *Exploitation, county lines, threats and weapons: Learning from two serious case reviews.* https://whatworks.college.police.uk/Research/Documents/VKPP_Exploitation_SpotlightBriefing.pdf

Whitehead, S., & Reeder, N. (2016). *Better Courts: The financial impact of the London Family Drug and Alcohol Court.* Centre for Justice Innovation. https://justiceinnovation.org/publications/better-courts-financial-impact-london-family-drug-and-alcohol-court

Whittaker, A. (2011). Social defences and organisational culture in a local authority child protection setting: Challenges for the Munro Review? *Journal of Social Work Practice, 25*(4), 481–495. https://doi.org/10.1080/02650533.2011.626654

Whittaker, A., & Havard, T. (2016). Defensive Practice as 'Fear-Based' Practice: Social Work's Open Secret? *British Journal of Social Work, 46*(5), 1158–1174. https://doi.org/10.1093/bjsw/bcv048

Bibliography

Who Cares Scotland, & The Equality and Human Rights Commission. (2018). *Care Experience and Protected Characteristics.*

Wijedasa, D. (2015). *The prevalence and characteristics of children growing up with relatives in the UK (Briefing paper 1: The characteristics of children growing up with relatives in England: Part 1).* https://www.bristol.ac.uk/media-library/sites/sps/documents/kinship/Kinstat_%20Briefing%20 Paper%20001_V2.pdf

Wilkins, D., & Forrester, D. (2020). What do parents think about statutory child and family social work services in the UK? *The British Journal of Social Work, bcaa185.* https://doi.org/10.1093/bjsw/bcaa185

Wilkins, D., Lynch, A., & Antonopoulou, P. (2018). A golden thread? The relationship between supervision, practice, and family engagement in child and family social work. *Child & Family Social Work.* https:// doi.org/10.1111/cfs.12442

Williams, A., Wood, S., Warner, N., Cummings, A., Hodges, H., El-Banna, A., & Daher, S. (2020). *Unlocking the Facts: Young people referred to Secure Children's Homes.* What Works for Children's Social Care. http://whatworks-csc.org.uk/research-report/unlocking-the-facts-young-people-referred-to-secure-childrens-homes/

Williams, K., Papadopoulou, V., Booth, N., & Ministry of Justice Analytical Services. (2012). *Prisoners' childhood and family backgrounds* (Ministry of Justice Research Series 4/12; p. 38). Ministry of Justice. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/ file/278837/prisoners-childhood-family-backgrounds.pdf

Williams, P., Clarke, B., & Centre for Crime and Justice Studies. (2016). *Dangerous associations: Joint enterprise, gangs and racism | An analysis of the processes of criminalisation of Black, Asian and minority ethnic individuals.* Centre for Crime and Justice Studies. https://www.crimeandjustice.org. uk/publications/dangerous-associations-joint-enterprise-gangs-and-racism

Wood, A. (2016). *Wood Review of local safeguarding children boards: Wood Report—Review of the role and function of Local Safeagurding Children Boards.* Department for Education. https://www.gov. uk/government/publications/wood-review-of-local-safeguarding-children-boards

Wood, A. (2021). *Wood Review of multi-agency safeguarding arrangements: Wood Report—Sector expert review of new multi-agency safeguarding arrangements.* Department for Education. https:// www.gov.uk/government/publications/wood-review-of-multi-agency-safeguarding-arrangements

Youth Justice Board for England and Wales. (2021). *Ethnic disproportionality in remand and sentencing in the youth justice system.* https://www.gov.uk/government/publications/ethnic-disproportionality-in-remand-and-sentencing-in-the-youth-justice-system

Bibliography