



**The independent review
of children's social care**

The independent review of children's social care – Final report

Research report

May 2022

**The Independent Review of Children's
Social Care**

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Thank you,

Josh MacAlister

Foreword from the chair

Ava was 17 when I first met her. As she saw it, she came into care because her parents couldn't afford to look after her properly. She left her whole family behind, including her brother and sister, and moved in with a foster family. When I started this review, Ava was weeks away from her 18th birthday but the excitement of this was replaced with trepidation when she was told by her foster carer that she would need to move out. She now lives by herself in an unfamiliar town but she has started to see her dad, brother and sister again. This is a story of a family that we struggled to help, siblings who were split up, and a care system that has left a brilliant young woman lonely. This is an all too common story of the children's social care system in England today.

This review offers a plan to change this. It is rooted in the belief that society's first task is to care for children. To do this our children's social care system must get alongside and strengthen the families and communities that children grow up in, and that are often the source of love and belonging. This is a simple idea that has proved notoriously difficult to realise.

Realising this idea now, will require a radical reset of our children's social care system. This starts with a new approach to the help we offer families raising children in tough circumstances, offering families responsive, skilled and intensive support. It means a more decisive and focused child protection response, led by those with the greatest expertise because a minority of parents cannot change quickly enough or may seriously harm or fail to protect their children. It means unlocking the potential of wider family networks to care for children. When care is needed, it means providing loving relationships and homes that are healing. It means nurturing the foundations for a good life for the care experienced community: to be loved, excel in education, have a good home, have purposeful work and to be healthy.

The experiences shared by people like Ava who have lived in and through the system - children, care experienced adults, parents, carers - have shaped these recommendations more than anything. These voices have highlighted the potential as well as the human tragedy of children's social care. They have left me with contradictory feelings - rage and hope, despondency and awe, anger and joy. I have held all of these contributions in

mind, alongside what we learnt from research and those working in the system, when reaching conclusions.

There have been many attempts at reform of children's social care since the landmark 1989 Children Act and though each has brought about incremental progress, we are left with a high stack of legislation, systems, structures, and services that make it hard to imagine something fundamentally different and better. Rather than add to this stack, we must now build stronger foundations. We can do this with excitement and confidence because there are already examples illustrating what is possible.

The time is now gone for half measures, quick fixes or grandstanding. Changing the easiest bits, papering over the cracks, or only making the right noises, may in fact make matters worse. It will create the illusion of change but without the substance. It will dash hopes and fail another generation.

That is why we have gone further than most reviews, not just saying what needs to change but also working through how and when change should be implemented. We have done this building on the hundreds of conversations and ideas people have shared with us, so that the government can grab the baton and move forward at pace.

At the heart of the review's vision is the idea that all of us, citizens through to the government and businesses, are part of the solution. The public response to the pandemic, and more recently when 200,000 people came forward to offer their homes to strangers fleeing war in Ukraine, demonstrates the best of this country. Government cannot provide love and relationships as a service but it can take the lead in creating the environment for families, communities, public services and businesses to step forward and do much more for care experienced people. We all have a part to play and it starts with love. I hope this review leads to more people becoming mentors, supportive neighbours, foster carers, adopters, kinship carers and employers of care experienced people.

How we care for our children is nothing short of a reflection of our values as a country. When we get it right, children's social care allows children and families to flourish - it can be a reflection of England at its best.

Josh MacAlister

Foreword from the Experts by Experience Board

To our communities,

This review is the most wide-ranging rethink of children's social care in more than a generation.

As one of its first actions after launch, the review team took the unusual step of assembling an 'Experts by Experience' Board. This brought together a group of individuals with a diverse range of perspectives and experiences of children's social care. Parents whose children have been adopted, foster carers, adults raised in the care system, young people still navigating their way through care, adopters, kinship carers - with many of us in more than one of these roles.

But really we are nothing more than fathers, mothers, daughters, sons, sisters and grandparents. Just like you.

And it was our job to guide the review team, to hold them to account, to help them get the voices and perspectives of those who know too well how it feels when family pain intersects with a bureaucratic and unfeeling system.

The terms of reference were clear that our role didn't include having the final say over the recommendations. At times this was challenging. We wondered how meaningful our involvement was. Were we there as a smokescreen? To give credibility to a process that had already decided what it was going to do? As Experts by Experience, we have all experienced trauma and loss in our families, and then again through our interactions with the children's social care system that's supposed to help us, which left many of us with very real concerns about the intentions of anyone in an official role. But the chance of making long lasting systemic change could not be missed. It was up to us to resolve our own experiences, and focus all of our attention on the families and children who will come after us. They were our motivation. Many of us are involved in children's social care in some way, some directly employed, others in charity roles. But working with the review wasn't about any of that. It was about ensuring that people don't have to go through what we went through. So, despite our initial misgivings we did our best to support the review team in their work.

Over the course of 13 months we met together ten times, chaired participation events, read numerous documents, contributed to various roundtables on specific subjects, among many other things. We made sure the review team had access to the wide range of care experienced individuals and groups we had contact with. It was important for people's stories to be heard and validated. We bombarded the team with information, advice, suggestions and demands for change. And we challenged the review to think harder about the intersection between poverty, deprivation and children's social care involvement. We saw them shift their thinking on some key issues and knew we were being listened to.

On one windy March day we gathered with the review team in a London hotel to see, at long last, the draft recommendations. Watching everyone quietly read the report, imagining how their own experience would have been if those changes had already been made, was powerful for all of us. We could see our influence, and those of the families we spoke to, in the recommendations and while we could see where the review could have gone further, we are proud to champion what it has done.

If the changes are implemented, more families will be helped and more young people will be loved and supported to reach a happy and healthy adulthood. We are over the moon that the review is recommending that help for families moves back into communities, moving us closer to a 'system' that is more caring and more connected. By recommending that care experience is made a Protected Characteristic under equalities legislation, we'll see outcomes drastically improve. A focus on ensuring young people leaving care have at least two loving relationships to support them, will help us reimagine leaving care as a time of 'interdependence', rather than 'independence'. By embedding a feedback loop within the system, it will be able to listen, learn and adapt. No more should we have young people battling the same bureaucratic nonsense that the young people of 30 years ago were also dealing with. No more Serious Case Reviews that point out the same flaws that we all already know about, again and again. This review marks a pivotal moment in the history of children's social care. This is our chance to reshape the system by placing relationships front and centre.

But, this report is only part of the story. It cannot achieve the change our families, children and young people need on its own. There is more to do. We need to keep momentum in raising awareness of the issues for care experienced people, and we need to keep campaigning for ongoing improvements. So that is our challenge for you. Don't

read this report to find out just what changes the system will make. You also need to ask yourself that question.

Will you step up and be the change that our families and young people need?

The Experts by Experience Board

Executive Summary

This moment is a once in a generation opportunity to reset children’s social care. What we need is a system that provides intensive help to families in crisis, acts decisively in response to abuse, unlocks the potential of wider family networks to raise children, puts lifelong loving relationships at the heart of the care system and lays the foundations for a good life for those who have been in care. What we have currently is a system increasingly skewed to crisis intervention, with outcomes for children that continue to be unacceptably poor and costs that continue to rise. For these reasons, a radical reset is now unavoidable.

Achieving this reset starts with recognising that it is loving relationships that hold the solutions for children and families overcoming adversity. While relationships are rich and organic, children’s social care can be rigid and linear. Rather than drawing on and supporting family and community, the system too often tries to replace organic bonds and relationships with professionals and services.

Without a dramatic whole system reset, outcomes for children and families will remain stubbornly poor and by this time next decade there will be approaching 100,000 children in care (up from 80,000 today) and a flawed system will cost over £15 billion per year (up from £10 billion now).¹ Together, the changes we recommend will shift these trends and would mean 30,000 more children living safely and thriving with their families by 2032 compared to the current trajectory.²

A revolution in Family Help

For families who need help, there must be a fundamental shift in the children’s social care response, so that they receive more responsive, respectful, and effective support. To reduce the number of handovers between services, we recommend introducing one category of “Family Help” to replace “targeted early help” and “child in need” work, providing families with much higher levels of meaningful support. This new service would

¹ These costs approximate children’s social care spend by local authorities. There is no agreed definition of children’s social care spend, but the aggregate presented here includes all those children’s and young people’s services lines from the Section 251 return except: 3.4.5 Universal family support, 3.5.1 Universal services for young people, 3.0.1 Spend on individual Sure Start Children’s Centres, 3.0.2 Spend for services delivered through Sure Start Children’s Centres, 3.0.3 Spend on management costs relating to Sure Start Children’s Centres, 3.0.4 Other spend on children under 5, and 3.6.1 Youth justice.

² See Chapter Nine Figure 3 for more details of our cost benefit analysis of our recommendations

be delivered by multidisciplinary teams made up of professionals such as family support workers, domestic abuse workers and mental health practitioners - who, alongside social workers, would provide support and cut down on referring families onto other services. These Family Help Teams would be based in community settings, like schools and family hubs, that children and families know and trust, and the service they offer will be tailored to meet neighbourhood needs based on a robust needs assessment and feedback from the families.

To achieve this vision, a temporary injection of roughly £2 billion is needed over the next five years, targeting about half a million children who require extra support. By 2030, this will have achieved a complete rebalancing of spending within the system so that over £1 billion more every year is spent on Family Help.^{3, 4} After the five year reform programme, there should be a dedicated ring-fenced grant to ensure this extra spending continues to be prioritised in the long term. To increase the quality and consistency of help, funding should be accompanied by a clear national definition of eligibility for support and the outcomes Family Help should achieve, alongside a focus on the use of the best evidenced interventions to realise these outcomes.

A just and decisive child protection system

Whilst the risk of harm to children cannot be eliminated, the system of child protection can and must do better for children. The wider system improvements we recommend will all help to do this - including a more generous multidisciplinary help offer, improved workforce knowledge and skills, more decisive intervention for inadequate and drifting authorities, and strengthened multi-agency arrangements.

Where concerns about significant harm of a child emerge, an 'Expert Child Protection Practitioner', who is an experienced social worker, should co-work alongside the Family Help Team with responsibility for making key decisions. This co-working will provide an expert second perspective and remove the need for break points and handovers. Expert Practitioners will have demonstrated their knowledge and skills through time in practice, and in the future by completing a five year Early Career Framework. There will be clearer expectations on multi-agency capabilities for child protection so that different professionals, including child protection paediatricians and specialist police officers,

³ Throughout the report we refer to the 'next 5 years', meaning the 5 years ending at the end of financial year 2026-27

⁴ See the 'A revolution in Family Help' recommendation annex

inform decisions. Information sharing should be strengthened through a five year challenge to address cultural barriers, clarify legislation and guidance, and use technology to achieve frictionless sharing of information.

A more tailored and coherent response is needed to harms outside of the home, like county lines, criminal or sexual exploitation or abuse between peers. We recommend a bespoke child protection pathway – through a Child Community Safety Plan – so that the police, social care and others can provide a robust child protection response.

To boost parental engagement where there are serious concerns, parents should have representation and support to help navigate the child protection process. To enable learning, there should be more transparency about decisions made and outcomes of children in the family courts.

Unlocking the potential of family networks

There are already thousands of grandparents, aunts, uncles, brothers and sisters who care for their family members. However, this group of carers are a silent and unheard majority in the children's social care system and they need far greater recognition, and support.

Before decisions are made which place children into the care system, more must be done to bring wider family members and friends into decision making. This should start with a high quality family group decision making process that invites families to come up with a family led plan to care for the child or children. In some cases, this should lead to a "Family Network Plan", where a local authority can fund and support family members to care for the child.

The dysfunction of the current system means that many relatives are forced to become foster carers in order for them to receive financial support to look after their kin. Special guardians and kinship carers with a Child Arrangement Order should receive a new statutory financial allowance, legal aid and statutory kinship leave. A wider set of informal kinship carers should get a comprehensive support package.

Fixing the broken care market and giving children a voice

When finding a home for a child in care, our obsession must be putting relationships around them that are loving and lasting. Providing care for children should not be based

on profit. The current system is a very long way from these principles and ambitions being realised.

Local authorities need help to take back control of this system through establishing new Regional Care Cooperatives (RCCs). They will take on responsibility for the creation and running of all new public sector fostering, residential and secure care in a region, as well as commissioning all not-for-profit and private sector provided care for children as necessary. The scale and specialist capabilities of RCCs will address the current weaknesses in the system and establish organisations able to transform the care system for the future. Local authorities will have direct involvement in the running of RCCs but to work they must be mandated rather than voluntary arrangements. Children will continue to be in the care of local authorities.

There are many children living in children's homes today who would be better suited to living in a family environment with a foster carer if we had enough foster carers in the right places, with the right parenting skills to meet the varying and complex needs of children. This will require a "new deal" with foster carers. We must give foster carers the support networks and training needed to provide the best care for children, and then have greater trust in foster carers making the day to day decisions which affect children's lives. In parallel, we are calling upon government to immediately launch a new national foster carer recruitment programme, to approve 9,000 new foster carers over three years so that children in care can live in family environments.⁵ The overwhelming public response to the Homes for Ukraine programme is a signal of how willing people are to open their hearts and homes to others.

It is paramount that children have a powerful voice in the decisions that affect them. Children in care currently have a plethora of different professionals in their lives, but too few adults who are unequivocally on their side and able to amplify their voice. This system should be simplified by replacing a number of existing roles with truly independent advocacy for children that is opt-out, rather than opt-in.

Five 'missions' for care experienced people

The disadvantage faced by the care experienced community should be the civil rights issue of our time. Children in care are powerless, are often invisible and they face some

⁵ See the 'New Deal on Fostering' recommendation annex for how we have determined this figure.

of the greatest inequalities that exist in England today. In spite of these injustices so many care experienced people go on to run businesses, start families, earn doctorates, produce drama, write poetry, become government ministers and contribute to the world in countless ways.

Five ambitious missions are needed so that care experienced people secure: loving relationships; quality education; a decent home; fulfilling work and good health as the foundations for a good life. Central government and local authorities, employers, the NHS, schools, colleges and universities must step up to secure these foundations for all care experienced people. This will require a wider range of organisations to act as corporate parents for looked after children, and the UK should be the first country in the world to recognise the care experience as a protected characteristic.

Realising the potential of the workforce

The package of recommendations in this report create a radically new offer for social workers. As first priority, the professional development we offer social workers should be vastly improved with training and development which provides progression through a five year Early Career Framework linked to national pay scales. This new framework will provide a desirable career pathway to remain in practice, specialise and be rewarded through higher pay that reflects expertise.

Second, we must identify and remove the barriers which needlessly divert social workers from spending time with children and families. This needs to include action on improving case management systems, reducing repetitive administrative tasks which do not add value and embedding multidisciplinary teams at the heart of local communities who can deliver, not just commission, the help that is needed. Just as senior doctors and nurses work directly with patients, social work managers, leaders and academics should be required to continue working directly with children and families so that the whole system is rooted in the realities of practice. Finally, we need to reduce the use of agency social work, which is costly and works against providing stable professional relationships for children and families, by developing new rules and regional staff banks. Taken together, this will mean social workers work with a smaller number of children and families, with more knowledge and skill, and with more available time and resources to do intensive life changing work for children families.

Finally, we should not forget the importance of a wider workforce that supports children and families and includes, but is not limited to, family support workers and children's home staff. Action is needed to improve the knowledge and skill of these crucial workforces so that they can provide better help and care for children and families - and as a first step this should include a Knowledge and Skills Statement for family support workers, a leadership programme and professional registration for children's home managers.

A system that is relentlessly focused on children and families

There is currently a lack of national direction about the purpose of children's social care and national government involvement is uneven. A National Children's Social Care Framework is needed to set the direction and purpose for the system, supported by meaningful indicators that bring transparency and learning. The government should appoint a National Practice Group, to build practice guides that would set out the best known ways of achieving the objectives set by the National Framework.

Multi-agency safeguarding arrangements should be clarified to put beyond doubt their strategic role, supported by improved accountability, learning and transparency. In too many places the contribution and voice of education is missing from partnership arrangements, and so schools should be included as a statutory safeguarding partner.

The government should update the funding formula for children's social care to better direct resources to where they are most needed. Inspection should be aligned to take a more rounded understanding of "being child focused" and to better reflect what matters most to children and families, alongside greater transparency about how judgements are made. Government should intervene more decisively in inadequate and drifting authorities, with permanent Regional Improvement Commissioners to oversee progress across regions. Green shoots of good work on data and technology should be mainstreamed through a National Data and Technology Taskforce, which would support three priority actions - drastically reducing social worker time spent recording cases; enabling frictionless sharing of information; and improving data collection and its use in informing decisions.

Implementation

All of this should be delivered at pace and with determination through a single five year reform programme. A Reform Board should be established to drive this programme, which includes people with lived experience of children's social care. It should report openly on progress quarterly and the government senior official leading the programme must be given the explicit delegation and backing to accelerate through processes and controls that would jeopardise delivery. The Secretary of State for Education should be responsible for holding other government departments to account and should report annually to parliament on progress.

There is a great deal of implementation that is not linked to a significant new investment and much of this can be initiated by the government now.⁶ However, achieving this whole system reform programme will require £2.6 billion of new spending over four years, comprising £46 million in year one, £987 million in year two, £1.257 billion in year three and £233 million in year four.⁷ Government may well provide details of different or better ways to achieve the same ambitions and aims in their response to this review, but the costs of inaction are too high. The time for a reset is now, and there is not a moment to lose.

⁶ An implementation plan has been included at Chapter Nine, which sets out a phased approach to delivering the package of reform in this report.

⁷ Our costings have been modelled on the basis that year one corresponds to financial year 2023/24

Story of the Review

This government made a commitment in its 2019 Manifesto to commission a review of the care system, and in March 2021 the independent review of children's social care began its work. We were set a challenging timetable to deliver a report to government by Spring 2022, which has only been possible due to the generosity of thousands of individuals and organisations who have shared their time and experiences with us over the last 14 months.

We made an early decision that the work and outcomes of the review should be guided by the views of people that have lived experience of the children's social care system. To ensure the voice of lived experience was able to influence every major decision we made, in January 2021 we launched a process to find a small number of individuals that formed our Experts by Experience Board.

We also appointed a Design Group reflecting the range of public services already working to provide children with safety and stability, as well as those with other relevant expertise, and an Evidence Group to advise on research, analytical methods, and help identify evidence gaps. Some members of the Experts by Experience Board also sat on the two other Groups. These Groups, and the Experts by Experience Board, allowed the review to listen and debate key topics, which helped shape the final recommendations made in this report.

The review took place over four distinct phases:

March to June 2021: During our first three months we prioritised listening to those with lived experience - deepening our understanding of the issues affecting children and families. We launched a public Call for Advice which asked members of the public to tell us about the things we should read and the people we should speak to, and a Call for Evidence to ensure we had access to the latest research. From late March 2021 we held a series of "open to all" online events which were themed around the different experiences people have of the children's social care system. Through these 14 events we heard from hundreds of parents, children, care experienced adults, adopters, foster carers, kinship carers and professionals. In June 2021, we concluded this phase of the review by publishing the Case for Change report, which set out our problem diagnosis

and brought to bear some of the evidence and experience we had heard so far (The independent review of children’s social care, 2021b).

June to November 2021: Following publication of the Case for Change we conducted a significant round of public engagement⁸, evidence gathering and visits to get a deeper understanding of the issues. We also sought and received written feedback from 300 individuals and organisations on the Case for Change and ran a roadshow of events for those who preferred to share their feedback in person (The independent review of children’s social care, 2021f).

Our engagement was guided by our Experts by Experience Board, who helped identify particular groups that might otherwise have gone unheard, such as unaccompanied asylum seeking children and young care leavers in Young Offender Institutions (YOIs) or other secure settings. We spent 30 days on the ground in ten local authority areas; covering all regions of England. We used an “open-space method” which brought together more than 500 participants with no preset agenda, for a series of six virtual conversations to discuss how we should improve children’s social care (The independent review of children’s social care, 2021d). Through the network of ‘A National Voice’ Ambassadors we heard from over 300 participants in Children in Care Councils (Coram Voice, 2021), and we partnered with Policy Lab to undertake ethnographic-based research with 15 families on child in need and child protection plans, over the course of several weeks. Finally, the review partnered with What Works for Children Social Care, who produced and commissioned evidence summaries, rapid reviews and analysis; including six social worker polls.

We also partnered with Alma Economics to estimate costs associated with the children’s social care system and the costs and benefits of our final recommendations. The initial phase of this work resulted in the review’s second major publication “Paying the Price”, which found that the cost for each child that needs a social worker is up to £720,000 over their lifetime, and an estimated social cost of adverse outcomes of £23 billion each year (The independent review of children’s social care, 2021a).

November to February 2022: During this period we launched a public Call for Ideas which received 985 submissions, many of which you will see throughout this

⁸ <https://childrensocialcare.independent-review.uk/the-reviews-summer-plans-for-engagement-blog-from-shazia-hussain/>

report and published in full as a supporting annex.⁹ As we approached the end of 2021, the review entered a new phase, where we spent time consolidating and reflecting on the thousands of views we had heard during the previous nine months and started thinking about recommendations. Although this was a period of reflection, we also spent time making sure we had heard the voice of young people who were unable or unlikely to have proactively engaged so far. This included visits to secure settings and an adult prison, as well as speaking to mothers that had given birth in prison.

March 2022 to May 2022: During this final phase of the review we brought together all of the engagement, evidence and ideas to create a set of recommendations and a reform plan, which you can read in this report. At the same time as this review, the Child Safeguarding Practice Review Panel have been undertaking a National Review to examine the circumstances leading up to the tragic deaths of Arthur Labinjo-Hughes and Star Hobson. The national learning from the Panel's review has been made available to us (as agreed at the beginning of the National Review) and has informed this report and its recommendations (Child Safeguarding Practice Review Panel 2021c).

Rather than just make recommendations, we also used this time to develop an implementation plan (Chapter Nine), which sets out the investment needed to reform the children's social care system over the next five years. Each major recommendation has been costed by Alma Economics with further information provided in the corresponding recommendation annex

⁹ <https://childrensocialcare.independent-review.uk/call-for-ideas-a-thank-you/>

How to read this report

The review was given a broad terms of reference and there have been a lot of issues to cover. This means that the final report is long and can be read as a full document or as individual chapters.

Chapter One gives a summary of our proposed reforms to help the reader understand the chapters that follow. Each individual chapter makes recommendations about specific parts of the system. Chapter Nine summarises how we think the review should be implemented, the investment required, and sequencing of the key recommendations made throughout the report.

We know that some people will not want to read this much detail, which is why we have produced an executive summary. We have also produced a children and young people's summary. Some readers might want to see more detail on the major recommendations made in the report, which is available in a series of detailed recommendation annexes that provide further information on individual recommendations.

A word on terminology

Throughout this report we have aimed to minimise the use of technical language so that it is accessible to all, however in some cases it has been unavoidable and so a glossary of terms is included at the back of this report. We have also made deliberate choices to use certain words, which are explained below:

“The review” - is the independent review of children's social care.

“Our” - refers to the view, opinion and findings of the review Chair and team.

“Children” – means anyone under the age of 18, in line with the United Nations Convention on the Rights of the Child (UNCRC).

“Area” - refers to the different actors within a local authority footprint. Where we are referring to the role of the local authority on its own, we refer to it in this way.

‘Market’ - is used throughout the report when referring to the way children's homes and foster care is purchased and managed. We do not generally refer to this as a market, as homes for children should never be seen as a commodity, but have done so where it aids understanding or we are quoting other reports.

‘Placement’ - is used instead of ‘home’ in some sections of the report where this terminology is used in research. However, people live in homes not placements, and we have avoided this terminology wherever possible.

‘Love’- is often missing in discussions about children’s social care but it is a word used with intent throughout the report.

‘Care leaver’ - the review has used ‘care leaver’ and ‘care experienced adult’ interchangeably throughout the report. Our preference is to use ‘care experienced’ to refer to those who have been looked after by the state as children, but in places have used the phrase ‘care leaver’ when referring to guidance or legislation where this terminology is used.

One: Reset children's social care

Introduction

Our first task as a society is to care for our children. This task is so fundamental that if we do not get it right, then we struggle to get anything else right. This is self-evident in outcomes data. It hits home when we hear the human stories of lives lived isolated, unfulfilled or cut short. This review has conservatively assessed these adverse outcomes as costing England £23 billion per year (The independent review of children's social care, 2021a).

What we often overlook is that this first task starts with family. We are all born into one. Family is core to the human condition. For most of us, family carries us, shapes us, sustains us and helps us navigate the world. Family, and parents in particular, are often the most lasting and meaningful source of love and safety for children. But family life is not always easy or smooth. Raising children is hard, but tougher still when parents are caught in abusive relationships, struggling with their own mental health, or fighting an addiction. This can often be on top of being short of money or being stuck in a cramped damp home.

It is often connectedness – our relationships – that hold solutions for families overcoming adversity. Wider family, friends and neighbours can be the ballast when parents are struggling to raise their children, affirming that it really does “take a village to raise a child”. So much of children's care takes place in these informal relationships, away from professionals.

1.1 The purpose of children's social care

Children's social care exists to enable children to grow up in loving, safe and stable families and where this is not possible, for care to provide the same foundations for a good life.

Realising the rights of families is often the surest way to securing children's own rights, which include their right to a family life. Help for families should be offered in partnership. Raising children can be difficult, and this is exacerbated by conditions of adversity. It is normal for all parents to need help, from wider family, friends, the community and

sometimes from the state. This help should be available, responsive and free from stigma. When there is a risk of significant harm to children, services should be clear about concerns, compassionate in their response and decisive in their actions.

Where children cannot live with their birth parents, the state should support wider family networks to care for these children instead. Where those networks are not strong or safe enough, care from the state should surround children with loving, stable and safe relationships so that they can flourish.

A central aim of care should be to strengthen lifelong relationships. The care experience should help to heal trauma, realise identity and achieve potential. When children are taken into care, birth families must be supported with this loss and responsibility should be taken across services to break cycles that are often repeated.

1.2 The problem: a failure to recognise relationships and the strength of families

“We are only allowed an hour and half [with our siblings...] but supervised and other people get six hours and it is really hard when everyone around you brags about their family and it hurts. We don’t get contact with parents at the same time. I don’t get to see my step siblings because they are not biological, but they are a big part of my family.”

(Young person in care)

Despite the hard work of many thousands of dedicated professionals, by almost every indicator children’s social care is under extreme stress: with more resources being used to investigate families and less to help them; more children in care often far away from their brothers, sisters, wider family and friends; and social workers leaving the profession.¹⁰ These problems are set out in detail in the review’s Case for Change,

¹⁰ Assessments following a referral have risen by 14% since 2014/15, section 47 enquiries have increased by 123% since 2010 and child protection conferences have increased by 65% since 2010. Gross spending on non-safeguarding children’s services decreased by 38% in real terms between 2012/13 and 2020/21 (Department for Education, 2021k). NB The review defines ‘non-safeguarding children’s services’ as s251 spend lines 3.0.5 ‘Total Sure Start Children’s Centres and other spend on children under 5’, 3.2.1 ‘Other Children and Family Services’, 3.4.6 ‘Total Family Support Services’, and 3.5.3 ‘Total Services for young people’. In 2020, 37% of residential placements were greater than 20 miles from home in 2020 (Department for Education, 2021b). As of 2020 nearly 12,000 children in care (15% of all children in care) were not living with at least one of their siblings (Kenyon & Forde, 2020).

published in June 2021. Without major change, these problems will continue to get worse, with a devastating cost to individuals and to our society.

Families are complex, intimate and relational, and these are features that public services struggle to work with. Like so many services, children's social care is wired to manage risk, respond to episodic need, and gatekeep access to services. While relationships are rich and organic, children's social care can be rigid and linear. Services are often completely disconnected from the relationships around families that could ultimately offer the solutions. Scarce resources, reactive crisis management and a mindset that does not recognise the importance of family and community, are all part of what is keeping services from meeting the needs of families, especially when it comes to considering children's need for connection and love.

This gap between what children and families need and what services offer is seen in every corner of children's social care. Because harms sometimes come from families and communities, we find it hard to allow family and community to also be part of the answer. We are not curious enough about why families face challenges. We can slip into seeing the purpose of social care as rescuing children from their families and communities, without a real plan for what to do next. We sometimes try to replace organic bonds and relationships with professionals and services. All of this results in siloed, sporadic interventions in children and families' lives, where resources become dedicated to assessing, referring and convening meetings of professionals to talk about children, without enough attention on the people around children who love them.

This approach is not only ineffective but also expensive, and so as resources have become scarcer, the system has started to spiral out of control. Despite a lot of busyness, problems go unaddressed, more children are unable to live with their families, and more are moved to a home that cannot meet their needs. This whirlwind of activity often ends with young people leaving care with no loving relationships to provide the foundation of a good life. This in turn means there are even fewer resources remaining to provide support - and so the spiral escalates.

1.3 Towards a solution

What is to be done? This review was commissioned by government as a "once-in-a-generation opportunity to reform systems and services" for children and families. Our

response is a broad and bold plan to reset children's social care, so that at every stage services get alongside the people who care about a child, from parents to neighbours to foster carers, in order to enable them to provide the safety, stability and love children need.

This reset means a revolution in the help we offer families experiencing acute stress, where families will get responsive and intensive support from people who will stick with them and have the skills, time and resources to achieve lasting change for children. Communities will be encouraged to participate in strengthening families and supported to open their hearts and homes to care for children. This reset will mean a focused and decisive response to danger for children, where key decisions about potential harm are made by only the most experienced. It means backing wider family networks to care for children when it is safe. When care is the right option for children, this reset means reimagining the types of homes and relationships they need. It means recognising the unique experience of having been a child in care, and nurturing the foundations for a good life for the care experienced community: to be loved, excel in education, have a good home, have purposeful work and be healthy.

Above all, it means having the courage to radically change the current system and build something better together.

Achieving this reset across a big and messy system like children's social care will mean breaking a cycle of escalating need and crisis intervention, and forming a new virtuous cycle. It will mean a shift from spending our money and efforts on reacting to crises, and instead rebalancing resources to back those who care for and love children. A new cycle that will see us wrapping practical support around families, helping them establish connections with others and sticking with them in the toughest times. A shift from accepting the high costs of burnt out foster carers, and instead investing in these carers to stick with children. Breaking out of a cycle of poor job satisfaction and high turnover for social workers, to a new cycle where they have the time, tools and trust to stick with families and make a difference.

To ensure this system continually evolves to meet the needs of the individual child, parents and the collective care population, it will be designed to listen and respond to what matters to them via advocacy and representation. Inspection will be realigned to focus on the health of relationships.

This report has echoes from messages given by other reviews into parts of children's social care over the last 30 years. The review has tried to learn from these previous attempts to reform children's social care and it borrows from the best of previous improvements to the system. There are recommendations made that relate to finishing work started decades ago, revisiting ideas tested but set aside, and keeping commitments that were made but have not yet been met.

This report, and the reform plan it outlines, is something that every reader has a part to play in delivering. And some of it can be done now. Citizens, public servants, local councillors, government ministers and business leaders will find a direct call to action in these pages. Some of the recommendations will require national action by government that will take years, but many can be acted upon today.

Together, the changes we recommend would mean 30,000 more children living safely and thriving with their families by 2032-33 compared to the current trajectory. A lasting shift that will make lifelong loving relationships the obsession of the care system, and a recognition in society of what we owe to those who have been in care. A legacy of a financially sustainable system that keeps getting better. Most importantly of all, the results of these reforms will be better lives for children and families.

We are confident that this ambitious plan can be achieved because we are not starting from scratch. Green shoots, and in some cases small trees, are already out there illustrating the horizon of the future system. These local approaches, which are referenced throughout the report, are too often at the margins, developed despite not because of the system, and they need to be brought to the centre.

1.4 Principles and approach

Throughout the review we have grappled with two related dilemmas.

How do we have a system that achieves the benefits of local delivery for children and families, without having unacceptable levels of variation in the support children and families in different areas receive?

How do we promote autonomy for those working with children and families to make the right decisions, whilst still having the essential checks and balances?

There are choices over how to settle these dilemmas. The conventional response is to reach for traditional top down rules, structures, guidance and targets, hoping to guarantee a minimum standard that children and families can expect. As becomes evident when reviewing the various laws and guidance that exist around children's homes later in the report, whilst these approaches can give clarity, they risk building a system that is inflexible in meeting the real life needs of children.

The fragmentation and complexity this results in, can undermine the ability of professionals to take responsibility for helping families and protecting children. Over-reliance on this formula of central prescription, performance targets and managerialism (characterised as New Public Management¹¹) when applied to complex systems, often leads to waste and perverse incentives (Hood & Dixon, 2015; Munro, 2011). It can create the illusion of improvement without delivering change on the ground.

Alternative approaches push for autonomy for local systems, focused on minimal rules and creating systems that enable learning and improvement.¹² This set of behaviours is the right ambition, but when parts of the system are so fragile, a lack of direction could result in things getting worse, therefore undermining reforms before they have a chance to work.

The review therefore believes that reform needs to help the system move from a reliance on new public management methods over time, towards a system with greater freedom and responsibility, setting a clear national direction about change but not repeating the mistakes of the past with compliance led processes.

The goal of our reform programme – *Relationships Protect* - is to leave a legacy of a self improving system, within which actors have high levels of freedom and responsibility. We propose six principles of reform, which are the building blocks that flow throughout the report, and are set out in more detail in Chapter Nine.

¹¹ New public management was defined as a concept in the early 1990s and is characterised by a command and control approach to setting targets, monitoring performance and handing over power to a small number of senior managers.

¹² This was the approach taken by the Munro review in 2011, which made 15 recommendations to government, several focused on increasing autonomy and social worker capability. This approach is also captured by "human learning systems": see for example: <https://www.humanlearning.systems/>

1. Clear objectives are needed for children’s social care and this should come from national government

At present, national government involvement in children’s social care is generally uneven, with some parts of the system highly devolved (for example the help available to families or extra familial harms), whilst others have very significant levels of national intervention (for example adoption). National government has a unique and vital role in setting out the goals and values for children’s social care, in consultation with all of those affected by the system, stemming from a national democratic mandate.

National government will need to set out in one place the overall outcomes and objectives the system should be achieving for children and families, as well as the best evidenced ways of achieving them and indicators for learning and improvement. This is why the review recommends a National Children’s Social Care Framework.

Direction through this Framework would have an important role in the *Relationships Protect* reform programme. Resources should be linked, making sure investment translates to improvements for families. This approach of setting national system goals alongside funding to achieve reform is one that has been used widely – from the *Quality Protects* programme which reformed children’s social care in the 1990s and 2000s, through to the NHS Long Term Plan.

2. Decisions and delivery should happen as close as possible to families, except where there is a compelling case for setting rules or acting at greater scale

Decisions about how nationally set objectives are implemented should happen as close to communities and families as possible. This means focusing money, attention and power as close to families and their communities as possible, to build on and facilitate their strengths and capabilities. We need to flip on its head the status quo where children and families are made to fit the system, rather than the system working to meet their needs.

This means backing local authorities and their partners to deliver the vast majority of children’s social care, and making it non-negotiable to involve children and families in how they design and deliver it. It also means changing rules and requirements that set

out how systems should deliver where they contradict this principle. Across the review there are a number of places where we have identified rules that we think get in the way of local areas deciding what is best for families, for example some of the rules that exist about how child in need plans are managed.

This does not, however, mean that there should be no rules or that delivery should be left exclusively to local authorities. In high performing systems a smaller number of rules become even more important, and where a system is more fragile national intervention may have an important role. Examples of this include multi-agency accountability, the care market and agency social work, where the nature and intractability of these problems means we think the case has been made for national action. In each of these cases we have held a high bar, and applied the principle that national government should only step in when a problem cannot be solved by those closest to it.

3. Greater transparency, new mechanisms for learning and better inspection and intervention should improve performance

Our confidence to devolve decisions about how children's social care is delivered to local areas, requires there being sufficient transparency about how it is working for children and families. This is all the more important for the children and families who are too often voiceless in national policy and politics, too often only coming to the public's attention through a serious incident and then quickly forgotten.

This is why national direction should be accompanied by indicators focused on understanding child and family experiences of services. Alongside this, improved inspection should better reflect what we want to see in children's social care. There should be mechanisms locally, regionally and nationally to consider system performance and translate this into a cycle of improvement. For example, more regular forums and more challenging dialogue on how eligibility for Family Help is being applied, or how different judicial orders are being made.

When learning does not work, action must be taken to ensure children and families get the services they deserve, and so we also make recommendations to strengthen national interventions when local authority or partner contributions are persistently not good enough.

4. Empower a highly skilled and knowledgeable workforce to create change with children and families

The entire approach advocated by this review is reliant upon an empowered workforce. The recommendations set out by this review depend upon well supported, confident and trusted practitioners, who have the knowledge and skills to meet the needs of children and families. This is why we recommend an investment of £253 million over four years in the professional development of social workers, new national pay scales, routes to build expertise and remain in practice, more flexible working, and action to reduce bureaucracy, so that social workers are backed to spend their time doing what they do best – creating change with children and families.

Empowering social workers also means that managers, leaders, academics, inspectors and policy makers need to be more firmly rooted in the realities of practice. Social work registration should therefore come with a requirement to continue spending time doing direct work regardless of where you are in the hierarchy. The wider workforce around children and families also needs to be supported and empowered to transform children's social care, and recommendations are made for family support workers and residential care workers.

5. Design services around children and families with better multi-agency working

Children and families' experiences should be at the heart of these reforms. At the moment they are too often missing from considerations about how the national government designs and delivers policy. We make a number of recommendations to improve national government alignment across the review (whether it is the number of plans a child has or the number of different overlapping funding streams local areas deal with). Beyond national government this is also about local governance and accountability, and we propose strengthening local multi-agency arrangements and adding education as a safeguarding partner.

6. Investment linked to reform

Finally, the system must have the resources to deliver change. Given the current funding challenges, reform will require a period of “double running”, where government is funding both the current system and a new system where we invest in helping families, supporting alternatives to care, and bring onstream better homes for children in care closer to a family environment. It will also require areas to think about how they can spend the resources they already have better. In the longer term, government needs to ensure that the amount of funding for children’s social care and how it is distributed reflects needs, including taking into full account the impact of demographic changes and wider government policies.

1.5 Acknowledging the wider context

Children’s social care functions within a wider context of the welfare state, as well as structural, ethical and societal factors. Throughout the review’s evidence gathering, a range of issues have been identified that are relevant to our findings and the future of children’s social care, even though they sit outside the scope of this review. Each of the factors discussed below has a significant impact on the effort and resources needed to uphold children’s rights and keep children within a loving, safe and stable family network. The impact of many of these factors has become heightened and intensified in the context of COVID-19.

- **Poverty and inequality:** Children who live in the most deprived 10% of neighbourhoods are ten times more likely to be looked after or on a child protection plan, than children in the least deprived 10% of areas (Bywaters et al., 2020). Deprivation is a contributory causal factor in child abuse and neglect and a growing body of research is strengthening the evidence of this relationship, including poverty being closely interconnected with wider factors associated with child abuse and neglect, such as poor parental mental health and domestic abuse (Bywaters & Skinner, 2022; Bywaters et al., 2016). The review has previously called for a widespread recognition and understanding of these child welfare inequalities (The independent review of children’s social care, 2021b). Throughout this report, we discuss how children’s social care can better respond to poverty and inequality – whether it is how we give practitioners confidence to respond to the ways in which it plays a role in families needing social care support or how we

fund local areas. However, the underlying problem that in 2019/20, 4.3 million children were growing up in poverty must be comprehensively addressed.¹³

- **Pressures in family support and other services:** Children's social care picks up the needs of families which universal and other services cannot address. Therefore, getting the right support for families through universal services and, wherever possible, addressing issues before they escalate is critical. However, we know that many of these services are facing pressures. For example, the health visitor workforce is under strain with only 9% of health visitors in England reporting that they have the recommended caseload of 250 or fewer children under five years old, and one in four report being accountable for over 750 children (Institute of Health Visiting, 2021). Wider welfare services supporting families can also be difficult for families to access and work with. Where families need help with housing, there are long waiting lists for homes in the social rented sector in all local authorities. As of March 2021, 1.19 million households in England were on waiting lists for social housing, whilst 42% of households who got a new social housing in 2019/20 waited for more than a year for their home (Department for Levelling Up, Housing and Communities, 2021a; Department for Levelling Up, Housing and Communities, 2021b).
- **New and emerging threats:** the ubiquity of internet enabled devices amongst children is enabling the rapid evolution of threats that children are facing. Children's social care and the police are struggling to keep in step with technological changes and keep children safe online and from abuse outside the family. Online exploitation facilitated through end-to-end encryption and county lines activity are examples of changes in threats to children that we must respond to. We are also seeing significant increases in online peer-on-peer abuse and a growing prevalence in sexual exploitation of young people (NSPCC, 2021). Around one in ten children aged 13 to 15 years reported receiving a sexual

¹³ This figure is based on relative poverty after housing costs (Department for Work and Pensions, 2021).

message in 2019/2020, with girls significantly more likely to report such messages (Office for National Statistics, 2021c).

- **Domestic abuse:** The impact of domestic abuse on families has been central to a huge number of the testimonies we have heard during the review. Violence between parents remains the most common factor identified at the end of assessment for children in need (Department for Education, 2021a). The most recent prevalence estimates suggest 5.5% of adults experienced domestic abuse in the year ending March 2020 (Office for National Statistics, 2021b), though this is likely to be an underestimate. Demand for domestic abuse services exceeds available supply. In 2019/20, fewer than 50% of refuge vacancies posted on a central directory could accommodate a victim with two children (Birchall et al., 2021). The statutory duty for local authorities to provide support to victims in safe accommodation included in the Domestic Abuse Act 2021 should help, but gaps in community provision remain in areas where 70% of victims access support (Domestic Abuse Commissioner, 2021). There is poor evidence of what works to support children who are at risk of, currently experiencing or who have experienced, domestic abuse, as well as what is effective in tackling perpetrators (Ofsted, 2017; Early Intervention Foundation, 2021b).
- **Mental health:** One in four adults experience mental health issues each year (Mental Health Taskforce to the NHS in England, 2016). In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017 (Public Health England 2021). Yet 70-75% of people with a diagnosable mental illness receive no treatment at all (Davies, 2014). Whilst supporting better mental health for children in care, care experienced adults and families that have involvement with social care is within the remit of this review, we are yet to see significant benefit of major investment in wider mental health services for adults and children. Spend per head on children and young people's mental health services varies significantly between Clinical Commissioning Groups (soon to be Integrated Care Boards) (Royal College of Psychiatrists, 2017). Given that access to services is rightly based on clinical need, there is a limit to how much a review of children's social

care can affect the way the NHS operates. We see the outcomes of poor mental health acutely, and as a factor in family breakdown, premature deaths and poor outcomes for people with care experience (Ofsted et al., 2020).

- **Substance misuse:** Dame Carol Black's review of drugs found that 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). Substance misuse is also strongly linked to deprivation, with 56% of people in treatment for crack and/or opiates living in areas ranked in the 30% most deprived areas in England (Office for Health Improvement & Disparities, 2021). Alongside our proposals to reform Family Help, including the use of multidisciplinary teams, the review agrees with the conclusions of Dame Carol Black's work, including the need to focus on rebuilding services and driving prevention.
- **Immigration and asylum:** Whilst finding homes for unaccompanied asylum seeking children is the responsibility of the children's social care system, the asylum system is complex and makes a difficult process harder for young people. It is estimated that one in every ten children in care and more than 10,000 young care leavers in England have potential unresolved immigration or citizenship issues (South London Refugee Association & Coram Children's Legal Centre, 2021). Home Office delays significantly disadvantage non-British children because of a loss of entitlements to housing, education, and employment for care leavers. This insecurity and imposed sanctions risk pushing young people towards exploitation to survive. Families who have no recourse to public funds, and who are unable to claim benefits or work because of their immigration status, are also supported by local authorities through child in need status. Families with no recourse to public funds face particular challenges in accessing support from children's social care, with the proportion of referrals received for these families resulting in services being provided under section 17 varying widely (Dickson et al., 2020; Jolly, 2019).

While this review is wide ranging it does have boundaries. However, given that many of these contextual factors will be driving families towards children's social care, it is important to set them out clearly up front and to note that without wider action, reforms to children's social care risk treating the symptoms and not the cause.

In developing our recommendations, we have actively considered these factors and have ensured our recommendations take account of them. **Government must also explicitly recognise these factors and understand how they drive the need (and therefore the cost) for children's social care up or down and, ultimately, have a wider plan to address them.**

Two: A revolution in Family Help

Introduction

“My mum was a young mum, so I feel like maybe, if someone tried to support her, instead of just taking her kids off her, it could have been different.” **(Care experienced young person)**

There needs to be a fundamental shift in the way children’s social care responds to families who need help. Away from overlapping professionals in a fragmented and complicated process of assessing, referring and monitoring families, towards a simplified service that is more responsive, respectful, and effective in helping families. A shift from remote services to ones which build deep relationships with families and the communities they live in. Achieving this shift is central to improving the lives of children and families, identifying risks early and preventing problems needlessly escalating for families until less dignified and more costly intervention is required later.

When we channel our efforts and resources into getting alongside families and providing help, it helps children. More help for families means more children staying safely at home, doing better at school, being physically and emotionally healthy, and ultimately achieving their potential.¹⁴ Our failure to invest in this is one of the greatest public service weaknesses and the costs of this are now better understood.

In the review’s Case for Change, we set out the problems facing families who need help and support. Spending on help has reduced significantly in recent years, and the system has become overwhelmingly focused on crisis management and more costly late stage intervention. The current assessment heavy model of children’s social care can create more pressure and stress within a family, which exacerbates the very issues that require addressing. The support that exists often lacks evidence and is not tailored to families’ needs, whether this is domestic abuse or material deprivation. The underpinning evidence that supports this problem analysis is set out in the “A Revolution in Family Help” recommendation annex.

¹⁴ Evidence for the improved outcomes that Family Help can achieve are referenced later in this chapter.

A central recommendation of this review is to bring together the work currently undertaken at targeted early help¹⁵ and the work undertaken at section 17, to form a new single offer of Family Help. This will reclaim the original intention of the Children Act 1989 and provide children and families the support they need, keeping more families together and helping children to thrive.

We have developed a definition of Family Help, which we have consulted upon over the course of the review.¹⁶

A definition of Family Help

“Family Help” is the support that aims 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. Realising the rights of families is often the surest way to securing children’s own rights, which include the right to a family life.

Family Help should be built in partnership with the families and communities it serves. It should start from the mindset that all families may need help at times, and that this does not necessarily mean that there is a child protection issue, whilst also being equipped to recognise when children might be at risk of significant harm.

Family Help should be high quality and evidence led, whilst being grounded in the context of family life and flexible enough to meet children and families’ needs. It should

¹⁵ Throughout this chapter, we refer to “targeted early help”. This is because early help is a broad term, with some work spanning into universal services at much lower levels of need. Whilst there is not one common definition for the term “targeted early help”, in literature and across local threshold documents, the provision of “early help” tends to be split into two categories: early help which is led by a single agency and is usually delivered within universal services at lower levels of need; and multi-agency early help which is more intensive to serve children and families with multiple and complex needs. For example, in their rapid review of early help, the National Children’s Bureau refers to the need to understand the distinction between early help which uses more universal provision, operating on a public health model, and targeted early help which manages complex needs through casework (Edwards et al., 2021). In using “targeted early help”, we are referring to this latter category of work with children and families. In the absence of standard nationally collected data at early help, we use ADCS’s estimate of the number of cases open to early help as our best available proxy measure (ADCS 2021a). Based on this, we estimate there are roughly 200,000 children who are in receipt of targeted early help.

¹⁶ An original definition was published in the Case for Change, and we published a summary of feedback we received following publication of the document, available here: <https://childrensocialcare.independent-review.uk/wp-content/uploads/2021/10/Case-for-Change-Feedback-Publication-18.10.pdf>. Since then, we have engaged widely to refine this definition and also sought to make it shorter, more precise and to reflect the final recommendation (The independent review of children’s social care, 2021b).

be delivered by skilled professionals from a range of disciplines who have the time and capability to build trusting and supportive relationships. It should build on families' strengths, drawing on the wider relationships that families have. It should also draw on the potential for support and advice from within local communities, including family hubs, schools and voluntary organisations.

Family Help should be available to any family facing significant challenges that could pose a threat to providing their child with a loving, stable, safe family life. This ranges from families who currently receive targeted early help to those who are on a child in need or child protection plan. This extends to (but is not limited to) teenagers, children with disabilities, young carers, parents who have had a child removed (including to support reunification), adopters and kinship carers. Family Help should seek to understand and respond to the whole range of challenges that children and families face, and bring in and coordinate wider services and partners to support families and avoid them falling between services. Support should be offered at the level a family needs in order for them to function well with the aim, where possible, of avoiding ongoing service involvement. It should build on a wider offer of support and early intervention in communities that is available to all families.

Families, professionals and others told us they liked this definition but wanted to know what it would look like in practice for them, and so we have also developed an example of how the Family Help model we are recommending could work based on a fictional local authority area.

Family Help

What could it look and feel like on the ground?

An urban local authority¹⁷ in the Midlands has an overall population size of 300,000. 90,000 are children, making up 30% of the population. In certain parts of the local authority it is estimated that 45% of children are living in poverty.

Family Help is delivered by ten neighbourhood teams who each serve around 30,000 people, which means the teams know the schools, nurseries, neighbourhood police officers, GPs, health visitors, community groups, and others in their area well. The local authority decided the footprint in consultation with the community and their partners.

One of the neighbourhood teams is in a suburb at the edge of the city. From looking at their data and intelligence, they estimate that around 1,500 children are likely to be eligible for Family Help, roughly 680 families. Through talking to families and partners and looking at data, they identify the key problems facing families. These include high levels of domestic abuse and substance misuse within families, and anti-social behaviour and peer-on-peer violence amongst older children focused around a local parade of shops near the school.

The multidisciplinary Family Help Team is shaped to meet the needs of these families and children. The team is based out of universal services which are accessible across the community - including a family hub, two secondary schools, a primary school and a youth club.

Families in the area can be signposted or just turn up to any one of these places to talk about anything they are worried about. The team hosts outreach sessions, such as coffee mornings, to raise awareness of the service in the community, which helps to destigmatise accessing support. Families will either receive advice about wider services in the area which can help them if they do not need more intensive support, or have a conversation with the Family Help Team if they do. The service has gained a reputation for being genuinely helpful, and families who have been supported also recommend the service to others.

Families with more serious problems get a key worker, who gets to know them and sticks with them to navigate and coordinate the help on offer through the Family Help Team, community and commissioned services. This might be a family support worker, a youth

¹⁷ This example is based on a fictional local authority area and is intended to illustrate what help might be available to families in implementing Family Help.

worker, a social worker or another practitioner depending on who is best suited to help them. Social workers have oversight of all of the cases and do group and individual supervision with workers to help them think about the help families need or what to do if problems are getting worse. Social workers are trained in intensive interventions so they can do the work with families themselves, like Functional Family Therapy to work with young people involved in serious anti-social behaviour and/or substance misuse.

There are a range of other specialists in the local Family Help Team who can provide help, including a domestic abuse practitioner who works with victims of abuse, and a probation officer who works with perpetrators of abuse to assess risk and help them to recognise and change their behaviour. A substance misuse practitioner helps parents to access local drug and alcohol programmes and monitor treatment. Benefit advisers help families to manage their finances, consolidate problem debt and claim benefits they're entitled to. Any key worker is also empowered to utilise a devolved budget to help a family and address material deprivation.

A youth worker, social worker and safer schools officer work across the local secondary schools, and have been working with a group of pupils to stop peer-on-peer abuse. There are specialist workers in disability who help parents get access to the support they need.

Family Help workers are trained to recognise where there is increased risk. In these situations an Expert Child Protection Practitioner will co-work with a Family Help worker and make key decisions. If child protection processes are in place they will continue this role alongside a social worker from the Family Help Service (see Chapter Three for more information about how this would work).

Families are asked for their feedback on services and whether they were helpful, and the local authority uses this feedback to keep improving their service.

There are already places in the country where features of this work are happening (see our profiles on Camden, Wolverhampton and Hertfordshire as examples on page X). These places have the vision, leadership and resources to help families, however it is not the norm across the country. Bringing about a revolution in Family Help will require national government, local authorities, partner agencies and communities to drive and sustain a significant culture change. It will require investment, an amended statutory

framework, national direction, a commitment to learning, workforce development and more. If we achieve this, the results will be significant for children and families.

This chapter sets out the actions needed to achieve a revolution in Family Help:

- 1) reclaim the original intention of section 17 as a broad, flexible “Family Help” category
- 2) a clearer national definition of eligibility for support and a non-stigmatising way for families to access help
- 3) multidisciplinary neighbourhood Family Help Teams based in community settings that families know and trust
- 4) national direction on the outcomes, objectives and the best evidenced approaches that Family Help should use
- 5) targeted funding, combined with improved accountability for local authorities and partners

2.1 Reclaim the original intention of section 17 as a broad, flexible “Family Help” category

"There's not enough emphasis on relationship building. If you're going to be a longer-term figure – remember social services can be there for anything from a couple of weeks to a couple of years – so the social worker you are assigned should be trying to build an active rapport with you so that there is a level of trust, there is a level of transparency because not every interaction is going to be positive but if you know who you're talking to there shouldn't be an issue." **(Parent with experience of children's social care)**

Section 17 of the Children Act 1989 was bold and reforming legislation which gave local authorities a general duty to “safeguard and promote the welfare” of children who are unlikely to reach or maintain “a reasonable standard of health or development” without support, and of children who are disabled.¹⁸ Support is offered on a voluntary basis to

¹⁸ Children Act 1989 section 17 (1) reads: “It shall be the general duty of every local authority (in addition to the other duties imposed on them by this Part) - (a) to safeguard and promote the welfare of children within their area who are in need; and (b) 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 17 (10) sets out: “For the purposes of this Part a child shall be taken to be in need if - (a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part; (b) his health or development is likely to be significantly impaired, or further

families and the Act is explicit that, wherever possible, local authorities should “promote the upbringing of children by their families”. This duty was designed to be flexible, enabling local authorities to determine both how they provide this help and who they determine to be in need of support.

A combination of inadequate resources, and a lack of clarity about the purpose of work, meant the original intention of section 17 to promote children’s welfare, alongside safeguarding, was never realised (Cooper, 2021; Research in Practice, 2022). Over the years, this work has become increasingly inflexible and “safeguarding” (itself an imprecise term) has become the shorthand for “safeguard and promote the welfare of children”.¹⁹ Over time, early help has been introduced as an additional category, to intervene before children need support at section 17. As local resources have become more constrained, early help is doing more and more work with families that need a lot of help, with often only the highest levels of need where there are serious problems being managed under section 17, and less support available for families with lower levels of need.²⁰

Throughout the review, we have heard lots of enthusiasm for work done at early help and calls to expand and formalise it. We agree there are many positive features of early help, particularly the focus on help over assessment; the flexible, non-stigmatising support provided; and the way it can make use of a wider multidisciplinary workforce and the community. However, we believe the use of targeted early help for work that previously would have been done by children’s social care is a sticking plaster, covering up the cracks that have formed through our failure to achieve the original intentions of section 17 of the Children Act 1989. By adding an additional service category, we have added another jenga block to the tower, making the system more complicated to navigate and therefore less effective. This usually means delays and a handover point for families when they “step up to child in need” or “step down to early help”, with yet another set of professionals undertaking further assessments of the difficulties parents themselves often understand all too well. Throughout the review, parents have told us repeatedly of the frustration of being passed between different services and social workers, and the

impaired, without the provision for him of such services; or (c) he is disabled, and “family”, in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.”

¹⁹ An example of this is “safeguarding partners” who have a statutory duty to “safeguard and promote the welfare of children”. We specifically address this question about their function in Chapter Eight.

²⁰ See the “A Revolution in Family Help” recommendation annex for more detail about the introduction of early help and evidence about its increased use for work previously done at section 17.

difficulty of building new relationships (The independent review of children’s social care, 2022b).

This separation means that resources are spent gatekeeping and assessing against thresholds which could be spent helping families. Local systems with the highest levels of demand spend even more time rationing resources as opposed to providing help (Hood et al, 2020). The Child Safeguarding Practice Review Panel has told us that transitions between plans, including from early help to child in need and vice versa, can be points of risk as a result of changes in level of support and oversight of what is happening to children, and they cite failure to deal with changing levels of risk as one of the key themes of serious incidents (Child Safeguarding Practice Review Panel, 2021b).

We must reset the system and build a new Family Help approach, combining work currently done at targeted early help and work done under child in need. This will take us back to the original intentions of section 17 of the Children Act 1989, and genuinely fulfil its intention of safeguarding and promoting the welfare of children within their families. Whilst the overall duty defined in section 17 is the right one, the work can most plainly be described as “Family Help”, emphasising both the whole family nature of the work and its focus on meeting need through support. Working Together should be amended throughout to reflect this and the principles set out in this chapter.

How this single category of Family Help is set out should be based on minimising handovers and assessment for families, and maximising support. Local Family Help Teams should stick with families from the point at which it is decided they need an additional level of help, and other workers (for example, as we describe in the next chapter, Expert Child Protection Practitioners) should come alongside when needed, building on these existing relationships rather than breaking them at a handover point. Help should be dynamic and designed to meet children’s and families’ needs both at the lower end of need and as more intensive support is needed, including after proceedings to enable reunification.

We have estimated the cohort of children who would receive Family Help to be just over half a million children at any one time. This figure is based on children who are currently on child in need plans, child protection plans and open to targeted early help²¹, with a 5%

²¹ This figure is based on ADCS’s estimate of the number of cases open to early help (ADCS, 2021a). In the absence of standard nationally collected data at early help, this is our best available proxy measure for the number of children

increase (roughly 12,000 more families) to accommodate cohorts who might not currently be eligible for help (for example, parents who have had their children removed). However, as we set out in the next section, there should be flexibility in how this is applied.

Recommendation: A new umbrella of “Family Help” should combine work currently done at targeted early help and section 17, ending handovers and bringing the flexible, non-stigmatising approach at early help to a wider group of families.

2.2 Access to help should be consistent, transparent and avoid stigmatising families

There should be a clear and transparent pathway that helps families to understand how they access support. The diagram below illustrates how a family's journey into Family Help could work in practice, including where there is a child protection concern (which is covered in more detail in Chapter Three).

Greater consistency and transparency about eligibility for Family Help

Families ought to know that if they need support, or if a professional recognises they do, then they have a place they can go to ask for help and it should be clear what help is available to them. There is currently a lack of common understanding of the meaning of “reasonable standard of health or development” described in section 17, making it unclear if areas are meeting what is expected (Cooper, 2021). The scope of early help work is also poorly defined (Edwards et al., 2021). Local thresholds differ between areas and prescribe different levels of intervention or support for children with very similar needs, or who are facing very similar risks. A review of case files undertaken for the review found considerable variation in the reasons for child in need plans being used, including inconsistency in the level of risk included at child in need (What Works Centre for Children’s Social Care, 2022b). We hear frequently that thresholds for support (both

and families who are subject to “targeted early help” (see page X describing our use of this term) because the number is based on cases open to local authority early help provision only, and not cases that may be open to partner agencies (ADCS, 2021a). Whilst this data is not perfect, it is the best data available to the review - we make recommendations later in the review about improving data collection and this area should be a priority.

at section 17 and early help) are very high. This point has particularly been raised by families of disabled children.

“Families struggle to get section 17s due to no 'safeguarding' issues ... By not providing support initially families are ending up in crisis.” **(Parent)**

“[We] need a lower threshold for help so they don't have to be in crisis point to get some help.” **(Parent)**

We have carefully considered the case for setting eligibility for Family Help nationally to drive greater consistency. The root causes of high and uneven thresholds are in a large part down to the level of need and levels of resources available locally. These factors combine to drive practice decisions and so, on its own, setting eligibility nationally is not the solution to making help available consistently for families. We have concluded, however, that alongside additional investment (described later in the chapter) it would benefit both families and professionals to have a more consistent understanding of when Family Help should be offered, reflecting evidence about what factors are most likely to impact a child reaching a “reasonable standard of health or development”. This would give more confidence in how additional investment would be targeted and enable a more consistent understanding of both the purpose and the success of Family Help.

Eligibility for Family Help should be set out in a sufficient level of detail to give a common understanding, based around the principle of families facing significant challenges that could pose a threat to providing their child with a loving, stable, safe family life. A national definition should also reference specific groups of children and families who might need extra help, including those already covered in existing legislation and guidance²², as well as additional groups where the evidence is clear they would specifically benefit from support.

A national definition must also be sufficiently flexible to enable professional judgement in conversation with families about how they would be best helped. Concepts of

²² This includes anyone who “is disabled and has specific additional needs; has special educational needs (whether or not they have a statutory Education, Health and Care Plan); is a young carer; is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups; is frequently missing/goes missing from care or from home; is at risk of modern slavery, trafficking or exploitation; is at risk of being radicalised or exploited; is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse; is misusing drugs or alcohol themselves; has returned home to their family from care; is a privately fostered child; or has a parent/carer in custody” (Department for Education, 2018b).

“reasonable standard of health or development”, “family stress” or “neglect” need to be applied by skilled professionals who understand the children and families they serve. The Munro review correctly identified the problems that come from an overly standardised framework that curtails professional judgement (Munro, 2011).

There must also be sufficient flexibility in how professionals provide help and use resources at Family Help, without necessarily needing to individually assess eligibility for support. A local authority should be able to choose to use resources put aside for Family Help to target support within a location or towards a population, building on what is available in universal provision. For example, we know that in the 10% most deprived communities, children are around ten times more likely to be on a child protection plan or in care compared to the least deprived 10% (Bywaters et al., 2020). Family Help Teams in these areas might choose to target parenting support towards all the parents in a school, rather than assessing each family individually, and this community level work should be encouraged.

Recommendation: Eligibility for Family Help should be set out in a sufficient level of detail nationally to give a more consistent understanding of who should receive Family Help, whilst giving enough flexibility to enable professional judgement and empower Family Help Teams to respond flexibly to families’ needs.

A non-stigmatising front door where mechanical referrals and assessments are replaced with tailored conversations

“Family nurse practitioners provide a positive early help programme of pregnancy support - you shouldn’t have to go through MASH to access this” **Bridge the Gap participant**

Family Help should have a non-stigmatising “front door” where parents or professionals can ask for help and understand clearly what is available. More national direction about eligibility for help should help parents and professionals understand whether they are eligible for social care support, but how the front door to services operates is also important.

Professionals from partner agencies have told us that where reports are bounced back without explanation, it can lead them to make repeated referrals to the front door to ring the alarm louder to be heard, which in turn impacts children’s services ability to effectively deal with need (The independent review of children’s social care, 2022c). We

have also heard about families asking for help directly then being refused support without understanding why this decision has been made (The independent review of children’s social care, 2022b). Families and professionals have told us that the way the front door to services is presented as focused on protection (for example asking them to report “concerns about a child”) means asking for help implies that there are concerns about a child’s safety when this may not be the case (The independent review of children’s social care, 2022c).

Mechanical and process-led referral pathways need to be replaced with quality conversations between Family Help, universal services and families. This approach has been taken in the Leeds Family Valued model, which is being rolled out to other local authorities (see box below).

Families should be able to come forward to have a conversation about something they are worried about. These conversations might result in the practitioner telling a parent that they are actually doing well or supporting them to use their own networks or wider services, including accessing universal and community support services. The front door should be designed in a way that makes it clear that support can be requested without there necessarily being child protection concerns.

Darlington

Redesigning of their “front door”

Darlington is one of the areas that the review visited as part of our local deep dives. They have implemented the Leeds Family Valued model and, as part of this, transformed their “front door” in March 2020 to reduce the number of transfer points for families by directing them to the help they need as quickly as possible. The Children’s Initial Advice Team (CIAT), a new integrated service, engages directly with both members of the public and professionals to provide information and advice so that families receive the right services at the right time, including referring to more intensive support where appropriate.

Through this approach, children and families benefit from fewer delays in receiving help and less time is spent being assessed. Having direct conversations with social workers at the front door helps partners become more effective and confident in their decision making about how best to help families. Children and families are now more likely to

receive the most appropriate intervention at first contact, meaning they are better supported which is demonstrated through the reduction in number of re-referrals in Darlington.

Where assessments take place at Family Help, they should be experienced by families as a helpful conversation to decide what help they might need, rather than a lengthy procedure or investigation.

Making this a reality means more flexibility in how assessments at Family Help are undertaken, so that they are tailored to meet the needs of families. *Working Together* should emphasise the use of much more light touch approaches to assessment where needs might be less complex (as is currently done in early help), moving towards help being given as quickly as possible. Assessments should be flexible and tailored to the family's individual problem. This is particularly important for families of disabled children where we have heard time and again from both social workers and families that one size fits all assessments are overly intrusive for families, are not tailored enough to the needs of families, and do not align well with the framework for adult social care (The independent review of children's social care, 2022b; The independent review of children's social care, 2022c). Equally, when situations are more complex or risky, a more thorough assessment should take place alongside a family receiving help.

Whilst assessments do need to be timely for families, the Munro review's conclusions were correct in pointing out that the existence of timescales for assessment sends the wrong message about the role of assessment as a single, time-limited action (Munro, 2011). Alongside the Munro review, the Department for Education (DfE) granted flexibilities to eight local authorities in how they undertake assessment (including timescales). An evaluation of three of the pilot local authorities found practitioners and managers welcomed the flexibilities, and felt they enabled them to assess according to need (and all three areas put in place their own procedures to guard against delay) (Munro et al., 2014).²³ Based on this, timescales for assessment should be removed from

²³ The evaluations also found that two of the local authorities set an internal notional limit on timescales and that "there was some evidence of gravitation back towards 'timescale management', rather than promotion of professional judgement, following a reduction in the number of social workers with skill and experience in this area of practice", whereas one local authority was able to make a more noticeable shift to their practice. This shows that flexibilities are an important part of achieving change, but not on their own enough, and need to be supported by the review's wider recommendations to improve the system.

Working Together and taken out of statutory data collections - replaced by a more useful set of measures that should be developed as part of the suggested review of overall system data (see Chapter Eight). The system should be preoccupied with improving family outcomes. However, where a child is experiencing or is at risk of significant harm, a section 47 enquiry should be initiated and here timescales should apply.

Access to high quality universal and community services to meet families' needs where they are not severe enough for Family Help support

If, after an initial conversation, families are not eligible for Family Help, they should have access to high quality universal and community services. This includes universal support available in family hubs, health visiting, school nurses, and other forms of targeted support outside of children's social care, such as from Mental Health Support Teams within schools and support from community organisations.

Family Help support will be aimed at the cohort of families who receive targeted early help. However, areas' wider early help offers generally go beyond this and include support for families with lower levels of need, led by professionals within universal services. This wider offer of support should continue and should be closely linked to Family Help Teams, so they are coordinated, accessible to families, and can meet needs earlier. Family hubs in particular offer an important universal access point to support for families, and will be critical to providing support both to families who are eligible for universal support (and might additionally be receiving a more intensive offer through Family Help), as well as families who have lower levels of need but still need help.

Local authorities already have a duty to coordinate support locally - section 10 of the Children Act 2004 places a duty on local authorities to promote cooperation between the authority and partners to improve the wellbeing of children.

Recommendation: Local Family Help Teams should be designed in a way that enables families and practitioners to have a conversation about their concerns rather than relying on mechanical referrals. If families are not eligible for Family Help, support should be available in universal and community services and the front door to Family Help should be equipped to link families to this support.

2.3 How Family Help should be delivered

“Social services just keep sending you on the same course, I’ve been on it three times and it obviously doesn’t help. ... The courses they send you on ...none of it changes or is fitted to your needs and circumstances.” (**Care experienced parent**)

The core asset of Family Help will be supportive, non-stigmatising relationships, alongside skilled and well attuned support that responds to families’ needs. The specific help available in each area will need to be highly tailored. However, through the review’s evidence gathering, we have identified four core features of Family Help that should be common to all areas and should be promoted through the National Children’s Social Care Framework, which is discussed in more detail in Chapter Eight.

1. Family help should use a multidisciplinary workforce with the time, skills and autonomy to give children and families the support they need

Family Help Teams should bring in a wider workforce to ‘case hold’ and directly support families, including family support workers, youth workers, therapists, probation officers and others alongside social workers. Social workers should supervise all work with families, in more or less depth depending on the complexity and risk of the situation facing the family. The focus should be on the most appropriate lead professional building direct relationships with families and doing skilled work. As well as a core group of professionals who would sit within a Family Help Team and hold cases, Family Help Teams would need to work closely with a wider group of practitioners who support families to coordinate the support they provide - including teachers, early years practitioners, GPs and school nurses, amongst others.

Early help cases are already generally held by a wider group of practitioners, and by making greater use of group and reflective supervision led by a qualified social worker, this would support better management of risk.²⁴ There are also promising examples of using the wider family support workforce to be the ‘key worker’ for families at child in need. An evaluation of Project Crewe, which used family support workers to hold lower

²⁴ 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).

risk child in need cases, found that families were visited three times more frequently, were offered more personalised flexible support, and concluded that Family Practitioners can generate positive outcomes for families (Heal et al., 2017). Children on a child protection plan would continue to be held by a qualified social worker in the Family Help Team and co-worked by an Expert Child Protection Practitioner who is responsible for making key decisions (discussed in more detail in the next chapter).

By bringing different professionals together into one Family Help Team, we can cut out unnecessary referrals, relationship breaks between services, enable smaller caseloads and, combined with less bureaucracy, give families more help and time with skilled professionals. Social workers will make best use of their skills - either by working directly with families intensively, or supporting others to be effective and being managers of Family Help Teams. The evidence for multidisciplinary approaches to providing support for families is compelling.²⁵ For example, the Family Safeguarding Model, first developed in Hertfordshire and now being rolled out to a wider group of local authorities, has successfully increased the number of children who can safely live at home, improved family feedback and reduced call outs to police - with the integration of workers who support parents as part of the model viewed as the foremost part of this success (Rodger et al., 2020).

The National Children's Social Care Framework will set guidance on the best ways of configuring new multidisciplinary Family Help Teams, and more evidence on the types of disciplines these teams could include is within the "A Revolution in Family Help" recommendation annex.

Enabling teams to be structured this way will require changes to guidance and inspection. Currently *Working Together* frequently refers to social workers undertaking child in need work, and local authorities have told us there is no clarity about whether cases can be held by a mixed workforce. Therefore, this guidance should be updated to make clear that cases at Family Help can be held by a wider workforce, whilst emphasising the specific skills and role of social workers within Family Help.

²⁵ An evaluation looking at features of successful projects in the first round of the DfE Innovation Programme identified a multidisciplinary skill set as one of seven features of effective practice. Other features have also informed our proposed model: using a clear, strengths-based practice framework; using systemic approaches to social work practice; enabling staff to do skilled direct work; undertaking group case discussion; high intensity and consistency of practitioner; and having a whole family focus. <https://innovationcsc.dev.bbdtest.co.uk/wp-content/uploads/2018/03/3.-Seven-features-of-practice-and-seven-outcomes.pdf>

Making multidisciplinary teams work will also require proper support to the whole workforce delivering Family Help, particularly family support workers. As part of our recommendations in Chapter Seven to support the wider children's social care workforce, we recommend measures to improve support and training for family support workers.

Key to this model working will be workers having autonomy to make decisions and having control of devolved budgets. Across our deep dives, social workers told us a consistent frustration is getting sign off to provide families with resources (The independent review of children's social care, 2022c). Pilots of devolved budgets similarly found that they could be useful to support families and build relationships, but social workers were not confident using them, with a contributing factor being the organisational cultures they work in (Westlake et al., 2020; Westlake et al., 2022). The National Children's Social Care Framework should provide models of delegated decision making to workers, for instance around levels of delegated budgets to support families.

2. Family Help should harness the power of community

A step change will be needed in how Family Help Teams harness the resources of communities. Communities can provide the organic, responsive help that services simply cannot. Whether it is a classmate's parent stepping in to look after a child after school to give the parents some space, a friend or family member at the end of the phone when things get difficult, or support provided by a local voluntary group. It is too easy for services to crowd out, rather than enable, this support.

There is a challenge for professionals in recognising and unleashing the full potential of the informal and invaluable relationships that the community and voluntary sector has with families. There are examples of areas and organisations who do this well already. Camden Council uses Family Group Conferences in early help to bring in support from wider networks. Love Barrow Families (LBF) - founded in 2014 in Barrow-in-Furness - was developed in collaboration with local families who have faced challenges, harnessing their knowledge and experience to create a community based service which responds to local needs. Their community TimeBank also works to build social capital, with participants able to exchange their assets and skill sets and connect with others locally.²⁶ Pure Insight, referenced in Chapter Six, enrolls volunteers to support those in and leaving

²⁶ <https://www.lovebarrowfamilies.co.uk/about-us/our-model/>

care, and the Family by Family initiative (see box below) pulls on the community to provide support for families in need. The work of Safe Families²⁷ and Home for Good²⁸ are also good examples of this type of support for families. Peer-to-peer support often has the added bonus of being non-judgemental. Working with someone who is 'like you' and who may have faced similar problems brings down a lot of barriers for families who may feel scared of accessing help from the state.

Harnessing the power of communities will require building on capabilities in neighbourhoods and communities to effectively meet families' needs; this requires a different way of working which may feel unnatural for children's social care but should form an exciting new frontier for delivering help for families.²⁹ Wider reforms captured in this chapter - including measurements of parental engagement, interrogating the quality of service design, and more locally-based Family Help Teams - should propel this.

This work cannot be peripheral and needs to move into the core of Family Help. It should be an explicit objective as part of providing Family Help in the National Children's Social Care Framework. This also aligns with the ambition of the government's Levelling Up agenda of restoring a sense of community and empowering local communities.

Family by Family

– Peer support for families

One project the review has visited is Family by Family in Stoke on Trent, which connects "sharing families" (volunteers) who have been through tough times to support families who are currently in the same situation. Families are brought together in "link ups" and work towards goals of the family's choice. The project is underpinned by a set of clear principles that place importance on choice, relationships and working from a place of strength rather than deficit. The families are supported by a knowledgeable team of family and children's coaches to support change that participants want to see.

The project uses a whole family approach, recognising the vital role that children play in creating change in family units as role models, leaders and changemakers. The project is

²⁷ <https://safefamilies.uk/>

²⁸ <https://www.homeforgood.org.uk/>

²⁹ New Local made similar conclusions on this in their report "From Tiny Acorns" (Tjoa, 2019)

a blend of strengths based and community development approaches combined with a clear service model incorporating social work practice that enables change for families.

It seeks not to replace statutory services, but to recognise the gifts, talents and strengths that already exist within families to prevent crises from happening and to improve outcomes. The approach was developed by The Australian Centre for Social Innovation (TACSI) and is now being delivered in Stoke-on-Trent, delivered by Shared Lives Plus. This project is seeing improved outcomes that include increasing confidence, improving wellbeing and reducing social isolation.

“It’s helped our family to shine”- Stuart

3. Family Help Teams should be visible and embedded within neighbourhoods

“Patch-based social work” is not a new phenomena - it was promoted as a model in the Barclay Report of Social Work in 1982 (Glasby, 2005); there was a strong emphasis on a community based service in Lord Seebohm’s 1968 report (Secretary of State for the Home Department et al., 1968); and it is employed in some local authorities. Rooting Family Help Teams in a defined area means they can get to know families, community groups, schools and others, and make more responsive decisions.³⁰

Family Help Teams should be embedded in community venues, like family hubs, schools and health settings. Through our engagement, we have heard in too many places that social workers are remote and removed from the communities they serve. Research shows that families receiving support through universal services and within their communities, can reduce stigma and help families in need of support be identified earlier (Early Intervention Foundation, 2019). A recent DfE pilot placing social workers in schools has shown the benefits of bringing social care closer to communities, building better relationships with children, families and with partners, including reducing the

³⁰ A similar logic model for this approach applies in neighbourhood policing, which has been more thoroughly evaluated and has been found to reduce public perceptions of disorder, increase trust and confidence in the police, and increase the perceived legitimacy of the police (Colover & Quinton, 2018).

number of section 47 enquiries undertaken and child in need plans in some areas (Westlake et al., 2020).

Local areas should decide the most suitable neighbourhood footprint and community setting to base Family Help Teams in consultation with their communities. For example, they might choose to use the Integrated Care Systems (ICS) neighbourhood level footprint of 30-50,000 people. The Spending Review announcement of investment into rolling out and improving family hubs in 75 areas across the country could provide an opportunity for areas to locate their Family Help services in these community settings.³¹ Decisions about significant harm should remain at local authority level to ensure consistency (this is explained in more detail in Chapter Three).

Testing a more radical local delivery model

The response described so far involves local authorities organising the delivery of their services across a neighbourhood model, with services embedded in communities and professional autonomy granted to these teams. This in itself would be a significant change in how services are delivered.

However, alongside this, the government should test a more radical model of devolution of power to neighbourhoods through piloting “Family Help Practices”. These would involve the Director of Children’s Services delegating operational responsibility for individual geographic areas to a Family Help director with their own budget, delegated decision making and the freedom to work with communities from the ground up to design and build services. The front door to services and child protection decisions would remain with the local authority and Family Help Practices would need to be included in inspection. This would help to build an understanding of whether improved outcomes can be achieved through greater awareness and responsiveness to local need, and through more community level ownership of these services. Interested local authorities should be invited to come forward to test this model as part of the overall implementation of the broader reforms to Family Help, and results evaluated to see if this model could be rolled out further in future. Any pilots should be not-for-profit community based models.³²

³¹ For more details see: <https://www.gov.uk/government/news/infants-children-and-families-to-benefit-from-boost-in-support>

³² A model with some similarities was piloted in 2010 with mixed results (Stanley et al., 2012). Benefits included more opportunities for direct work, small integrated teams offering more personalised services.

4. Family Help should take a population health management approach and respond with investment in the best evidenced approaches

The exact help on offer in each area should be determined based on the needs of children and families, and resources in individual areas. This should start with conversations and feedback from families about their experiences of services, combined with a data driven analysis of local needs to understand how best to deploy resources (for instance, who should form part of a multidisciplinary team). This should build on work that is already done through Joint Strategic Needs Assessments, making sure this data is turned into insight.

At present, capability is limited to do this successfully, especially when compared to population health management approaches that are growing in use in the NHS - for example, using data to understand who is most likely to end up in A&E.³³ Even building direct links between those leading neighbourhood level Family Help Teams and the headteachers, community leaders and GPs in an area would add a level of insight to the understanding of child and family needs that is not available at the moment. The quality of needs assessment undertaken by each neighbourhood level service should become an important new part of a revised Ofsted inspection.

This population needs assessment should drive the design of multidisciplinary local Family Help Teams so that services are tailored to families' needs. To help areas to think more about how different types of support can respond to different needs, we have worked with the Early Intervention Foundation to bring together the best evidenced interventions for different needs - this is published alongside the review (Early Intervention Foundation, 2022b).

Recommendation: Family Help should be delivered by multidisciplinary teams, embedded in neighbourhoods, harnessing the power of community assets and tailored to local needs.

However there were issues in implementation, including consultation of children who were affected. Lessons from these pilots should be learnt in designing the approach to Family Help Practices.

³³ See for example: <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/phm/>

2.4 The big shift to Family Help: the case for investment

All of the system changes proposed in this review will not make a difference and will not be possible without the resources to invest in rebalancing the system towards help. This is the right thing to do for children and families and it will also have tangible financial benefits for government. We have now reached the point where the evidence for substantial investment in Family Help services is compelling and comprehensive.

Improving outcomes for children and families

The lifetime outcomes of children in need (most of whom never enter care) are not dissimilar to children who do enter care. For example:

- in the year of exams, children in need were around 50% less likely to achieve a strong pass in their English and Maths GCSEs. Pupils who were in need at some point in the four years leading up to exams were 25-50% less likely to achieve a strong pass (Department for Education, 2019)
- pupils who were in need between 2012/13 and 2017/18 were three times as likely to have an unauthorised absence, and almost three times as likely to have been persistently absent (Department for Education, 2019)
- children who are in need are around three and half times more likely to be excluded than those who aren't (Department for Education, 2019)
- 32% of children between the ages of 12 and 16 who had been cautioned or sentenced for an offence between 2011/12-2017/18 were children in need (Department for Education & Ministry of Justice, 2022)
- 64% of children who were both cautioned or sentenced for a serious violence offence and known to children's social care were recorded as a child in need before their first serious violence offence (Department for Education & Ministry of Justice, 2022)
- 78% of those cautioned or sentenced for 11-14 offences had been a child in need (Department for Education & Ministry of Justice, 2022)

The annual cost of adverse outcomes of children who have needed a social worker (excluding children in care) is £14 billion per year (Alma Economics, 2021).

Support for children and families when they are struggling can make a significant difference to helping children do better in school, be healthy and avoid them becoming

involved in crime. As an example, the Supporting Families Programme evaluation achieved a 38% reduction in likelihood of juvenile custodial sentences; 15% reduction in likelihood of juvenile convictions; 25% reduction of adult custodial sentences; and 11% reduction in proportion of adults claiming Jobseeker's Allowance (Ministry of Housing Communities & Local Government, 2019).³⁴

Keeping more children safely with their families and reducing the need for future social care support

Every child who enters care who could have remained safely at home with the right support, comes with a significant human cost of breaking family bonds and disrupting childhoods. There is also a significant financial cost. The provision of public services for those who enter care are valued at £70,900 per year, compared to £26,900 for children who need a social worker (The independent review of children's social care, 2021).

We can slip into seeing the purpose of social care as rescuing children from their families and communities, without a real plan for what to do next. For some children there is no alternative to care - this is especially the case for unaccompanied children but also for others where the risk of significant harm is imminent and swift and decisive action is needed to either temporarily or permanently remove the child from a dangerous situation. In these circumstances care must be, and at times is, a positive and transformational lifeline for children. However, for a significant number of children, more support can help them stay with their families. Every child who is supported to remain safely with their family provides an immeasurable lifelong benefit to those children, with the consequence that more resources are available to invest in helping more children and families.

Research from the DfE showed that, of children who entered care in 2019/20, 43% had previously had at least one previous child in need plan, rising up to 71% for certain age

³⁴ There are further examples. The National Children's Bureau's rapid review of evidence of early help highlights a range of programmes and service design which impact a wider set of outcomes for children and families, from families experiencing improvements in relationships, self-esteem and emotional wellbeing in Shropshire; to improved levels of resilience in Essex; to positive impacts on parents' mental wellbeing, parenting behaviours and perceived parental efficacy in using the Triple P, Incredible Years, and Strengthening Families, Strengthening Communities parenting intervention programmes (Edwards et al., 2021). Evaluation of the Family Nurse Partnership programme in the UK was found to improve levels of school readiness and attainment at Key Stage 1 (Robling et al., 2021). Specialist programmes directed towards parents who have had their children removed also demonstrate positive outcomes across a range of need - for example, an evaluation of the Pause Programme showed an increase in mothers' level of wellbeing, increase in their engagement with education or training, and reduction of drug and alcohol consumption in some groups (Boddy et al., 2020; McCracken et al., 2017).

groups (Fitzsimons et al., 2022). This suggests there was a point where families' needs were identified and intervention could have helped.

Evidence is strong and growing that well targeted spending on help can enable children to stay safely at home. The Supporting Families Programme saw a 32% reduction in the likelihood of children entering care (Ministry of Housing Communities & Local Government, 2019). Evaluations of three whole system transformation models, being rolled out as part of the Strengthening Families, Protecting Children Programme, have found reductions in the number of children entering or in care (Lushey et al., 2017; Mason et al., 2017; Rodger et al., 2020).

The Early Intervention Foundation has also highlighted a selection of well evidenced interventions for families with higher levels of need and on the edge of care including: Generation PMTO (Parent Management Training Oregon model), Child First, Parent-Child Interaction Therapy (PCIT), and Multisystemic Therapy (particularly the Building Stronger Families version) (Early Intervention Foundation, 2022b). The other evidence based programmes they have identified would help to strengthen local Family Help services, where commissioned in response to a good understanding of local need.

Evaluating the impact of spending not tied to individual or manualised programmes is more difficult. Community development and general family support are less amenable to randomised control trial level evaluation (Edwards et al., 2021). However, this does not mean that spending on more general family support is not effective. One study found that reduced overall spending on preventative and family services is associated with rising rates of 16-17 year olds entering care (but not 1-4 year olds) (Bennett et al., 2021).

Promoting reunification

Family Help can support families to reunify where children have entered care. Increases in the overall numbers of children in care in recent years have been partly driven by a reduction in children successfully returning to their families (Fitzsimons et al., 2022). In a future system where we support families early, and children only enter care where it is genuinely in their best interests and not because the right alternative is not available, we might expect fewer reunifications. However, in the short-term, increasing successful reunification that does not subsequently break down should be a goal that both Family Help and care achieve together.

A rapid review of evidence undertaken for the review found examples of different interventions which can increase the chances of successful reunification, including more stable reunification reported for families under Family Drug and Alcohol Courts. Barriers to support for successful reunification include a lack of resources directed towards the socio-economic circumstances of families, and not enough support for parents with substance misuse issues - both of which will be improved under the Family Help offer (Hood et al, 2022). The recommendations explored in Chapter Four, that would introduce Family Network Plans as an alternative to care, would also support reunification, looking beyond parents to identify loving family networks for children.

NSPCC Infant and Family Team

Intensive support for reunification

The NSPCC London 'Infant and Family Team' provides an assessment and 9–15 month treatment programme for infants and young children aged 0-5 years who are in foster care because of abuse or neglect. The multidisciplinary team supports the child, their birth families, and foster carers, to protect and promote infant mental health. It works towards the reunification of children to the safe care of their birth parents, wherever possible. The programme's focus on attachment, placement stability, and an open, collaborative approach to case management sets a precedent for improved accuracy of decision making about a child's future.

Very young children are particularly vulnerable to abuse and neglect, and trauma can have a profoundly negative effect on their development. The Infant and Family Team model prioritises intervening early to improve infant mental health, while giving birth parents the opportunity to demonstrate their capacity for change, and ensuring foster carers receive specialist support to give children the best possible care.

Practitioners assess the child's social and emotional needs, the quality of their relationships with their caregivers, and the birth parents' health and wellbeing. A bespoke treatment plan, which focuses on the parent-child relationship, informs case planning and permanence procedures for the child. The team makes recommendations to the family court regarding the potential for a child to return home, or the need for permanent care arrangements.

The programme is based upon the New Orleans Intervention Model, developed by Professor Charles Zeanah and a team at Tulane University, Louisiana, in the late 1990s (Baginsky et al., 2017).

Ending repeat and intergenerational cycles of care

Help can also break repeat cycles of care for mothers and fathers. One in four mothers who have been through care proceedings will enter into a second set of care proceedings within seven years, and 60% of these will happen in short succession of one another (Broadhurst et al., 2017). Mothers who return to court within five years of previous section 31 care proceedings make up approximately 20% of parents in the public care system (Harwin et al., 2018). More than one in ten fathers experience a return to court within five years of their first proceedings (a likely underestimate as fathers are not registered in 20% of court proceedings) (Philip et al., 2021). The majority of this cohort have experienced much higher than average levels of adversity in childhood, and the experience of having their child removed can further compound these problems with isolation and stigma that follows removal (Broadhurst & Mason, 2017; Broadhurst et al., 2017). The evidence for post-removal support on a range of outcomes is strong - including significant reductions in unplanned pregnancies, yet it is still not a universally available offer.³⁵

Government's collective failure to support care experienced parents is a particular failure of corporate parenting. Research has shown that 40% of mothers who have had more than one child removed spent time in care as a child (Broadhurst et al., 2017). Care experienced parents have told the review that they feel they are not supported to parent their child, and instead they feel they are specifically targeted and stigmatised for safeguarding concerns (The independent review of children's social care, 2022b).

"If you had previous involvement, there is an expectation that you will go down the same path, because you grew up in care – and therefore lack the capacity to be an effective parent." (Care experienced parent)

³⁵ An evaluation of the Pause Programme showed an increase in mothers' level of wellbeing, increase in their engagement with education or training, and reduction of drug and alcohol consumption in some groups (Boddy et al., 2020; McCracken et al., 2017). A recent mapping of services for parents who have experienced recurrent care proceedings found that 49 local authorities did not have these services, and in 30 it was unknown whether they did or not (C. Mason & Wilkinson, 2021).

Including parents who have had children removed and care experienced parents in the eligibility for Family Help will start to address these gaps in support. Care experienced parents should be offered non-stigmatising support focused on helping them to succeed as a parent, rather than assuming there is a child protection concern.

As well as reducing needs at the point where they are acute, investment in help also stops needs escalating at lower levels. Controlling for other variables, for every £20 increase per child in non-safeguarding 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 (Webb, 2021).³⁶

Reducing the occurrence of significant harm

Family Help should also help to reduce the number of children who experience significant harm. Incidents of the most significant harm often involve the challenges that Family Help will address. Parental mental ill-health (28%), drug (24%) and alcohol (18%) use, and domestic abuse (42%) regularly feature in incidents where a child is seriously harmed or dies (Child Safeguarding Practice Review Panel, 2021b). Domestic abuse has been shown to feature strongly in cases of non-accidental injury in children under one (Child Safeguarding Practice Review Panel, 2021d). Alongside this, six in ten children who were on a child protection plan in 2017 were in need at least one year later (Fitzsimons et al. 2022). This suggests children's social care is not intervening or creating lasting change in families at the highest level of need and more significant help is required.

More details on how help and protection work alongside each other are set out in Chapter Three. At its most basic, providing multidisciplinary, non-stigmatising support to families should bring positive change to families and free -up social work capacity to identify the small number of cases where children continue to be at risk of harm. Alongside this, the presence of a Family Help worker who sticks with and knows the family; a multi-disciplinary team containing different expertise who understand risk; and supervision of Family Help cases by social workers, makes it much more likely risks and

³⁶ 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. These figures are based on further discussion with Calum Webb based on his research.

patterns of non-engagement will be identified, understood and responded to decisively at this part of the system.

Countering the impact of deprivation and boosting children's opportunities

Local authorities are not on an equal footing when it comes to their ability to invest in help, especially those local authorities with high levels of need; lower financial reserves; lower income from council tax and business rates; and high pressures in other public services.

There is strong evidence that deprivation and other contextual and demographic factors within a local area explain the variation between local areas in the numbers of children entering care (as well as the numbers of child in need and child protection).³⁷ However, levels of investment that authorities make and their practice approach also make a difference. For example, a study in Wales found that the values and other responses of workers were significant in the management of cases, with areas with positive values about birth families correlated with lower care rates (Forrester et al., 2021). Furthermore, whilst poverty and other contextual factors are the main drivers of variation, the odds of a child being in care change substantially from one local authority to the next. That is, the local authority a child happens to live in can still have a large impact on their chances of entering care, even after structural factors such as deprivation levels have been controlled for. For instance, modelling suggests children will face a 24% difference in their chances of being in care if moved between a local authority with lower than expected rates of children in care to one with higher than expected rates (Fitzsimons et al., 2022).³⁸ Local authorities can have a decisive impact on whether children in more deprived areas are able to stay with their families.

³⁷ See for example research by Bywaters et al. (2020), Bennett et al (2021) and the Department for Education (Fitzsimons et al., 2022). The National Audit analysis was somewhat contradictory to these other studies, but it did not use child level data (National Audit Office, 2019). Given this and the triangulation amongst these other results there is now a consensus around the primary importance of structural and contextual factors, such as deprivation, in explaining variation between local areas in the numbers of children entering care.

³⁸ This analysis completed by the Department of Education uses random effects to represent all local authority specific factors (such as policy and practice) which impact activity rates over and above the structural factors controlled for. The spread of these random effects around the mean are calculated and then the likelihood of entering care is compared for local authorities who lie within one standard deviation of each other. Assuming a normal distribution of random effect one would expect 68% of the observations would lie within 1 standard deviation of the mean. This means that this represents local authorities with relatively standard non-extreme results which would not usually be considered to be outliers. There is a possibility that the random effects would be different if we had data on additional variables. For more information on this reference see Fitzsimons et al., 2022.

More work should now be done to explore the factors that correlate with areas having lower than expected numbers of children in care, after contextual factors have been controlled for. For example, within the 20% of local authorities that have lowest levels of children in care relative to expectations based on their structural factors, 41% are from London. By comparison, not one of the 20% of local authorities with the highest relative levels of children in care (than would be expected based on structural factors) are in London.³⁹ Our hypothesis is that this is at least in part due to London authorities having higher council tax and business rates revenues, enabling them to invest to counter the impacts of deprivation. This in turn suggests that enabling high deprivation, low resource areas around the country to invest in Family Help, alongside a focus on working with families, could be a way to achieve the government's Levelling Up ambition in a profound way - enabling children to grow up with the foundations of safety, stability and love, regardless of where they live.

Rebalancing systems in action

The case studies below exemplify core parts of the model we have described in this chapter, combining investment with work focused on help and rooted in communities and show the benefits of investing in help.

Camden

Supporting community based approaches

The review visited Camden as part of our local deep dives. Camden has some of the highest levels of deprivation in the country. In recent years, the service has transformed how they support families to keep children safely at home.

Supported by strong financial reserves and investment by the then Troubled Families Programme, Camden Council launched its initial five year Resilient Families Programme (2014-2019) with an ambition to focus on: what families need to be resilient; giving

³⁹ This is based on additional analysis by The independent review of children's social care based on the results of Fitzsimons et al. (2022).

support in the right way, at the right time; and empowering families to improve their own situation.

Camden has a Family Advisory Board to learn from the experiences of people in the community and co-produce services. For example, “Camden Conversations” was a family led child protection enquiry, using a participatory approach to involve family members centrally in the design, implementation and recommendations in how the service worked.

Camden has been able to maintain its investment in early intervention and prevention, and has continuously spent a significant proportion of their children’s services budget on early help and family support services: since 2015/16, Camden has had a high level of spend per child on family support services, spending on average 42% of their total children’s services budget on early help and family support services, and in 2020/21 had the third highest spend per capita in this area.⁴⁰

The reforms have focused on the importance of strong relationships between social workers, family support workers and families - with investment enabling lower case loads. A large part of the support offer is delivered through community services who work to the same practice framework, ensuring there is a common approach to providing support whilst also enabling work with families to be completed close to their communities.

Between 2014 and 2021, Camden’s investment into help and support in partnership with families has seen a reduction in children referred for statutory social care, from 522 to 280 per 10,000 children, and a reduction of rates of children in need from 500 children per 10,000 to 356 - indicating that families’ needs are being met at a lower level (Department for Education, 2021d). There has also been a reduction in children in care by 48% between 2012 and 2021 (Department for Education, 2021b).

⁴⁰ Calculations are based on the review’s definition of “safeguarding” and “non-safeguarding” spend based on DfE’s S251 spend lines. “Safeguarding spend” includes lines: 3.1.11 Total children looked after and 3.3.4 Total safeguarding children and young people’s services. “Non-safeguarding spend” includes lines: 3.0.5 Total Sure Start children’s centres and other spend on children under 5; 3.2.1 Other children and family services; 3.4.6 Total family support services; and 3.5.3 Total services for young people.

Wolverhampton

Championing locality working

The review also visited Wolverhampton as part of our local deep dives. In 2016, the City of Wolverhampton Council adopted a restorative practice model for social work which emphasises the importance of building effective relationships with families – working with them rather than doing things to them, to help families make sustainable change.

In 2018, their Early Intervention Service merged with the Child in Need and Child Protection Service to become the Strengthening Families Service. There are eight locality-based Hubs which provide continuity to children and families at all levels, from early help to specialist support. Professionals in the Hubs include Strengthening Families workers who hold early intervention cases and social workers who hold child in need and child protection cases, as well as wider professionals including health visitors, police, and benefit advisors.

Wolverhampton also has Intensive Family Support teams which cover all localities. This team does not hold cases but is in place to provide support primarily to child protection cases. In addition, Wolverhampton has a multidisciplinary intensive support team, Power2, which works with young people aged 16-25. Similarly, this team does not hold cases but delivers high-intensity relationships based work.

Wolverhampton has increased the budget for their targeted family support through their Strengthening Families service from £7.3 million in 2014/15 to £11 million in 2021/22 - uplifting the Strengthening Families budget from 14% of their total children's services budget to 21% - and have held their spend on children and young people in care relatively stable from 2016/17.⁴¹

Increases in investment have seen a corresponding reduction in the number of children receiving statutory support in Wolverhampton between 2016 and 2021.

Rates of referrals to children's social services have decreased incrementally since 2017, from 1,009 children per 10,000 to 450 in 2021. From 2017, rates of children in need decreased until being held steady from 2019 below rates of statistical neighbours. In

⁴¹ Calculations based on City of Wolverhampton Council's internal budget (unpublished).

2021, Wolverhampton's rate of children in need was 358 per 10,000 compared to an average of 399 for its statistical neighbours (Department for Education, 2021d).

Since 2015, rates of children in care have fallen by 36% from 135 per 10,000 to 86 in 2021 - falling below rates of its statistical neighbours in 2021 (Department for Education, 2021b).

Hertfordshire

Multidisciplinary working to support families

Hertfordshire County Council developed and implemented its Family Safeguarding Model under round one of DfE's Children's Social Care Innovation Programme in 2015. The model provides a whole family approach to child protection, providing direct help and support for families from different professionals working as one team, with the aim of keeping more children safely at home with their families. The model is built around a recognition that the bulk of families that children's services work with have complex issues that require support, with parental alcohol and drug use, domestic abuse and mental health issues being particularly prevalent.

The model aims to allow workers to spend more time working with families, increase the skills and knowledge of workers, and provide an inter-professional whole family response that allows parent and child issues to be addressed effectively.

There are four primary elements to the Family Safeguarding Model, including multidisciplinary Family Safeguarding teams; Motivational Interviewing as a practice model; a structured workbook approach to assessing parent's capacity for change; and an outcomes-based performance framework with a set of indicators across the partnership of agencies involved in delivering the model.

In 2020, evaluation of the model found that the break-even point of delivering the model - where the cumulative savings generated by the model exceeds the cost of delivery - was eight months in Hertfordshire, as a result of the model's impact on rates of children in care and child protection plans (Rodger et al., 2020).

Rates of referrals to children's social care in Hertfordshire have been on a downward trajectory since 2014, falling each year until 2021, and held consistently below statistical

neighbours throughout. From 2014, rates of child protection plans have fallen by 64% from 44 per 10,000 children to 16 in 2021 (Department for Education, 2021d).

Rates of children in care in Hertfordshire have been held relatively stable since 2017, falling below statistical neighbours in 2014 and remaining well below since, and remaining below the rate of children in care prior to the implementation of Family Safeguarding (Department for Education, 2021b).

2.5 A programme of investment and reform to deliver our vision

Dedicated funding for Family Help

Based on analysis of local authorities who have rebalanced spending, it is clear that greater upfront investment is needed to deliver this revolution in Family Help. The government made the welcome announcement of an additional £200 million for the Supporting Families programme in the 2021 Spending Review. But we now need to be much more ambitious if we are to achieve this vision for Family Help. Roughly £2 billion more is needed over the next five years to achieve this transformation. Assuming this investment is made, by 2030, this will leave a legacy of the system spending over £1 billion more every year on Family Help than it does today, using resources that would have previously have been spent on later crisis intervention.⁴² Funding should be distributed according to deprivation and available resources to enable the largest amount of resources to go to the areas who have the greatest need (in Chapter Eight we make broader recommendations about how overall children's social care funding can be rebalanced to better meet different area's needs).

This funding would be part of the review's proposed *Relationships Protect* change programme set out in Chapter One, with additional investment tied to local authorities

⁴² The £2 billion figure refers to the amount of investment local authorities will need over five years to invest in increased help. Beyond the five years, this will generate savings from more children staying with their families and not entering care, which will enable them to spend a greater total figure on helping families. We estimate that with this investment they will be able to spend roughly £1 billion additional funding on help each year in the long term. Further details on the review's costings are in Chapter Nine and the corresponding annex and the Alma economics technical report.

delivering the National Children's Social Care Framework and specific objectives and outcomes that have been set out throughout this chapter.

Making this investment, we would expect to see approximately 17,000 more children remaining safely with their families by 2032/33, and savings of £517 million in care costs over the next five years (see more detail in the "A Revolution in Family Help" recommendation annex). This figure is based on an evidence based analysis. This is an achievable proposition for supporting more children safely within their families. The funding that is freed up, both by this investment and wider reforms, can be used to rebalance spending by local authorities towards help, creating a virtuous cycle and placing local authority children's social care funding on a more sustainable footing.

Aligning national funding

In increasing investment in Family Help, government should also take this opportunity to better align and integrate some of the different funding pots that currently exist to support this work nationally. At a minimum, the Supporting Families Programme and the Reducing Parental Conflict programme should be brought into the Family Help stream of funding. This will both increase the overall investment in help and give a more aligned national government direction. This also aligns with the ambition of the Levelling Up White Paper which sets out plans to streamline the funding landscape across government in recognition of the inefficiencies, decision making complexity and reporting burdens created by numerous funding pots. In Chapter Seven, we say more about improving overall government alignment across children's social care policy.

Increasing partner contributions

At a local level, increased investment should also be used to leverage more investment from partners. Across the review we have seen examples of pooled budgets between local authorities, Clinical Commissioning Groups (CCGs) and others to deliver help for families (as well as in other areas, such as care for children with complex needs). To support this across the review's recommendations, in Chapter Eight we recommend that a proportion of funding for reform to areas should only be made available if partners also provide a contribution towards efforts.

Maintaining a long term shift to investment

In the longer term, once the review's reform programme ends, a dedicated ring-fenced grant for Family Help spending will be required to lock in the system reset that has been achieved. We have seen historically that when funding becomes more constrained, many local authorities have pulled resources away from help and towards more acute services. As with the Public Health Grant where there is a similar situation of savings falling to the NHS and wider public sector, ring-fencing provides protection, ensuring funding is used for prevention, but with flexibility to enable areas to tailor how they deliver services.⁴³ Without a ring-fenced Family Help Grant, there is a high chance that this whole reform programme will result in a temporary rather than a lasting shift. The same pressures that exert themselves on local government today will reappear and children's services will return to focusing on demand management at the edge of care, and miss the opportunity to achieve sustained and positive change for children and their families.

Local government and children's social care will not be the sole beneficiary of these improved outcomes; justice, education, and the health service will feel the benefit of investment in Family Help too. There is therefore a strong case for different national government departments to contribute to this funding nationally.

Recommendation: Government should make an investment of roughly £2 billion in supporting local authorities, alongside their partners, to implement the proposed transformation in Family Help. National government pots of funding should be mainstreamed into this funding stream and local partners should be incentivised to contribute. Once transformation is complete, the government should ring-fence funding for Family Help to ensure rebalanced investment is sustained.

2.6 Governance and accountability

The size of the proposed investment in help would demand robust governance and accountability to ensure it translates into change for families. This should be done as part of the review's proposed *Relationships Protect* programme.

⁴³ The Public Health Grant to local authorities was originally intended to be temporary when it was introduced in 2013/14, however almost ten years later remains following concerns that if it was removed disinvestment would occur. See for example: <https://publications.parliament.uk/pa/cm201415/cmselect/cmpubacc/893/893.pdf> and <https://www.nao.org.uk/wp-content/uploads/2014/12/Public-health-england%E2%80%99s-grant-to-local-authorities.pdf>

Defining outcomes and objectives for help

First, it is important to clearly define the specific outcomes and objectives that an investment in help is aiming to improve. Much of children's social care activity lacks clarity about the change it is aiming to achieve.⁴⁴ The updated Supporting Families outcomes framework⁴⁵ provides a good model of the results Family Help should be delivering. These outcomes should be captured, alongside those focused on other parts of the system, as part of the National Children's Social Care Framework. Measures of success and learning, supported by a reimagined child in need data collection, should be quantified through the review's proposed balanced scorecard to aid learning (detailed in Chapter Eight).

The National Children's Social Care Framework would also set objectives for the key features of how help should be delivered - i.e. that it should be rooted in neighbourhoods, multidisciplinary, and targeted to the needs of a population. Practice guides would point to the best available evidence for how to deliver this. For example, pointing to the most effective interventions for different needs (building on the Early Intervention Foundation's report published alongside the review) and effective means of family engagement. Areas should demonstrate they are implementing these key features of Family Help as a requirement for receiving additional funding.

Recommendation: As part of the National Children's Social Care Framework, the government should define outcomes, objectives, indicators of success and the most effective models for delivering help. Funding should be conditional on meeting the goals of the Framework.

Making Family Help truly multidisciplinary and boosting the contributions of partners

Local authorities should have overall leadership of the delivery of these reforms, with the role of the Director of Children's Services (DCS) to oversee the coordination and delivery of Family Help as the primary holders of the section 17 duty and local leaders for children in need of help and protection. The core additional funding we are suggesting for Family

⁴⁴ The Children Act 1989 does not define this, although the Welfare Checklist in section 1 of the Children Act offers some indication (for instance, reference to "physical, emotional and educational needs").

⁴⁵ The updated Supporting Families Framework has moved from six headline criteria to ten headline outcomes and will come into effect from 3 October 2022 (Department for Levelling Up, Housing and Communities, 2022b).

Help Teams will go to local authorities to hire the multidisciplinary workers they need to deliver the model we are suggesting.

However, these reforms cannot be successful without the full participation of education, health, the police and other partner services - making sure the Family Help offer is well aligned with and supported by strong universal and community services locally.

Moreover, partners will need to support multidisciplinary teams to work in practice, for example by freeing up staff who can be seconded into these teams. In the short term, cross partner contributions to Family Help Teams should be overseen nationally by the National Reform Board and locally by safeguarding partnerships (more information about our proposals to strengthen these and the role of DCSs are set out in Chapter Eight).

However, in the long term, we think a more permanent arrangement may be required to make multidisciplinary teams a reality. As an example, youth offending teams, which are an example of a multidisciplinary model that has become mainstream, are set out in legislation. Requiring the existence of Family Help Teams and setting expectations about partnership contributions in legislation could give these reforms staying power, though the legislation should be less prescriptive than that used for youth offending teams.⁴⁶

Beyond establishing multidisciplinary teams, there is huge scope for partnerships to go further to support improved Family Help, for example when budgets and services are brought together and integrated allowing decisions to be taken in the round about what is right for children. This is why we have recommended above that partners are incentivised to provide a contribution towards reforms.

Whilst safeguarding partnerships will be the main governance vehicle for Family Help, it is also important that the goals and objectives are considered in other arrangements. The Integration White Paper for health and social care introduces the concept of place based arrangements centred around a single person accountable for shared outcomes in each place or local area. It will be important that the outcomes for children set out for Family Help also feature in these local place boards, and that in turn safeguarding partner arrangements have a read across to the goals of local place boards. Governance of

⁴⁶ Youth Offending Teams (YOTs) differ in some ways from our proposed Family Help Teams. YOTs are multi-agency as well as multidisciplinary (i.e. members represent their respective agencies as well as bringing the skill set of a different discipline), whereas in our proposed model the core feature is that members of the team have the right skills to provide families with support (and so local authorities may choose to directly employ workers). Given workforce challenges it might prove better to set out in legislation partners contributions to teams. This question should be tested through implementation.

Family Help arrangements will also need to align with the proposed local multi-agency panels proposed in the SEND and AP Green Paper.

Recommendation: Alongside recommendations to strengthen multi-agency partnerships and the role of the Director of Children’s Services, government should consider legislating to put the existence of multidisciplinary Family Help Teams on a statutory footing.

Improving the role of inspection as an enabler of better help

Ofsted will also have a critical role in supporting and holding areas to account for delivering an improved Family Help service. Our full recommendations for inspection are set out in Chapter Eight. A revised Ofsted framework should focus on the quality and proportionality of interventions used with families. This would mean looking at the quality of help received by families, how risk has been understood and balanced, looking back at the journey of children that have escalated to see if opportunities for help were missed, and assessing how effectively Family Help Teams engage families (including focusing on the father, as well as wider members of the family who could provide support). They should also interrogate population needs assessments and how effectively services respond to those needs, and the ability of leaders to delegate freedoms to front-line practitioners and make best use of the resources of different disciplines within help.

Recommendation: Ofsted inspections should reinforce a focus on families receiving high quality, evidence based help that enables children to thrive and stay safely at home.

2.7 How Family Help will support children and families with different needs and address disparities

In implementing Family Help and carrying out population needs assessments, local authorities should pay specific attention to how recommendations and ultimately their Family Help offer can support different groups of children and families, including children with disabilities, teenagers, families in poverty and ethnic minority families.

Children with Special Educational Needs and Disabilities

There are around 1.3 million disabled young people aged 0-19 in the UK (Department for Work and Pensions, 2022). Disabled children are recognised as children in need in the Children Act 1989, but only those who are assessed as requiring services are included in data collections (Department for Education, 2020b). In 2020/21, 10% of children in need assessments reported a child's learning disability and 5% reported a child's physical disability as a factor that contributed to them being in need - increasing by 22% and 5% respectively since 2017/18 (Department for Education, 2021j).⁴⁷ Throughout the review, we have heard consistently from families of disabled children about their struggle to access support and their frustration navigating services (The independent review of children's social care, 2022b). Disabled children are also more likely to be re-referred to children's social care than other children (Troncoso, 2017).

The review's broader recommendations on Family Help, if properly implemented, will provide a step change in how disabled children and their families experience children's social care - reducing the stigma of asking for help; increasing the intensity of support provided for families; setting clearer more transparent eligibility for support; and reducing the number of handovers families experience between services.

However, whilst disabled children will benefit from the overall improvements to Family Help suggested by the review (as well as wider improvements to commissioning and workforce skills, which will also benefit disabled children), their needs can also differ from other children supported by social care and so require specific consideration. Whilst the review has been underway, the government has been looking at the support for children with Special Educational Needs and Disabilities (SEND) and in alternative provision (AP) and has recently published a Green Paper consulting on major changes to these systems.⁴⁸ In responding to the independent review of children's social care and taking forward the proposals in the SEND and AP Green Paper, it is critical that the government looks at the interplay between both sets of recommendations to make sure they align,

⁴⁷ This and following data points related to factors at the end of child in need assessments are calculated relative to the yearly total for episodes with an assessment factor.

⁴⁸ The independent review of children's social care terms of reference state: "The review will give due regard to the SEND Review, which will consider the main questions relevant to children with special educational needs and disability."
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952624/terms_of_reference_independent_childrens_social_care_review.pdf

and that families and disabled children are engaged about how they are implemented. Through our work speaking to children, families and professionals who support disabled children, we have also identified several areas where specific change is needed.

First, we need to make it clearer and more transparent for families what support is available to them where their children have different levels of need. The SEND and AP Green Paper proposes to more clearly define the statutory requirement for social care input into Education, Health and Care (EHC) assessments. In setting National SEND Standards for care, government should make sure this aligns with the review's proposals on Family Help. The Green Paper also proposed to explore opportunities to streamline the EHC and social care assessment processes - we agree with this proposal, which fits with the review's overall ambition that assessments should be more flexible and tailored to different families' needs (for example encouraging local authorities to tailor their assessments for disabled children).

An important part of making it clearer for families what support will be provided will be looking at the outdated legal framework for the social care of disabled children. At present there is a patchwork of duties that sit between the Children Act 1989, the Chronically Sick and Disabled Persons Act 1970, and the Children and Families Act 2014; outdated definitions that exist in some legislation; and poor alignment with the Care Act 2014. All of this works together to make it hard for families and professionals to understand what support they should receive. We therefore recommend that the Law Commission undertakes a review of children's social care disability legislation to bring more coherence to the existing patchwork of legislation. Government should work with parent carer forums and SEND stakeholders to inform the scope of the review.

Second, we need to improve disabled children's experiences of transitions into adult services, an issue that has been raised frequently with the review (The independent review of children's social care, 2022b; The independent review of children's social care, 2022c). Adult services need to support planning well in advance of transitions. Age 0-25 disabled children's teams are an area of positive practice that we have seen in some local authorities and should be promoted. In defining a consistent national format and process for EHCPs, the government should ensure that local authorities complete and record in good time how children will transition to adult social care services.

Third, we need to improve the strategic integration of children's social care with the SEND system. One way of achieving this is through the Designated Social Care Officer,

which is currently being piloted within 30 local authorities to help join up social care and other partners. The SEND and AP Green Paper proposes this is strongly encouraged through the SEND Code of Practice. This is a positive step forward and the government should continue to consider how it can embed this role.

Recommendation: Government should ensure alignment in how the proposals in the SEND and Alternative Provision Green Paper and this review are implemented. The government should ask the Law Commission to review the current patchwork of legislation that exists to support disabled children and their families.

Support for teenagers

Teenagers are the largest growing cohort in both child protection and care. From 2010 to 2021, the number of children in care aged 10-15 years has increased by 26%, and the number of children in care aged 16 and over has increased by 37% (Department for Education, 2021b). Over the same period, the number of children aged 16 and over on a child protection plan increased by 240% and by 52% for 10-15 year olds (Department for Education, 2021j). For teenagers, the most prevalent factor at assessment is the child's mental health. From the age of 12, there is a sharp increase in the percentage of assessments which identify child alcohol and drug misuse, child sexual exploitation, trafficking, gangs, missing children, socially unacceptable behaviour and self harm (Fitzsimons et al., 2022). When older children enter care they are more likely to remain in care long term compared to the youngest entrants (Neil et al., 2019).

Historically children's social care has been geared towards younger children and harms coming from family or inside the home. As a result, responses to teenagers' needs by children's social care are often weak. A study of 841 cases in one local authority found that all cases referred due to serious youth violence or gang-related behaviour were closed without assessment (Lloyd & Firmin, 2020). Social care is also often failing to identify or respond effectively to neglect in older children (Ofsted, 2018).

Part of the reason for teenagers entering care is the current child protection response to extra familial harms, which is discussed in more detail in Chapter Three. However, the foundation of keeping more teenagers safely with their families is in providing the right early support. Given the differing needs of teenagers, this suggests that the support needed is likely to be different, including making better use of child mental health support, youth workers, and peer interventions. These are likely to be quite different to

the types of support offered to families with young children. The youth work workforce has been particularly affected by funding cuts over the past decade, and so rebuilding (and rethinking) this capacity both at a universal level and within Family Help is critical to the success of better supporting this group of young people (Research in Practice, 2022; YMCA, 2020). Providing a national definition of eligibility for Family Help will also provide an opportunity to ensure areas are consistently identifying teenagers who require support.

Delivering Family Help to families and teenagers will need specific consideration. Features of Family Help, such as a robust population needs assessment to identify where teenagers are in need of help, services designed around that identification of need, delivery of evidence based interventions, and a focus on improved outcomes and positive feedback from families as a measure of effective services, will help to build a tailored response.

Addressing poverty in Family Help

The chances of children in poverty living safely in their family and community are significantly lower than for their wealthier peers. Poverty creates stress in its own right as well as making families less resilient to other shocks and struggles (Bywaters et al., 2016). Children who live in the most deprived 10% of small neighbourhoods in the UK are ten times more likely to be in care or on a child protection plan than children in the least deprived 10% (Bywaters et al., 2020).

In the education system, there is a wide understanding at both a public and policy making level of the injustices of educational inequalities linked to deprivation; we need a similar acknowledgement and determination to address the child welfare inequalities present in the children's social care system. In pursuing the Levelling Up agenda, it is critical that government gives the same weight to deprivation and its relationship with children's social care outcomes as it has given to its impact on skills, educational attainment and health outcomes.

Rates of child poverty, effectiveness of benefits, and availability of wider universal services are intertwined with the need for children's social care services. The delivery of Family Help must directly respond to deprivation by improving the material conditions of families where it is affecting their ability to parent (something that is already specifically set out in section 17). This would include:

income maximisation (e.g. building in routine benefits checks, money and debt advice and advocacy for all families)

devolved budgets to social workers to provide direct support to families. Across our deep dive visits, we were struck by the consistency with which social workers told us about very stringent, bureaucratic sign offs to spend even small amounts of money on providing families with practical support (The independent review of children's social care, 2022c)

linking families to other sources of assistance e.g. advice about insulation, heating, loans, housing rights, charities, food banks, clothes banks, and where relevant faith groups

Social work and family support worker training also needs to specifically consider how to work with deprived families in a broader sense, including ensuring workers understand how to address and be sensitive to the non-material aspects of poverty (like shame, stigma and stress), and that social workers can engage sympathetically with families and understand the links between poverty and other dimensions of family life, such as impact on relationships and mental health. Crucially, supervision and professional development for social workers should challenge conflated and confused ideas about poverty, neglect and maltreatment.

Later in the report we discuss how, at a system level, the resources that local areas receive need to fully take into account deprivation to ensure that they have the resources to respond to need.

Addressing ethnic disparities in who gets help

Alongside socio-economic inequality, racial inequalities are amongst the most pronounced disparities in children's social care. In England, children from Black and from some Mixed ethnic groups are more likely to be in care, and children of South Asian heritage are less likely (Bywaters et al., 2019). Nearly a third of social workers reported witnessing racism directed towards families by colleagues or managers in a recent survey (What Works Centre for Children's Social Care et al., 2022). Through the review, we have tried to probe why some children are more likely to enter care by analysing data and speaking to young people, families, social workers and directors of children's services. This research is captured in a separate annex published alongside the review.

We heard from both families and professionals that understanding of different cultural norms around family shapes the response from children's social care (The independent

review of children's social care, 2022a; The independent review of children's social care, 2022b). We also heard that sometimes suspicion exists within communities and can be a barrier.

“Social workers do not always understand and respect the cultural differences of families, and this can prevent them from understanding the needs of young people and families and working with them effectively.” (Parent)

“I think social services has been always a “No” for Travellers. Every time the social services have been involved in Travellers something bad happens” (Parent)

“There was little understanding and awareness of different communities’ ethnic minorities cultures and family dynamics which had negative impacts on me” (Young person)

“The local authority know families really well - but the vision of family tends to be White and middle class. [This] Doesn't work with people that have different cultural norms around the idea of family.” (Director of Children's Services)

There is also evidence suggesting that the system may be failing to address the needs of different groups of children before they escalate. For example, research by the Department for Education has found that, of those children who entered care, 65% and 62% of White and Mixed children respectively had previously been on a child protection plan compared to 39% and 36% for Black and Asian children respectively. Even whilst this raises concerns of the efficacy of plans in preventing escalation for those who do receive intervention, this also suggests that certain groups may be less likely to receive any form of help and support from the local authority before escalating in the system compared to others (Ahmed, James, et al., 2022). This concern is further reinforced by wider research which found that Black and Mixed-heritage boys are less likely than their peers to have been referred to early help services when they were younger. It was also found that Black and Mixed-heritage boys who have been referred to Child and Adolescent Mental Health Services (CAMHS) at a young age, have not always received the support they needed prior to them coming into contact with the criminal justice system (HM Inspectorate of Probation, 2021).

Bringing services closer to communities through a population health management approach, co-design of services, and understanding family engagement should all help to address this. Our recommendation on reforming safeguarding partners, discussed in Chapter Eight, will also require the wider partnerships to understand disparities in how

their services respond to need. In bringing in the resources of communities, local authorities should pay particular attention to small community groups who know their communities well.

The evaluation of the *See, Hear, Respond* project - set-up during COVID-19 to bring together national and community based charities to support vulnerable families - identified that smaller community organisations tended to be more successful in identifying, engaging and working with children and young people from ethnic minority communities during the project's implementation (Barnardo's, 2021). Broader recommendations that focus on supporting the workforce, including through the Early Career Framework, should include a focus on cultural competence for social workers.

There is still more to do to build evidence in this area. The Early Intervention Foundation, Race Equality Foundation and Action for Children have identified challenges in relation to how ethnic minority communities interact with family support services - an area which needs to be understood in more detail to ensure support for families addresses the disparities described above.⁴⁹ This should be a priority area for future research and is included in a broader list of evidence gaps within the National Children's Social Care Framework recommendation annex.

Madalena

Shining a spotlight on families' experiences

The review has worked with Policy Lab to better understand the experiences of children and parents who are currently, or have recently been, subject to child in need and child protection plans, by undertaking research using ethnographic methods to develop a Spotlight on Families. Madalena took part in this research and this is her story.

⁴⁹ The Early Intervention Foundation, Race Equality Foundation and Action for Children launched a survey, SpeakOut, to hear from young people and parents from ethnic minority families in England to understand more about how help is accessed and if the support available is right: <https://speakout.family/about/>. Findings from the survey will be published soon.

Madalena is in her thirties and lives with her two children: a baby and a preschooler. Their violent father is not allowed contact with the three of them. Madalena works with special needs children, running after school and holiday programmes. Her home is just five minutes away from her mother.

How it all started

When Madalena was pregnant with her first child, children's social care quickly got in contact and put in place a child protection plan. She's not sure who referred her, but it could have been the police as David, the baby's father, had a violent past. Madalena and her ex-partner were in a relationship at this point and children's social care wanted to risk assess him, but he resisted - despite multiple attempts. It was clear that the referral was about David's violent behaviour and a need to safeguard the baby. But the actions, the plan, the involvement was all her responsibility.

"Back then, our relationship was bad, worse. They had good reason to be concerned."

The child protection plans

At the start, Madalena found the involvement from children's social care hard. But she thought she had to work with them to keep her children. Over the past five years, Madalena has had four plans. The pattern is: there is an incident with David, a child protection plan is put in place and then it's deescalated to child in need, before coming off the plan. Then another incident would occur, which would start the cycle again.

The main requirement in all the plans has been for Madalena to stay away from David. She thinks this demand is fair but support does not really follow. She attended courses on Domestic Violence and Child Abuse, both of which she found useless. She would have preferred to be provided early on with one-to-one counselling to understand David's violent or narcissistic traits and why she should leave him. Other requirements included taking her daughter to an eye test, dental care and a health check - all of which Madalena complied with despite finding some pointless. The optician said he couldn't do an eye test on such a young child. And Madalena thought the high BMI of her daughter was due to both parents being tall rather than a health issue.

"They hold your life in their hands... you have to do what they say"

It's all on the mum

Madalena recognises that children's social care had to be involved because her ex-partner was violent and she made a mistake in going back to him. But she has found the experience draining and much of it unnecessary. The conference meetings were very intimidating at first and she felt unsupported.

She found it really frustrating that David had to do nothing, while she had to deal with children's social care throughout the whole process. She is expected to stay away from him, but feels no one is telling him to stay away from her and the children.

She sometimes saw him waiting at a nearby bus stop and was once moved near his friends, who found out where she was living. Children's social care worked with a housing association to move the family three times, to get them away from David. Madalena is tired of moving and hopes it won't happen again.

"I go through all this because he's done wrong. Maybe they should be sending the police around to his house everyday saying: 'You need to stay away from her'. They put a lot on the mother."

Children's social care taking over her therapy

Madalena has a behaviour disorder and was seeing a therapist prior to her first child's birth. But with the child protection plan, the therapist started attending conference meetings and the therapy changed. She felt the therapist seemed more concerned with addressing the plan than with her behaviour disorder. Since the birth of her second child, Madalena has stopped seeing the therapist as she no longer finds it helpful.

"A lot of the work [therapy] changed to be around social services and their dad... so I didn't even feel like I had the help from her that I needed."

The power of the social workers

Madalena had two or three different social workers for each of the four plans. She found the frequency of change exhausting and feels social workers are not committed to families. New social workers read notes and believe they can understand complex situations, but she feels they don't.

Madalena has felt threatened by the amount of power that social workers hold. At the start, she used to worry that she would have her children taken away from her. Over time, she developed a good relationship with children's social care and did not feel threatened anymore.

"I used to worry that I'd go and pick up my daughter from school and she wouldn't be there... it got me panicked."

The future

Madalena currently has no involvement from children's social care and she hopes not to again. But she doesn't feel very hopeful of this. Madalena states that in the final report from children's social care she was informed that her daughter's school is 'keeping an eye' on her.

She finds this stressful as her children are young and there are many years of interacting with the school ahead. She knows that if the school reports anything, children's social care will be back in her life. She also knows that if David comes over and she phones the police as instructed, it's likely she will be back on the child protection plan for at least three months and then child in need for another three months.

"It's going fine for now [avoiding the children's father] but then it's like [me] calling the police [if he comes by] and what does that mean? Oh social services are back..."

Three: A just and decisive child protection system

Introduction

Whilst the risks of harm cannot be eliminated, the system of child protection can and must do better for children.⁵⁰ Analysis of serious incidents shows that the same themes are often present when children experience serious harm, such as failing to understand what a child's daily life is like, poor information sharing, a lack of critical thinking and challenge and insufficient analysis of changing risk and need. These "knotty issues" are familiar to all those who work in child protection and have been highlighted over numerous reviews and reports (Child Safeguarding Practice Review Panel, 2021), yet they continue to reoccur.

Improving child protection is not the same as increasing the *amount* of child protection activity. Over the last 11 years child protection investigations have increased by 127%, however the number of these investigations that did not result in a child protection plan have increased by 211% over the same period, reaching 134,960 in 2020/21 (Department for Education, 2021a). Instead we need to focus on the *quality* and *accuracy* of child protection work - making the right decisions about where investigation is necessary and where support would be the most effective route to keep children safe.

Improving child protection will depend on the review's wider recommendations, particularly the Family Help offer, workforce and wider system recommendations.

The proposed model of Family Help set out in Chapter Two, will improve the safety of children by making sure families get the help they need to get through painful, dangerous or isolating times - whether this is an abusive relationship, struggles with mental health or a child being exploited. The majority of serious incidents in 2020 (64.5%) involved

⁵⁰The importance of effective child protection has recently come to the wider public's attention, with the tragic deaths of Arthur Labinjo-Hughes and Star Hobson. The Child Safeguarding Practice Review Panel will soon publish a national review to examine the circumstances leading up to both children's deaths, and will make recommendations about how local and national safeguarding practice and systems should change to protect children in the future. The national learning from the Panel's review has been made available to the independent review of children's social care (as agreed at the beginning of the national review) and has informed this report and its recommendations (Child Safeguarding Practice Review Panel 2021c). Both reviews have, however, worked independently to develop their recommendations. Government should consider the findings from both reviews in the round, in deciding how to take forward recommendations.

children already known to children's social care (Child Safeguarding Practice Review Panel, 2021). By bringing more help into families' lives delivered through a single multidisciplinary team, workers are more likely to build better relationships with families, develop a holistic understanding of the situations in which children are living, address the underlying reasons that families become involved in social care, and more accurately identify situations where there are more serious concerns. By making help less stigmatising and more meaningful, and by giving professionals more time with families, we will also increase the likelihood that families will want to engage with social care. By removing the arbitrary distinction between early help and social care, we will improve the ability of the system to respond to changing risk, without the inherent weakness in handoff points.

Second, our plans to realise the potential of the workforce set out in Chapter Seven, will increase social worker knowledge, skills and retention, get all social work managers spending time doing direct work with children and families, and improve the quality of and support for social work.

Third, by building a system that is better able to learn and use evidence, and that better holds local partners to account, we will improve organisational leadership and culture. By having clearer and more accountable multi-agency arrangements we enable better sharing of information and decision making about children. By ensuring that funding of children's social care reflects the needs of different areas, local authorities will have the resources they need to respond to significant harm. By intervening more decisively in inadequate and drifting authorities we will improve how individual local authorities keep children safe.

On their own however, these reforms will not be enough to build a just and decisive child protection system.

In this chapter we set out specific changes that should be made to child protection to keep children safe and improve their outcomes:

- for children where there is a risk of significant harm, cases will be co-worked between a Family Help social worker and an Expert Child Protection Practitioner who will provide support and make critical child protection decisions. Family Help work should continue as the risk to a child escalates and de-escalates, avoiding handovers and maintaining relationships

- clearer expectations on multi-agency capabilities for child protection
- a more tailored and coherent approach to keeping children at risk of extra familial harms safe, including multidisciplinary support, an updated child protection pathway, and defined expectations on multi-agency contributions. This will be accompanied by a better aligned and simplified national landscape
- a five year challenge on information sharing to improve knowledge and culture, reduce perceived legislative and regulatory barriers, and initiate practical and technological changes, in order to achieve frictionless sharing of information
- parental representation and support rolled out for parents in the child protection process, in order to improve engagement
- the family justice system will be supported to work better for children, with detailed and regular data, and Local Family Justice Boards used to understand the decisions made in court and their impact on children's outcomes. Proceedings will be adapted to be less adversarial, improving the engagement of parents

3.1 An expert child protection response

Child protection social work requires **experienced, knowledgeable and skilled social workers**, who are able to weigh up evidence, take tough decisions and have sensitive and life changing conversations with families. They need to analyse information from different sources, identify patterns and hold multiple possible scenarios in mind, test these against the evidence and meaningfully engage with a child, their parents, wider family and friends and other professionals. This could be to decide what to make of bruising to a child that a parent claims was an accident, or understanding whether coercive control is present in a relationship. The cost of poor decision making - whether it is a child remaining with their family and suffering harm, or a family being subject to unnecessarily child protection investigation and separation - is extremely high. Poor risk assessment and decision making occurred in 41% of serious incidents in 2018/19 with gaps in practitioner knowledge and skill, including a lack of critical thinking and challenge identified as a key theme (Child Safeguarding Practice Review Panel, 2020). Despite this, child protection work is undertaken too often by our most inexperienced practitioners, who are early in their careers and often lack support to build their skills. Evidence suggests that newly qualified social workers tend to experience a “beginner’s dip”, making different decisions compared to experienced social workers or students (Devaney et al., 2017).

Support and supervision are crucial to social workers remaining curious and using good authority in their practice - where they are purposeful, clear about risk and able to focus on the child (Wilkins et al., 2018). Yet, 10% of social workers have not received any reflective supervision since joining their current employer, and one in four (24%) have reflective supervision less than every six weeks (Johnson, Claire et al., 2021). High workloads and a focus on compliance, too often means that supervision is focused on managerial oversight, processes and timescales, rather than meaningful reflection (The independent review of children's social care, 2022c; Wilkins et al., 2017). A survey of 772 social workers found that English social workers were the least likely to have confidence in their own or colleague's decisions, in comparison to American, Finnish and Norwegian child protection workers. It also found that English workers' decisions generally received less scrutiny from colleagues and multidisciplinary groups, and higher levels of authorisation from lawyers than other countries. It suggests that England's highly proceduralized and "vertical" accountability mechanisms have contributed towards a lack of confidence in decisions (Berrick et al., 2016). International evidence also suggests that in Finland, where co-working is common in child protection, there is more "supported" joint decision making (Falconer & Shardlow, 2018). Yet this is not the norm in England. Social workers nearly always carry out the most crucial part of their work alone, such as visiting families, navigating their own emotions and biases and making difficult judgements on families' circumstances based only on their own recollections (Ferguson, 2016; Ferguson, et al., 2020). Manageable caseloads and strong, enabling management are also crucial conditions for this high quality practice.

The main check on decision making in the child protection system is the child protection conference, which should bring together family members and professionals to decide whether the threshold for child protection is met. However, it is questionable whether child protection conferences are working effectively. Parents with lived experience who have spoken to the review have explained how conferences can leave them upset, confused and less likely to engage. Social workers tend to come to the conference with a set viewpoint and there is little disagreement between professionals or critical interrogation of information (Prince et al., 2005).

In our proposed reforms, Family Help Teams will continue to work with families throughout child protection processes and continue to support families if a child is removed. The focus is to stick with families and avoid handovers between services and professionals.

Critical to the success of this model is having the right expertise where a decision needs to be made about whether a child may be at risk of significant harm, and what action might need to be taken. This includes decisions at the “front door” when children are referred to children’s social care with child protection concerns; when concerns of significant harm emerge about a family who is already being supported by Family Help; and at the point that decisions are taken about whether to start pre-proceedings (the gateway to care). These decision points are the crucial moments that can either lead to missed opportunities or unnecessary intervention in family life.

At these critical moments, we recommend that an Expert Child Protection Practitioner, who is an experienced social worker with demonstrated knowledge and skills, comes alongside Family Help to co-work and is responsible for making key decisions about what should happen to a child. The role of the Expert Child Protection Practitioner should be to undertake joint visits, chair child protection planning, and lead multi-agency professionals who will input into decisions about what should happen to a child.

In the future, new social workers would need to have passed a five year Early Career Framework to undertake this role, with social workers who entered the profession before its introduction recognised based on their experience. The Early Career Framework would give social workers knowledge on key topics (such as deep understanding of infant bruising or child sexual abuse) and skills in analysing risk. They would provide an experienced and specialist resource to investigate and make decisions about significant harm to children. Other professions and parts of social work have established specialist status for certain types of work, for example, the status of the Approved Mental Health Professional (AMHP) is recognised as having particular roles and responsibilities and. Similar status should be conferred for those expected to make decisions about significant harm for children. The Early Career Framework and its wider benefits beyond improving the quality of child protection, such as improving retention, are explained in more detail in Chapter Seven.

Amendments to *Working Together* should also mean that the Expert Child Protection Practitioners would undertake the role of the child protection conference chair, making threshold decisions about child protection in a timely manner and with a deeper knowledge of the family. Independent representation for families should be provided separately and is discussed later in this chapter.

This model will, of course, be predicated on having enough expert social workers who are able to co-work alongside Family Help Teams. Details of the impact of our workforce recommendations are set out in Chapter Seven, but by widening the workforce who can do child in need work in Family Help (whilst retaining social workers as the lead in more complex situations), alongside reforms to some non-caseholding roles (such as Child Protection Chairs and Independent Reviewing Officers⁵¹), experienced social workers will be freed up and can undertake the Expert Child Protection Practitioner role.

This recommendation is our settled view on how to resolve the dilemma of how to combine help and protection.⁵² We have concluded that these activities must exist together, because risk is dynamic and structural changes separating the two may make the system less safe. However, by combining a broad category of Family Help focused on providing support, with a distinctive expert role that co-works where there is a risk of significant harm to children, we create enough distance between the two functions, whilst also enabling continuity of relationships and avoiding handoffs between services.

Recommendation: All cases of significant harm should be co-worked by an Expert Child Protection Practitioner who is responsible for making key decisions (in the future this would be someone who has completed our proposed Early Career Framework).

3.2 Improving multi-agency contributions to child protection

Health, police, education and other partners must all play a role in child protection to ensure that the needs and risks to a child are fully understood and responded to. This includes sharing critical analysis and challenge across professional boundaries. Whilst legislation and guidance are clear about the duties of partners and agencies in cases of significant harm, this is too often not translating into practice.⁵³ This includes providing

⁵¹ Our recommendation regarding Independent Reviewing Officers is discussed in more detail in Chapter Five.

⁵² See the review's Case for Change and also the three dilemmas raised by the review: <https://childrensocialcare.independent-review.uk/thinking-out-loud-three-dilemmas/>. Lady Hale, a key author of the Children Act 1989, has also made the same 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).

⁵³ The Children and Social Work Act 2017 places a joint and equal responsibility on the police, health and local authority as safeguarding partners. *Working Together to Safeguard Children 2018* sets out clear responsibilities for all relevant agencies in responding to significant harm.

appropriate levels of resources within Multi-Agency Safeguarding Hubs, sending representatives to section 47 enquiries and sharing information (which is covered in more detail later in this chapter). Poor multi-agency working at child protection is a perennial issue that has been raised in every recent review that has considered child protection, from Laming to Munro and before.

Expert Child Protection Practitioners should be supported by more regular and direct involvement of a multi-agency workforce, such as child protection paediatricians and specialist police officers. There are different models for achieving this, whether this is having named professionals, co-located teams, or bringing professionals together into a single team. However, expectations for the features and capabilities of a joint multi-agency child protection response should be set out nationally in *Working Together*. Advice on effective partnership working should be included as part of the practice guides within the National Children's Social Care Framework.

Scrutiny of how each agency is contributing to achieving these capabilities - including their financial contributions - should be overseen at a strategic level by more focused and accountable multi-agency safeguarding arrangements, that include education as a statutory safeguarding partner. Our proposed reforms to the current multi-agency safeguarding arrangements are set out in detail in Chapter Eight.

Recommendation: *Working Together* should set expectations on multi-agency capabilities for child protection and the National Children's Social Care Framework should set out effective practice models for joint working.

3.3 Tackling extra familial harms

Nathan–

From violent childhood to county lines and tragedy

Nathan's parents had an extremely volatile and violent relationship. Some of his earliest memories are his mum stabbing his dad over a meal he didn't like and when his father was arrested for hospitalising his mum.

Social workers were involved, however Nathan's mother managed to dupe them into thinking that things were okay, cleaning the house and buying food. For Nathan the smell of cleaning products was a sure sign that a visit was imminent. During visits he would hide under his bed with his little brother.

Nathan's parents separated when he was ten and his mum's drug use got worse. Nathan often had no food, heating or electricity. His sister tried her best to look after her brothers, but at 14 she went to stay with a friend's family, leaving Nathan to look after his little brother, getting food from neighbours or stealing from supermarkets.

One day, an older boy on his estate commented on his trainers, which were hanging off his feet, offering to buy him a new pair. He started turning up with food or calling to play Xbox. After a while, he asked Nathan to work for him, delivering parcels and keeping things at his house. At 11 Nathan had money, he could buy clothes for his brother, feed them both and buy gifts.

Social workers tried to protect Nathan, he was placed in foster care at 13 and then stayed with his dad. He tried to "fit in" but ran away after an argument, returning to his estate and old acquaintances. He travelled all over the country though county lines, took part in a robbery, and at 15 received a short custodial sentence in a Young Offender Institutions (YOI).

Of all the professionals in Nathan's life, the only positive relationship he built was with a gang affiliations worker from the local council, who he felt understood and didn't judge him, but in Nathans' words it was "too late" he was already too involved. Nathan describes his interactions with the police as being harassed rather than helped.

Following his release from the YOI, and an unsuccessful stay with his sister, Nathan returned to his home territory. He had nowhere to stay and crashed with a friend in a hostel.

The friend was selling drugs and they both got caught up in an altercation that escalated. Nathan was chased and stabbed multiple times, he stabbed the other person who tragically died from his injuries, and Nathan received an eight year sentence for manslaughter.

With support Nathan has been able to reflect on his life and make sense of his care experience. He has matured, worked hard through rehabilitation activities and is now a peer mentor for care experienced people in prison.

A leaving care support worker helped Nathan tell his story

Teenagers are the largest growing cohort in both child protection and care. Our best estimates suggest that almost one third of adolescents who entered care in 17/18 had an extra familial threat identified at assessment, a figure that was a seven percentage point increase on 14/15 (this excludes asylum seeking children) (Fitzsimons et al., 2022).

Many of the problems which lead teenagers facing extra familial harms to be unable to stay safely with their families, are common to all of children's social care: inadequate help and support when issues start; poor multi-agency working; not enough consideration of wider family networks to stop children entering care; and social workers without enough experience, knowledge, skills and support. Many children who face extra familial harm, also experience harm from within their family (as Nathan's story makes clear). The recommendations we make across the review will make a significant impact in how teenagers are kept safe from extra familial harms. However, there are some specific challenges in supporting this group of young people, that are either unique or particularly acute, which we believe require specific action.

Fragmented action and a lack of accountability

“[There is a] conflict with agencies on who should be doing what and it affects the young person because they don't know who should be supporting them” **(Social worker)**

Whilst multi-agency working is a challenge for all of children's social care, when harm is in the community and parents have limited power, the role of other agencies becomes even more important. A young person might be facing exclusion from school, have a special educational need, be having frequent encounters with the police, have a youth offending team worker, be struggling with poor mental health or substance misuse, and also have social care involvement. This is illustrated by the Serious Case Review of Tashaûn Aird, who died at age 15 after being stabbed. Despite professionals having access to information that indicated escalating risk, including school exclusion and police intelligence that identified possible criminal exploitation, the Serious Case Review

identified a lack of shared responsibility between safeguarding agencies and education to keep him safe (Spencer, 2020).

Through the review's deep dives we looked specifically at the responses to extra familial harms across ten local authorities. We found all areas building some level of bespoke response to try and share information and coordinate action between partners.

Practitioners told us that they found these forums necessary given the range of different partners involved. However, they frequently expressed frustration about the time spent discussing dangers, without taking corresponding actions to address them. A practitioner put this well when they said: "we're all brilliant at identifying exploitation now - we just don't do anything about it" (The independent review of children's social care, 2022c). A similar point was made by Joint Targeted Area Inspections of Child Sexual Abuse and Child Sexual Exploitation (Ofsted, 2016).

This becomes more complicated for the role of the police, where there is a tension between enforcement and support and the boundaries between victim and perpetrator may be blurred. The police have a duty to safeguard children, whilst also ensuring they do not pose a serious risk to others. There is no clearly understood approach about how these two important, but sometimes conflicting duties should be balanced.⁵⁴ We continue to see serious incidents where opportunities to protect children have been missed when the police encounter them because of offending.⁵⁵

The difficulty engaging schools in keeping children safe was a frequent theme of our engagement, particularly around exclusion from school (The independent review of children's social care, 2022), which can be a point where vulnerability becomes acute (Child Safeguarding Practice Review Panel, 2020b).

Finally, the review has heard that the cliff edge of support at 18 makes it harder to engage older teenagers (The independent review of children's social care, 2022c). Exploitation and extra familial harm does not stop at 18 so this drop off of support can be a particular risk point (Firmin et al., 2019).

⁵⁴ *Working Together* provides the following guidance to police: "Children who are encountered as offenders, or alleged offenders, are entitled to the same safeguards and protection as any other child and due regard should be given to their safety and welfare at all times. For example, children who are apprehended in possession of Class A drugs may be victims of exploitation through county lines drug dealing."

⁵⁵ See for example: Jaden Moodie (2020) Waltham Forest; Archie Sheffield; Child Sam (Bickley, 2020; Cane & Sheffield Safeguarding Children Board, 2020; Drew & Waltham Forest Safeguarding Children Board, 2020).

A framework that is unsuited for extra familial harms and blames parents

Through the review we have heard frequently that the existing child protection framework is not working for tackling extra familial harms (The independent review of children's social care, 2022c). This finding has been mirrored by the Child Safeguarding Practice Review Panel, who found that traditional tools and processes, such as child protection conferences, can be ineffective when responding to dangers outside of the home (Child Safeguarding Practice Review Panel, 2020b). Professionals have told us that the use of a child protection plan when a child is at risk from harms outside the home is stigmatising for parents (The independent review of children's social care, 2022c). Procedure encourages this because statutory data returns do not have a category for extra familial harms, and so practitioners often classify this as abuse and neglect at the end of a child protection conference. Practitioners have also told us that the traditional child protection approach, which focuses on undertaking an assessment to determine if a child meets a threshold within a set time period, does not work for young people where a more dogged approach to build a relationship and persuade them to engage may be needed (The independent review of children's social care, 2022c).

Across the review's deep dive visits we saw areas taking a variety of approaches, with some areas using child protection plans, even though they can be stigmatising to parents, as they help get multi-agency professionals around the table (The independent review of children's social care, 2022c). Other areas use child in need plans despite the situation constituting significant harm, as it is less stigmatising to parents.

Significant harm is a consequential threshold, and given the rise in identified extra familial harm, it is essential that procedures for child protection adapt and that the right duties are in place for partners to assist.⁵⁶ The consequence of continuing to use section 17 to respond to significant harm that comes from outside of the home, is that it will further distort how child in need work is assessed and overseen, a theme the review aims to address through reclaiming the original intention of section 17 as a broad, flexible "Family Help" category.

⁵⁶ Children Act 1989, section 47, part 9 puts a specific duty on partners to assist local authorities with their investigations if there is suspicion of significant harm.

A bespoke approach to extra familial harms

Whilst the basic legislative framework to tackle harms outside the home is sufficient, we need to change the policy and practice framework that sits beneath this to give greater clarity and support in how areas should deal with extra familial harms.⁵⁷

Additional investment in Family Help should enable areas to develop a bespoke multidisciplinary response to extra familial harms

Our best hope of keeping young people safe is through providing them with the right support, that gets to the root cause of why the harm is occurring. In Chapter Two, we recommend an additional investment of £2 billion in multidisciplinary Family Help. To receive this funding, every area will need to demonstrate that their Family Help response is designed to meet the local needs of children and families, including young people at risk of extra familial harms. Given that the needs of this cohort may demand a different set of disciplines - for example youth work, mentoring, youth offending teams, CAMHS and child substance misuse practitioners - it will often be likely that the most effective model will be to have a specialist adolescent multidisciplinary team. This would help provide a more coordinated response and avoid the current dynamic of young people being passed between services.

This also presents an opportunity to encourage areas to develop a model where work continues beyond the young person's 18th birthday, up to the age of 25 or earlier if the problem is resolved sooner. This would build on the 0-25 model that exists for SEND and care leavers. Achieving this would need cooperation and resources from partners and local authority adult services to be viable. Elsewhere the review recommends we incentivise partners to provide matched funding towards reforms. These pooled resources could be used to bring extra familial harms services up to a 0-25 age cohort.

The introduction of a Child Community Safety Plan and support to improve the practice approach to responding to significant harm

A multidisciplinary response to extra familial harms should be supported by a clearer statutory framework. Many areas have already adopted specific "young people's plans" or "community risk plans", that have a different emphasis to traditional child protection plans, focusing more on the wider environment causing harm. Building on this, *Working*

⁵⁷ The same conclusion is made by Carlene Firmin and Knowles (2020), who conclude the greatest barrier is not the legislation but the framework that sits beneath it.

Together should be amended to introduce a pathway for harms outside the home, with specific provisions for how partners should approach these situations. This should have the same legal underpinning of section 47 and so would be a version of a child protection plan, but would provide for a different approach that makes clear that the primary harm is not attributed to the home, and puts emphasis on a more proactive approach from all partners to both keep the child safe and address contexts where children are at risk of harm. It should also provide for plans to continue beyond 18 where necessary.

The use of Child Community Safety Plans should be flexible enough to respond where there is significant harm that is both extra and intra familial. Alongside an improved statutory framework, a common practice approach that underpins Child Community Safety Plans should be developed and disseminated, building on the emerging work of Contextual Safeguarding (Firmin & Knowles, 2020) and other developing practice, and should be a topic for which the National Children's Social Care Framework provides a practice guide. Responding effectively to extra familial harms will also form part of the Early Career Framework.

Set clear expectations for partnerships about what an effective area level response to extra familial harm should include

Finally, as well as support for individual young people at risk, partners need to work together better (and with their Community Safety Partnership) to keep children safe, as well as tackling harms facing children across their whole area. As set out earlier in the chapter, expectations for the features and capabilities of a joint multi-agency child protection response should be set out nationally in *Working Together*.

Given the challenges of coordinating action on extra familial harms, this should be a specific area where features of joint work should be set out, and partnerships should report on their joint progress as part of their annual report. We think the key features and capabilities that local multi-agency arrangements should have for extra familial harms are:

- respond to the causes of harms and vulnerability at a whole community level, making intelligent use of disruption within particular locations or with specific offenders, or using police intelligence to inform where there is a need to work with a peer group

- make sure important decisions about what happens to young people are taken in the round, putting their best interests at the centre. This must include how to respond to a young person who is a victim and an offender, or whether a school exclusion is appropriate
- integrate different organisational responses to minimise the number of plans, professionals and organisations that a young person has to deal with - especially for young people open to both youth offending teams and social care

Recommendations:

- **Investment in Family Help will provide resources for multidisciplinary responses to extra familial harms.**
- **Government should amend *Working Together* to introduce a Child Community Safety Plan to clarify where primary harm is not attributable to families, supported by practice guides and the Early Career Framework.**
- **There should be clearer expectations about partnership responses to extra familial harms across an area and this should be a priority area for learning.**

Hampshire Willow Team –

Safeguarding children at risk of extra familial harm

Hampshire's Willow Team is a multi-agency specialist service for young people at risk of being Missing, Exploited and Trafficked (MET). The team is composed of qualified social workers, missing workers, qualified nurses, counsellors, and specialists in gang exit and substance misuse. Willow works jointly with district teams to support and safeguard children experiencing extra familial harm, to ensure they receive the right level of help and protection. The team is co-located within the Hampshire Multi-Agency Safeguarding Hub (MASH), and offers direct consultation for MASH colleagues at the front door.

The team has a strong partnership with the police, working with the Missing Exploited Trafficked (METT) police team around disruption and support for child exploitation and criminality. Willow workers undertake joint visits and direct work with police officers. This strong multi-agency approach enables the team to share live intelligence with the MASH, to identify and protect children most at risk. Willow also receives funding from the

Violence Reduction Unit (VRU) and the Office of the Police & Crime Commissioner (OPCC) to support their operational work across the county.

The team uses their expertise to develop and deliver training on extra familial harm to local professionals. In the last year, Willow trained over 1,000 professionals and delivered education events to over 600 children.

In 2020/21 the Willow team was involved with supporting and safeguarding 145 children already open to Children's Services, and 428 children being assessed through section 17 and 47. In the last quarter of 2020/21, support from the Willow team has prevented ten children from entering care.

Simplifying the national landscape for extra familial harms

Some of the confusion in responding to extra familial harms locally stems from the complicated and often confused national approaches, with policy, funding and accountability split (and often not well aligned) between the Department for Education (DfE), Home Office (HO) and the Ministry of Justice (MoJ) in particular. Specific recommendations to simplify the system are made below.

Programmes and funding

As in Family Help, at present there are multiple funding streams and programmes aimed at supporting the same cohort of children. In recent years this has included Violence Reduction Units (VRU), the Trusted Relationships Fund, Project ADDER and SAFE taskforces. Sometimes funding is available at police force level and other times at local authority level, with individual criteria focused on specific harms or settings that make a response centred on the young person very difficult. If the development of local responses is going to succeed, government needs to give areas much greater freedom in how they use this funding, and achieve a clear set of cross government objectives. This is an area where government needs to show much greater alignment to ensure that decisions about young people are being taken in the round.

Recommendation: Government should integrate funding aimed at preventing individual harms into a single local response to extra familial harms, including enabling areas to integrate their Violence Reduction Unit funding and infrastructure into their local response to extra familial harms.

National Referral Mechanism

The review has frequently been told that the National Referral Mechanism (NRM), which is a centralised Home Office process for identifying potential victims of modern slavery including young people who are being exploited, is not working. There can be long delays in the decision making process (ADCS et al., 2021) and the Child Safeguarding Practice Review Panel have found that it is not well understood or used (Child Safeguarding Practice Review Panel, 2020b). The National Referral Mechanism devolving child decision making pilot programme is testing a localised approach by integrating the NRM decision making process into existing safeguarding structures in ten areas in the UK (Home Office, 2022). This means decisions about whether a child is a victim of modern slavery are made by the professionals involved in their care, and the process is closely aligned with local support and protection. While the evaluation of the National Referral Mechanism localisation pilot is not complete, there are positive messages about devolving processes to a local level (Crest, 2021). Unless there is a compelling reason not to proceed following the pilots, government should extend this to all areas.

Recommendation: Subject to a positive evaluation of the pilot to devolve responsibility for the National Referral Mechanism decisions for child victims to local areas, government should roll this out to all areas.

Simplify the experiences for young people in the youth justice system

The Taylor Review of the youth justice system in 2016, recommended that processes be simplified for young people in the youth justice system who are also involved with other services, with the aim that “ultimately, local authorities should create a one-child, one-plan system owned and contributed to by all relevant partners” (Taylor, 2016). Since the Taylor Review, there has been very limited progress. However, three local authorities have piloted integrated AssetPlus (the youth offending service system) and child in need assessments. These pilots have shown promising results, including improved collaboration between local services (Department for Education, 2020a). The government should not wait for further pilots given the obvious benefits of integration, and the slow progress to date, and should extend this flexibility to integrate AssetPlus and child in need assessments to all areas. In Chapter Eight we also discuss the need for better national alignment on youth justice policy, including moving responsibility for this to the DfE.

Recommendation: Government should implement the recommendations of the Taylor Review to simplify the experiences of children in the youth justice system, and as a first step, should roll out the flexibility to all local authorities to integrate AssetPlus Assessments with children in need assessments.

3.4 Information sharing - a five year challenge

Teachers, doctors and nurses, health visitors, neighbours and the wider community are the eyes and ears of the child protection system, noticing when a child suddenly withdraws, comes to school hungry, has unexplained bruising, or is receiving unexpected gifts from adults. Services can only make good decisions and take appropriate action, if they have all the relevant information in one place and can consider it in the round to identify patterns and cumulative risks.

Challenges with information sharing are well documented. Poor critical information exchange was present in 40% of the serious incident notifications in 2018/19 and has featured in high profile inquiries, including the inquiries into the deaths of Victoria Climbié and Peter Connelly (Child Safeguarding Practice Review Panel, 2020). Information sharing is important not just because it protects children from significant harm, but because it also helps identify lower level needs more clearly so that children are provided with support (Crockett et al., 2013). Poor information exchange is not just a problem between partners, but also between local authorities when children move between areas.

We believe there are three barriers to successful information sharing. Each of these is hard to address and there is no single simple answer. However, there is a risk that complexity leads to inertia, when what is needed is steady and determined action to solve problems step by step and tackle barriers as we come to them.

Knowledge and culture

Too often practitioners do not understand or think enough about when they should share information and when they should respond to information they receive (Ofsted & Care Quality Commission, 2013; House of Lords: Public Services Committee, 2021). Staff turnover and inexperience can contribute to this. In the review's deep dives professionals told us that they find sharing information labour intensive and bureaucratic. They described receiving criticism when making referrals where a threshold was not met, and

not getting feedback on the outcomes of referrals (The independent review of children's social care, 2022c). None of this supports open information sharing.

Across the review's recommendations, we are seeking to overcome structural barriers to effective practice, whether this is our suggestions around the front door to Family Help that encourages more conversations with professionals, the use of multidisciplinary teams within Family Help, reducing agency social work, or increasing practitioner skills. Getting these system changes right is at the foundation of good information sharing.

The Independent Inquiry into Child Sexual Abuse, due to publish this year, has been considering the value of mandatory reporting in relation to child sexual abuse. This is particularly pertinent when considering institutional and cultural barriers to disclosing this type of harm, and the Inquiry has a substantial evidence base underpinning its considerations in this area. (Independent Inquiry Child Sexual Abuse, 2019). Once the Inquiry concludes, government should consider existing calls for mandatory reporting with an open mind.

Perceived legislative and regulatory barriers

"I think there remains fear over information sharing and the level of which can be shared - heightened when GDPR came in. MASH does greatly assist with this at that early stage but I do think there is still great anxiety especially when challenged that you could get in serious trouble for sharing certain pieces of information." **(Participant in the review's workforce engagement)**

Legislation and guidance allow for information to be shared for the purpose of safeguarding. Despite this, practitioners perceive it as a barrier and find organisational information sharing agreements confusing (House of Lords: Public Services Committee, 2021; Department for Education & Kantar Public, 2021). Whilst there are routes for sharing information without consent to safeguard and protect the wellbeing of children (most notably schedule 8(4) of the Data Protection Act 2018), agencies often only feel confident doing this where there are serious child protection concerns (House of Lords: Public Services Committee, 2021).

The legitimate interest test is another route that could be used by practitioners to share information. However, organisations find it time consuming and complex (Department for Digital, Culture, Media and Sport, 2021). We therefore support the Department for Digital,

Culture, Media and Sport's (DCMS) proposed amendment to the UK General Data Protection Regulation, so that sharing information without consent for the purpose of safeguarding always passes the legitimate interest test. This would create a clear legal pathway to share information without consent and there would also be an opportunity to strengthen both Working Together and the DfE's guidance on information sharing for safeguarding professionals.

For this change in legislation to be effective we need a clearer common understanding of what is meant by the term 'safeguarding'. Evidence provided to the House of Lords Public Services Committee said that practitioners are confident when there are 'very clear safeguarding concerns' but are not clear on what to do when this threshold is not met (House of Lords: Public Services Committee, 2021). The review has heard similar views from practitioners and leaders, for instance that concerns must meet the significant harm threshold to meet this test. This is a misconception. 'Safeguarding' as a term is separate from any threshold for services (such as section 17 or section 47).⁵⁸ As such practitioners should be confident in sharing information with safeguarding partners and agencies, recognising that it is only through sharing information that they will build a richer picture of the day to day life of the child and family they are working with. Working Together should be amended to put this point beyond doubt and help professionals understand the meaning of this term.

Local implementation and governance is also critical. Yet, many areas are still not getting the basics right. Sir Alan Wood's recent review of arrangements found that some partnerships still do not have information sharing agreements in place, and research has shown that in other areas professionals consider them to be unclear or confusing (Wood, 2021; Department for Education & Kantar Public, 2021).

We therefore recommend that every local safeguarding arrangement should confirm to the Safeguarding Children Reform Implementation Board (SCRIB), the national partnership board that oversees implementation of safeguarding partners, that they have information sharing agreements in place for the purpose of safeguarding. They should also confirm they have undertaken an audit of their information sharing practice so that

⁵⁸ This is backed up by the safeguarding amendment to the Data Protection Act 2018 under which the conditions of processing data are: (i) protecting an individual from neglect or physical, mental or emotional harm, or (ii) protecting the physical, mental or emotional well-being of an individual (Data Protection Act 2018, schedule 8 section 4).

they fully understand the barriers to information sharing locally. SCRIB should publish a list of all areas who have not done this by the end of 2022. There is a role for the government to support in this area by providing practical guidance on information sharing agreements and model templates based on local authorities who already do this well.

Technological barriers

“Social work local authorities don’t even have joined up systems to check children’s records - whereas at least police have their Police National Computer system and don’t have to continually phone colleagues in other areas to get basic information.” (Participant in the review’s workforce engagement)

Front-line professionals do not have the time to overcome technological and process barriers to sharing information. In our visits to local authorities and workforce engagement, practitioners frequently stated that clunky information technology (IT) systems meant that sharing information was extremely time consuming and often involved duplicated processes of submitting forms, or having to phone other professionals to find out information (The independent review of children’s social care, 2022; 2022c). Practitioners up and down the country have asked the review to recommend IT systems that enable them to see the information they need from partners instantly.

There are different ways that the right technology can facilitate and automate information sharing and help practitioners make good decisions about the information they receive. It can give professionals a “single view” of a child, pulling information from different systems. Family Context is an example of this being developed in Leeds, Manchester and Stockport. It gives professionals instant access to the lead practitioner in other authorities and basic information on when services were last involved with a family.⁵⁹ In Bristol, the Think Family Database (profiled in Chapter Eight), enables professionals to see a range of information about children to help make good decisions. Research on Multi-Agency Safeguarding Hubs (MASH) shows how integration of IT is seen to address a significant barrier to their success (Home Office, 2014).

Another way technology can be used is by introducing instant notifications for events that social workers and other professionals need to be aware of. For example, the Child

⁵⁹ <https://www.localdigital.gov.uk/funded-project/building-family-context-in-childrens-services/>

Protection Information Sharing system alerts professionals where a child on a child protection plan attends an unscheduled NHS setting. This can be useful for professionals, making sure they get instant access to information they might not otherwise have.

Examples of good practice remain isolated. The government is currently funding a number of projects to improve data and technology in this area - including through the Department for Levelling Up, Housing and Communities (DLUHC) Data Accelerator Fund and Local Digital - but they remain focused on individual authorities and regions (Ministry of Housing Communities & Local Government, 2021). What is needed is an ambitious collective objective to make progress on this issue nationally. We therefore recommend that the government sets a national target to use technology to achieve frictionless sharing of information between public agencies and organisations to keep children safe by 2027. The aim should be that practitioners have quick and direct access to important information from partners and other local authorities, which is needed to help them understand a full picture of what is happening to a child and take action to keep them safe.

In the time available to the review, we have not been able to do detailed work to set out exactly how this target could be achieved, but we have identified two components which will be necessary to achieve this.

First we need a consistent identifier to ensure that data can be easily, quickly and accurately linked. Without one number that links systems, data must be laboriously matched and the scope for true integration is limited.⁶⁰ This issue has been debated at length in the passage of the Health and Care Act 2022, with the NHS number proposed as a solution. The government has agreed to report to Parliament on the implementation of a consistent identifier within a year.⁶¹ A good deal of consideration has already been given to this issue and a previous report commissioned by the DfE identified that the NHS number would meet many of the needs required (albeit with some limitations) (Valle et al., 2016). The NHS number also has the benefit that local authorities have already collected and matched the NHS number for the implementation of the Child Protection

⁶⁰ There are examples like in Bristol that are using Artificial Intelligence to do matching based on their own algorithms; however, this is a more laborious and less accurate option that is only needed because of the lack of a consistent identifier.

⁶¹ See the Health and Care Act 2022 Part 6 S.175 - <https://bills.parliament.uk/bills/3022>

Information Sharing system. There will be no perfect solution and great should not be the enemy of good when it comes to making progress. Therefore, unless a compelling reason is found imminently not to do this, government must get on and implement the NHS number as the identifier. A unique identifier would also have the benefit of improving our ability to link data and make better use of the data that already exists.

Second, we need coordinated action to support local authorities, health, police and education to make the technical changes they need to achieve frictionless data sharing. In the NHS, NHS Digital has been pivotal in driving forward some of the most significant technological progress in information sharing because there is the infrastructure to make change happen. In Chapter Eight, we recommended a National Data and Technology Taskforce, co-owned with local authorities, to drive forward three data and technology priorities, including using technology to achieve frictionless sharing between partners systems and between local authorities by 2027. This Taskforce would work closely with NHS England and the police (who would also need to take coordinated action). The National Data and Technology Taskforce would need to precisely define what achieving the frictionless sharing of information would look like⁶² (in consultation with the information commissioner), the right technological and legal approach to achieving it (e.g. whether this is achieved through interoperable systems or another route and whether common data standards and data quality agreements are needed), and the interim milestones that areas should meet. To ensure that all partners buy into this approach, the government should consider including a duty on partners to achieve this target in upcoming legislation. This would provide a way of binding everyone to achieving this. The Taskforce should set out proposed interim milestones within its first year and report to Parliament annually on progress.

Recommendation:

- **Guidance and legislation on information sharing should be strengthened and local safeguarding partners should confirm they have information sharing agreements in place and have audited practice in this area.**

⁶² The target would need to define the circumstances where different information would be shared automatically to ensure that it is proportionate and public trust is maintained. For instance, that information is no longer shared when a child turns 18 or that particular health information is only shared in certain situations. The aim should be that practitioners have quick and direct access to important information from partners and other local authorities needed to help them understand a full picture of what is happening to a child and take action to keep them safe.

- **Government should set a target to achieve frictionless sharing of information between local authority and partner systems and between different local authorities by 2027. To enable this they must take an imminent decision on whether to adopt the NHS number as a consistent identifier alongside work by the National Data and Technology Taskforce discussed in Chapter Eight.**

3.5 Improving parental engagement in child protection

The best route to keeping children safe when there is risk of significant harm, is to engage parents effectively in the child protection process. Helping parents to realise and understand risk and supporting them to make change is central to ensuring a child's safety. When parents do not engage, it is harder to monitor, understand and respond to changing risks. Poor parental engagement with services is a key practice theme arising from analysis of serious incidents (Child Safeguarding Practice Review Panel, 2020). Sometimes when parents do not engage with child protection, or do so sporadically and superficially, it is to evade the detection of abuse because they are intent on harming their child. In other cases if services worked in a different way parents would engage and children would be more likely to be kept safe.

Through the review we have worked with Policy Lab to understand parents' experiences of the child protection system, alongside wider engagement with families. We have also heard from hundreds of parents through our broader engagement (The independent review of children's social care, 2022b). They describe their love for their children and strong desire to keep them at home, but also the extreme stress, unequal power dynamics and confusion that means they do not engage fully in child protection.

Sonia

A parent responding to our *Call for Ideas* describes their experience of the child protection process

From the moment children's services entered our lives we were assumed to be guilty and treated as such. Instead of walking into our family with an open mind, it felt like they saw a beautiful new baby and went forth looking for evidence to base an adoption case on. There are many recommendations I'd love to see implemented but an ethos of

impartiality is the biggest. There was not one moment throughout our marathon ordeal that we felt like we were being treated fairly. It was antagonistic, accusatory, over the top, we were left with no privacy or dignity and forced to work against each other as parents with separate solicitors. There was never any sense that [we] were being objectively assessed. They made claims, imposed restrictions - then went looking for evidence to back them up.

Language, I feel, is so important and a policy change that needn't cost a fortune. I've still kept four box files of paperwork. They're sealed up in the loft because I can't bear my daughter to ever read the sort of language about her mother contained in them - but nor can I bring myself to throw away the evidence of how we were dealt with. The reports are packed full of innuendo and loaded verbs like "she claimed" and "she denied". Just say "she said" - every time - take the implication out of it. Stop accusing married couples or grandparents and their children of "colluding" as if talking to one's family is an indication of untrustworthiness. Don't make assumptions, don't twist words, don't make amateur psychiatric diagnoses, do give opinion by all means, but have respect for what is a fact and what is not.

We were the lucky ones - we got to keep our child after a torturous three year battle and thankfully she was too young to be aware of what was going on. But there seemed to be no consideration of the state they would leave her family in when they finally walked away - separated, exhausted, paranoid, angry, broken parents, trying to run two homes on two ruined careers.

There has to be a better way. If children's services - had come into our family with an open mind and a genuine desire to help, it would undoubtedly still have been a distressing experience but one from which we might have eventually recovered. But the explosive damage to our family as a direct result of how combatively and prejudicially our case was handled has had lifelong consequences for all of us (including grandparents and the wider family) - but most profoundly for our child.

There are three important ways of improving parents' engagement in child protection and making it more dignified, with the role of the courts discussed later in the chapter.

First, adequate **help** must be offered to families to enable them to make changes, which our recommendations on increasing help will enable. Parents have told us frequently the

feeling of powerlessness of being asked to leave an abusive relationship or deal with their mental health problems, with tight time constraints and without enough support (The independent review of children's social care, 2022b).

Second, the way that social workers, courts and other professionals interact with families must be **compassionate and respectful**. Families have told us their experience of social care over time has been dependent on the individual social worker they had (The independent review of children's social care, 2022b). Brilliant social workers who helped them to turn their lives around, and terrible experiences of fixed views that they could not change and that came with little support. This should be improved through improving individual worker skill, appropriate supervision and challenge, and organisational culture (covered in more detail in Chapter Seven). However, there are simple examples of good practice that should be promoted: the use of respectful language, giving parents (and where appropriate young people) the opportunity to see and agree minutes, and delivering important messages in person. In Chapter Eight, we recommend a new child and family satisfaction measure that should be used to continually learn and improve parental engagement.

Third, for many parents having **independent representation** that provides advocacy and enables them to navigate the emotionally charged child protection process is invaluable. A growing number of local authorities have models of parental representation and advocacy in place. International research shows that this can lead to: reduced maltreatment; better engagement in the court process; reductions of entry into care and increasing successful reunification and kinship placements; improved family engagement; reduced drug and alcohol use; and changes to how services worked with parents (Better Care Network & International Parent Advocacy Network, 2020). Through the review's work we have seen transformational examples of parental representation and support that have kept children safely with their families. These should be adopted nationally.

"I found it so difficult going through such a traumatic experience being separated from my boys, whilst receiving no support. If I had received the support it would have made the whole process easier mentally and emotionally, I believe for some of us this could be the difference between getting our kids back or not." (**Birth mum whose children are now living with kinship carers**)

New Beginnings

Support and representation for parents in child protection

New Beginnings is a project that supports families in the child protection system. Their vision is to work closely with parents in particular so that they can develop the strength, knowledge and power to become the parents they want to be and in return, teach other parents how to do the same.

Their 24 week programme is designed to help parents understand how their past has affected their identity and the way they relate to their children. The group work sessions provide a safe and confidential space for parents to meet other parents who are in similar situations.

Sessions help parents understand why they parent in the way that they do and develop new skills which can help them move forwards, exploring issues such as family, identity, attachment, trauma, coping strategies, and more.

Each parent is also allocated a key worker who becomes their first point of contact. The role of the key worker, who is an experienced social worker and therapeutic practitioner, is to carry out 1:1 sessions with parents to support them through the programme and the child protection process.

New Beginnings have learned that parents often find it difficult to navigate the child protection system because, quite simply, it can be very confusing. Key workers help parents better understand what is being said, get their own points across, and help other professionals hear the progress they are making.

When parents complete the programme, they are offered the opportunity to do an accredited peer mentoring training course so that they can share their knowledge and wisdom by mentoring new parents who join the project.

One parent the review met told us about the support they received from New Beginnings: *“I asked for the help over four years ago and I thought I made the wrong choice but after being on the New Beginnings course it opened my eyes and made me realise that I made the right choice as they did so many things for me and helped me get over my past*

which I thought I had got past but hadn't. Even though I finished the course a long time ago they are still in my life when I need them which is a good thing"

Recommendation: The National Children's Social Care Framework practice guides should promote effective practice for engaging families. Parental representation should be offered to all families in child protection.

3.6 The role of the courts

The courts play a critical role in child protection but are under significant pressure with long standing backlogs and the impact of COVID-19. With limited judicial time this means cases are taking longer to complete. Between July and September 2021, only 24% of public law cases were completed within the 26 weeks required under the Children and Families Act 2014 (Ministry of Justice, 2021).

There are multiple causes for this backlog, including variation in the quality and approach to pre-proceedings across local authorities, with only 24% of these cases being diverted from court (Masson et al., 2013; Thomas, 2018). Cases are also increasingly heard as urgent hearings, which impacts the quality of decision making, requires expert assessments to be carried out in proceedings, and adds further burdens to the court system (Pattinson et al., 2021). The negative impact of court proceedings on parents, and a lack of support following proceedings, means that 20% of mothers in the public family law system are returning to court within five years of a previous section 31 hearing (Harwin et al., 2018b).

Many of these challenges can be addressed by improving support and expertise available to children and families earlier on in the system:

improving Family Help will mean that families will receive meaningful and effective support as soon as they enter the children's social care system, as will parents after proceedings if a child is taken from their care

improving child protection with Expert Child Protection Practitioners co-working cases should also increase the quality of pre-proceedings work and in court assessments and submissions

promoting alternatives to care, through the use of family group decision making and Family Network Plans (discussed in Chapter Four), should also mean children are kept safe with family and friends

In addition to this, there are some important actions that need to be taken in the family justice arena to improve how the courts work for children and families.

Improving decision making

There is significant regional variation in the types of orders made for children by courts. Data is not regularly published on this, however, analysis of a one-off publication found that in the North West approximately 47% of children who were subject to care proceedings were placed on a Care Order at the end of the process, compared to 40% in the Midlands and 28% in London (2016/17). In the same year, children in the London circuit were more likely to be made subject to a Supervision Order (25%) than children in the Midlands (12%) and North West circuits (9%) (Harwin et al., 2018b). We also know that there are significant racial disparities in children entering care, which we struggle to adequately explain (Ahmed, James, et al., 2022; Bywaters et al., 2019). This level of variation is significant and we do not properly understand its drivers.

Whilst each case is individual and judges make decisions independently, we have heard from judges and others in the system that the lack of information on the orders handed down and the outcomes for those children means there is no effective learning mechanism to understand what the best decision is for a child (McFarlane, 2017). The work being completed by the President of the Family Division on increasing the transparency in the family division is positive, but we need to go further, with a greater focus on data and feedback loops to understand the decisions made and children's outcomes (Courts and Tribunal Judiciary, 2021).

Data already collected by HM Courts & Tribunals Services (HMCTS) from the courts should be regularly published, to bring transparency and understanding in order to improve the system. This data would include the type of application made, the final order for all section 31 court hearings at a Designated Family Judge area level, and basic demographic data such as the age, gender and ethnicity of a child. Data would be published in a manner that protected the confidentiality of the children and families' identity. Without this transparent information we do not know what decisions are being made, and we cannot identify patterns. Clearly presented data could, for example, help

judges understand if they are making more Care Orders than other parts of the country, or if they are making greater use of Supervision Orders, and therefore promote learning.

More also needs to be done to connect data sets to understand what leads children into entering the family justice system and which decisions turn out to be best for children. It is positive that the government has invested in data linkage through the Integrated Data Service being led by the ONS.⁶³ Linking family justice data with the new ECHILD database which brings together children's health, education and social care data should be the next step.⁶⁴

The SAIL Databank in Wales

Linking data to understand children's journeys

The SAIL Databank holds and can anonymously link large population level datasets in Wales. This includes data on: family justice from CAFCASS Cymru, children in need, children in care and care leavers. It also holds education data and health data for children and adults.⁶⁵ This provides the capacity to properly understand children's journeys both into and following care proceedings, and show what more needs to be done to keep children away from courts and the impact of different orders on their outcomes. For instance, research on the health vulnerabilities of all parents with babies and infants in care proceedings found they were impacted by key gaps in low level mental health support. Between 2011-2018 these parents were three times more likely to have common mental health conditions such as anxiety and depression (Griffiths et al., 2021).

National data is crucially important but we also need local approaches to impact how local family justice systems work. Local Family Justice Boards should be part of a learning loop given their unique position of bringing together the key players of local authorities, the judiciary, CAFCASS, private lawyers and others. Placing the outcomes of children at the centre of this process, local authorities should be required to regularly

⁶³ See: <https://www.gov.uk/service-standard-reports/integrated-data-service>

⁶⁴ <https://www.adruk.org/our-work/browse-all-projects/echild-linking-childrens-health-and-education-data-for-england-142/>

⁶⁵ <https://saildatabank.com/saildata/sail-datasets/>

provide an update on children who have been through the family justice system. These will be a representative sample and they will share a holistic set of outcomes such as a child's wellbeing, health, education, and relationships with family members and friends, the type of home they are in (fostering or residential) and current legal status.

For these recommendations to work, the oversight of family justice needs to be sufficient. We have heard that Designated Family Judges struggle to step back and look strategically at how the family justice system is operating locally and take steps to make improvements. Equally their 'observer role' in Local Family Justice Boards reduces their effectiveness as active participants in local practice improvement. This is a particular concern given the current pressures on family justice. Local Family Justice Boards should be given the clear objective of improving practice and understanding drivers of regional variation to improve outcomes for children. The Public Law Working Group has shown the benefits of all parties coming together on the same level, and how the judiciary can take an active role in system improvement without compromising their independence. As such, the Designated Family Judge should be a full participant in Local Family Justice Boards. The role should be focused on supporting judicial decision making within their area by offering feedback on the overall approach taken by judges. Designated Family Judges need non-sitting days to undertake this work. This learning should be fed to the national Family Justice Board, who in turn should share an annual review of learning with areas for focus and development for the upcoming year.

Recommendation: Improve the quality and consistency of local and judicial decision making through improving the quality and transparency of data and facilitating learning at a local level.

Improving parents' understanding and engagement with proceedings

Whilst a child being removed will always be a devastating experience for parents, we know that proceedings can be unnecessarily combative and parents are often unclear on the process they are involved in (The independent review of children's social care, 2022b). Parents find the experience alienating and many do not have faith in the decision making process (Hunt, 2010). Parents with English as a second language and those with learning difficulties face particular issues (Booth et al., 2005; Brophy et al., 2005). If children are removed, the support for parents often stops (Broadhurst & Mason, 2020), and relationships between social workers, children and families are often broken

(Broadhurst & Mason, 2017). This leads to parents being less likely to engage, more likely to have subsequent children removed, and negatively impacts on children when they spend time with their family, either during contact arrangements or when they leave care. Family Drug and Alcohol Courts (FDAC) have been an important innovation in this space, combining specialist support and a problem solving approach. They remain an important evidence based intervention to keep more children safely at home with their families.⁶⁶

“... As a birth parent who has been through the care system and courts I would have found emotional support so good at the time. It would of helped me feel fresh for meetings and court, like I had someone to turn to, away from the care system, courts or legal team as you feel like you're just left, you don't matter anymore. And as your child no longer lives in your care you feel rock bottom. All parents or anyone that's involved in this system should have support and it should be made part of the process so they know where to get it ...” (Birth Parent)

“If I had been given FDAC after my 3rd kid it might have made a huge step in the right direction.” **(Parent)**

Whilst the FDAC approach will not be suitable for all families, there is much we can learn from the problem solving approach that could be mainstreamed into family courts. This could include having a consistent judge throughout the proceedings; encouraging the use of peer advocacy; and facilitating more direct engagement between parents and the allocated judge (Harwin et al., 2014). Work looking at remote courts during COVID-19 also highlighted that some very simple changes can have a positive impact on parents' basic understanding of the process. This includes starting each hearing with a clear explanation about how the hearing will run so parties can engage effectively and can be heard, allowing time for lay parties to communicate with their representative and/or intermediary or advocate, and ensuring that the outcome of a hearing has been understood by the parties (Ryan et al., 2020).

⁶⁶ The Family Drug and Alcohol Court improves parental engagement and outcomes for children. One study found 36% of mothers were reunited with their children in FDAC in comparison to 24% in normal proceedings, and that 40% of mothers in FDAC were no longer misusing substances, compared to 25%. For fathers, the figures were 25% in comparison to 5%. (Harwin et al., 2014). These positive outcomes have significant financial returns with £2.30 saved for every £1 invested. (Whitehead & Reeder, 2016).

Recommendation: The Public Law Working Group should lead work to bring learning from the Family Drug and Alcohol Courts and other problem solving approaches into public law proceedings, to make proceedings less adversarial and improve parents' engagement in the process.

Four: Unlocking the potential of family networks

Introduction

For some children, care will always be the best option and Chapters Five and Six of this report set out how we can transform the care system. However, many children should and could safely - with the right help - remain within their family network rather than enter care. Growing up within a family network means retaining a strong sense of identity, culture and place, which young people have told the review is often lost or significantly diluted through care. A child living with their grandparents, aunt or uncle is unlikely to have to rely on social workers to recount their life story, nor grow up with carers who have very different family or cultural values. While foster and residential care will come with an end date, with young people often having to set out in the world alone, staying within a family network, usually known as kinship care, is significantly more likely to mean children grow up with love and retain those loving relationships throughout their whole life.

In this chapter we make a series of recommendations to:

- establish family group decision making as a family's legal right⁶⁷
- create a new arrangement to support and oversee care from wider family networks
- ensure families get the financial and practical support they need to care for children without having to register as foster carers
- help kinship carers get access to legal advice and guidance
- provide support for kinship carers of all types in their local communities

The case for kinship care

Well supported kinship care is associated with better adult outcomes in health, earnings and family life than other types of non-parental care:

⁶⁷ Family group decision making is a generic term that includes a number of approaches in which family members are brought together to make decisions about how to care for their children. Family Group Conferencing is the most widely used in the UK and brings a child's wider family together to agree a plan to support their child, before decisions are made about their future.

- a 2021 report by University College London showed lower rates of long term illness and higher rates of employment for adults with a history of kinship care, compared to those that grew up in foster or residential care (Sacker et al., 2021a)
- children who leave care through a Special Guardianship Order (SGO) or Child Arrangement Order (CAO) achieve better outcomes and make better progress than children in care. In 2021, the average Attainment 8 score for those who left care on a Special Guardianship Order was 33.5 compared to 22.2 for looked after children (Department for Education, 2022a)
- kinship care also helps to preserve important sibling relationships. Of sibling groups in care living together, 23% were living in family and friends foster care, more than double the proportion of all children in care (11%)⁶⁸ (Ashley et al., 2015)

Types of ‘kinship care’ arrangement

The legal framework underpinning kinship care is complex, and there are many types of arrangements which could properly be defined as ‘kinship care’. There are some recommendations in this report which apply to all kinship carers, and some which apply to those carers who have specific types of arrangement. We have sought to define the four most common types of kinship care arrangements below.

Informal arrangements

Informal kinship care is where a person is looking after a child but they have not been granted parental responsibility through the courts, this is usually a family member. The child is not ‘looked after’ by the local authority and informal arrangements are made between the child’s parents (or someone else who has parental responsibility for them) and the kinship carer.

Kinship carers with a Child Arrangement Order

A Child Arrangement Order (CAO) is a type of legal order where the court decides where a child will live or who a child can spend time with and for how long. The order that describes who the child will live with (previously known as a residence order) is a

⁶⁸ These children are classified as ‘looked after’ even though they reside with family members or friends.

common way for family members to care for a child – although the vast majority of Child Arrangement Orders are granted to parents in separation and divorce cases (who are out of scope of this review). The person named in a Child Arrangement Order shares parental responsibility for the child with the birth parents, and can make the most important decisions about the child in partnership with the parents.

Kinship carers with a Special Guardianship Order

A Special Guardianship Order (SGO) is a permanent legal order where the court appoints a carer – usually a relative or friend – as the ‘special guardian’ of a child until they turn 18. The special guardian shares parental responsibility for the child with the parents, but has ‘enhanced’ parental responsibility, which in practice means that they can make nearly all decisions about the child.

Looked after by the local authority and placed with kinship foster carers

Kinship foster carer is when a friend or family member becomes a foster carer for a child. This is different to other forms of kinship care as the child is then considered looked after, and the carer will not have parental responsibility. In these arrangements kinship carers are trained, paid and subject to monitoring in the same way as other foster carers.

Thousands of family members up and down the country already provide full or part time care for their grandchildren, brothers, sisters, nieces and nephews. Many of these arrangements are informal private arrangements (and rightly exist without any involvement from the state) and occur when the child’s birth parents have died, become estranged or simply because it helps provide care in times of wider family crisis. There are also family members that provide longer term and permanent care in more formal arrangements. As of 31 March 2018, there were over 25,000 children estimated as living in families that have sought a Special Guardianship Order (SGO) through the courts, which confers legal parental responsibility for the child on the family member (Children’s Commissioner, 2019b).

International and national variation

International studies suggest that, comparatively, we do not consider kinship care as an option readily enough in the UK. In Australia, almost half of all children recorded in care were living in formal kinship care, and in some European countries the rate is reported to be as high as three quarters of all children who cannot remain with their birth parents (Hallett et al., 2021; Stein, 2009). The US has placed a strong emphasis on kinship care, and in a comparative study of countries with similar welfare systems was the only country to see a decline in the number of children in care (Gilbert, 2012). In England, new research commissioned by the review demonstrates a high degree of variation in the use of kinship care across different local authority areas.

Reliable data does not exist on the number of SGO and CAO kinship carers, but when looking at the rate at which children cease to be in care through Special Guardianship Orders granted to friends and relatives, there is significant range between different local authorities (between 2% and 27% of all children leaving care in 2019/20) (What Works Centre for Children's Social Care, 2022d). Other research also indicates that a third of Designated Family Judge areas departed significantly from national trends in the use of Special Guardianship Orders at the end of public proceedings, and there was significant within-region variability. Whilst further research is needed to explain this variation, a number of hypotheses have been put forward to explain this, such as differences in professional cultures and decision making across court circuits (Harwin et al., 2019).

A system that overlooks the potential of family networks

Rather than supporting strong family arrangements that can provide love and safety for children, we are spending significantly more on care. Children in care are estimated to cost an average of £70,900 to wider public services per year (The independent review of children's social care, 2021), and our recommendations are designed to help services ask: "If we used some of the money from care to help support a family solution, would it be in the child's best interest?".

Taking on responsibility for children places financial burdens on kinship carers. In order to seek support from the state, kinship carers are forced into an unenviable choice between having parental responsibility for their family member but receiving no support (as a special guardian or through a Child Arrangement Order), or becoming a foster carer to get financial support but handing parental responsibility to the local authority.

In order to support extended family members to take on the care of a child, the current system drives families towards becoming foster carers in order to gain access to financial (fostering allowances) and practical support. This creates an officious and regulated position for the kinship carer, who is expected to follow practices designed for foster carers who probably do not know the child. It also creates an artificial and confusing home environment for the child.

We need to support family networks to help their relatives before children may need to enter care. Some local authorities have embraced a term for this - 'shared care' - which usually involves extended family, foster carers or residential children's homes providing extra help and care for parents and children. Analysis of the most recent available data shows that, of all the section 31 (Care and Supervision Order) proceedings brought to court between 2010/11 and 2016/17, 68% (94,891) did not result in a Care Order being made, although most resulted in another form of order (Harwin et al., 2019). The review believes that many court proceedings that did not result in a Care Order could have been avoided if a shared care arrangement had been considered and supported at an earlier stage.

Leila & Kieran

“Kinship made us the young adults we are today”

At the age of 45 with an 11 year old at home, our grandparents unexpectedly took in both of us (twin brother and sister) at six months old. This can't have been easy, however they did it with no questions asked.

Our grandma had to give up work to look after us. Something we imagine she never thought she would have to do after raising three of her own children.

We were always aware that we didn't have the “typical” family setup. However, we were raised in a loving and secure one. We have always been grateful to our grandparents for trying to make our lives as normal as possible even when facing challenges that other families wouldn't.

Our relationship with our parents hasn't been the easiest. Our mum stopped having contact with us when we were seven, after spending many years dipping in and out as she felt like it. As for our dad, we haven't had the healthiest relationship due to his

addictions, which meant he wasn't always the nicest person to have around and was quite aggressive at times when he would show up.

We have never considered ourselves as in care as we grew up with family and were surrounded by extended family. However, we understand that we faced similar circumstances that a child in care may have been through, but we were lucky enough to be taken in by our grandparents.

Our grandparents have always pushed us to be the best people we can be. They have helped us to pursue the things we love even if it meant having to sacrifice something they wanted or enjoyed.

We have been very lucky that they were so dedicated and resourceful to provide us with a childhood we wouldn't have been able to afford.

Without the generosity of our grandparents, we don't know how either of our lives would have panned out, but we know it would be nothing like it is now and we would likely have ended up in care at some stage.

Kinship care has shaped both of us into the young adults we are today!

4.1 Making better use of family networks

“If they [children's services] could have disclosed information to wider family earlier, you could avoid going to care. Parents want to keep it a secret... families could be encouraged to talk with the rest of the family more with the support of a social worker.”

(Care experienced young person)

A new legal right to family group decision making

When considering the best option for a child, the system too often overlooks the most immediate and closest solution by not spending enough time and effort finding family members that could provide a safe, stable and loving home. Despite statutory guidance recommending the use of Family Group Conferencing (Department for Education, 2014), too often this does not happen at all before a child is taken into care, or happens too late in the process when care is rapidly becoming the only option.

One case file study of Special Guardianship Orders found that only 37% had a Family Group Conference, whilst another study of care proceedings reported only 39% of cases having had a Family Group Conference before care proceedings commenced (Harwin et al., 2019; Masson et al., 2019). The importance of identifying family members who could be carers, and offered support before the start of proceedings, has also been reinforced by the recent work of the Public Law Working Group (2021). Family Group Conferencing is one effective model of family group decision making but the quality of delivery is critical to the success of the family group decision making process (What Works Centre for Children's Social Care, n.d.).

A new legal entitlement to family group decision making should be introduced before a case reaches the Public Law Outline (PLO), so that a family led alternative plan for taking care of the child can be considered before a Care Order is presented by the local authority to the court. There will be circumstances where care proceedings need to be brought to court urgently and family group decision making has not taken place. In these circumstances, new legislation mandating family group decision making must be flexible enough to allow for this to happen with an expectation that this is fully explained to the court.

Leeds City Council –

a Family Valued approach to kinship care

On its journey from a struggling department of children's services to one rated 'Good' by Ofsted in 2015 and 'Outstanding' in 2018 and in 2022, Leeds introduced a new model of restorative practice called Family Valued. At its core lay an ethos of working with families, rather than working to them, to put services on a sustainable footing.

A key element was the expansion of the Family Group Conference (FGC) service to enable families to address their difficulties and identify resources in the family network for children with safeguarding concerns. The programme's evaluation found evidence of the effectiveness of FGCs in providing improved outcomes through coordination of support, a restorative approach, and effective perpetrator work, and found a statistically significant reduction in the number of children in care over the lifetime of the programme. A cost benefit analysis in the Family Valued evaluation found an average saving of £755 per family when compared to 'business as usual' social work without FGCs, due to families spending less time in the system (Mason et al., 2017).

For children who cannot remain with their parents, Leeds has prioritised kinship care and put emphasis on the benefits of keeping children in contact with their family, their heritage and community. To do so, the council has:

- developed a workforce with a skillset responsive to the needs of kinship carers, such as good negotiation skills, family finding skills and the ability to manage family dynamics and conflicts in a culturally responsive way
- adapted support and assessment in recognition of kinship carers' needs, for example through bespoke teams to help this cohort navigate the services
- improved the support offer for kinship carers, including peer support groups and access to financial allowances

Recommendation: Government should introduce legislation which makes the use of family group decision making mandatory before a family reaches Public Law Outline. The features and delivery practice of effective family group decision making should also be included in the National Children's Social Care Framework

*"Family ties may only be severed in very exceptional circumstances and that everything must be done to preserve personal relations and, where appropriate, to 'rebuild' the family. It is not enough to show that a child could be placed in a more beneficial environment for his upbringing. However, where the maintenance of family ties would harm the child's health and development, a parent is not entitled under article 8 to insist that such ties be maintained."*⁶⁹

To ensure family group decision making processes remain focused on the best interests of all parties, and ultimately those of the child, as part of recommendations in Chapter Three (around increasing parental engagement in child protection), local authorities should offer adults access to parental representation and children should have an independent advocate, to ensure their views are heard and to enable the process to be genuinely family led.

⁶⁹ A (A Child), Re (Rev 1) [2015] EWFC 11, (EWFC (HCJ) 17 February 2015). <https://www.bailii.org/ew/cases/EWFC/HCJ/2015/11.html>

During a family group decision making process, the local authority should fully support wider family members who could provide short term care or longer term care options for their kin. The family group decision making process could result in a number of outcomes, such as:

- family members or family friends providing additional and substantial care for the child via a funded Family Network Plan
- long term support from services, material help with day to day living or changes to housing
- shared care with a foster carer or with residential care, who would also help the birth family with parenting support and advice
- a longer term and permanent option for family care through a Special Guardianship or Child Arrangement Order
- a local authority led plan for care and the child becoming looked after, where a Family Network Plan is not going to work or be possible. Even in these circumstances, the family group decision making process should identify adults known to the child (e.g. teachers, community workers or the parents of a child's friend) who might be willing to foster

If agreement is reached between the family and local authority that a family led alternative to care is in the best interests of the child, a new type of plan - a **Family Network Plan** - should be formed which sets out:

- the intended purpose of the plan and success measures
- the length of the plan and review points at which progress against success measures will be reviewed
- the purpose and duration of any accommodation provided as part of the plan
- detail of any practical and financial support that will be provided to individuals named in the plan, when it will be provided and for how long
- detail of any additional support to address the needs of the child or individual with parental responsibility throughout the duration of the plan, including educational, psychological, and therapeutic support
- any bespoke monitoring and supervision arrangements that will need to be carried out by the local authority to ascertain the child's welfare

As well as Family Network Plans being used as a route to keep children within their family network and avoid them entering care, they also offer an opportunity to aid reunification between children in care and their birth family. Currently, too many attempts at reunification fail because they are inadequately planned or supported (Hood et al., 2022). Family group decision making processes and Family Network Plans could also offer a way for wider family members to play a role in reunifying children in care with family where it is in the child's best interest. This would require a new process of family group decision making specifically aimed at supporting reunification.

Imagining a better system

Harry

Having the support of his grandmother made a huge difference

Harry, aged nine, lives with his mum Mary, and his two sisters. They all live together in his grandmother, Paula's, house following allegations Harry had made against his father of sexual abuse. Although Paula supported Mary and Harry as best she could, she had a full time job which meant she was unable to support Mary with childcare or fully support the family to deal with the significant upheaval which had occurred.

When Harry disclosed the sexual abuse, there was a significant decline in his mental and emotional health. His school advised they found it hard to manage Harry's behaviour, and requested a managed move to an educational provision more able to meet his needs. Harry's relationship with his mum was very strained, he often discussed having nightmares and said he didn't feel safe. As part of the child in need plan, there was support from health and educational professionals, and Intensive Family Support Services (IFSS).

Initially, Harry's mum felt confident in keeping him safe with the support from the IFSS and, for a while, things improved. However, Harry struggled to cope with what had happened and his behaviour became increasingly challenging. He spent time in hospital and was Police Protected because of the risk of harm to himself and others. This left his mum feeling helpless and added to Harry's trauma. Harry was seen by CAMHS on a number of occasions, who advised that his behaviours were environmental and not as a result of his mental health.

Most of the services were concluding that they were unable to provide the support that Harry and his family needed. The next stage was likely to have been him going into the care of the local authority within a specialist residential provision away from his family, which would have added more significant trauma.

The social worker recognised that his grandmother was an important adult in Harry's life and one of the only people he seemed to respond to. It was also recognised that Harry could be better supported if his grandmother was able to take a break from her job.

Whilst a specialist psychological assessment was ongoing, the local authority agreed to support Paula to stay at home by funding her wages. At this point, there was a significant change in Harry's behaviour and the incidents of self-harm and challenging behaviour decreased. Having the support of his grandmother made a huge difference as Harry felt safe and protected. He began engaging in education and therapy where he could open up about his feelings. Harry's nightmares soon stopped, instead of talking to his social worker about demons and murderers, he spoke about superheroes, drawing and his electronic tablet. Harry's life got significantly better and children's services were soon able to close his case.

Parental responsibility

Children who are cared for under a Family Network Plan will not become looked after, and parents will retain parental responsibility for their child. These plans will require appropriate local authority oversight, which can respond rapidly to changes in a family's circumstances or where the terms of the Plan are no longer keeping a child safe, which might mean the child becomes looked after at a later date.

Where the Family Network Plan does not meet the best interests of the child, or where a previously agreed Plan no longer meets the best interests of a child, as part of Public Law Outline the local authority should provide evidence to court that the Family Network Plan was insufficient and that the child entering care is now the right option. We expect that the introduction of Family Network Plans will speed up court proceedings as all alternatives to care will have been properly explored earlier. This should reduce the use of orders which do not result in children becoming looked after, such as Supervision Orders, SGOs, CAOs, as well as Care Orders at home.

Funding and resources

Local authorities must provide the necessary resources to support Family Network Plans when they are agreed, diverting money that would otherwise be spent on looking after a child in care. Levels of funding will need to be flexible, and could range from providing funding to make adaptations to a relative's home through to compensating someone for reduced working hours or paying for regular child care.

Delivering this recommendation should provide better outcomes for children. It would also be less expensive than providing foster or residential care. However, it will require local government finance departments to change how they work. The review has seen too many examples of rigid finance rules obstructing flexible solutions that are best for children. In the adult social care sector, it has already been established that funding arrangements which avoid adults living in residential adult care homes make financial sense, as well as being in the best interest of those people. This funding can include very costly home adaptations or extensions to ensure the adult can remain at home.

Existing statute, case law and practice set out when children should be considered looked after. In particular, a 2007 Southwark judgement ruled that where local authorities played a major role in arranging a placement, these children should be considered looked after.⁷⁰ Our concern is that this could mean those children cared for by their family and friends unnecessarily become looked after, and for their carers to have to be assessed as foster carers - even where a family led arrangement outside of the care system is in the best interest of the child. The new Family Network Plan will need to be configured so that services can play a major role in supporting families to care for their children to ensure the right supervision of these arrangements, without it meaning that a child needs to become looked after.

Recommendation: A Family Network Plan should be introduced and enabled in law to support and give oversight to family-led alternatives to care.

⁷⁰ London Borough of Southwark v D [2007] EWCA Civ 182 - <https://www.bailii.org/ew/cases/EWCA/Civ/2007/182.html>

4.2 Backing kinship carers

“I was in kinship care, and I wish they were given more support on how to look after me. They wanted us on a family arrangement order...this was because of [the] financial impacts.”

A financial allowance for special guardians and kinship Child Arrangement Orders

It is not unique to kinship care that many arrangements are made in times of family crisis, however, unlike foster care and residential care, kinship carers have to manage that crisis with little support and whilst maintaining a relationship with a relative who has lost their own child. Some kinship carers, often with less than 24 hours' notice, are asked to attend court and agree to take on the care of their grandchild, brother, sister, niece or nephew. It is testament to the love that those family members have for their kin, that in almost every case they agree to take in these children.

At a population level kinship carers tend to live in more deprived areas and are generally poorer than foster carers (Farmer & Moyers, 2008; Wijedasa, 2015). Some studies report that financial distress is experienced by more than 70% of kinship carers (Ashley & Braun, 2019; Hunt & Waterhouse, 2012), and in one study 39% of kinship carers reported being in debt (Selwyn et al., 2013). Yet, in another study it was reported that 36% of kinship carers received no financial help at all from the local authority to meet their immediate or ongoing costs (McGrath & Wrafer, 2021). Many kinship carers do not possess the means to get by, and those that do often have to stop work or make life changing decisions about whether to use savings or cash in pension pots so that they can provide care.

Some local authorities do provide support to kinship carers when they have sought legal permanence through an SGO or CAO. However, this financial support is entirely discretionary and based on the relative priority local leaders give to kinship care. This leads to a postcode lottery of support for SGOs and kinship CAOs which is always provided at a lower rate than foster carer allowances (McGrath & Wrafer, 2021). This can incentivise family members to become foster carers, and in turn for their children to enter the care system unnecessarily. This level of inconsistency between local authorities across many areas of children's services, including SGOs and kinship CAOs, may help

explain why a 2017/18 study found that seven out ten complaints about children's services were upheld by the Local Government Ombudsman (Local Government & Social Care Ombudsman, 2018).

Jaz

Making the right decisions as a kinship carer

Three years ago, Jaz became the main carer for her three grandchildren aged 5, 12, and 15. Jaz was not aware children's social care were involved in their lives or that abuse had been reported. The local authority agreed that Jaz should care for her grandchildren and be assessed as a foster carer, which began immediately. The social worker soon started to urge Jaz to apply for a Special Guardianship Order (SGO). Uncertain as to what to do next, Jaz went to her solicitor for advice who also agreed an SGO was the 'right' way forward, granting her parental responsibility and offering legal recognition of the permanent plan for the children to live with her.

Throughout the process, Jaz felt pressured to apply for an SGO despite many of her questions being unanswered, which contributed to her feeling isolated and confused. Jaz felt she had no option but to agree. However, after joining a local kinship peer support group and sharing her story, she became aware that she had not been given all the facts about obtaining an SGO, including that financial support would not be available.

Jaz knew she did not have the finances to raise three children. Through the kinship peer support group, she learned that her local authority only guaranteed financial support to SGOs for two years.

Jaz's other concern was the lack of mental health support her grandchildren would be able to access. She knew they needed urgent, ongoing support and in taking an SGO they would be put on a waiting list, and she couldn't let that happen.

With support from the group, she felt confident to insist on staying a foster carer. This secured financial support, which has enabled her to prioritise the children's needs, and they have continued to be able to access mental health support. Jaz and her

grandchildren also needed the continuous support and involvement of children's services, which again if she had taken the SGO would have been difficult to access.

Jaz recognises that attending the kinship peer support group has had a positive impact on her wellbeing. They have been able to give her the information and advice she needed as well as the comfort from hearing other people's experiences. Jaz is confident she made the right decision for her own circumstances. Had she taken the SGO in this instance she would have struggled to raise her grandchildren due to lack of local authority support available for kinship carers outside of the care system.

Recommendation: All local authorities should make a financial allowance paid at the same rate as their fostering allowance available for special guardians and kinship carers with a Child Arrangement Order looking after children who would otherwise be in care

Extending legal aid to all kinship carers

Many potential kinship carers are unable to access legal advice when making a decision about whether to provide care for their family members and whether to do so under an SGO, CAO or as a foster carer. One study found that 74% of kinship carers did not have sufficient information about legal options when they became carers (Ashley & Braun, 2019). The same research reported that four out of ten families received no assistance with the legal costs associated with becoming a kinship carer. Those who had to pay their own costs, in full or in part, paid an average of £5,446, with costs ranging anywhere between £100 and £50,000.

The Ministry of Justice (MoJ) itself recognises that kinship carers should be given more generous access to legal aid, and made a commitment to do so in 2019 which has not yet been met (Ministry of Justice, 2019). A strong case exists for legal aid to be provided in a wider set of circumstances:

- family and friends who are considering entering into kinship care arrangements and require independent advice and information to make an informed decision
- family and friends going through the process of becoming a kinship carer in public or private law proceedings. In public proceedings, this should apply to potential

carers who have passed a positive initial assessment or where the court overturned a negative assessment

- for existing kinship carers, to help protect them from litigation where disputes with birth parents arise

Recommendation: Legal aid should be provided in a range of circumstances where special guardians and kinship carers with a Child Arrangement Order interact with the family courts.

A new kinship leave entitlement

Many kinship carers have to unexpectedly balance work whilst starting to provide full time care for a child. We do not expect new parents or adoptive families, who often have much longer to prepare for the arrival of a child in their lives, to become new parents without being able to spend quality time with their child. Yet, this is expected of kinship carers who may also be dealing with the crisis that brought the child into their life in the first place.

As many as 44% of carers have to give up employment entirely, and a further 20% are forced to reduce their working hours to provide care (Ashley & Braun, 2019). This, combined with the fact that many kinship carers are already likely to be older compared to birth parents (which can mean they face greater challenges rejoining the labour market), means many kinship carers are placed in a perilous financial position at just the moment when the child they are caring for requires stability and love (Ashley & Braun, 2019). One study found that just 13% of those who gave up work to become kinship carers resumed working, despite 86% of respondents being of working age (Gautier & Wellard, 2012). The review has heard from kinship carers that this outcome is driven by kinship carers being unable to manage the dual pressures of caring for a child with complex needs, whilst maintaining full or part time employment, and is compounded further by the expectations that some services place on kinship families.

New special guardians and kinship CAOs should be entitled to a period of paid leave of up to 39 weeks that is equivalent to statutory Adoption Leave.

Recommendation: All new special guardians and kinship carers with a Child Arrangement Order (CAO) should be given kinship leave, which matches the entitlement given to adopters.

Universal ongoing support for kinship carers

Throughout the review, we have heard about the positive impact good quality, well resourced peer support can have on a kinship carer's experience, sense of isolation and the quality of care they can provide for the child or children in their lives (The independent review of children's social care, 2021e).

Becoming a kinship carer has the potential to significantly affect the carer's finances, lifestyle, friendships, and social contact. In one study, as many as 23% of respondents reported that they had separated from their partner after becoming a kinship carer (Selwyn et al., 2013). Kinship carers identify training as a significant unmet need, and through our engagement with kinship carers it is clear that even where that training is provided, it was often inadequate or tailored to the needs of foster carers rather than kinship (The independent review of children's social care, 2021e).

Kinship Connected

Supporting and improving outcomes for kinship carers

Kinship Connected is a tried and tested programme delivered by the charity Kinship in England and Wales, which helps local authorities improve outcomes for special guardians and other kinship carers.

Experienced project workers – many kinship carers themselves – work in partnership with local authority teams and within the community to deliver intensive one-to-one support and peer support groups. To date, over 1,600 kinship carers have received one-to-one support and over 50 peer led support groups have been established across the country, helping carers form valuable friendships through shared experience.

“We're all in the same boat and we all know what we're going through...a lot of us relate to our stories, and how our children have been affected...we all understand and try to help each other”. (Starks & Whitley, 2020; Kinship, n.d.)

Independent evaluation has found that Kinship Connected generates a 20% return on investment. Within the families supported between 2014 and 2017, the number of children on child protection plans reduced by 86% and those on child in need plans by 88% (Starks & Whitley, 2020). In addition, carers experienced reduced isolation,

decreased financial concerns, lower levels of concern around children's behaviour and wellbeing, improved relationships with other family members, and increased confidence about their role as kinship carers.

The Department for Education (DfE) recently announced £1 million for 2022-23 to establish kinship peer support groups in local authorities. This programme needs expanding further and faster, so that all local authorities make peer support and training for kinship carers available, including to kinship carers that do not have legal permanence orders. To ensure this is effective, local authorities should do more to promote these services, so that those kinship carers that have no ongoing involvement with children's services departments are aware it exists and that they are eligible.

Recommendation: As part of our recommendation to establish a National Children's Social Care Framework in Chapter Eight, local authorities should develop peer support and training for all kinship carers.

A legal definition of kinship care

Beyond those kinship carers providing an alternative to care via a formal arrangement, there are family members who provide care and support for children in informal and private arrangements without involvement from the state. These carers would benefit from being part of a wider recognised community in order to access broader sources of support. To enable this there needs to be a much clearer definition of what we mean by kinship care.

For example, our recommendation that all kinship carers should have access to peer support and training is one instance where a common and universally held definition could be helpful in allowing local and national government to identify carers who could benefit. The definition should reflect a broad range of circumstances which could reasonably be defined as kinship care. We recommend that this definition should be co-created by government, working in partnership with existing kinship carers, kinship children, charities and sector experts, so that it has the support of all government departments.

Recommendation: Government should develop a new legal definition of kinship care, taking a broad range of circumstances into account.

4.3 Modernising adoption

Adoption can be the best option for some children, providing them with a loving family for life. A recent study of ‘open adoptions’ (adoptions where contact with birth parents was maintained) in Australia found that providing children with a loving family for life through adoption can lead to better outcomes for children than foster care and residential care (Ward et al., 2022). The impact adoption has on the lives of the adopted child, adoptive parents and birth parents is significant and the system needs to pay close attention to the needs of everyone affected.

Government has given focus to the adoption system during the last decade. It has established Regional Adoption Agencies (RAAs) to improve the matching process and better support adopters; launched the Adoption Support Fund to pay for therapeutic services for adoptive families; and a recent Adoption Strategy which sets out a plan for the adoption system. This attention has improved the support for adopters and adoptees (Department for Education, 2021h; Ecorys UK & Rees Centre, 2020; King et al., 2017).

The review has met a large number of adoptive families and birth parents that have had children adopted, and a smaller number of adopted children and adults; it is clear that there are some aspects of how adoption operates which need modernising (The independent review of children’s social care, 2021e; The independent review of children’s social care, 2022b).

Contact with birth parents

Almost every birth parent, adoptive parent and adopted child we have met told us about the outdated way ‘contact’ between adopted children and birth family is conducted. A recent All-Party Parliamentary Group for Adoption and Permanence inquiry recognised the importance of cultivating relationships with birth parents of adopted children as a key enabler of long term stability (All-Party Parliamentary Group for Adoption and Permanence, 2021).

In particular, the existing system of letterbox contact is antiquated in a world where social media allows a child to track down a birth relative and initiate a relationship without any

support. We have heard informally from adults who were adopted as children that the quality of life story work done by local authorities is important to having a clear sense of their identity.

As addressed in Chapter Two, support for birth families should not end at the point their child becomes adopted. The review has met mothers and fathers who have had multiple children taken into care or adopted over many years, and little has been done in the intervening periods to provide help or emotional support (The independent review of children's social care, 2021e; The independent review of children's social care, 2022b) .

“Support for birth parents once children are removed is non-existent. You're not the local authority's problem any longer and any help has to be sought by yourself.” (Birth parent).

This support would not only help the birth family to cope with their loss of a child, but it can promote much more settled adoption for their children too. A 2017 study found that some adoptive parents believed contact helped adopted children make sense of their complex family networks, and helped support a sense of belonging and feeling settled in the adoptive family (MacDonald, 2017).

Bringing adoption contact into the 21st century

Following publication of the National Adoption Strategy in July 2021, RAA leaders have been developing a new pilot programme to modernise the way contact between adopted children and their birth parents is done. 'Letterswap', a new digital platform which facilitates contact between children and their birth parents, will digitise contact arrangements and the review strongly supports rolling out this pilot nationally in early 2023.

Alongside modernising methods of contact, much more support should be provided to adopted children, adoptive parents and birth parents to help address the way contact happens in a digital world. Sadly, we have met adults adopted as children, who heard of the death or serious illness of a birth parent or wider family member through a social media message, and were left unsupported and unsure where to turn. Similarly, the review has met with adopted children who have told us about the negative impact unplanned contact from their birth family had on their lives(The independent review of

children's social care, 2021d). Recent media stories have also highlighted the negative impact on adoptive parents (Lee, 2021).

Given the ease of contacting birth relatives due to modern technology, contact between adopted children and birth parents should start to be assumed by default and supported unless this is not in the child's best interest. The Adoption Support Fund should specifically include provision to support better contact between adopted children, adoptive parents and birth parents.

Recognising that family circumstances change through time, plans should be put in place so that contact arrangements are reviewed by adoptive parents at regular intervals, and certainly at transition points, including when children become teenagers and just before they turn 18 years old.

Recommendation: Contact arrangements between birth parents, adopted children and adoptive parents should be assumed by default and modernised through the swift roll out of technology enabled methods of contact, such as Letterswap.

Five: Transforming care

Introduction

“I’m supposed to be getting moved. I’m getting moved out of [the city] because of something and I was supposed to be moved in a certain timeframe but obviously I haven’t been moved yet. I was supposed to leave three weeks ago, so I’m still waiting. They’re trying to house me in some far place and I said if I’m not happy when I go there then I’m just going to run away” (**Young person in care**)

The quality and number of loving relationships every child has, whilst in care and when leaving care, should be the primary measure used to determine the success of the care system. Making relationships our focus will reduce brothers and sisters being separated through care, ensure unaccompanied asylum seeking children have networks to support them through adulthood, and set young people leaving care up with the best possible chance of having a good adult life.

To support this ambition we need to redevelop a new set of comprehensive care standards and refocus Ofsted’s regulation of care providers. We must provide the flexibility to offer homes that meet children’s needs, and as part of these standards we must ensure all homes for children under 18, including semi-independent homes, come with care.

There will be almost 70,000 children who will wake up tomorrow morning living with a foster carer or in a children’s home (Department for Education, 2021b). Many of these children have an experience of care that is transformational, often because of the loving bonds with carers. However, for far too many, sadly, their experience of care will be poor. Throughout the review we have heard from children that they often have little choice over where they live (Coram Voice & The Rees Centre, 2020; The independent review of children’s social care, 2021c). Too many are sent far from their communities, are matched with homes that cannot provide them with what they need, and too frequently this results in yet another adult failing to stick with them. It breaks their relationships with friends and teachers, and makes maintaining family contact harder.

The constant making and breaking of relationships has a deep and negative impact on children’s mental health and sense of worth (Coram Voice & The Rees Centre, 2020). That a ‘care system’ should lead to these results for so many children is alarming, and

the fact that it is the result of how social care, justice, health and education systems interact makes it a complex problem to solve.

Enacting the recommendations in this report will mean the number of children able to live safely in their family network will grow and so the number of children in care should decrease. This will undoubtedly mean it will be easier to find a number of high quality homes for children that meet their needs. However, reducing pressure on the number of available foster homes and children's homes will not be enough to improve care. A transformation of the care we provide to these children is needed.

The following chapter sets out recommendations which will mean we have the right homes, in the right places, which offer a loving environment for children:

- new universal care standards should be introduced covering all types of care. These standards should guarantee care for every child in care, and provide the flexibility needed to ensure homes can meet the needs of children
- the commissioning and running of children's homes and the recruitment and training of foster carers, must be moved into new Regional Care Cooperatives. The scale and expertise of these local authority owned regional bodies will mean a wider choice of homes for children closer to where they live. It will also bring an end to profiteering in the children's social care market
- a "new deal" for Foster Care. This will involve recruiting thousands more foster carers, making more foster homes feel like loving family environments for children, and providing significantly more support for foster carers
- a new 'opt-out' legal right to advocacy for all children in care, which allows them to influence the decisions made about them, and have their voices heard

5.1 New all encompassing standards of care

"All I wanted was to be told what was going on. They would move me placements and not tell me where or how long for. They once moved me to Manchester and told me I would be there for six months but it was two years so I smashed up the house and then I was moved again. They moved me to Scotland and I really liked it there. I had a girlfriend, friends and spent time on a farm, but then they moved me again. I would like to go back there one day, I liked it there. I have also been moved to Wales." (**Care experienced person who recently left care**)

Although it is easy to look at population level data on outcomes for children in care and take a negative view - and it is clear we must address these - care can have an incredibly positive influence on a child's life, and provide a much more stable, safe and loving environment than they might have experienced with their family. Done well, care provides a place for children to heal, recover from trauma and abuse, and thrive: "I loved my children's home – I would've stayed there forever if I was allowed" (care experienced young person). These positive experiences need to become the universal ambition of the care system.

However, the ability to provide tailored home environments for children is being constrained, rather than supported by, a highly complex web of standards and legislation. These standards are a legislative embodiment of the Jenga tower of complicated rules governing children's social care. Fresh standards which set a high bar for the quality of care, and allow the flexibility needed to tailor homes around the hugely varied needs of children, are now needed. The following pieces of legislation and statutory guidance are just a snapshot of some of the regulations which apply to children's homes and foster care, and the way local authorities use unregulated accommodation:

- The Children Act (1989)
- The Care Standards Act (2000)
- Statutory Guidance Care Planning (2010)
- The Children and Families Act (2014)
- Care of Unaccompanied and Trafficked Children (2014)
- Statutory Guidance on Children Who Run Away or Go Missing from Home or Care (2014)
- The Care Act (2014)
- The Children Act 1989 Guidance and Regulations Volume 2 - Care Planning, Placement And Case Review (2015)
- The Serious Crime Act (2015)
- Deprivation of Liberty Code of Practice (2015)
- Promoting the Health and Well-Being of Looked-After Children (2015)
- The Children's Homes (England) Regulations (2015)
- Transforming Care programme (2015)

This web of guidance and laws has developed over decades without pause to consider how they combine to support a good childhood and outcomes for children in care. They

are a consequence of well meaning attempts to capture all possible variation in the needs of children in care, or respond to very specific incidents or circumstances. But each child is unique and we need a system that can respond to those unique needs and circumstances.

"I think people assume that children are getting their basic needs, it's enough. Like you know they've got food and shelter... OK, they're better off than where they used to be, and you as a child you do have that mindset you're like, oh, I'm better than where I used to be, so it's OK, but those basic needs aren't necessarily enough." **(Care leaver)**

Before setting out proposals for new care standards, it is important that we are clear about how the current set of standards are failing children in care. Not only because we recognise that change to existing standards will require new legislation, but also because so many of the poor experiences of children and young people relate to the standards that currently exist.

"It is scary going to new places and moving away. Its new schools and new faces so kids often run away to something familiar." **(Care experienced young person)**

"I wanted to make friends in my area but because my placements weren't secure, and I thought there's no point if they're going to move me next week. There's no reassurance that they would support you to make stable relationships." **(Care experienced young person)**

"My social worker has helped me as well. When I left [the home] they took me to another residential home in a different area. If you have no one really to care for you it makes it worse. I did have a few missing episodes living in the residential home afterwards. I got caught up with really bad people - who you stay with is who you are. You want to fit and belong with everyone else. But I've been home for a year and a half now and it has not happened. I've matured a lot." **(Care leaver)**

"Living out of area meant I only saw my social worker once a year." **(Care experienced young person)**

Examples of problems with current care standards

Unregulated accommodation

Unregulated accommodation has grown out of pressures elsewhere in the care system. Around 5,860 children spent time in unregulated accommodation away from their home area in 2018/19 – 128% more than six years ago (Children’s Commissioner, 2020a), and this is far from the intention of ‘other arrangements’ as set out in the Children Act 1989. Independent and semi-independent homes aim to provide a more flexible, independent environment for young people to live in than a foster home or children’s home can provide. However, there are serious concerns about children’s experiences whilst living in these homes.

In a sign of progress, the government decided in 2021 to regulate independent and semi-independent homes to improve the quality and support these homes offer. However, whilst this was a step in the right direction, these changes do not go far enough for children. All children in care should live in a home where they receive care. Stipulating that any home a child lives in should only provide support and not care, as we now do with independent and semi-independent children’s homes, will lead to the perverse and damaging incentive for homes not to be ‘too caring’ because they risk becoming unregistered, and therefore illegal, children’s homes. Providing all children with care, whilst demonstrating flexibility and common sense in the approach taken to routines and boundaries depending on a child’s age and understanding, are not in conflict. Parents across the country do this every day.

“I was given a flat in the middle of town. Initially I thought ‘great’ I’ve finally got my freedom, but it all went wrong. The girl living on my floor was OK, but there were some older lads downstairs who took drugs 24/7 and brought random people into the flats. I bought a flatscreen TV with some money I got from the council, but it got stolen. I think by one of the other people living in the flats.” **(17 year old living in unregulated accommodation)**

“Children have told us that they sometimes have little warning that they will be leaving the area, and travel across the country only to find a room or flat without basic supplies such as bedding. Out of area placements in children’s homes also increased but by less - up by 43% in the same period” (Children’s Commissioner, 2020a).

The review has visited and heard from children who are living in semi-independent homes and supported lodgings, which provide environments that offer what some young people need to thrive. Whilst we need to end the current system of shadowy, substandard accommodation that is not open to scrutiny, new care standards need to be flexible enough to enable the best of this type of accommodation, to provide regulated care in a way that offers a choice to teenagers who may do well in these homes. Government should proceed with the speedy introduction of regulation for independent and semi-independent accommodation as a short term step, before holding these homes to a new set of Care Standards. Once new legislation is passed for these new Care Standards, all semi-independent accommodation should offer a good standard of care and to be able to keep children safe whilst also being flexible enough to meet a broad range of needs.

Young People and Children First

Supported accommodation that helps young people thrive

“This is the most balanced that my life has ever felt. I love living here.” - Young person living in supported houses run by the charity

Young People and Children First is a charity in Berkshire. They assist young people leaving care aged 16-25 to transition to independence by providing supportive and loving homes that can accommodate up to four young people. Each home includes a live in supervisor, a support manager and at least three support staff. The support staff build trusted relationships and walk alongside young people daily, being on hand to provide practical and emotional support to help them both navigate challenges and grasp life's opportunities.

Each home focuses on building on each young person's strengths, social networks, and harnessing the wider community through their strengths-based approach. To ensure young people get the right support, they are assessed against the Life Building Blocks - a framework of key life skills - when they arrive and are provided with a personal development programme to assist them in developing skills and confidence so they can reach their potential and move on to independent living when it is right for them.

The support staff help young people with their education, employment or training, and promote their health and wellbeing through providing emotional and psychological support. Each home works in close partnership with other professionals and wider services.

Beyond the day to day practical support offered within the home, they help young people learn important life skills such as driving lessons. Whether it is cooking, dog walks, pool, canoeing, camping holidays and dancing around the kitchen to the radio, they create an environment where they feel safe and can have fun. Everything they do is based on the principle of building trusted relationships and being there to pick up the pieces, together, when things get tough.

Janelle

A young Black woman looks back at her experiences of leaving care

I didn't have the best experience in care but I had no choice but to stay with my foster carer until I was 17 years old. The relationship between my foster carer and I had severely deteriorated. The summer before I started year 13, I had a LAC review meeting when it was brought to my attention that I would have to leave my foster placement that summer, because my foster carer had made it clear that she did not want me anymore and refused to provide me with the option of 'Staying Put'.

My whole world crumbled before me. That summer I went to view a hostel, little did I know that I didn't have a choice but to accept it, and move into the hostel on the same day. With no help from social services or from my foster carer, I had to seek help and support from my sixth form teachers, who provided me with bin bags to put ten years' worth of my belongings in and transport to and from my foster placement to my new hostel. I felt so worthless and unloved. How can a system that has raised me for the majority of my life treat me like this? Clearly, I was just a paycheck in the system.

Living in a hostel, I was forced to be an adult, I had responsibilities which other kids my age didn't have. I had to pay for gas, electricity and council tax whilst finishing my A-levels. Can you imagine the stress I was under? To make matters worse, I didn't have access to the Internet to do my revision which made studying very difficult.

Despite the odds, I was able to still go to university which came with its own struggles, such as only seeing my social worker once before she left and was never replaced. This meant that I didn't have a social worker for the whole of my first year of university and was left unsupported with other issues such as holiday accommodation, and planning for the end of my degree which impacted my mental health.

Deprivation of liberty

There are too few suitable homes, or staff with the multidisciplinary skills, to meet the needs of children who may be a danger to themselves or others, or who are being exploited. This issue is compounded by many registered children's homes being reluctant to accommodate these children due to the perceived risk that it could adversely impact their Ofsted rating. This means there is a small but growing number of children being deprived of their liberty by the court because there are no other homes for them to live in.

Courts do not take such decisions lightly. Deprivation of liberty orders are often made following a nationwide search for homes, and often after the child has experienced multiple home breakdowns. Applications for use of these orders has risen by 462% in the last three years alone, and the harrowing circumstances set out in these High Court judgments are a window into the dysfunction of the care system (Roe, 2022).

There is a lack of flexibility in existing care standards and regulations allowing for the creation of bespoke packages of care. In the judgement made by Justice MacDonald in the case of *Wigan Metropolitan Borough Council v Y*, child "Y" was detained in a hospital ward despite presenting with no mental health needs, as the local authority was unable to find a home across the country that would take him.⁷¹ This case is one of many that highlights the impact an absence of suitable homes with the ability to care for children with the most complex needs can have on children. Alongside reforms to the way homes are commissioned and run, new care standards should help address such issues, by allowing for better quality, more flexible and innovative types of provision which can provide care for these children.

⁷¹ *Wigan BC v Y (Refusal to Authorise Deprivation of Liberty)* [2021] EWHC 1982 (Fam) - <https://www.bailii.org/ew/cases/EWHC/Fam/2021/1982.html>

Disqualification regime

The disqualification regime for practitioners working in children's social care settings is outdated, complex and not sufficiently robust as defined by section 65 of the Children Act (1989) and Disqualification from Caring for Children (England) Regulations 2002.

It predates all modern methods of conducting background checks on individuals working in children's homes and other settings, such as DBS, and does not provide children's home managers with the confidence that the individuals they are employing are suitably safe and qualified to work with children. Given that these adults are working with the most vulnerable children across the country, it is alarming that we do not have high confidence in our ability to check whether they are disqualified. We should be able to share this information with different settings easily so that we are not directly placing children and young people with adults who could cause them harm.

A universal set of flexible care standards

Government should develop new care standards that apply to all homes where children live. These standards will need to replace all regulations and guidance for residential children's homes, fostering homes and currently unregulated provision. Rather than being prescriptive about minimum standards, they should instead focus on defining a smaller number of quality standards that are expected from all homes, and articulate the enabling values required to deliver them. The formulation of these new standards should be designed by an expert group, including those that have lived experience of children's social care, and be tightly drafted around a series of 'tests' to make sure they deliver the best outcomes for children in care, including:

- do the standards provide care for all children?
- do the standards enable the child's voice to be heard and enable their best interests to be met?
- do the standards facilitate the building or maintaining of loving relationships for children in care?
- do the standards contribute to a child's development (as defined by the National Institute for Health and Care Excellence)?

- do the standards provide the least restrictive way of ensuring the child’s mental, emotional or physical safety?
- do the standards contain sufficient flexibility so that it is adaptable for children of different ages and with different needs?
- do the standards enable the child to access opportunities that could help their educational, health or employment outcomes?

Recommendation: New and ambitious care standards, applicable across all homes for children, should be introduced.

5.2 A new regional model to transform care

How we find, match, build and run homes for children in care, both foster homes and residential children’s homes, is broken. Bold action is needed so that when children are in care, the home and relationships we put around them provide safety, stability and love enabling them to find their place in the world, to thrive, and realise their ambitions.

“Always moving...I never felt settled and this had huge impact on who I was – I became angry and aggressive I was misunderstood” (Care leaver)

“The LGBTQ+ community face significant challenges if they have multiple placements moves, as this provides an added complexity because they are having to come out to the different carers and professionals and each move.” (Care experienced young person)

The Competition and Markets Authority (CMA) concluded a study into the children’s residential and foster care market in March 2022. This work has been supplemented by research commissioned by the review and conducted by What Works for Children’s Social Care (WWCSC), which looked at all published local authority sufficiency strategies. Combining this evidence with our own engagement with hundreds of young people that are, or were previously, in care, we have identified four main problems with the way the children’s social care market currently operates.

1. Weak oversight

No one has oversight of the market for residential children's homes and foster care. Ofsted have a limited role in inspecting the quality of work done by local authorities to meet their 'sufficiency duty' (the legal duty to make sure that they plan for the homes that children will need). However, new research by What Works for Children's Social Care identified that only 56% of local authorities have an up to date sufficiency strategy, and many report that their sufficiency statements are rarely considered or commented on by Ofsted (What Works Centre for Children's Social Care, 2022).

The Competition and Markets Authority (CMA) has expressed concern about the risk of unmanaged exit by large children's home providers due to their levels of debt and dominance of the market. With over 83% of the residential care market owned by the private sector, and within that a majority of homes being owned by a few very large providers (Competition and Markets Authority, 2022), many children are at risk of being affected by Southern Cross type collapse.⁷² Whilst the fostering market has different risks to the children's residential home market, fostering is on the same trajectory of becoming increasingly privatised and consolidated in the hands of a few large providers (Competition and Markets Authority, 2022). The market share of independent fostering agencies (IFAs) is 41%, and the top six IFAs account for 51% of all foster homes that are through an agency and 18% of all fostering households nationally (Ofsted, 2020).

2. High cost and profiteering

The CMA highlighted the scale of high cost and profiteering in the children's social care market:

"For the children's homes providers in our data set we have seen steady operating profit margins averaging 22.6% from 2016 to 2020, with average prices increasing from £2,977 to £3,830 per week over the period, an average annual increase of 3.5%, after accounting for inflation. In fostering, prices have been steady at an average of £820 per week, and indeed have therefore declined in real terms, but profit margins of the largest

⁷² In the mid 2000's Southern Cross Healthcare was the largest provider of care homes to adults in the UK. They rapidly expanded through a complicated sale and leaseback strategy and the unsustainable business model left the homes of tens of thousands of vulnerable older people at risk.
<https://hansard.parliament.uk/Commons/2011-07-19/debates/11071985000034/SouthernCrossSouthernCross> - Hansard - UK Parliament

IFAs appear consistently high at an average of 19.4%” (Competition and Markets Authority, 2022).

Similarly, the ADCS spending pressures report noted that *“respondents evidence a deterioration in availability and increasing costs for private provisions, including independent fostering agencies and residential placements over the past two years, and more so since March 2020 as a result of the Covid-19 pandemic. £5,000 - £7,000 a week for a placement is becoming more common as demand increases and availability reduces”* (ADCS, 2021a).

The average operating profit made by private residential children’s home providers has increased over time due to high demand for homes from local authorities, poor sufficiency planning and private providers paying lower wages. In Scotland, where there is evidence to suggest there is greater grip on the demand and supply of residential children’s homes, just 47% of residential children’s home places are provided by the independent sector, compared to 83% in England.

The CMA found that profits in the children’s residential home sector increased from £702 to £910 per child per week, between 2016 and 2020 (Competition and Markets Authority, 2022). There are also few indicators to suggest that high prices are leading to better quality homes for children or better recruitment and retention of children’s home staff.

3. Poor planning

Local authorities have a legal duty to plan for the homes that children in care might need, in the form of what is called a “sufficiency duty”. However, 44% of local authorities fail to publish their sufficiency strategy (the document setting out how they plan to meet this duty), which is an important tool for influencing the number and types of homes children might need in the future (What Works Centre for Children’s Social Care, 2022).

The lack of capability and capacity to plan and follow through on these plans is failing children and stands in the way of a transformation in how we provide care. Models of shared care, whole family fostering, integrated models of residential and fostering and other care options are sorely missing despite widespread recognition that these could be good options for overlooked groups like older teenagers. We are systematically failing to plan for and deliver these models of care.

There is a growing crisis in foster care recruitment and poor planning is playing a part in this. Last year⁷³ 160,635 families came forward to express an interest in becoming a foster carer, and yet just 2,165 were approved (Ofsted, 2021a). Local authorities perform a wide range of roles and appear to be struggling to provide specialist and skilled marketing, recruitment, training and support for such an important group of carers. In 2020/21 recruitment and retention among independent fostering agency services led to a net increase in capacity of 525 additional households and 765 additional foster care places. In contrast, there has been a decrease in capacity of 35 households and 325 places in local authorities over the same period (Ofsted 2021b).

Demand for foster care is rising. Ofsted have identified that a shortage of carers is a significant limiting factor when matching children with carers (Ofsted, 2020), and in May 2019 the Fostering Network estimated that more than 8,500 new foster carers were needed (The Fostering Network, 2019). The consequence of our failure to recruit enough foster carers, and particular kinds of carers in different parts of the country, is that children are increasingly reliant on poor fit foster care matches or, according to recent Ofsted research, even the use of residential homes as an inappropriate alternative to foster care for around one third of children (Ofsted, 2022a).

Profit motive also contributes to these planning problems. Private providers often build residential children's homes in parts of the country where property and land prices are cheapest. This helps keep the overall costs of provision down, but also increases the providers' profit and in practice it means that some local authorities are oversaturated with local provision they often cannot use, whilst some have no local provision available at all. The number of children living out of area has increased in recent years, and in 2021 60% of children in secure units, children's homes and semi-independent living arrangements were placed outside of their local authority (Department for Education, 2021b). In its review of local authority sufficiency strategies, What Works for Children's Social Care (WWCSC) found that "*many LAs struggle to place children locally and to access local provisions, even though this was highlighted as a priority in most sufficiency*

⁷³ Year ending 31 March 2021

strategies. Notably, even oversupplied LAs could not always access local provisions due to these being occupied by children from other LAs” (WWCSC, 2022).

4. Lack of coordination

Residential children’s home places are commissioned by 152 individual local authorities across England. Some local authorities have already recognised the benefits of operating at a larger scale in order to better plan and shape the market. However, where voluntary regional arrangements are used, local authorities continue to have their own parallel process of sourcing a home when the need is urgent. Providers can refuse to engage with pan-local and regional processes, knowing that heightened demand means a local authority will need the home. Taken together, this means that voluntary regional arrangements are having limited impact. These issues are highlighted clearly in the recent WWCSC study on sufficiency:

“About half of the sufficiency strategies (26/52) discussed their experience of using a commissioning framework (26/52). Notably, several Local Authorities found that being part of a commissioning framework did not enable them to secure local placements nor to achieve sufficiency. This was often explained by local providers not being signed up nor participating in the commissioning framework. For example, in Surrey only 39% of its local providers were signed up to the framework. The lack of local provider take-up was often highlighted as an area that Local Authorities were actively trying to address by encouraging local providers to join. Several Local Authorities also reported having to deviate from their regional or sub-regional commissioning framework to place children locally. Moreover, it was often reported that Local Authorities were still reliant on spot purchasing despite being part of a commissioning framework” (WWCSC, 2022).

A majority of children’s home places are “spot purchased” from the private sector by local authority commissioning teams, supplemented by a minority of places being made available in local authorities’ own homes (Competition and Markets Authority, 2022). Spot purchasing should generally be used in circumstances where there is an entirely unplanned or unexpected need, and it is hard to justify that the majority of children’s home accommodation should ordinarily be used in this way. Spot purchasing is almost always more expensive than purchasing in advance at an agreed rate based on

predicted need, and is a leading indicator that the system does not forecast and commission effectively.

“Many Local Authorities indicated that their own forecasting projections were not very convincing and could therefore not be used to predict changes to the numbers of children needing care with any level of confidence” (What Works Centre for Children’s Social Care, 2022).

Given the relatively small number of children needing some types of care, for example children with particular disabilities, it is difficult for most local authorities to plan ahead with any confidence for what children in the future might need. Ultimately, this means that too often local authorities are faced with little option but to accept the high cost options supplied by the private sector, even if that home does not truly meet the specific needs of the child and is far from where the child calls home.

Regional Care Cooperatives

The need to fundamentally change the way children’s homes, foster care and secure accommodation are commissioned, recruited to, managed and run, goes beyond addressing the immediate challenges of a shortage of homes, weak market oversight and high profit making and costs. Changes need to transform the care that is available for children when they need it. Care needs to be more tailored for teenagers (the fastest growing group entering care), less binary for children who can continue to safely see their families, and significantly better at keeping children close to their community, school, friends and brothers and sisters. Delivering this level of transformation within an already overwhelmed system will require excellent planning, long term investment in future models of care, and dedicated leadership. We have concluded that this transformation needs to be delivered by new dedicated bodies.

These new bodies would consolidate a number of functions currently performed at smaller scale by local authorities into a network of Regional Care Cooperatives (RCCs), including:

- having the sufficiency duty in an area, therefore planning for future needs
- running and creating new public sector fostering, residential and secure care services in the region
- commissioning not-for-profit and private sector provided care for children as necessary, where the RCC chooses to do so

The scale and specialist capabilities of Regional Care Cooperatives will address the current weaknesses in the system and establish organisations able to transform the care system in the future. Local authorities will no longer perform the above functions but they will have direct involvement in the running of RCCs and children will continue to be in the care of the local authority.

Functions of the Regional Care Cooperatives

Planning, commissioning and running homes

Through greater scale, Cooperatives will have a detailed view of how the care system is functioning across a region, and use this information to determine what types of homes will be needed in the future and where. Using this intelligence, the RCCs will set about directly creating or commissioning these new homes in the places they are needed. The RCC will be better placed to do this than individual local authorities because it will have a better understanding of the needs of its population and financial confidence to pay for the ongoing capacity (thus substantially reducing spot purchasing), safe in the knowledge that there will be enough children with similar needs who will need the home. Equally, if homes are unoccupied then the region together can share the costs of having available capacity. Providers will lose dominance because they will need to deal with far fewer well coordinated and specialist commissioners rather than 152 local authorities.

A logical outcome of this will be that Cooperatives make better informed decisions, will more frequently buy “capacity” rather than “spot purchase” homes and will have the financial confidence to create new in-house or not for profit types of care homes that are needed to transform care. This has the benefit of better guaranteeing that children remain in their home area and it significantly reduces scope for profit making.

To aid RCCs in creating new residential care where it is needed, the government should accept the CMA recommendation to exempt small homes from planning regulations. RCCs will also need to actively engage the police and other local public services in plans for new homes.

Recruiting and training foster carers

There are some very good local authority run fostering services but there are large and growing challenges in fostering recruitment and retention. Without major action, we expect that fostering will face the same acute market issues as residential care in the near future.

The larger scale of RCCs and dedicated capabilities will mean that they can provide specialist marketing, recruitment, support and training for foster carers within their region. They will also be positioned to better plan for the types and location of fostering that are going to be needed for children and then have the means (funding and recruitment capability) to create it. For children this will mean that they have a range of fostering options that could meet their needs including the ability to live with brothers or sisters. It should reduce reliance on the inappropriate use of residential care for children who would be better cared for in a foster home, and it reduces pressure on foster carers to care for new children. This should also reduce the increasing reliance upon more expensive private independent fostering agencies provision, contributing to a drive to reduce profit making in the system.

The review makes a number of further recommendations later in this chapter to urgently increase the number of new foster carers in the coming years, roll out significantly greater support to carers and trust them more to create loving home environments for children. These recommendations will be supported by fostering services being provided by RCCs.

Secure children's homes

Young Offender Institutions (YOIs) or Secure Training Centres (STCs) are wholly unsuitable for children. Secure children's homes are almost always better able to provide a more caring, less institutionalised and more supportive environment for young people to recover, learn and eventually return to their family, carer or the community. YOIs and STCs should be phased out within the next ten years and replaced by local secure children's homes or 'Secure Schools' run or commissioned by RCCs.

The state of child detention in England is abysmal. One of the most recent inspection reports into a YOI describes failings that are widespread across the youth justice system:

"The proportion of boys held at Cookham Wood who are on remand has remained high throughout the reporting period. In January 2021, it was 44 boys out of a total of 107 (approximately 41%). In June 2021, it was 41 boys out of a total of 91 (approximately 45%). At the end of August 2021, it was 36 boys out of a total of 87 (approximately 41%). The length of detention for boys on remand due to the limited court availability is of serious concern. Boys who are waiting a long time before their court appearance for trial are often those who are the most vulnerable and require the most support. This is tantamount to a national scandal given that they are children, have not been convicted of

a crime, and yet have in many instances been held in custody for a very long time”.

Annual Report of the Independent Monitoring Board at HMYOI Cookham Wood, 2021 (Independent Monitoring Boards, 2022)

Whilst the prospect of recommending an increase in the number of secure children’s homes, or detaining children for justice and welfare reasons at all, does not always sit comfortably, it is necessary to ensure there is sufficient capacity to end the use of inappropriate and damaging YOIs and STCs in their stead. However, the current secure children’s home system does not work as effectively as it could in making best use of its availability either, with 28% of that capacity unused in 2020 (Department for Education, 2021e). The drivers of under occupancy are complex, but have been most frequently explained to the review by secure home staff as being down to the inadequate design of the homes themselves which prevent them caring for children with ‘complex needs’ at full occupancy, challenges around recruitment and retention of staff (addressed in Chapter Seven), homes refusing to take some children, or capacity being reserved for children living locally when required.

RCCs should take on responsibility for the commissioning and running of secure homes - for both welfare and justice purposes - in each region. RCCs should also develop other options of secure care such as remand foster care, or specialist residential care which is capable of providing care, support and treatment for young people with complex behavioural and mental health needs. Children should not be deprived of their liberty in YOIs, STCs or secure children’s homes because we have failed to create the options of care they need. Within this regionally led secure system, the review would expect each region to need to have a small number of secure children’s homes and that secure sufficiency would be added to the Cooperative’s regional sufficiency duty. At a national level, responsibility for children living in secure children’s homes - for welfare or justice reasons - should become the responsibility of the Department for Education (DfE) so that this failing area of policy is given prominence in a Department that is more likely to focus on children.

Governance

Cooperatives should be owned by and fully accountable to local authorities in the regional cluster. We anticipate there being up to 20 RCCs across England and their success will in part be determined by the engagement from local authorities in everything from matching children with homes through to projecting future needs. Government

should consider the best organisational form for RCCs so that they give local authority members meaningful influence, and in some places they could be linked to Mayoral Combined Authorities. For the success of these new bodies it is essential that the leadership, culture and values of the new Cooperatives are driven by the best performing local authorities, and government should therefore select one or two lead authorities within each region to oversee the set up of their Cooperatives. Whilst these bodies are recommended on the basis that they will improve the future care system, government should mitigate the risk of a poor performing RCC by putting in place a “failure regime”.

Inspection and oversight

Ofsted already regulate and inspect children’s homes and independent fostering agencies, as well as considering sufficiency planning as part of local authority full inspections. Its powers should be extended to include a market oversight function for the residential and foster care market. This will require new legislation which gives Ofsted powers to access and interrogate the financial records and accounts of providers and new powers, to take action where it has concerns that a provider is operating at a high degree of financial risk. In order to fulfil this function effectively Ofsted will also need to develop new in-house capabilities to provide a market oversight function, which should involve some joint working arrangements with the Care Quality Commission (CQC) to develop capability.

Ofsted should create a new framework to inspect RCCs and this should include a focus on the proportion of children who have their needs met, stability of homes and the percentage of children who are able to live close to their community (recognising that for a small minority of children it might be right for them to move out of the area). The fact that RCCs are regional should not mean that children will be more likely to be placed “anywhere in the region” and the RCC Ofsted inspection framework should make this clear.

Funding

Central government should fund the initial set up costs of the Regional Care Cooperatives and, once formed, local authorities will need to spend their existing care budgets through their RCC. When the Cooperative finds a suitable home for a child, it will charge the local authority for the cost of that home (as happens at the moment for non-local government run care). This should prove relatively straightforward to arrange within the RCC, and the added benefit for local authorities is that they will be able to take on the

financial risk over how to invest in future homes in a way that it is extremely difficult for local authorities to do alone.

As well as the funding flows, the two diagrams below demonstrate the roles and responsibilities of local authorities, Cooperatives and providers in our new model, and an overview of how the matching process between children and homes will work in practice. In this model a clear and important distinction is made between the role of local authority social workers, who should always determine the type of home they require and take on board the views of the child, and the Cooperative, which will find and commission or in some cases directly run the home.⁷⁴

Profiteering in children's social care

Providing care for children should not be based on profit. Much like state education, we should have a sector that is free from profit motive and the distorting impacts of a financial market. The current system of children's social care is a very long way from this principle being realised.

The review has considered a number of suggestions put forward to address this issue, including the introduction of price caps, capping profit margins, or banning profit making homes altogether and nationalising the care system. Whilst all offer partial solutions to fixing the broken care market, and are explained in the supporting annex to this chapter, they either do not go far enough or would have unintended consequences for the care of children.

A system of price caps may control costs and reduce profit making but it would introduce a system of assessing thousands of children with unique circumstances into a small set of "price bands". This risks making the care system even less responsive in providing tailored care for children. Profit caps have also been suggested but it would be relatively easy for providers to reallocate income and expenditure to maintain profit levels.

Others have suggested banning profit altogether and nationalising the care system. Making a compulsory purchase of all homes would come at a huge financial cost and would leave the public sector owning a legacy system of homes that are collectively unfit

⁷⁴ Additional information is available in the supporting policy annex

to meet the needs of children (for example, because the homes are not where children need them to be).

We are proposing Regional Care Cooperatives as a key mechanism for reducing profiteering, and putting the system on a path where care is not based on profit. RCCs will give local authorities the power and means to rebuild publicly owned and not-for-profit foster and residential homes. Through longer term planning and investment, spot purchasing will reduce and the supply of homes will match what we should be demanding for children. If an RCC decides to shift to only using public and not-for-profit foster care, it will have the scale and capability to make this happen.

The review is confident that with better planning, RCCs will be able to significantly reduce profiteering in the medium term. In Scotland, where the use of residential care is lower and where there are fewer concerns about supply, the CMA reported that:

“...the profitability of the children’s homes in Scotland of the providers in our home level dataset was markedly less than the average across all three nations; from financial year 2016 to 2020, the average operating profit per child was £28,000 in Scotland compared to an average of £44,000 across all three nations.” (CMA, 2022)

Running alongside the introduction of RCCs will also be an increase in the number of children able to live safely in their family networks, therefore reducing the demand for care and allowing the system to phase out homes that do not meet children’s needs.

Putting the system on a path where care is not based on profit will require investment, including the set up of new oversight arrangements, delivering a significant new national foster carer recruitment programme and establishing the Regional Care Cooperatives. Those providers that have made unusually high profits from the dysfunction of the current system should make a contribution to fixing it. The government should levy a windfall tax on the 15 largest private residential children’s homes and independent fostering providers. If this were calculated based on 20% of these providers’ profits over the last five years, we estimate that this could generate hundreds of millions of pounds towards the costs of transforming the care system.

To encourage the establishment of the Regional Care Cooperatives before new legislation is passed, government should link any funding for new care capacity with a need for regional cooperation in the footprint of RCCs. Over time, the functions of

Regional Adoption Agencies should be integrated into RCCs given the strong overlap in functions of recruitment, support and training.

Recommendation: Regional Care Cooperatives should be established to plan, run and commission residential care, fostering, and secure care

Recommendation: A windfall tax on profits made by the largest private children's home providers and independent fostering agencies should be levied to contribute to the costs of transforming the care system.

Recommendation: Linked to our recommendations in Chapter Seven, Ofsted should be given new powers to oversee and intervene in the children's social care market

5.3 A new deal for foster care

William

A family is when people are loved, cared for and looked after by each other

My name is William, I am 13 years old and I was brought into care along with my sibling when I was six.

When I first came into care this is what the journey felt like: I lived in one area of the city and my car journey ended at the other end of the city 20 miles away. I was brought into the house. It was Charlie (my foster carer) who opened the door. I was shown around the house and after about half an hour the social workers who brought me here, left.

Charlie explained to my sibling and I that we were going to stay here until social services had made a decision whether it was safe to go home or not. At that time I did go see my parents but it never turned out well. This was at the contact centre. Now I no longer see them.

When I started living here things were a lot different. We went to school every day, we had a tooth brush, PJs, clothes, clean beds, enough food and proper meals and sleep.

I have been in care for seven years. I enjoy hobbies like sports, especially football. I go to sea cadets twice a week. I am head boy at my current school as well as other roles given to me by other teachers. When I'm older I want to be in the Navy as an engineer.

Everyone should be loved and cared for. A family is when people are loved, cared for and looked after by each other. Having a life long relationship is important as it gives you confidence that you know you are loved.

Switching who you live with is very hard as it pulls you away from the old people you love but sometimes it can be for your own good. I've only been in one foster home, luckily, which helped me a lot to build a life long relationship.

Foster carers and their families are some of the most remarkable people in society. They open their hearts and their homes and share their lives with children who they may never have met before. Stories shared with the review demonstrate just how life changing fostering can be for children and foster carers themselves.

This review sets out a new deal for fostering so that children are more likely to live with a foster family that can support their needs, maintain lifelong connections with their foster carer, keep relationships with their birth family network where that is right for them, and provide an environment that is a home rather than a “placement”. For foster carers and prospective foster carers, fostering needs to be celebrated, it needs to be trusting in their ability to meet children’s needs, to give them a voice in the system and to provide a strong network of support and quality training.

The future of fostering in England should be based on putting the best placed adults around a child to provide short or long term or shared care that allows the child to build a positive loving relationship. This will mean that it is more likely for adults who already know the child but sit outside the family network to step forward and foster them, and it will mean that more carers have fewer, but more enduring, children in their care. In the future, foster carers should not be advertised on the basis of high fees and ‘pay’ and there should not be a constant demand on carers to take ‘child after child’.

We do not have enough foster carers. Over the last six years there has been a 4% increase in the number of approved foster carers, whilst the number of children living in

foster care has increased by 11% over the same period (Ofsted, 2021b).⁷⁵ Even though there are more approved foster carers than there are children in foster care, there are significant challenges in matching these foster families. There are not enough carers with the right skills, in the right place, to ensure children can be provided with care close to their extended family and community. This piles further pressure onto the foster carers who are able to look after children and also means that some children are in residential children's homes when they could and should be in a family fostering environment. Recent research published by Ofsted highlighted that one third of children living in children's residential homes had originally had foster care on their care plan but were instead placed in a children's home (Ofsted, 2022b).

There are thousands more households in England that could provide loving, safe and stable homes for children. Yet, the review has heard from many potential carers who were discouraged because of an off-putting application experience, and local authorities should do more to ensure this is safely streamlined within legislation which already makes this possible. Despite 160,635 expressions of interest being submitted by prospective foster carers in 2020/21, just 2,165 households were ultimately approved (Ofsted, 2021b). Much better recruitment and application support should be offered so that we get the foster carers that children need.

As well as families stepping forward to foster any child, changes to fostering should make it far more common for people who already know and care about the child to step forward and become their specific foster carer.

The recommendations made in this section set out a 'new deal' for foster care, which:

- provides greater choice for children by increasing the number of foster carers in England by 9,000 over three years
- significantly increases the support offered to foster carers, so that the experience of fostering resembles a community of care in a family home environment, trusts foster carers more, and gives carers a direct say in decisions which affect children's lives

⁷⁵ These figures do not include the number of households who decide not to continue fostering, or the number of children leaving foster care each year.

- creates a clearer route for adults who already know a child, such as teachers, to be approved as that child's specific foster carer

Making this 'new deal' work will require investment and a different mindset about fostering. National government will need to put upfront investment in to ensure that fostering delivers in the longer term, through Regional Care Cooperatives. It will require existing experienced foster carers to raise their hand and provide support and guidance to newly approved foster carers. Perhaps most importantly of all, it will require those of you reading this report who have never fostered, to think seriously about whether you would be willing to step forward and provide care and love for a child as part of your own family.

A new national fostering recruitment programme

Once established, Regional Care Cooperatives will need to run effective ongoing foster carer recruitment, based on a good understanding of the needs of children in their area. However, we have an immediate and pressing shortage of foster carers, and so in the period leading up to the establishment of the Cooperatives there needs to be a national fostering recruitment programme.

The recruitment programme should recruit 3,000 additional foster carers each year between 2023 and 2026 (9,000 in total). The programme should focus on recruiting new carers in areas of the country where they are most needed. It should also target carers with the skills to offer care to older teenagers, babies and their parents, unaccompanied children, siblings and children on remand, as well as recruiting carers from ethnic minorities. To deliver a campaign at the pace and scale required, the DfE should not only improve the conversion rate of people already interested in fostering but should also appeal to individuals and families who would not ordinarily consider fostering.

To improve the current conversion rate of prospective foster carers who express an interest, the programme should provide a high level of support to people going through the application process. The programme should be designed to improve the overall application experience even if it does not make the final decision to approve a carer.

The urgency of this means that the DfE should launch this programme within six months following publication of the review. The pace of this will require the Cabinet Office to exempt the programme from advertising, marketing and communication spend controls,

which will otherwise slow delivery. The programme should only fund the growth of public and not-for-profit fostering, given the better value for money offered. Local authorities will be expected to engage with this national campaign through regional clusters, shadowing future Regional Care Cooperative footprints.

Recommendation: The Department for Education should launch a high profile national foster carer recruitment programme to recruit 9,000 additional foster carers.

Identifying known and trusted adults

Where a child cannot be cared for in their family network, it may well be the case that there are other important adults already in their lives who may be willing to step forward and become their foster carer. This goes beyond the family network as these important known adults could be a teacher, the parent of a school friend or a community group leader. It is far too rare that these people, who are already in the life of a child, are considered as a fostering option, because they are not identified at the point when a child might be on the edge of entering care. The culture of care also means that it is often considered inappropriate, for example, to ask whether a teacher or friend's parent would consider becoming a specific child's foster carer. This needs to change.

Identifying these important known adults who sit just outside the family network should be done as part of the new right to a family group decision making process (see Chapter Four), so that they are proactively identified, helped and encouraged to step forward. To take just one group as an example, if only 1% of teachers stepped forward to foster a specific child, there would be 4,610 new homes available for children in care with someone who already cared about them and who could offer them stability in their education, friendship groups and community (Department for Education, 2021g).

Recommendation: Local authorities, and eventually Regional Care Cooperatives, should use family group decision making to identify important adults that are already known to a child and may be willing to foster

Trusting and supporting foster carers

“They say that they've got parental responsibility or pretty much like they are your new parents in a way is what they're trying to say. But then they can't even say yes to anything at all... Right now I don't even stay over my friends 'cause what's the point

'cause he gotta go get it approved and then it's embarrassing 'cause you might not want to tell people you're in care. But then they wanted like DBS their parents like that doesn't happen to a normal child." **Young person in care**

When a child lives with a foster carer, the local authority becomes their corporate parent. This is right as it ensures accountability and oversight, and recognises that the many children entering foster care may one day return to their birth parents, extended family or become adopted. However, whilst in their care, it is the foster carers who have the relationship and are part of their daily lives.

The review has met with foster carers who have shared their dismay at wanting to do the best for the child in their care, but were bound and prevented from doing so through rules which provide little delegated authority and limited information when decisions are made which affect the child. Clearly it is right that a foster carer should not be able to take significant decisions that affect children's long term outcomes without the prior agreement of the local authority. However, delegated authority to foster carers for day to day decisions like hair cuts, sleepovers and dental appointments should be provided by default, and withheld by exception.

This conclusion has been reached by other reviews, including Sir Martin Narey and Mark Owers in the 2018 review of foster care (Narey & Owers, 2018). New care standards give us the opportunity to make delegation by default a reality, however, in advance of any new standards being introduced, local areas can and should already be doing this to the fullest extent possible.

Recommendation: Foster carers should be given delegated authority by default, to take decisions which affect the day to day lives of children in their care.

Alongside trust, foster carers deserve high levels of support. Becoming a foster carer is often extremely challenging, particularly when starting out, and it is important that carers are not only able to attend training courses and events, but have access to more experienced carers, or carers that have specific skills. Every local authority should look towards robustly evaluated evidence led models, such as the Mockingbird Family Model, when designing the support they provide. The strength of Mockingbird is that it is based on the notion that it takes a village, rather than a service, to raise a child.

The review is proposing an uplift in spending on foster carer support of £82 million over the next five years to improve foster carer support to provide (or go further than) the core features of Mockingbird, which include:

- building a peer family-like network around children and foster carers that is modelled on an extended family
- providing a network of resilience for sleepovers and holidays (what is often called respite) amongst this small community of adults and children
- supporting children in the care of foster carers to develop a peer friendship group with children who have had some shared care experiences
- regular group meetings, activities and trips
- tailored and quality learning and development opportunities
- support for the maintenance of birth family relationships

Mockingbird –

Communities of support for foster carers

“Mockingbird is a place where you can belong. Mockingbird is a place where you will make new friends that you will have for life really.”

Young Person, age 15

Mockingbird is a pioneering programme led by The Fostering Network, delivering sustainable foster care, structured around support and relationships in a model which replicates the stability and love of an extended family.

The programme nurtures the relationships between children, young people and foster families supporting them to build a constellation – a community of six to ten satellite foster families, with a hub home carer and a liaison worker providing peer support, guidance, learning and development, social activities and sleepovers.

Hub home carers are experienced foster carers who fulfil the role often undertaken by grandparents in an extended family. They build strong relationships with everyone in the constellation, empowering families to support each other and overcome problems before they escalate.

The constellation also builds links with other families and individuals important to the children's care plans, which can provide them with enhanced opportunities to learn, develop and succeed.

Mockingbird's own evaluation suggests a range of positive outcomes including increased placement stability, increased rates of foster carer recruitment and retention and significant cost savings for the care system.

Recommendation: All foster carers should be able to access high quality training and peer support. As part of the National Children's Social Care Framework, all local authorities should develop a model of foster carer support based on the principles of Mockingbird.

5.4 Independent advocacy for children, on an opt-out basis

All children must be able to have their views and opinions heard throughout their time in care, giving them control and agency over their lives. From the point a family has involvement with children's services, right through to leaving care, adults and professionals take hundreds of decisions which cumulatively impact on children's experience and outcomes. There are times when adults make life changing choices for children, such as the decision to remove a child from their parents, often also separating them from their brothers and sisters. The impact of these decisions are profound and lifelong.

Over the last 30 years, changes have been made to the children's social care system in an attempt to strengthen how children's views can be heard. This has been enshrined through further legislation, and enacted in practice by adding checks and balances at key points of decision making and through dedicated roles being created to balance the best interests of children or advocate on their behalf. Many of these roles have been layered on top of each other over time, collectively making the system feel reassured that it is acting in a safe and compassionate way. However, it is too often ineffective in achieving this aim in practice. In some cases advocacy and 'best interest' roles are ineffective because they lack the necessary independence from those providing services. Too often their relationships with the children they are working for are weak (Children's

Commissioner, 2019). Sometimes it is because the design of the roles themselves are confused, making an already complicated system even more challenging for a child to navigate. Having lots of different and overlapping professionals around a child in care places an implicit expectation that they should have to repeat their concerns, it prevents the forming of trusting relationships, and it dilutes professional accountability for solving issues.

“We need independent advisors to make sure that young people are aware of and supported to know their rights and entitlements. This can be only done by those who are not employed by the council – there is a conflict of interest.” (Care experienced young person)

“Children knowing their rights leads to better decision making for all parties involved with the child” (Bridge the Gap participant)

Independent Reviewing Officers (IROs) were introduced in 2004 (*Adoption and Children Act 2002*). Their primary function is to check that the care plan put in place by the local authority meets the needs of the child in care. This is usually done by chairing care review meetings, seeking the views of the child and then making a ‘best interest’ assessment of whether their needs are being met. The IRO role was introduced ⁷⁶ and has since been expanded⁷⁷ in a piecemeal fashion following concerns that there would be a lack of independent oversight of care planning. However, it has become clear that the role as originally designed has not solved the problems facing overstretched services. As local authority employees, IROs lack the independence to challenge poor social work practice, whilst also not having enough meaningful contact with children to champion their wishes and interests effectively. The review has heard from too many children in care who do not even know the name of their own reviewing officer.

“I would like more meaningful contact and relationships with Independent Reviewing Officers.” (Child in foster care)

“I only met her twice. First time she called and it kind of helped but I was nervous as I didn’t know why she was there.” (Care experienced young person)

⁷⁶ The Children Act 1989, section 25a - <https://www.legislation.gov.uk/ukpga/1989/41/section/25A>

⁷⁷ The Care Planning, Placement and Case Review (England) Regulations 2010 - <https://www.legislation.gov.uk/uksi/2010/959/regulation/45/made>

The IRO role has been strengthened by subsequent regulations and statutory guidance, but concerns remain about the effectiveness of the role (Narey & Owers, 2018). The nature of the IRO role means they often only interact with children around the time of care review meetings, which can be as infrequently as once every six months.⁷⁸ The IRO role can be taken up with providing casework support to social work teams and ensuring processes are completed in a timely manner. Whilst this can be important, this aspect of the role means IROs often provide a support service for overstretched local authority teams, rather than acting as an independent champion focused only on children's best interests. At the same time, IROs frequently report supporting more than 70 children at any one time (Jelicic et al., 2014; Narey & Owers, 2018), and it is unlikely that effective support can ever be provided by one person to so many children.

The review has seen direct evidence of individual IROs working hard to support children in care, however, there should be greater expectation and emphasis placed on the role of the social worker, who is ultimately responsible for the quality of the care plan and developing a meaningful relationship with the child. The system does not currently trust social workers, or even the managers of social workers, enough to make a best interests assessment on behalf of children they are working with every day and so, instead, local authorities are legally required to employ another social worker, an IRO, to oversee the care planning process.

The judiciary also has some concern about the effectiveness of the IRO role. In a 2012 judgement, Mr Justice Jackson concluded that “The inadequacy of the Reviewing Officer system was an important secondary contributor” to the harm suffered by the children in the case.⁷⁹ In a more recent case, Mr Justice Keehan highlighted that we currently have to rely on “effective monitoring and challenge by the IRO service” to ensure local authorities are good parents for the children in their care, yet found “the complete and utter failure of the IRO service to satisfy any of its statutory duties”.⁸⁰ Whilst these are some of the more high profile examples of failures of IRO services to safeguard and champion children's interests, the review believes they highlight the inherent weaknesses in the current design of the system.

⁷⁸ The Children Act 1989 - <https://www.legislation.gov.uk/ukpga/1989/41/contents>

⁷⁹ A & S (Children) v Lancashire County Council [2012] EWHC 1689 (Fam) - <https://www.bailii.org/ew/cases/EWHC/Fam/2012/1689.html>

⁸⁰ BT & GT (Children: Twins - adoption) [2018] EWFC 76 - <https://www.bailii.org/cgi-bin/format.cgi?doc=/ew/cases/EWFC/HMJ/2018/76.html>

Similarly, children's homes are required to appoint Regulation 44 Visitors.⁸¹ Regulation 44 Visitors conduct monthly visits to a children's home to determine whether the home is being run effectively and children are being kept safe. Whilst this is an important function in principle, in practice Regulation 44 Visitors are appointed by the homes they oversee. The review has seen little evidence that children feel Regulation 44 Visitors act independently, have a meaningful relationship with them, or that home managers and Directors of Children's Services will regularly take action on the findings of the reports.

Noah

My advocates did what the local authority should have done – supported me.

I'm 28 now but didn't have a great upbringing. My Mum died when I was eight years old and my Dad was in prison. I ended up living with my step-family but things quickly turned sour. I argued a lot with my stepbrothers and stepsister. The family were abusive and didn't want me there. I was also struggling with bullying at school and became very withdrawn. Around my thirteenth birthday, I didn't speak to anyone for a month solid.

I started self-harming and around this time I was diagnosed with bulimia that I still suffer with to this day. My school was very concerned and I was referred to CAMHS. I was clearly struggling. I tried to overdose in my classroom and my teachers did care. You could evidently see I was a young person in need of help. At 15, I made a decision to stop living with my step-family and take myself into care.

Technically I was a child in need, but due to my step-family still having custody of me and children's services leaving me without accommodation, I was stuck. I bounced around without anywhere to live. I moved 36 times in two months - from bed and breakfast to bed and breakfast.

At this point a teacher at my old secondary school put me in contact with an advocacy service. My advocates helped me to understand and exercise my rights as a young person in the care system. After being let down by my corporate parent, we ended up

⁸¹The Children's Homes (England) Regulations 2015

contacting solicitors who settled my case in court. I'd had no stable home for nine months since I was 16.

The support I received from my advocates gave me the leg up I needed. I have four degrees, became a teacher and now I own two restaurants aged 28. But it all could have been very different.

Having advocates was the best thing ever and a huge benefit. My advocates saved me from falling through the net that so many young people fall through. When I needed support, even for the smallest things like needing money for a travel card in order to get to college the advocates would have my back. Their support never ended, they would remind those in charge of their duty to support me. They would quote the Children's Act 1989, reminding services of their responsibility as my corporate parent - something I tell every single care leaver. Because the system is broken and if we don't challenge it too many failures will just continue. My advocates modelled how things should be done.

Taking advocacy for children back to first principles

"I got involved in the [children in care council], but that was when I was about 16 or 17. That is run by [an advocacy service]. Now, I didn't even know there was an [advocacy service]. I didn't even know people could have advocates, and I mean, it was nice, knowing that advocates were there, but I think personally for me, it was a bit too late at that point." (**Care experienced young person**)

It is clear that we need a much simpler and stronger system for giving children a voice, based on the following principles:

1. **Expect trained, qualified social workers to act in the best interests of children.** We trust social workers to make some of the most important and difficult decisions possible. We expect that, during the course of making those decisions, social workers will develop relationships with the children and families they work with, and that through these relationships they will develop a fully rounded and nuanced understanding of the most important issues affecting a child's life. Through other recommendations made in this report, social workers will have significantly more time to spend with children and families and far greater professional development, and so over time we should have greater confidence in

the social work system. If there is a lack of confidence in social work capability then the answer is not to augment their role with new posts but to address concerns about performance.

2. **Genuinely independent advocacy for children in care should be opt-out, not opt-in.** It is paramount that children in care have access to an adult that is unequivocally on their side and solely focused on making sure they are heard, particularly when things go wrong with the care they receive. When done well, advocacy can empower young people to understand and realise their rights at pivotal moments in their lives, such as when a local authority suggests they move home, or they need support with their immigration status. Advocacy is an afterthought in the current system, with some local authorities failing to provide any service to children who need to raise concerns about their care. Advocacy must be a comprehensive and opt-out rather than an opt-in service for all children in care. There should be an expectation that a child's advocate will attend care planning meetings and that no significant decisions should be made without the input of the child, with or via their advocate. Advocates should be given the remit to make comments on the quality of care provided by children's homes and foster care. To ensure this is effective, advocacy needs to be completely independent from the local authority and those agencies that deliver care services, so that young people have trust that their views are being heard and are likely to be acted upon.

3. **The gravity of the decision to remove children from their parents needs an independent second opinion.** Whilst there are many roles that are duplicated in the lives of children in care that were intended to promote their best interests, when a local authority instigates care proceedings it is vital that the children (and parents) involved have a full understanding of their legal rights and what is happening to them. CAFCASS guardians play an important role in ensuring children understand these rights, and are appointed by the court to help assist judges in their decision making. It is evident that the judiciary finds the evidence provided by guardians valuable in coming to final decisions. In a Court of Appeal judgement,⁸² Lord Justice McFarlane agreed with the divisional court judges that

⁸² R & Ors (Minors), R (on the application of) v The Child and Family Court Advisory and Support Service [2012] EWCA Civ 853 - <https://www.bailii.org/ew/cases/EWCA/Civ/2012/853.html>

previously heard the case that: *“No detailed analysis of this statutory regime is necessary. The provisions speak for themselves. All we need say is that the children's guardian is on any view pivotal to the whole scheme. The guardian is both the voice of the child and the eyes and ears of the court. As any judge who has ever sat in care cases will be all too aware, the court is at every stage of the process critically dependent upon the guardian.”*⁸³

The review has concluded that three changes are required so that the system can adhere closely to these principles. First, legislation should be amended to remove the role of IROs and Regulation 44 Visitors, to be replaced with an independent opt-out advocacy service made available to all children going through family group decision making processes, court proceedings and in care. It is important that advocacy remains optional, but with an expectation that most children in care will be supported by an advocate at some point, especially at the point of entering carer or moving to a new care arrangement. Secondly, advocates should take on the functions currently undertaken by Regulation 44 Visitors to report on the quality of care provided in children's homes. For children in residential or secure settings this will mean that they need access to an advocate. Thirdly, care planning meetings should be chaired by the manager of the social worker holding the case (or another experienced social worker), but no significant decisions should be made at a care review meeting without input from the advocate, unless the child has explicitly chosen to represent themselves.

“I had a bad experience whilst in care. I was not supported or told my rights which would have made a difference in my life and made me value myself. I think children should be told their rights, feel important and be encouraged to follow their dreams.” **(Care experienced young person)**

To ensure that children can form meaningful relationships with their advocates and trust them to champion their views alone, advocacy services must be delivered independently of the local authority. Good advocacy is about making sure children feel listened to, respected, and understood when they may feel like nobody cares about their views. Standards for advocacy should be updated so that quality training is provided for a broad range of people who could be effective advocates.

⁸³ R & Ors (Minors), R (on the application of) v The Child and Family Court Advisory and Support Service [2011] EWHC 1774 (Admin) - <https://www.bailii.org/ew/cases/EWHC/Admin/2011/1774.html>

The review has considered three delivery models for independent advocacy that the government should consider when implementing this recommendation:

- 1) A newly established national advocacy service
- 2) A repurposing of CAFCASS, which would become the Children and Family Court Advisory, Advocacy and Support Service
- 3) Expanding the role of the Children's Commissioner for England

Whilst government will need to do more work to determine the best option, option three is preferable because the Children's Commissioner's Office already has experience in this field through the delivery of its 'Help at Hand' service and could act as a powerful escalation point.⁸⁴ Local authorities would continue to meet the cost of this service based on the number of children who need advocacy. The Children's Commissioner would need to determine how best to deliver advocacy across England. The office would be given powers to escalate individual children's cases back to the court if it was deemed that there were failings in the care plan. To ensure recurrent themes found by advocates are being highlighted and addressed by local authorities, the Children's Commissioner would produce an annual advocacy report. In addition, children will be given the right to request that their advocate attends and makes representation to the court on their behalf, in any proceedings which affect them.

Recommendation: Independent, opt-out, high quality advocacy for children in care and in proceedings should replace the existing Independent Reviewing Officer and Regulation 44 Visitor roles. The Children's Commissioner for England should oversee these advocacy services, with the powers to refer children's complaints and concerns to the court.

⁸⁴ More information on Help at Hand is available online: <https://www.childrenscommissioner.gov.uk/help-at-hand/>

Six: The care experience

Introduction

The disadvantage faced by our care experienced community should be the civil rights issue of our time. Children in care are powerless, they are often invisible to society and face some of the greatest inequalities that exist in England today. It is truly inspiring that in spite of these injustices so many care experienced people go on to run businesses, start families, earn doctorates, produce drama, write poetry, become government ministers and change the world in countless ways. They are a community to be nurtured, understood and celebrated.

This report rightly gives due attention to the relatively large numbers of care experienced people that are isolated, become homeless, miss out on university, or who are not in secure work. However, care experienced people have consistently told the review that these outcomes are not inevitable, that many care experienced people leave care and live happy and fulfilling lives, and that care can provide the lifeline which leads to a better life than they would have had if they remained at home (The independent review of children's social care, 2021c). Care can be a positive, transformational and life saving experience.

"Care has been a great experience for me, filled with loving people who have shown true commitment to me, and supported me through my greatest challenges." (**Care experienced young person**)

When the state removes a child from their parents, that child usually has little or no say in that decision and yet will live with the consequence forever. Having taken on the role of parent, it is right that the state does everything in its power - to an even greater extent than it would for other citizens - to give those with a care experience every possible advantage in life. Whilst the state can never provide love for a child, it should obsess over creating loving networks of people around them, to provide the support and care that every one of us needs as the foundation for a good life.

Any young person leaving care without a group of loving adults around them is a signal that the care system has failed. It can be easy to consider relationships as a 'nice to have' or a marginal issue. However, you need only consider the importance placed on relationships in an extensive body of research on promoting good childhood development

and mental health. Or imagine for yourself what it would be like to live in a world where you struggle to define yourself in relation to others, and where your search for belonging and connection is unreciprocated.

The time has come to be much more aspirational, not just in words, but in specific and targeted action. This review considers loving relationships, education, secure housing, employment and good health into old age as the baseline of a good life. Five ambitious 'missions' are needed to focus collective effort to achieve dramatic change for this community. Set against current outcomes these missions are ambitious and the timetable challenging, however, given that they mainly aspire to bringing outcomes in line with the rest of the population, this ask for parity is modest. These missions should leave public servants, the public and businesses asking "are we doing enough?" and "how are we going to make this happen?". These missions will only be achieved if those leading the system go above and beyond recommendations made here, and take full responsibility to develop their own plans with urgency and determination.

The five missions are:

- 1) No young person should leave care without at least two loving relationships, by 2027.
- 2) Double the proportion of care leavers attending university, and particularly high tariff universities, by 2026.
- 3) Create at least 3,500 new well paid jobs and apprenticeships for care leavers each year, by 2026.
- 4) Reduce care experience homelessness now, before ending it entirely
- 5) To increase the **life expectancy** of care experienced people, by narrowing health inequalities with the wider population

To assist with meeting these missions the review is recommending two major changes to the way public services and society treat those who have had experience of care. First, the 'corporate parenting' responsibility that applies to local authorities needs to be extended to all public bodies for children in care and care experienced adults, to reflect the shared responsibility they have to these children and adults. Second, to tackle the stigma and discrimination many care leavers face in their day to day lives, the UK should be the first country in the world to recognise the care experience as a legally protected characteristic in equalities legislation.

Over time, we hope and expect that some of the recommendations in this chapter will become obsolete due to the legacy of getting it right for children and families earlier on. Through providing more of the help that families need, supporting family networks to care for children, and through radically improving the homes and relationships we put around children in care, there should be fewer young people leaving care who do not have a network able to support them through adulthood.

6.1 The role of the government, business and society in supporting care experienced people

The potential of care experienced people is enormous. However, at a population level the outcomes for care experienced people today are extremely poor. It is estimated that 26% of the homeless population have care experience; 24% of the prison population in England have spent time in care; that 41% of 19-21 year old care leavers are not in education, employment or training (NEET) compared to 12% of all other young people in the same age group (Ministry for Housing, Communities & Local Government, 2020; Williams et al., 2012; Department for Education, 2021b); and adults who spent time in care between 1971-2001 were 70% more likely to die prematurely than those who did not (Murray et al., 2020).

Whilst local authorities play a crucial role in delivering services to care leavers as their corporate parent, they are not the only organisations that should play a role. The Scottish Government changed the law in 2015 to name 24 bodies and organisations as corporate parents, alongside local authorities. These organisations, like the police, schools, and primary care, now have a legal duty to promote the wellbeing of care experienced people in Scotland. This has led to tangible and meaningful changes which could be replicated in England.

Examples of changes to corporate parenting in Scotland

Since becoming a corporate parent, Sports Scotland has published a set of corporate parenting commitments which give priority access to jobs for care leavers, and make care experience a key factor when determining funding for sports coaching

qualifications.⁸⁵ The Scottish Funding Council has also made a higher rate of financial support available to care experienced students, and promoted the use of contextualised admissions policies by Universities.⁸⁶

Local authorities cannot promote the wellbeing of children in care and care leavers when they do not possess all the levers to affect change. Making a similar change to the law in England would more accurately reflect the role that schools, colleges, universities, health agencies and other parts of the public realm play in the lives of children in care and those with a care experience. The organisations in scope should align with, or go further than, similar changes made to the law in Scotland. Implementing this will require training for new corporate parents, and the government should consider changing the language from ‘corporate parenting’ to ‘community parenting’.

Recommendation: New legislation should be passed which broadens corporate parenting responsibilities across a wider set of public bodies and organisations.

Care experienced people on stigma

“No one talks about foster care, it’s seen as something quite embarrassing. We need to talk about it more and normalise it.”

“The labels of being in care piss me off – people assume I am bad or certain things about me just because I am care experienced”

“Celebrate care leavers going against stereotypes e.g. going to uni but we need to break the stereotype.”

“There should be more successful stories of young people with care experience, who can share their experience which help to give them hope.”

⁸⁵<https://sportscotland.org.uk/media/5556/corporate-parenting-outcomes-and-action-plan-young-people-version.pdf>

⁸⁶<https://www.sfc.ac.uk/access-inclusion/equality-diversity/care-experienced/care-experienced.aspx>

“There’s an assumption that parents who have been in care will go on to abuse their own children which is wrong, also parents asking for help who have been in care are made to jump through hoops to access it...”

Their stigmatisation by wider society was described as “another source of trauma and pain every day.”

Many care experienced people face discrimination, stigma and prejudice in their day to day lives. Public perceptions of care experience centre on the idea that children are irredeemably damaged and that can lead to discrimination and assumptions being made. One young person told the review that a teacher had told them “*you’re smart - for a kid in care*”, another young person said “*I don’t want people to point out that I am in care if I don’t want that mentioned. It makes me so cross – that shouldn’t happen.*”

This stigma and discrimination can be explicit, and often comes with assumptions about the likely characteristics of children and adults that have care experience. They can also be implicit and are evidenced in the way care experience is discussed in schools, workplaces and the media. At its worst this can lead to care experienced people being refused employment, failing to succeed in education or facing unfair judgements about their ability to parent when they have children and families of their own.⁸⁷

“There is a lack of early support for care leavers who are pregnant and become parents. The stigmatisation of care leavers can often lead to professionals assuming that care experienced young people will not become effective parents. This can lead to unnecessary assessments, and young people not feeling supported. As soon as a care leaver becomes pregnant or a parent everything gets criticised straight away. They say that because you were in care you don’t know how to be a parent but statistically, they’re criticising themselves for not being a good parent in the first place.” **(Care experienced young parent)**

Hearing testimony from care experienced people sharing the discrimination they have experienced, even from a very young age, it is clear that such discrimination can be

⁸⁷ The review’s recommendation that non-stigmatising Family Help should be available in neighbourhoods throughout England applies, if not even more so, to all care experienced parents who require it.

similar in nature to other groups that have a legally protected characteristic under the Equality Act (2010). So while there may be ways that society can help reduce stigma and discrimination, including creating greater public consciousness on these issues, just as with other areas of equality, there is a case to go further. Therefore the government should make care experience a protected characteristic.

There are some who worry that making care a protected characteristic might inadvertently increase the stigma care experienced people face. Government should give due consideration to these views, and those of the Devolved Administrations, when taking forward this recommendation. However, we believe the introduction is necessary and like other 'hidden' protected characteristics, care experienced people would be able to choose whether to share their past care experience or not.

Making care experience a protected characteristic would provide greater authority to employers, businesses, public services and policy makers to put in place policies and programmes which promote better outcomes for care experienced people. It will make the UK the first country in the world to recognise care experienced people in this way. As a measure, it will bolster and pave the way for a number of the recommendations in this chapter.

“Making the care experience a protected characteristic is a good idea, it would help shed a spotlight on care leavers. When the public do find out about us, it is often negative due to it being driven by the media.” (Care experienced young person)

Recommendation: Government should make care experience a protected characteristic, following consultation with care experienced people and the Devolved Administrations.

In combination with making care experience a protected characteristic, more could be done to give care experienced adults greater priority access to services. However, we recognise this recommendation will add additional pressure to local authorities in allocating resources, such as local social housing stock to families. To help local authorities prioritise, national government must also play a role by issuing statutory guidance where necessary, giving a clear position on all the recommendations set out later in this chapter.

Recommendation: National government should issue statutory guidance to local authorities setting out the priority that should be afforded to care experienced adults in accessing local services such as social housing.

6.2 Five missions to support children in care and care experienced people

“Now I've become a care leaver, I'm supposed to go and find my family on my own: I'm supposed to go and act like nothing ever happened, I'm supposed to just go to all these family meet-ups and just pretend that I know everyone. Everyone knows me and it's like, I don't know these people.” **(Care experienced young person)**

“Four weeks is all I got to find a job, make sure I've got everything. I walked in at one point and my carer just went, 'you're leaving in four weeks'. Like, alright. I haven't even received the text from her to say, 'are you okay? Do you need anything?' It's been 'bye', no more contact.” **(Care experienced young person)**

Having a good home, qualifications, a well paid job, loving and trusting relationships, and good mental and physical health are the foundations of a good life. The need for these foundations is universal and not unique to those that have grown up in the care of the state, however, care experienced people often struggle more than most to realise these five foundations. These foundations are also inextricably linked, and the consequences of their absence significantly affect the life outcomes of care experienced people.

Yet these problems are not intractable, with most of the levers and mechanisms needed to provide these foundations already sitting within the reach of public services and businesses. In 2020/21, 13,360 young people aged 16 and above left care, and it is well within the reach of England to support these young people to lead a good life (Department for Education, 2021b).

Mission 1: No young person should leave care without at least two loving relationships, by 2027

Durham

Trust, stability, and emotionally supportive relationships have been difficult for me to cultivate since going into care.

I am 33 now, but my sister and I were taken into care when I was aged nine after my mother's mental health and ability to care for us had deteriorated to breaking point. My father took his own life when I was two and my mother started a new relationship. This partner was emotionally and physically abusive, they separated when I was seven, which meant we moved home and school every six months or so. My mother worked full time, and with the added instability, lack of support and no relatives close by, my behaviour started spiralling out of control. I felt unloved, unvalued and unable to make lasting relationships.

Before my mother left us we had a compassionate social worker who would take us out to give mum some time to herself, and I had been referred to a child psychologist which wasn't helpful for me.

Our first foster placement was temporary (six months) and I remember thinking at the time that there was a distinct lack of communication on the process of what was happening to us or where our mother had gone. I was scared, constantly on high alert and found controlling my emotions incredibly hard.

After being found a permanent foster family we were able to begin building a life and identity. The stability of a familiar and supportive foster placement was a lifeline during a time of crisis and upheaval. We were encouraged and supported to remain in contact with our extended family, but there was confusion about why they had not been able to take us in instead.

At age 15 I expressed my concern to my foster mother that I might be depressed which wasn't taken seriously. I believe at this point it would have been important to intervene and find a mental health professional to work with me so as to build emotional resilience much earlier.

Aged 16, I got back in contact with my birth mother, who I continue to have an arm's length relationship with. I left care aged 18 and was able to follow my interests in further education. I remain in contact with one of my foster brothers but have limited contact with my sister and the rest of my foster family – which upsets me. My current support network consists mostly of small groups of close friends from volunteer work, employment and studying. I have also been seeing an affordable therapist for two years.

Trust, stability, and emotionally supportive relationships have been difficult for me to cultivate since going into care. Since leaving care I have embarked on my own personal growth and development which I continue to this day.

Whilst all the missions and recommendations in this chapter are essential, the primary objective and obsession of the care system should be to promote the formation of lifelong loving relationships around children in care and care leavers.

The importance of relationships cannot be overestimated, particularly for those who have had adverse childhood experiences. Studies have shown safe, stable and nurturing relationships can serve as a buffer to adversity, and can also play a key role in building resilience that supports children to develop the skills to cope with future adversity in an adaptive and healthy manner (Garner and Yogman, 2021). Having a trusted adult during childhood can positively influence long term physical and mental health (Crouch et al, 2019), and can mean children are less likely to experience “toxic stress” or develop unhealthy coping strategies (Cheong et al., 2017). The likelihood of depression amongst adults with adverse childhood experiences was reduced by up to 92% when they received social and emotional support (Brinker and Cheruvu, 2017).

A recurring theme in conversations with young people and care experienced adults during the review has been about the relationships that have meant the most to them. For many, reunification with their birth parents and families has been possible although challenging, either as a means to leave care or once they have become an adult (The independent review of children’s social care, 2021c; 2022b). Other young people have been able to maintain relationships with their brothers or sisters whilst in residential care, or have formed a lasting bond with their foster carer (The independent review of children’s social care, 2021c). These conversations have confirmed a universal truth - relationships matter.

However, far too many young people are leaving care at age 18 without anyone important to them in their lives. This is a hole that cannot be filled by services. Research has shown that 6% of care leavers report having no one at all providing emotional support, and nearly one in ten young people only had support from their leaving care worker (Selwyn et al., 2020). A recent Ofsted report also found that “Many care leavers had no one they could talk to about how they were feeling or who would look out for them. A third of care leavers told us they did not know where to get help and support” (Ofsted 2022c).

Beyond the closest relationships, the children's social care system often fails to build broader informal networks of support for those with care experience. Although government guidance states that when it is in their best interests children in care should be matched with an Independent Visitor, just 3.5% of children in care were matched with one in 2019, and children from ethnic minority groups were disproportionately more likely to be on waiting lists (Jordan & Walker, 2019). The existing Independent Visitors scheme must be reimagined so these relationships feel less like a service, and more children and young people can benefit from these relationships. This will require local authorities to rethink how to deliver their Independent Visitors schemes by working within their communities to develop a community based befriending and mentoring programme that is not time bound, is responsive to the needs of children and young people and allows natural relationships to flourish.

"The lack of stability in care, makes it difficult for LGBTQ+ to build and maintain relationships with different peer networks." **(Care experienced young person)**

"The majority of our children have been through trauma, the role of an IV (Independent Visitor) is key to helping build resilience. They are a trusting adult that provides consistency and real friendship. The role is all on the young person's terms, they choose who their IV is, they choose the activities, they choose what to talk about, they choose when they meet, they choose when to end the relationship, this is all empowering."
(Independent Visitor Professional)

"I have had mine for a year, she has taken me round London. One of things I wanted to do was work with children, she used to work as a Scout, so she helped me volunteer as a Scout. It was an amazing experience and helped me build my confidence." **(Care leaver)**

"Having more emotional support, you go through a lot and it is not fair to just go with it. My Independent Visitor was my emotional support but my sister didn't use her as emotional support." **(Young person in care)**

Beyond Independent Visitors there is enormous potential to involve the wider community in providing connections and support for young people. One of the best examples of this is Pure Insight in Greater Manchester, which has been incredibly successful at recruiting a diverse mix of 250 volunteer mentors, each giving two to three hours per week, and they have supported over 450 care experienced people since 2019 (Baker, 2021). Rather than being rigid and inflexible, mentors are encouraged to provide hands on practical

support to young people, such as help decorating their first home, or with job applications. Most importantly, the aim is for these natural relationships to be long term and sustained, recognising that true friendships do not come with a deadline.

Pure Insight

Helping care leavers to build a network

Pure Insight is a charity working exclusively with care experienced young people aged 16-28 based in North West England, delivering projects in Stockport, Cheshire East, Salford, Warrington and Trafford. Their focus is on helping care leavers to build a network of safe and trusting relationships and providing practical and emotional support.

One of the key ways they achieve this is through a network of local volunteers who provide long term 1:1 mentoring for young people. Volunteer mentors are recruited from the community and extensively trained over a ten week period, where among other things, they learn about what it's like to grow up in care.

Volunteers are matched to a young person, who they will support for a minimum of two years. The support is led by the young person and mentors become a consistent champion in the young person's life, offering practical and emotional support. Mentors are also joined together in peer support groups, forming a pool of local knowledge and skills, which they informally call the Pure Insight Family - a place where everyone mucks in to support each other. The experience can be life changing for both volunteer and young person and many mentoring relationships turn into valued long term friendships.

As well as their mentoring programme, Pure Insight also provides wrap around support for care experienced young parents including 1:1 support where needed, a psychological wellbeing service and trauma counselling; 1:1 employment coaching; outdoor challenge projects, including allotments and a farm; and participation opportunities, including through their young advisor's panel.

Recommendation: Local authorities should redesign their existing Independent Visitors scheme for children in care and care leavers to allow for long term relationships to be built.

Solving the problem of young people leaving care with no adults around them requires a fundamentally new way of thinking, which places loving and lifelong relationships at the heart of the care system. Relationships are often weakened or broken altogether as children enter care and move through care. The impact of children being separated from their parents, brothers and sisters, wider families, and communities, or arriving in the UK as an unaccompanied child are well documented.

- As of 2020 nearly 12,000 children in care were not living with at least one of their siblings (Kenyon & Forde, 2020), based on the latest government data this represents 15% of all children in care.
- The Children's Commissioner's 2020 Stability Index (Children's Commissioner, 2020b) found that 30.5% of looked after children had experienced two or more home moves in the previous three years and 11% experienced a mid-year school move during a single year (2018/19).
- As at 31st March 2020, almost 33,000 children (41% of all children in care) were moved outside their home local authority, an increase from 36% in March 2010 (House of Commons Library & Foster, 2021).

Many local authorities help young people in care gain a better understanding of their pre-care identity through life story work. Whilst this is an essential part of helping young people in care understand their identity, and discover extended family and friends who they may wish to reconnect with whilst in care, life story work is not enough. Children have told the review that they do not have enough contact with their brothers, sisters, other relatives or friends, and when they do this it is often in contact centres which are not welcoming enough and mean they do not make good memories (Coram Voice, 2021; the independent review of children's social care, 2021c).

"Completely agree with the relationship thing. I was only allowed to speak to my mum for 30 minutes a week, I couldn't see my siblings, or my grandparents" (**Care experienced young person**)

"It doesn't make sense, I don't get it like why they can't just place us in an area not too far from each other but they're placing us as far as possible." (**Young person in care, in relation to their siblings**)

Universal quality family finding support

Some services already recognise the importance of finding and maintaining links with family, friends and communities for children in care. From evaluations of these programmes, it is apparent that effective family finding services for children in care allows them to identify people in their pre-care life who were important to them, and maintain very regular in-person contact with those people. High quality family finding support should be available for children in care and young people that have recently left care, up to the age of 25, recognising that many will have not been offered a family finding service whilst in care. The delivery of this work should involve social workers or a dedicated skilled coordinator deploying a variety of tools, such as genograms and mobility mapping, and skillfully facilitating gatherings of these important people around the young person.

There are high quality and well evaluated examples of this work including the Lifelong Links Programme developed by the Family Rights Group, and programmes that show early promise, such as the 'You Say Who' model being used in North Lincolnshire. Because of the evidence around these and other family finding programmes, there should be no delay in local authorities developing these, and all local authorities should have skilled family finding support equivalent to, or exceeding, the work of Lifelong Links in place by 2024 at the very latest.

North Lincolnshire Council

You Say Who

North Lincolnshire recognised that where it is not possible for children to remain within or return to their own family networks, they need to experience stability and positive relationships with trusted adults to achieve their potential.

To support this, North Lincolnshire launched the 'You Say Who' model in 2018. This enables children in care and care leavers to identify, build and continue their relationships with those who are important to them.

You Say Who involves work to actively 'family find' and 'reconnect' children and young people with previous relationships or to help them develop new relationships so that they have a 'team' to support them. The process is directly linked to the local authority's children in care review process, to ensure that all children and young people are supported, when the time is right for them, and is reviewed at children in care reviews.

The model has also supported North Lincolnshire's work in embedding the NSPCC reunification practice framework into care planning. Since the implementation of You Say Who, 114 children have left care and returned home to either their parents or extended family members between October 2018 and October 2021. The 114 children leaving care includes those who were the subject of ongoing legal proceedings, as well as those who previously had a care plan of long-term care, and 110 of these children remained living with their family.

Lifelong Links

Building support networks around children

Lifelong Links aims to ensure that children and young people in care have a positive support network around them, to help them during their time in care and in adulthood. Family Rights Group developed the approach following research findings that the care system too often breaks, rather than builds, relationships.

An independent Lifelong Links coordinator works with a child in care to find out who is important to them, and who they would like to be in touch with or know. The coordinator searches for these people, using a variety of tools and techniques. They then bring the network together at the Lifelong Links Family Group Conference to make a plan with, and for the child, which the local authority supports to ensure these relationships continue to grow.

Over 1,775 young people across the UK have benefited from Lifelong Links. One said: *"If it wasn't for Lifelong Links I wouldn't know my brothers, I wouldn't know anything about my family, I would genuinely just be in this on my own."*

An Oxford University evaluation of Lifelong Links found it positively impacted the lives of children in care, including greater placement stability and increased sense of identity and belonging. Social connections increased on average from 7 to 26. It is changing culture and practice so relationships are not broken in the first place.

Recommendation: As part of the National Children’s Social Care Framework, all local authorities should have skilled family finding support equivalent to, or exceeding, the work of Lifelong Links in place by 2024 at the very latest.

A new lifelong guardianship order for adults leaving care

As well as breaking relationships with family, the care system is also set up in a way that forces an end point on loving relationships, which may have grown through a child’s time in the care system itself. For young people leaving care today, there is no mechanism for a family that may have provided care for them in their home, such as foster carers or other adults that have formed a strong bond with that child such as teachers, friends’ parents or mentors, to invite that young person to more formally join their family for life. There is evidence where other countries with broadly comparable social norms and legal frameworks have sought to address this problem. For example, in 2016 the Australian Adoption legislation was amended to make adult adoption a possibility (Department for Child Protection, 2019).

Through introducing a new ‘Lifelong Guardianship Order’ in England, young people who leave care will be able to demonstrate that they have legally and practically joined the family of another non-related adult that is important to them. Making this new Order a reality will require change to legislation so that it not only acts as a symbolic gesture, but also has significant practical uses. For example, the Order should confer inheritance and next of kin rights to the young person leaving care. Lifelong Guardianship should be available to all care experienced adults at any age once they reach 18, where appropriate. This act of legally joining a family could be accompanied by a celebration ceremony to mark the guardianship, and in time join the ranks for family celebrations like christenings, naming ceremonies, communions, weddings, anniversaries and graduations.

Recommendation: A new lifelong guardianship order should be created, allowing a care experienced person and an adult who loves them to form a lifelong legal bond.

Finally, as set out through this report, it is clear that Ofsted have a critical role to play in driving the behaviour and practice of the children’s social care system. Whilst it is not the responsibility of Ofsted to ensure young people leaving care have loving relationships, it could do more to nudge this behaviour by aligning inspection frameworks with the central principles of this review.

"Relationships aren't measured, they are only seen as "are you seeing them or not" and who you are seeing, but not measured how [the relationship] is going." (**Care experienced young person**)

In doing this Ofsted should take into account the objective of this mission - to ensure every young person leaves care with at least two loving relationships - and assess the quality of family finding programmes used by the local authority. To make this judgement Ofsted will also need to seek the views of children in care and those with care experience based in the area. Therefore, Ofsted should amend the SCCIF and ILACS inspection frameworks so that the quality and number of relationships held by young people play a more significant role in determining the overall judgement (see Chapter Eight for our recommendations on Ofsted).

Mission 2: Double the proportion of care leavers attending university, and particularly high tariff universities, by 2026

Education is transformational. It is important that all children receive excellent schooling, and we should go even further to ensure this for children in the care of the state. While this mission headlines on university, it will require much more ambition for children in care right through the education system. While success will be counted in the number of care experienced young people going to university, all care experienced young people will benefit as the education system works harder to improve outcomes and professionals have increasingly higher ambitions.

"The barriers stem further than those faced once the student is at university or college. However, once a student has enrolled there is a duty of care for all educational institutions to ensure they deliver their proposed support and that each and every student in this social group achieves more than the tick box they have completed." (**Care Experienced adult, at university**)

Children in care face challenges right through the education system:

- in 2020/21, the average Attainment 8 score for children looked after at any point was 23.2 compared to 50.9 for non-looked after children and 22.6 for children in need at 31st March 2021. Although looked after children have a similar average Attainment 8 score as children in need, they perform slightly less well than

children in need in the other headline measures such as achieving a pass in English and Maths or entering EBacc (Department for Education, 2022a)

- children from poorer homes are less likely to progress to university, and children in care have these chances cut in half again. Similarly, care leavers who attend university are less likely to go to high tariff universities, progress into their second year of study, and are more likely to take longer than three years to complete their degree (Office for Students, 2021)
- the progression rate to high tariff universities for children looked after continuously for at least 12 months has remained at 1% since 2009/10, whilst 11% of all other pupils progressed to high tariff universities in 2019/20 (Department for Education, 2021m)

Whilst the review could have chosen to make any part of the education system the focus of this mission, the stark inequality in the number of care experienced adults progressing to university, and because on average going to a high tariff university often leads to higher lifetime earnings, makes our focus on higher education so critical. However, in setting this mission we are clear that the whole education system, including schools, colleges and universities, has a part to play in achieving this aim. Mission 3 also sets out an ambition to improve the quality of and support offered through apprenticeships.

Addressing blockers to attainment in school

Improving educational outcomes starts in school, and Virtual School Heads (VSHs), play an important role in managing Pupil Premium funding for children in care in schools and early years settings. However, they have the potential to play a wider and more active role in the attainment of children in care.

“I’m lucky because textbooks I don’t have to pay for and some things like stationery I don’t have to worry about, and uniform – I can ask Virtual School and they’ll sort it out for me and anything else I need support in.” (Young person in care)

Although Virtual School Heads hold important levers to improve educational attainment, there is a lack of real accountability for attainment. Progress 8 (a measure used to capture the progress a pupil makes from the end of key stage 2 to the end of key stage 4) for children in care should be a key measure by which Virtual School Heads’ performance is judged, and Ofsted’s framework and guidance for inspecting local authority services for children (ILACS) should be used to assess this.

Young people have told the review that they find having access to mentors and tutors useful, and these roles can provide some of the most effective interventions to improve attainment (Biggs et al., 2020). There are a range of evaluated tutoring and mentoring programmes available, such as First Star and MCR Pathways in the UK and programmes such as the Better Futures Programme in the US. To improve attainment and meet their new targets, Virtual School Heads should direct Pupil Premium funding towards interventions that are well evidenced, and the Education Endowment Fund should help to inform these choices.

First Star Scholars UK

Academic support for care experienced children

First Star is a national children's charity dedicated to improving outcomes for young people growing up in care. It was founded on an ambitious and aspirational approach to helping some of our most disadvantaged young people access higher education.

The First Star model is a long term university preparatory programme for children in care. The programme is based on a partnership between a university, the young person and First Star. First Star recruits 'scholars' at the beginning of their GCSE year (age 14/15) to join the four year programme of academic support and life skills at a local university up to the age of 18. Scholars attend monthly sessions at a university campus and a summer residential programme.

Last year 50% of First Star graduates were accepted onto a university course, compared with a national figure of 6% for eighteen year olds leaving care. Additionally, 32% of First Star Scholars passed GCSE English and Maths grade 5/C compared to 7% of looked after children nationally (2020).

Offering excellent support with digital technology, First Star accepts scholars on an individual needs basis and there are no costs to scholars or carers. Carers are also supported to facilitate their young people's progress, exchanging ideas, concerns and receiving advice and help as scholars progress through GCSE and post 16 education

The First Star programme encourages ambition and empowers young people from care backgrounds to believe they belong in higher education.

Recommendation: As part of our recommendations about Ofsted inspection (Chapter Eight), Virtual School Heads should be held accountable for the education attainment of children in care and care leavers up to age 25 through Ofsted's ILACS framework. Pupil Premium funding should be focused on evidence led tutoring and mentoring programmes.

Independent and state boarding schools

England's state boarding and independent school sector offers some of the highest quality education and pastoral support. However, in 2013 fewer than 1% of looked after children were in secondary independent schools (Sebba et al., 2015), whereas 6.4% of all children had access to these opportunities (Department for Education, 2021f). If private education exists then it should be equally accessed by those who face the greatest educational obstacles.

Virtual School Heads should be better equipped to identify children who are likely to thrive in these settings, and work with local authorities to consider how they can better leverage the opportunities that state and independent boarding schools offer. As well as full time care, both state and independent boarding and day schools can also offer models of shared care, where children continue to live part time with their family whilst accessing excellent education and residing in the school for part of the week or school year. Smaller class sizes, longer school days, a wider range of opportunities and tailored support can be a good opportunity for more children in care.

The Department of Education (DfE) has funded a programme to explore whether more central coordination could support better identification, matching and placing of children into independent boarding and day schools, and the results thus far have been positive; demonstrating an appetite from the independent sector as well as widening the pool of children in care who can access these opportunities. The option of boarding or independent day schools will not be right for all children, but for those children and families who could benefit it is important that social workers and Virtual School Heads push to get access to this when it is the right opportunity for a child.

More could be done to increase the supply of boarding school places for looked after children in the state sector. The DfE should consider investing some of the free schools capital budget into a new wave of state boarding capacity, led by the highest performing

state schools that have a track record of providing excellent pastoral care. These new school places should then be focused on providing shared care and care options.

The Royal School Wolverhampton

State boarding school as an option for children in care

The Royal School, Wolverhampton is a state funded day and boarding school. The school was founded as an orphanage in 1850, and its free school status enables the school to continue this vision to support vulnerable young people from the surrounding local authorities, such as Wolverhampton, Sandwell and Dudley.

Working alongside trusts such as Royal Springboard and Buttle, the Royal School offers places to a number of children from within the care system where they benefit from secure, stable accommodation and a positive learning environment. This offers young people a chance to gain confidence to be themselves, develop new skills and foster friendships. All students are supported with excellent pastoral care, language support where needed, and access to a range of enriching extra-curricular activities.

The school remains open for boarders in half term holidays, but closes during Christmas, Easter and summer vacations when the local authorities place the young people with foster families locally. The school retains contact with these foster families during holiday periods to further support the young people.

Since 2015, the school has developed an association with Wolverhampton local authority to welcome unaccompanied asylum seeking children from Kent through the National Transfer Scheme, including young people from Eritrea, Ethiopia, Sudan, Egypt, Afghanistan, Syria, Vietnam and Kurdistan. In the school, most of the young people's needs can be met in one place, including support from mental health services, refugee legal information and social care workers.

The majority of the school's pupils from within the care system have gone onto work, apprenticeships, college places and university courses. Many keep in touch with key staff in the school who continue to support them even after they have moved into supported living settings.

Recommendation: Virtual School Heads should work to identify more children in care who might benefit from a place at a state or independent day or boarding school, and the Department for Education should create a new wave of state boarding capacity led by the best existing schools.

A new kitemark scheme for higher education

“I was too embarrassed to tell my friends at university that I’d grown up in care. I felt jealous of international students that had clubs and activities arranged for them in the holidays. I used to spend the holidays sofa surfing with friends I’d known before going to university, or alone, because the university didn’t provide accommodation for the summer break and assumed everyone had family they could go back to” (**Care experienced adult**)

Government has already made clear that universities should provide additional support to care experienced students. For the most selective and largest higher education providers, government guidance states that:

“We particularly encourage the most selective providers to use contextual admissions in the case of applications from care leavers, so that their often disrupted education and personal challenges can be taken into account. We would expect the support offer from HE providers to be proportionate to the size of the provider and their resources. In addition to the points listed above, we would ask that the most selective providers and those who have the greatest income from higher fees to go the furthest in terms of their support” (Department for Education, 2019a).

Local authorities provide bursaries of varying value to care leavers and many universities provide bespoke packages of support for care experienced students.

University of York

Excellent support for care experienced students

The University of York provides a comprehensive package of support to care experienced students through their whole student journey. Their personalised and far-

reaching approach supports individuals with experience of care to achieve their full potential.

To recruit care experienced applicants, the Access and Outreach team provides pre-application support, delivers outreach programmes and builds close relationships with local authorities nationwide. The contextual admissions policy - a holistic approach to assessing candidates applications - provides additional consideration for care experienced applicants, reduced offers, bespoke advice, pre-entry bursaries and a VIP visit package (including free travel for the applicant and guest, overnight stay in York, lunch on campus, a goodie bag and follow up phone-call).

Financial assistance includes a Care Leavers' Bursary, worth up to £3,000 a year, particular consideration for various scholarships, and free York Sport membership. Students are encouraged to feel stable in their new home and given the type of practical help that they need including free year round accommodation for care leavers (capped at £130 per week), a rent guarantee scheme, flexible lets, and storage of belongings where needed.

Transitional support is designed to make the move to university feel less daunting; the university offers regular communications and support from a dedicated contact, kitchen and bedding packs, suitcases, a contribution towards travel costs, student buddies, an enhanced induction programme, free Freshers pass and college merchandise. Students feel cared for with birthday vouchers, Christmas stockings and other celebration events. Peer support groups and social events connect care experienced students who may share common issues/challenges, and increases their sense of belonging.

However, too few universities provide a bespoke package of support for care leavers, and the review has seen no evidence to indicate that better funded universities tend to provide a better offer.

The Buttle Trust, and more recently the National Network for the Education of Care Leavers (NNECL), have developed a kitemark system to indicate the level of commitment each university demonstrates towards supporting care leavers. This should be built on by the government, working in partnership with NNECL, to develop it into a new kitemark system for all universities, indicating the quality of support offered to care leavers. This enhanced kitemark should be overseen and quality assured by the government's

National Advisor for Care Leavers, who should in turn, report annually to the Minister for Higher and Further Education to update on progress and indicate which universities are offering substandard or no support.

The review supports the findings of a 2019 report by the Leverhulme Trust and Sheffield University “*Pathways to University from Care*” which made fifteen specific recommendations to better support care experienced people into higher education (Ellis & Johnston, 2019). These recommendations included:

- a named care leaver contact or champion at each university
- facilitating early registration for care leavers, so that they can ensure essential support is available from the point of arriving at university
- 365-day affordable accommodation
- training for all staff to recognise the additional needs care experienced students might have
- fast track mental health support
- running pre-entry summer schools for children in care and care leavers
- bursary schemes for care leavers

Government should use these recommendations as a guide to developing standards for the new kitemark scheme. Once established, the government should look to integrate the kitemark into the regulatory framework for higher education (Securing Student Success) (Office for Students, 2018), and performance against this kitemark should form a core part of the new corporate parenting responsibilities placed on universities.

Recommendation: Introduce a new kitemark scheme for higher education to drive improvements in admissions, access and support for those with care experience.

Mission 3: Create at least 3,500 new well paid jobs and apprenticeships for care leavers each year, by 2026

Young people leaving care often face challenges getting well paid rewarding work. The DfE’s latest figures show that:

- of those previously looked after, 77% were recorded as claiming out of work benefits as their main activity in any of the first eight years post-secondary school,

and 36% remained on benefits for at least four consecutive years, compared to 21% and 6% of all individuals respectively (Ahmed, Bush, et al., 2022)

- for those in employment, there is an average earnings gap of £4,000 per year eight years after completing GCSEs, and this increases to around £6,000 after 11 years when comparing all individuals in the labour market, and those who were previously looked after (Department for Education, 2021)
- government data from 2021 indicates that 41% of 19-21 year old care leavers were NEET, compared to 12% of all other young people in the same age group (Department for Education, 2021b)

Given the size of the cohort of young people leaving care each year is relatively small, with 13,360 young people aged 16 and above leaving care in 2020/21 (Department for Education, 2021b), it should be possible to ensure each of these young people has the opportunity of well paid purposeful employment or education. The Civil Service runs a successful care leaver internship programme, which has recruited around 700 care leavers into the Civil Service since it was introduced. If a wider range of public and private sector organisations were to develop their own schemes we could reach a significant number of care leavers each year. Delivering 3,500 jobs for care leavers each year⁸⁸ would require:

- each local authority in England to set aside just 20-30 jobs each year for young people leaving care in their area
- the NHS to make 0.3% of its workforce care leavers⁸⁹

The John Lewis Partnership

Focusing on care experienced people at work

The John Lewis Partnership has publicly stated their intent to help care experienced people gain skills and experience to set them up in their careers. They are engaging with a number of local authorities and organisations on pilots to support job opportunities, as well as providing additional support, including mentoring and guidance on interview

⁸⁸ By setting this target the review has assumed 3,500 jobs will equate to full employment for all care leavers not in education, internship, traineeship, or choose not to be employed.

⁸⁹ This is based on the NHS workforce statistics which report a headcount of 1,179,008. Retrieved from: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/january-2021>

techniques. Ongoing support is also available once a young person has secured a position through the Partnership's health and wellbeing services.

The pilots are a learning opportunity, helping the John Lewis Partnership to understand the challenges care experienced people face and how they can support them to thrive in employment.

As employers, the John Lewis Partnership recognises that it's not enough simply to offer job opportunities. They feel there is much more to be done on safe housing and financial and emotional support for people who have already gone through so much at such a young age.

A refreshed and improved Care Leaver Covenant

The national Care Leaver Covenant was launched in 2018. It allows public, private and voluntary sector employers to pledge support to care experienced people, and all government departments have made specific pledges. The Covenant acts as a useful focal point; however, there remains scope to give it more teeth and raise greater public awareness. For example, unlike the Care Leaver Covenant, the Armed Forces Covenant was established in law, has a large number of high profile public and private sector employers pledging support, and offers funding for projects that support the aims of the Covenant.

Following publication of this report, the Covenant should be refreshed and focused around delivering the missions. Specifically in relation to employment, it should act as a focal point for employers to pledge their commitment to offering job opportunities to care experienced people, and offer an accreditation scheme with high status that awards employers a Bronze, Silver or Gold rating in return. Top employers will be running specific employment programmes, offering bespoke support, and have plans for those with a care experience to progress into senior roles. The introduction of corporate parenting responsibilities across a wider set of public bodies and organisations, and introducing a protected characteristic for care experience, will further support this action.

Recommendation: The Care Leaver Covenant should be refreshed to align with the five missions set out in this report and co-produced with care experienced people. Employers should be able to apply for a new government led accreditation scheme which recognises their commitment to supporting care leavers into well paid jobs.

Creating more apprenticeship opportunities for care leavers

Apprenticeship opportunities have grown significantly over the past two decades and since the introduction of the Apprenticeship Levy are set to increase in the future.

However, care experienced young people are not taking up apprenticeships at the same rate as their peers. Apprenticeships are a recruitment method that employers are keen to expand too, and so it is troubling that more young people leaving care are not connected to apprenticeship opportunities, particularly in high skilled occupations. The solution must be a package which unblocks barriers care experienced people face, and encourages employers to invest in those with a care experience.

Government provides a one off £1,000 incentive payment to employers who recruit an apprentice care leaver, and a further £1,000 bursary to care leavers aged 16-24 completing an approved apprenticeship programme for more than 60 days. The payment to care leavers is currently a one off single lump sum payment, and reflects that care experienced apprentices may lack familial financial support compared to their peers and face difficulty meeting the costs of travel, purchasing tools, or clothing necessary to do the job. Some apprenticeship programmes last 12 months and some of the costs care experienced apprentices face are one off, but many programmes last three or four years and new or ongoing costs may arise throughout that time.

Many large employers are unable to recruit sufficient numbers of apprentices each year to enable them to spend their levy pot. A 2021 report by the Chartered Institute of Personnel and Development found that more than £2 billion in employer levy contributions had expired after being unspent for two years, and were returned to HM Treasury (CIPD, 2021). This figure is undoubtedly high due to COVID-19 restrictions causing a marked drop off in apprenticeships, nonetheless even in normal years a significant proportion of the levy is returned to government. Employers should be able to use their unspent levy funding to develop an enhanced offer for care leavers, which builds on the bursary from government and offers tailored and intensive support to get more care leavers into quality apprenticeships. The cost to government would also be offset by the funding it currently spends on supporting large numbers of young care leavers that are not in education, employment or training.

Recommendation: An annual care leaver bursary should be made available to all apprentices up to the age of 25, and employers should be allowed to use unspent apprenticeship levy funds to tailor support for those with care experience.

Mission 4: Reduce care leaver homelessness now, before ending it entirely

"When I came out of care there was no housing plan for me, so I went into homeless services. This felt like a step back as no housing offer for care leavers" (**Care experienced young person**)

The average age that young people leave their parental home in England has gradually increased during the last 50 years. In 1997, 50% of 21 year olds had left home (Office for National Statistics, 2019). By 2020, the average age to leave home had increased to 23 years old (Office for National Statistics, 2022). However, young people leaving care are often faced with the stark realities of adult life at a much earlier age. Whilst there have been a number of positive developments in recent years that have increased entitlements up to age 25, many young people leaving care at 18 are reliant on their local authority to provide them with suitable accommodation. Whilst having a secure, safe and affordable home is an essential foundation to a good childhood (Cross et al., 2021), the transition between leaving care and having your own home is just as critical; yet it is at this moment that the foundation is abruptly removed.

There are big gaps in official statistics on the number of care experienced people who experience homelessness. However, the latest data from the Department for Levelling Up, Housing and Communities (DLUHC) found that 26% of the homeless population had spent time in care (Ministry for Housing, Communities & Local Government, 2020).

"I'm not 18 yet but my sister for example, like the second she turned 18, her carers didn't want her anymore because they weren't getting paid for my sister. She got kicked out straightaway which I don't think should be even fair for foster carers to do that because she has no family. All she has with me, my brother. So like she just ended up like coming to live with me temporarily because she had nowhere to go. She was still in college... Like how is my sister meant to feel loved and wanted in a family? like I can't imagine how painful that is for someone else that might happen today, but I don't know what's gonna happen. I'm not 18." (**Child in care**)

Whilst the path that leads young people to become homeless is often complex, more must be done to end the prevalence of homelessness for those who have been in care.

The absence of national data on the number of care leavers that become homeless has constrained the review in setting a time bound target for this mission. This should be done through a new care experience cohort study which also captures health and mortality outcomes (see mission 5). As soon as reliable data is available, the government should develop a time bound plan to eradicate care leaver homelessness.

Better choices of homes for young people leaving care

Programmes like Staying Put⁹⁰ and Staying Close⁹¹ have been some of the most positive developments in the care system in recent years.

Early evaluations of the Staying Put Programme, found that young people were twice as likely to be in full time education at age 19 than care leavers who were not in Staying Put (Munro et al., 2012). However, funding for these arrangements ends at age 21, which can be before young people feel ready to live independently and is two years before the average age young people leave home at a population level. Whilst it is important that foster carers are willing and able to provide a Staying Put arrangement for the young people in their care, this should be assumed by default, with foster carers given the option to 'opt-out' if they are unable or unwilling to provide it.

"Young people need to know about Staying Put, I wasn't aware that this was an option. My foster carers were encouraged not to do Staying Put because it would cost more to the local authority. Young people should be made aware of Staying Put because that can be beneficial especially to keep that support when you go to university." (Care experienced young person)

Whilst less well established, Staying Close has also received positive evaluations, such as the evaluation of the St Christopher's Staying Close pilot which found improvements in relationships, education, employment and training outcomes; as well as better independent living skills and wellbeing (Heyes et al., 2020). Despite the relatively small cohort of young people currently living in Staying Close arrangements, the early

⁹⁰ Staying Put was launched in 2014 and is a nationally available programme which gives young people a legal right to request that they remain living with their foster carer beyond age 18.

⁹¹ Staying Close is a pilot programme which is currently available in a small number of local authority areas. It offers an opportunity for young people leaving children's residential care to remain in that home, or one within its network, beyond age 18.

outcomes should give enough confidence to local authorities and policy makers to expand its use nationally, and so that young people can access it for longer.

“If things go wrong young people need to be able to get support even when they have moved on – Often moving on brings new challenges and can be hard to adapt with no or little family network support.” (Care experienced young person)

Similarly, supported lodgings (accommodation for young people who live in the home of a host family, but with greater independence than in foster care) have been beneficial for some young people leaving care, who find the balance of support and living in a home environment with a degree of greater independence beneficial. Evaluations of supported lodgings have been similarly positive, with a 2008 evaluation finding 82% of care experienced young people living in supported lodgings participated in education or training, compared with 62% of young people across all settings (Holmes, 2008). A 2021 report by Home for Good found that supported lodgings can also assist young people in developing important skills for adulthood at their own pace, but most importantly when young people were successfully matched with hosts it results in stability, improving long term outcomes (Home for Good, 2021).

Recommendation: There should be a range of housing options open to young people transitioning out of care or who need to return, such as Staying Put, Staying Close and supported lodgings. Staying Put and Staying Close should be a legal entitlement and extended to age 23 with an ‘opt-out’ rather than ‘opt-in’ expectation.

Tom

How supported lodgings helped a young person grow in confidence

Tom, 20, was originally living in a Staying Put placement which sadly came to an unplanned end and so he needed another home to live in. Tom initially felt unsure and nervous about supported lodgings, but as he didn’t want to live alone, he agreed to meet a charity project worker and a supported lodgings host, to understand more.

This meeting enabled Tom to feel positive about the prospect of moving into a supported lodgings placement and he particularly liked the idea of having more independence. As both Tom and the host felt that the placement could work, he moved in soon after.

Tom soon began expressing how much he felt at home and part of the family in his supported lodgings placement. He had previously struggled with mental health issues, attachment and had a history of self-harm, with very negative thoughts about his future. After moving into supported lodgings, Tom saw a significant improvement in his mental health and had no further incidents of self-harm. He developed very positive relationships with both his male and female host and the wider family, and stated that having a positive male role model made a real difference.

Once settled and comfortable in placement, Tom's hosts actively encouraged and supported him to look at education opportunities so that he could continue preparing for his future. After one year in placement, Tom was accepted at a Russell Group university and has now started a degree course in nursing. Whilst at university, Tom has continued to make great progress, both on his coursework and in his work placement and is focused on his aspirations to enter the nursing profession.

Overall, Tom has grown in confidence, saying that he feels both emotionally and mentally much better. This has enabled him to become a member of the University Care Leavers Forum, helping to shape the future for other care experienced young people and care leavers. He has also been invited to join a joint council and university initiative to create more opportunities for local young people in care.

Throughout all of this, Tom has been supported by his hosts who have encouraged and helped him as needed. The whole family, the hosts and their children, have visited him at university and take real pride in sharing his achievements. They have decided together that Tom is part of their family and have made a commitment to him that his bedroom will be kept available for him whenever he feels a need to "return home".

A safety net against homelessness

A range of studies have found a correlation between the experiences of those growing up in care and becoming homeless as an adult (Fowler et al., 2017; Sanders et al., 2021; Schwan et al., 2018). The consequences of homelessness are well known; average life expectancy for people experiencing homelessness is just 46 for men and 42 for women (Office for National Statistics, 2021a). Homelessness also costs society, with a 2015 report putting the cost of services used by a group of 30 homeless people at £1.2 million over a two year period (Pleace, 2015).

Young people are often placed into care outside their home local authority area, often due to failings in the way the 'care market' functions (see Chapter Five). Through recommendations made elsewhere in this report this will be much reduced in future; however, there will continue to be a small but significant number of young people leaving care who have few local connections to either the area they are currently living in or the area they are expected to return to. This leaves them ineligible for support with housing. Most local authorities apply a two year local area connection test when determining whether social housing can be provided. Some young people that enter care at age 16 or later, or who are moved to a different home at the age of 16-17, will fail to meet the local authority's requirement for a two year local connection.

In these cases the local authority (either for the area the young person has been moved to or the area they previously grew up in) should remove the local connection test in a similar way that former members of the armed forces are often exempted following a period of military service.

Homelessness intentionality

The Housing Act (1996) states that those who have deliberately done or failed to do something that causes the loss of accommodation may no longer be owed a homelessness duty by the local authority. This legislation is in place to avoid tenants and homeowners voluntarily leaving accommodation or being evicted due to anti-social or threatening behaviour and then being given priority for social housing. However, care experienced people often find themselves forced into poor quality or unstable accommodation with little support after leaving care at a young age. Young people in this situation should feel able to push for better accommodation without fear of falling foul of homelessness intentionality rules.

Removing homelessness intentionality rules for young people leaving care is ethically right as the local authority has a role as a corporate parent⁹², and practically right given that the local authority would otherwise still be obliged to provide, often more costly, services as a consequence. DLUHC already issues guidance which makes clear that local authorities should make attempts to avoid the impact of intentional homelessness for young care leavers (Department for Levelling Up, Housing and Communities, 2022).

⁹² Although all are statutory corporate parents, some county and district councils do not have the same responsibility for housing and other services.

Local authorities such as Salford and Oldham have already removed intentional homelessness criteria for care leavers under 25 entirely (Salford City Council, 2020; Carr, 2019).

Private rented homes

When accessing the private rented accommodation sector, people are often asked to provide a guarantor to underpin any financial risk faced by the landlord in circumstances where the tenant fails to pay rent or causes damage to the property. Many care leavers do not have access to funds to pay a first month's rent and security deposit at the point of signing the tenancy agreement. A 2018 Centrepoin report found that 13% of care leavers had been unable to access private rented accommodation because the landlord was unwilling to accommodate them, primarily because competition enables landlords to pick and choose tenants, often favouring young professionals or students in cities and holiday makers in rural or seaside areas (Gill & Daw, 2017). Young people in general face this discrimination, but the added stigma of care experience and absence of parents to act as a guarantor magnifies this problem for care experienced young people.

"Young people leaving the system and moving forward, find not a lot of places that accept young people. They need the first 2 or 3 months rent up front, or a guarantor. People in care don't have that, we're just chucked out to fend for your yourself. Services don't work together. It all starts from moving pillar to post as a child." (**Care experienced young adult**)

Some local authorities, such as Kent County Council, already act as a guarantor providing a deposit to private landlords and have experienced a 0% default rate on guaranteed tenancies since launching the scheme in 2018 (Kent County Council, 2018). All local authorities should have a similar scheme in place and private landlords should forgo the requirement for a rental deposit if the tenancy is underpinned by the local authority.⁹³

The leaving care grant

The DfE issues guidance to local authorities setting out best practice on developing a local offer for care leavers (Department for Education, 2018). As part of this guidance,

⁹³ The work done by Mary-Anne Hodd (and others) in raising awareness on this topic has significantly assisted the review in reaching this conclusion; <https://www.maryannehodd.co.uk/the-guarantor-scheme>

the Department suggests that a leaving care grant of £2,000, used to set up a first home, is made available to all care leavers in all parts of the country. Whilst the significant majority of local authorities deliver this, and some give more than £2,000, the value of the grant has not been updated in guidance since 2013 and has failed to keep pace with inflation or match the average cost of furnishing a first home. Examples of setting up home checklists being used by local authorities today have been submitted to the review, which specify that goods such as toasters and kettles should be purchased second hand, and prescribe a limit that can be spent on each item. In one particular example the total value of the items on the list came to less than £2,000, despite a grant of that value being notionally available. This undermines the dignity and autonomy of young people and is a reflection of the very worst aspects of providing a relationship as a service.

The value of the leaving care grant paid to care leavers by local authorities should be increased in line with inflation annually (if the recommendation was accepted today, the grant would rise to at least £2,438), reflecting inflation and the cost of living increase since it was set by the DfE in 2013, and paid in addition to any savings that have been put aside for a child whilst they were in care. The value of the leaving care grant should be reviewed annually by the DfE and local authorities should ensure the grant is offered to young care leavers in a less prescriptive and more trusting way.

Recommendation: Introduce a stronger safety net against care leaver homelessness by removing the local area connection test, ending intentionally homelessness practice, providing a rent guarantor scheme and increasing the leaving care grant to £2,438 for care experienced people.

Mission 5: To increase the life expectancy of care experienced people, by narrowing health inequalities with the wider population

“[We] need mental health support later when you have time to process. You can’t reflect on your upbringing while you are still being brought up.” (**Care experienced young person**)

There is a clear link between the quality of the relationships a person has, secure and good quality housing (Mendes & Rogers, 2020), employment (Furey & Harris-Evans, 2021), and their mental and physical health (Holt-Lunstad et al., 2010; Wijedasa et al.,

2022). However, there is limited data to indicate how these factors combine to affect the life expectancy of adults that had spent time in care as children. This information does not appear in any official government statistics, which impacts policy making and affects the ability to set a specific or time bound target for this mission. While we may lack official statistics on the life expectancy of care experienced people, we can reflect on some very sobering statistics:

- adults who spent time in care between 1971-2001 were 70% more likely to die prematurely than those who did not, and also more likely to experience an unnatural death (unnatural death is defined as self-harm, accidents, and mental and behavioural causes) (Murray et al., 2020)
- care leavers 18-21 make up 1% of the population, but account for around 7% of the deaths at this age (Greenwood, 2017)
- care leavers who were in residential care have the highest prevalence of limiting long term illnesses (around 32% on average), followed by adults who lived in foster care (around 16% on average) and adults who lived in kinship care (12% on average). This is significantly higher than the average prevalence of limiting long term illnesses amongst individuals who have not been in care (7%) (Sacker et al., 2021b)
- White girls in care have been shown to be at higher risk of mental ill health (Wijedasa et al., 2022)
- recent studies estimate that one in eight children and young people in England are likely to be impacted by mental ill health, with a much higher prevalence of mental ill health in the population of children in care (Wijedasa et al., 2022)
- personal advisors have raised concerns about the mental health of 46% of the care leavers they supported, but 65% of these care leavers were not receiving any help from statutory mental health services (Barnardo's, 2017)

A reasonable hypothesis is that these stark and unacceptable outcomes are due to a combination of trauma or complex trauma experienced in childhood, a failure to consistently surround those with care experience with people who love them, and substandard support and provision when they reach 18 years of age.

The issue of complex trauma has been raised through the review's calls for evidence, advice and feedback, but is often poorly defined and is in danger of being undermined through misuse. The Early Intervention Foundation came to the same conclusion, and

has called for a definition of trauma informed care (Early Intervention Foundation, 2022a). This is important because, whilst many practitioners and programmes make a claim to offer ‘trauma informed’ practice or care, the testimony shared by young people and care experienced adults highlights that this does not match their experience. We agree with the Early Intervention Foundation that we need to start from a commonly agreed definition.

A definition of complex trauma

The UK Trauma Council, composed of some of the leading experts in the field of childhood and developmental trauma, has supported the review by developing a definition and set of principles for how to work with complex trauma in children’s social care which offers an excellent starting point⁹⁴:

“The UK Trauma Council defines complex trauma as traumatic experiences involving multiple events with interpersonal threats during childhood or adolescence. Such events may include abuse, neglect, interpersonal violence, community violence, racism, discrimination, and war. Complex trauma is associated with significantly increased risk of poorer mental health and social outcomes - even more so compared with non-complex forms of trauma. However, not all children and young people who experience complex trauma go on to develop mental health (or indeed social) problems - protective influences play an important role in determining outcome. Mental health disorders commonly associated with complex trauma include anxiety, depression, conduct problems, post-traumatic stress disorder (PTSD) as well as complex PTSD” (UK Trauma Council, 2022).

Mental health has been one of the top issues young people in and leaving care have brought to our attention throughout the last 14 months (The independent review of children’s social care, 2021c).

“Whenever a child is at risk of going into care, emergency care, they should automatically see mental health advisers and workers. And that shouldn’t stop when you leave care. The trauma of that is like grief. In post-18 there should be a special service for mental health support, where specialists are trained in trauma, and that is open for entrants to

⁹⁴ <https://uktraumacouncil.link/documents/UKTC-ComplexTrauma-Principles.pdf> (uktraumacouncil.link)

care. I have complex PTSD and the best treatment for that is EMDR [Eye Movement Desensitisation and Reprocessing], and that service is not easily accessible. If it was integrated in that mental health services, it would help decrease rates in homelessness and prison, and integrate in the community.” (Care leaver)

The Children’s Commissioner’s ‘Big Ask’ survey, which sought the views of more than 557,077 children, highlighted that 23% of children in care aged 9-17 were unhappy about their mental health, with 31% saying that having a good mental health was one of their key worries for the future (Children’s Commissioner, 2021a). A recent report exploring the rate of likely suicides among all children and young people between April 2019 and March 2020 found that the top three factors that were present amongst many suicides were household functioning (69%), loss of key relationships (62%), and the mental health needs of young people (55%) (NCMD, 2021).

The review has also heard from young unaccompanied asylum seeking children (UASC) that the stress and uncertainty of navigating the immigration system also had a significant impact on their mental health.

“When young people arrive traumatised, the waiting to know whether you will receive status or not adds to the trauma and so mental health support is even more necessary.” (UASC care leaver)

The evidence clearly points to a need for action. The damaging cycle where a young person is left fighting for a Child and Adolescent Mental Health Service (CAMHS) referral, waiting extended periods for treatment and where services that are available are not tailored to the needs of young people.

In 2020/21, 497,502 children in England were referred to children’s mental health services; 4% of all children in England (Children’s Commissioner, 2022). There are also a large number of children with needs which do not meet a CAMHS threshold. Improving the CAMHS offer for young people in care is important, but in achieving this mission we need also to take a much more rounded approach to addressing mental health. These actions should take advantage of changes that are also taking place in the NHS with Integrated Care Systems, and allow the NHS to carve out specialist provision for children in care.

Better supporting young people with mental and physical health

The bedrock to better mental and physical health is relationships. We have described the importance that loving relationships have on the experience and outcomes of a child, but this does not become any less important when a child reaches adulthood.

There are too many young people leaving care with diagnosed mental health conditions, but an even larger population of young people in care who have mental health needs but do not meet the threshold for CAMHS or adult mental health services. Whilst these needs may not meet clinical thresholds, they often have a very significant impact on their quality of life, can lead to multiple moves whilst in care, and poor education and employment outcomes when leaving care. The NHS Long Term Plan made a commitment that funding for children and young people's mental health services will grow faster than overall NHS funding (NHS, 2019a). However, there is significant regional variation between Clinical Commissioning Groups. In 2019/20 the average spend on children's mental health services was £66 per child in England, but at a local level this ranges from £25 per child (Halton CCG) and £202 per child (Islington CCG) (Children's Commissioner, 2021b). Whilst the commitment to increase investment is welcome, this alone is not the answer for children in care and care leavers.

Alongside this investment in services, we should be upskilling a much larger number of professionals in basic mental health techniques, for example:

- the Early Career Framework for social workers should include content on working with children and families that have experienced complex trauma
- as part of a broader package of investment in supporting foster carers (recommendation in Chapter Five), foster carer training should include more bespoke training on mental health, behaviour and conduct disorders
- Mental Health Support Teams should be rolled out faster and Senior Mental Health Lead training provided to all schools and colleges in England
- more professionals, including all personal advisors, advocates and Independent Visitors, should undertake mental health first aid training

Recommendation: The identification and response to poor mental health issues should be a core part of training programmes for any professionals working with children and young people that have involvement with children's services.

The transition between care and leaving care often places additional stresses and burdens on young people which can affect their mental health. Yet, few leaving care teams have dedicated professionals that are able to provide help to young people at the point they need it.

Better multidisciplinary working is essential in this area, and every local authority should ensure that its teams supporting children in care, and leaving care teams, have expertise in physical and mental health, alongside other key areas for transitions, including housing, youth offending, employment and immigration. This should mirror the extent of multidisciplinary working, that goes beyond relying just on social workers, that the review is recommending for Family Help.

Whilst most leaving care teams work to support care leavers up to the age of 25, mental health support should be provided by these teams to anyone who is care experienced when they are accessing their care history, given that this can be a particularly difficult time. This should form a core part of the lifelong commitment that local authorities make to their community of care experienced adults. There has been a long-standing campaign to improve access to care records and now is the time to make faster progress.⁹⁵

Achieving better mental health outcomes for care leavers will form part of the National Children's Social Care Framework, and best practice should build upon existing work done by organisations such as Pure Insight, which provide a psychological wellbeing service and counselling service to young people and care leavers.

Middlesbrough Council

Approach to mental health and leaving care

Since January 2015, a therapeutic practitioner has been working in the Pathways Leaving Care Service in Middlesbrough. This role was designed to support care leavers with their mental health, as it was recognised that young people were getting lost in the process of transitioning to adult's mental health services or losing a service completely.

Young people also reported having unresolved emotional issues and required therapeutic interventions as they emerged into adulthood. The Therapeutic Practitioner post is

⁹⁵ For more information on this campaign see the Access to Care Records Campaign website - <https://www.accesstocarerecords.org.uk/about-us/>

funded by Middlesbrough Council Children's Services, however remains a Tees, Esk and Wear Valley NHS Trust employee. The purpose of the practitioner is to help link CAMHS and adult's services, increase the emotional wellbeing and mental health support for children in care and care leavers, and provide evidence based therapy specific to this client group relating to developmental trauma, post-traumatic stress disorder and complex post-traumatic stress disorder.

The benefits of having a therapeutic practitioner based within the Pathways Leaving Care Team is that there is no cliff edge for young people when they turn 18, because the therapeutic practitioner works with young people up to the age of 25. The Therapeutic Practitioner liaises closely with multi-agency professionals around the child / young person, completes assessments, case consultations, direct work with young people and groups, and signposts and supports towards more specialist services such as Perinatal and Early Intervention Psychosis Teams and Affective Disorders Teams.

Recommendation: All local authorities must improve care leaver mental and physical health support, and the National Children's Social Care Framework should promote the most effective multidisciplinary models of doing this.

Public sector organisations should do everything possible to support children in care and care leavers' health outcomes, particularly where the levers to help are within their direct control. The NHS Long Term Plan makes specific provision for care leavers with a commitment to support children in care with a smoother transition into adult health services.⁹⁶ However, there is a lack of detail on how this will be achieved at a local level, where targets and plans do not include multi-agency partners, or provide transparent progress reporting on how the NHS is achieving these commitments. In Chapter Eight we recommend strengthening and clarifying the role of the Director of Children's Services for children in need of help and protection (which includes children in care), and giving them the levers to do this effectively through ensuring they are properly consulted on relevant plans that impact this. As part of this, Integrated Care Board (ICB) plans for this group should be developed quickly, and the relevant DCS should be consulted as a priority group on this part of the plan and sign off the specific section on care leavers' mental

⁹⁶ For information, see: <https://www.longtermplan.nhs.uk/online-version/appendix/care-leavers/NHS Long Term Plan » Care leavers>

health. These plans, combined with extending the corporate parenting responsibilities across a wider set of public bodies and organisations and a new protected characteristic, should focus the NHS on making specific provision available to support the mental and physical health needs of children in care and care leavers. However, if the commitment made in the NHS Long Term plan slips, government should revisit this and accept the cost of providing a wholly bespoke response for these children and adults that can meet their needs sooner.

In delivering on these new responsibilities, an early priority should be to ensure all care leavers have access to basic healthcare. Some local authorities, such as Oldham, already recognise that care leavers often struggle to meet the costs of paying for prescriptions, and offer free prescription certificates to young people in their area. This kind of action is justified everywhere particularly when 26% of care leavers aged 16-34 said they were not supported to register with a GP or dentist (Ofsted, 2022c), and that children in care are almost four times more likely to have a diagnosed mental health condition compared to other young people that have not spent time in care (Bazalgette, 2015). People on low incomes, people with disabilities and those with certain medical conditions are already exempt from paying prescription charges in England. There is a strong case for the Department of Health and Social Care (DHSC) and the NHS to extend the current list of exemptions to include care leavers, as part of its new corporate parenting responsibilities.

Recommendation: Integrated Care Boards should publish their plans for improving the mental and physical health of those in care and leaving care and routinely publish progress. As part of these plans and new corporate parenting responsibilities, the Department of Health and Social Care and the NHS should exempt care leavers from prescription charges up to age 25.

Finally, better data is needed on the health outcomes of care experienced people. Its absence limits policy making and demonstrates that society places too little value on the health outcomes of care experienced people. At a minimum, all Safeguarding Adult Reviews should be required to specify whether an adult had children's social care involvement and the nature of their care experience, and more should be done at every level through national and local government data collection to allow policy makers to assess the impact of the package of recommendations set out in this report.

In order to help understand the long term health needs and outcomes of the adults with care experience, it will also be important that the NHS routinely collect data and share this with relevant government departments to inform future policy development.

Recommendation: As part of recommendation in Chapter Eight (improving data collection), the Office for National Statistics should collect and report data on the mortality rate of care leavers and care leaver health outcomes. Government should also launch a new cohort study which tracks the health outcomes of care experienced people and helps to gather other missing data on housing, education and employment outcomes.

How the missions will be delivered

Achieving these missions will be no small task. The responsibility for delivering these missions is on leaders, public servants and businesses across England who will need to take up the responsibility together and work collaboratively. They will not be achieved unless everyone pulls their weight, and each will need to go further and faster than the measures set out here. All will need to experiment, respond dynamically to the unforeseen barriers, and look broadly to learn from results being achieved elsewhere.

Ofsted inspection frameworks will need to be updated so they reflect the experience of those leaving care, and take account of the work local authorities do to maintain relationships with care experienced people beyond age 25. This will be achieved through reintroducing a specific care leaver judgement on local authorities which, encouragingly, Ofsted is already consulting on, and through placing greater emphasis on the importance of that judgement in determining the local authority's overall Ofsted rating.

Although many of the recommendations provide the most targeted support to those under the age of 25, the needs of older care experienced people must be considered too. By reintroducing an Ofsted care leaver judgement, which pays greater attention to the contact local authorities have with older care leavers, local authorities should continue providing services to care leavers beyond 25 where these are needed. Just as a parent remains a source of support and advice to their adult children, so too should corporate parents remain available to care experienced adults. For example, North Yorkshire Council recently launched its 'Always Here' programme, which allows care leavers of any age to return and seek advice and guidance.

North Yorkshire County Council

Always Here

North Yorkshire County Council Care Leaving Service have introduced an offer for care leavers called 'Always Here' – a simple offer to be there for care leavers who want to stay in touch regardless of age.

For many years, they had heard from care leavers that they worry about reaching the age where support will end. They recognised that for many young people, relationships and connectivity do not suddenly end at aged 21 or 25, and found that young adults often want to keep their links with those who they have worked with.

The team introduced Always Here to formalise and extend the offer, and confirm to all that relationships matter more than age.

Young adults leaving care are always able to approach the council if they wish to for advice, support and guidance. Some link in because they just need a listening ear or support, others get in touch just to share good news about their lives. The team is always happy to have this contact and will provide support and help where they can (for example linking young parents to programmes and resources to support their parenting role).

This offer doesn't require additional resources, it just needs local authorities to maximise the benefits already contained within their collective services, filtered through those who have the closest relationships.

The council works relentlessly during care and leading up to living independently to build secure long term family networks, but Always Here means they also recognise the importance of support based around relationships and providing an additional safety net for young people leaving care.

Seven: Realising the potential of the workforce

Introduction

The greatest strength of the children's social care system lies in its workforce. From social workers to family support workers to residential care staff, the knowledge, skills and commitment of the workforce determines how children are protected and families are supported. Quality relationships between these professionals and children and families enable transformative work. But for too many children and families these relationships are a source of stress and fail to offer the help needed.

Many of the people working in children's social care have told the review that they are constrained by the way the system operates, and not supported by it. Social workers have told the review that rather than spending time with children and families they spend most of their working day on administration. For the review's recommendations to be implemented and for these to have an impact on children and families, change is needed across the children's social care workforce. This means giving professionals the time and resources to build strong, respectful relationships with children and families, it also means supporting the development of expertise so that these relationships can bring about change.

The following chapter sets out recommendations which will:

- develop expertise through a new social work Early Career Framework, provide an Expert Practitioner pathway for experienced social workers and introduce national pay scales
- take action to reduce reliance on agency social workers, which prevents children and families forming relationships with the professionals in their lives
- tackle bureaucracy and unlock social workers' time, so they spend less time referring and case coordinating, and have more time and access to resources to do direct work with families as part of multidisciplinary teams
- define the knowledge and skills needed by family support workers, and support their development including through much greater use of apprenticeship training
- develop a new pipeline of leaders, capable of running quality children's homes
- invest in leadership development programmes, ensure leadership is rooted in practice and address the racial disparities across children's social care leadership

Whilst the recommendations that follow in this chapter focus on some of the key workforces, there is a role for anyone working in or around children's social care, from designated safeguarding leads in schools, to mental health workers, personal advisors or the police. Everyone has a role to play and throughout the report there are recommendations that relate to these roles.

What makes a good social worker?

by a 13 year old child in care, for A National Voice, Coram Voice

One who listens,
One who is true,
One who can make decisions,
From the old to the new.

One who makes sure you're safe,
When you move to a different place,
One who can be happy to support,
For not only the child but the foster care too.

One who respects,
One who protects,
This neglected child,
Trying to make her smile.

One who has a sense of humour,
When one is upset,
One who is kind to her,
And just doesn't forget.

One who is resourceful,
And has lots of ideas,
One who is practical,

And wipes away her tears.

One that shows up,
Not letting her down,
One who is consistent,
Always around.

One who keeps in touch,
When one is worried or scared,
One who is good at communicating,
And is always prepared.
These are the qualities of a brilliant social worker.

7.1 Reduce unnecessary bureaucracy to get social workers back to practice

“To increase efficiency: 1. Simplify forms and reduce repetitive questions including lengthy and unnecessary questions 2. Have one form for referrals to other services that they have to use 3. Train workforce especially management that keeping information succinct, clear and focussed is better than 'you need to write more'” **(Social worker responding to review via Call for Ideas)**

Children’s social care is complicated, bureaucratic and too often risk averse, and this has the combined effect of taking social workers’ time away from practice and reducing their ability to support children and families. Around a third of social workers employed by local authorities hold managerial or non-caseholding posts (Department for Education, 2021c).⁹⁷ Of the two thirds of social workers who do hold cases, only one third of their time is spent working directly with families (Johnson et al., 2021). This is a staggering misuse of the greatest asset the children’s social care system has - its social workers.

⁹⁷ We have assumed that social workers classified by the Department for Education (DfE) children’s social care workforce statistics 2021 as a ‘case holder’ or ‘senior practitioner’ are involved in holding cases and working directly with children and families. This may overestimate the proportion who are holding cases as there will be variation in the responsibilities of senior practitioners.

Analysis of the latest workforce census shows that 2,780 children and family social workers left local authority children's social work altogether in 2020/21, the equivalent of 8.6% of the workforce (Department for Education, 2022c).

Whilst rules, processes and checks are often necessary and many of the activities that take social workers away from direct work with families are important (whether this is preparing case notes that evidence important decisions or having management capacity to properly supervise staff), there is also too much unnecessary bureaucracy. Social workers report spending too much time completing administrative tasks, and 40% of respondents to a recent poll said they spend too much time case recording (What Works for Children's Social Care, 2021b). Practitioners report a focus on process and timescales as hindering their ability to assess families effectively (What Works Centre for Children's Social Care, 2021). Children and families tell us that social workers do not have the time to get to know them.

David

Social workers must have time to invest in working with children and families.

As an experienced social worker, I've spent time in many different areas of practice.

Like many of my colleagues, one of the key things I came into the job to do was to spend time working directly with children and families. This is one of the most satisfying and rewarding aspects of being a social worker.

However, I have often found that achieving this in the current system is extremely difficult. Often, nothing more than the statutory minimum is all we have time for.

High caseloads, frustrating IT systems, paperwork, preparing for inspections – all of these everyday battles will be familiar to every social worker, often preventing them from spending time on the front-line of practice developing important relationships.

One young person I worked with had been removed and placed into residential care a considerable distance away from our local authority. My workload meant I only had time to visit him once per month.

The desperately frustrating part of this was that nearly every time I visited him, I would have to deliver some dreadful news (i.e., your younger sister is going into care, your parent has relapsed and the plan is for you to remain in foster care, etc.). The opportunity to spend time with him to fully know him, have fun, play football together – key features of relationship building – were few and far between.

My ability to help him process what was happening in his life, as well as give him space to talk about this, was significantly hindered.

Spending time with a child is the primary way to build trust – it is hard, if not impossible to shortcut this process. Building trust and rapport is an essential way to encourage the child to share their thoughts and feelings about what is happening in their life. Sharing their worries is an effective way to overcome the adversity children have experienced.

Equally, work with families is extremely valuable because it provides space and time to understand their difficulties, including the root causes, which generates compassion and understanding. The best working relationships I have had with parents is when I've had the time to invest in the relationship, and get to know their strengths and the challenges they face, providing the basis for offering impactful support and interventions.

It's hard to think of anything more rewarding than being able to say you've helped keep a family together, helped a parent or child work through trauma, or kept them safe from harm. But to deliver the best results, social workers must have the time to invest in working with children and families and be given the chance to use the skills that brought them to the role in the first place.

In our evidence gathering, including through our programme of deep dives with ten local authorities, we have tried to unpick what drives unnecessary paperwork and time away from practice (The independent review of children's social care, 2022c. Multiple drivers often interplay to create the perceptions that rules exist or that a particular course of action is not possible.

- **National policy, legislation and guidance:** These can put requirements on how resources should be used or work should be done, and are disruptive when poorly aligned or duplicated. This might be driven by regulation, guidance, statutory data collections or conditions on national grants.

- **Impact of inspection:** Both social workers and local authority leaders feel that a significant amount of time is being spent recording information, not because it is important or adds value to decision making, but because they are preparing for inspection. Leaders have a lack of confidence in undertaking new ways of working because they are unsure if Ofsted will agree.
- **Local infrastructure issues:** Social workers report duplicating work because of poor IT and case management systems. Getting sign off for small financial decisions was also frequently described as painstaking and bureaucratic. These problems can be compounded where administrative support is not available.
- **Quality assurance and risk aversion:** Children's social care works with potentially dangerous situations and so checking decisions and providing a second opinion is important. When done well, social workers describe feeling supported to hold risk. However, audits can easily become compliance checks rather than a meaningful consideration of practice.

None of these drivers are easy to tackle but progress is possible. Efforts by the Department for Education (DfE) to reduce teacher workload, through a combination of action on national drivers and supporting local areas to interrogate their systems, demonstrates that national government has a role to play. Between 2016 and 2019, teacher working hours reduced on average by five hours a week with less time spent on non-teaching activities. This meant the number of teachers working out of school hours dropped, whilst the number of hours spent on non-teaching activities also fell (Walker et al., 2019).

We need a similar focus and clear action to address workload pressures and get social workers back to practice, with a goal of 75% of social workers holding cases and working directly with families and 50% of social worker time spent working directly with families. This would increase the total hours spent with families by 69%.

Improve technology

A big driver of time away from practice is poorly configured IT systems. Across local area visits, social workers told us that clunky IT systems meant frequently entering duplicated information into mandatory fields, and filling in word documents for information already on systems (The independent review of children's social care, 2022c). In a social worker poll, 80% reported having their work disrupted on a fortnightly basis by poor case management systems, and three quarters reported that they were not consulted before a

new system was brought in (Stevenson, 2019). Better case management systems can make a significant difference to time away from practice. In North Tyneside, work to improve IT systems led to a 48% time saving on child and family assessments (Flavell et al., 2020).

We propose a National Data and Technology Taskforce in Chapter Eight, and one of its priority actions will be to improve case management systems.

Establish feedback loops to challenge unnecessary rules and bureaucracy

There should be a mechanism for front-line workers to directly challenge rules and bureaucracy that get in the way of meaningful work with families, to be listened to and for action to be taken.

Local authorities should establish a feedback loop that enables their staff and children and families to query local processes that do not add value. For example, a light touch survey of workers that enables local leaders to know if they are succeeding in making systems less bureaucratic. National government could support this by publishing example templates that areas can use. At a regional level, regional Ofsted inspectors and DfE leads should meet regularly to discuss and debate the impact of inspection and policy on levels of bureaucracy.

At a national level, the mechanism for challenging rules and regulations through the National Reform Board should also enable front-line workers to report specific drivers of bureaucracy that are nationally driven (see Chapter Eight for more information on the National Reform Board, which will include representatives from front-line practice and people with lived experience). Where specific issues are found - whether in national guidance, policy or inspections - the Board should respond publicly on how it should be improved. This feedback should be routinely communicated back to practitioners.

Challenge the culture that pulls social workers further from families

The entire system needs to be firmly rooted in the reality of front-line practice and understand the experiences of children and families. The conventions that pull social workers away from direct work with children and families as they gain more experience,

also need to be challenged. This is in part about career progression and ensuring promotion does not mean that the most experienced social workers have the least contact with families (we cover this in more detail later in this chapter). However, we also need to change the expectations around how social workers at all levels maintain registration.

Social Work England should introduce a requirement that a registered social worker needs to spend 100 hours each year in direct practice.⁹⁸ Social workers conduct many kinds of meaningful and important work but it is crucial that leaders, inspectors, policy makers and academics keep up with the realities of front-line practice. This requirement would bring thousands of experienced social workers back in regular contact with the complexities of children's social care. It would provide opportunities for experienced social workers whose roles are focused on managing or teaching others, to keep a hand in practice. Practice in this context would mean client facing work that needs the knowledge and skills of a social worker. For example, spending two weeks working in a duty team, facilitating family group decision making, undertaking fostering assessments or working to support victims of exploitation. Spending time shadowing, quality assuring or case auditing would not count. Social Work England should carefully consider the application of this, to ensure that it does not result in children and families working with a revolving door of professionals and having to repeat their experiences to more people than necessary.

Families do not operate from nine to five, indeed much of family life happens in the evenings and on weekends. At the moment many social workers are providing support to families outside the normal working day, by working additional unplanned and unrecognised hours. Three quarters of respondents to the DfE's longitudinal survey were found to be working more than their contracted hours, either all the time or most weeks, and more than half feel stressed by their jobs (Johnson, Claire et al., 2021). This is not sustainable for social workers. It is also not built around the hours that fit the lives of the children and families the system exists to serve. For example, the review has seen examples of schools finishing the teaching day early on Fridays so that referrals can be made in time for social care to pick them up before 5pm.

⁹⁸ Whilst we are making this recommendation specifically about children's social work, social work is a general qualification and so this recommendation would apply to adult social care too with similar benefits.

The DfE should fund trials to develop evidence of effective ways to increase social worker availability for families outside of normal working hours. Trials should then lead to the most promising approaches being scaled. Areas that might be worth exploring include changing some working hours to cover mornings, evenings or weekends, letting children and families have greater choice over when social workers should visit, and replacing the out of hours duty offer with something more comprehensive. This would both improve the experiences of children and families and could improve social worker retention and job flexibility.

Recommendation: A nationally led programme should get social workers back to practice through: action on technology to reduce time spent case recording; a mechanism for challenging unnecessary workload drivers; requiring all registered social workers to spend time in practice; and trialling flexible working models around the lives of children and families.

7.2 Develop expertise through an Early Career Framework

As we set out in Chapter Three, poor support and development for social worker knowledge and skills are a significant problem in child protection and mean children are less safe. One of the most significant ways to strengthen the child protection system is to improve the knowledge and skills of social workers working with children and families where there is significant harm.

Providing support in the early years of social workers' careers is also important for ensuring they are happy and satisfied in their work, improving retention and increasing stability for children and families. Of the 3,630 social workers who left permanent local authority social work roles in 2020/21, 77% left children's social care altogether while 23% moved to agency roles (Department for Education, 2022c). The majority of those that left children's social care had been in their local authority for less than five years (Department for Education, 2022c). The highest proportion of social workers who moved to agency roles were in the early stages of their career aged 20-29 (Department for Education, 2022c). At present social workers receive some support in their first year post qualification through the Assessed and Supported Year in Employment (ASYE), but beyond this limited offer in their first year there is little support to help build knowledge and skills in the early years of their careers.

A related issue is the lack of career progression for social workers seeking to build expertise by remaining in practice, rather than moving into management roles. This issue was clearly raised in the Munro review, but more than ten years on there has been little action and front-line progression options remain limited (Munro, 2011). The varied and at times modest additional pay, status and professional development associated with roles such as Advanced Practitioners, has not gone far enough to address this long term career structure problem.

In teaching, a statutory induction programme has been created with an evidence based Early Career Framework endorsed by the Education Endowment Foundation. This programme is based on evidence that suggests that extensive induction for newly qualified teachers helps reduce churn and attrition (Ronfeldt & McQueen, 2017), and that support and learning opportunities can help to manage the stress that often drives teachers to exit the profession (Ashby et al., 2008). Exploratory research ahead of the Early Career Framework delivery, indicated that teachers who were in their second and third years of teaching valued ongoing support, increasing responsibility and the opportunity to develop (Walker et al., 2018).

There should be an equivalent Early Career Framework for social workers to cover the first five years in the profession, leading to the role of “Expert Practitioner”. The Expert Practitioner pathway would be a new alternative to management, that allows social workers to hone their knowledge and skills, and see their pay increase as they progress in their careers whilst remaining in practice. The first two years of the Early Career Framework should replace the Assessed and Supported Year in Employment (ASYE) with a more detailed curriculum to build knowledge and skill. Years three to five should give practitioners a choice from a set of modules that count towards the Early Career Framework. There should be a common national assessment in the second year of the Early Career Framework (replacing the ASYE assessment) and at the end of the Expert Practitioner pathway, to demonstrate ability to meet the expectations set out in the Framework.

The Early Career Framework should include statements on “what social workers should know” and “what social workers should be able to do” at a given stage of the Early Career Framework. This might include (as an illustration) learning advanced skills in motivational interviewing in order to work with resistance, becoming qualified to carry out Achieving Best Evidence interviews as part of investigations, practicing methods to work

with domestic abuse perpetrators and gaining deep knowledge of complex trauma, the impact of disability on children's development, intra familial child sexual abuse and how to recognise non-accidental injuries and bruising. Progression through the Early Career Framework, and as a consequence progression through national pay scales, will be linked to successfully completing units. An "Expert Practitioner" level will be reached - paying a high salary - upon completion of the Framework and in time this title will be needed to undertake certain duties in children's social care, such as undertaking section 47 investigations. Social workers who meet this criteria should receive an annotation on the Social Work England register indicating their level of expertise.

To support the Early Career Framework, the Department should work with an independent pay review body of experts, to set and introduce national pay scales which better recognise and reward the development of expertise. National pay scales would bring greater coherence to workforce plans across local authorities, ensuring that all employers are competing for talent by focusing on the right things, namely, valuing time spent with children and families and creating the right conditions for excellent social work practice.

Initial social work education will need to be aligned to ensure that qualifying social workers are at the stage where they can access the Early Career Framework as a newly qualified social worker. The DfE should continue to champion a range of routes into the social work profession and focus on the quality of education being provided. The DfE and Social Work England should work together to ensure that initial education lays the right foundations for practice and that the Early Career Framework does not become a 'catch up' programme for social workers who were not offered the right learning opportunities as students. Social Work England has a vital role in approving and inspecting initial education for social workers. Their interest in ensuring newly qualified social workers are ready to practise safely and effectively with children and families is welcome, but should go further. In initial education, the practice educator role has a significant influence on student learning and must be of the highest standard. Social Work England should take on a greater role in overseeing practice educators as part of their responsibilities for initial education.

Initial social work education routes, including Teaching Partnerships, Frontline and Step Up, have been evaluated by the DfE, but no comparable evaluation exists for traditional university based social work courses, which train the majority of social workers in

England (around 4,000 enrol per year) (Skills for Care, 2021). Government funding for conventional social work courses is around £69 million per year, but evaluation is lacking as to the quality of this provision, how it meets the needs of students and the extent to which it facilitates the workforce retention and stability that children and families need (Cabinet Office, 2022). The DfE and Department for Health and Social Care (DHSC) should work together to assess the impact of these university based social work courses so that every student is given the best start to their social work career.

Recommendation: Introduce a five year Early Career Framework for social workers, an Expert Practitioner role and national pay scales.

Mark

The importance of career progression and professional development.

I worked as a front-line case holding social worker for several years. I loved my job, but I wanted to acquire a specialism that would satisfy my desire to learn and provide ideas and tools to help children and families. With some support from the local authority, I self-funded a Masters. However, the course commitments and the demands of the role were unmanageable, therefore, I changed position and obtained a parenting assessment social worker role.

After a few years, I had developed an expertise in my chosen area of interest and relished being able to continue working with children and families. However, I had been qualified for a decade and could see no opportunity for career progression. Most of my peers had become team managers, worked for CAFCASS, or moved into other areas. I wanted to remain working with children and families and had no aspiration to move into management. I deliberated about moving outside of children and families social work, enquiring with other organisations and charities where I hoped I might find better opportunities for both career progression and professional development.

Fortunately, my local authority developed a new position for someone with a specialism and ample practice experience who could enhance practice, procedures, and policies, promote innovation, and introduce new ways of working from recognised sites of excellence. Importantly, the role would allow the successful person to continue to work

directly with children and families. The role was graded at the same level as a team manager.

I jumped at the opportunity. I am now thriving in a position where my experience and expertise are valued. I continue to work with children and families (which is my passion and enriches my support for others), driving forward excellent practice based on research and experience. I also provide support, training and mentoring to less experienced social workers and appreciate being able to share learning and knowledge.

7.3 Tackling social work agencies

Whilst some level of agency work is arguably inevitable in any front-line profession, the rates in children's social work are inexcusably high at 15.5%, double the rate of adult social care (Skills for Care, 2020; Department for Education, 2021c). The latest workforce data shows that around 2.6% of social workers moved from permanent local authority employment to agency roles in 2021 alone (Department for Education, 2022c). Once social workers are in agency roles they are more likely to move around, contributing to the instability children and families experience.

Agency social workers cost more than a permanent social worker, reducing resources that might otherwise be available for children and families. Recent analysis conducted for the DfE has estimated the additional cost of employing agency staff at approximately £26,000 per worker per year (53% of the average social worker salary) (Kantar, 2020).⁹⁹ This means there is a loss of over £100 million per year that could be better spent on front-line activity to support children and families. This is another example of profiteering in the children's social care system.

With limited rules and recourse to control how agency social workers are employed, local authorities are often in the position of competing with one another to fill urgent vacancies. This allows agencies to push their rates up, increasing their profit and contributing to the funding pressures that local authorities are trying to navigate. We can learn from the NHS on how to reduce agency use. From 2016, all NHS Trusts have been required to adhere

⁹⁹ The initial quoted figure of £22,700 has been adjusted here to be in 2022 prices.

to new rules and reporting on their use of agency staff (NHS, 2019b). In parallel there has been an increased focus on making effective use of staff banks where temporary staffing is required (NHS Improvement, 2017).

Working with local authorities, government should develop rules to tackle the overuse of agency social workers. These rules could include expectations that all local authorities:

- 1) Require a high quality reference that relates to the standard of practice of any agency worker
- 2) Do not hire social workers that have not completed their first two years of the Early Career Framework
- 3) Use approved commercial frameworks to recruit any agency social workers
- 4) Work across their regions to establish and adhere to Memoranda of Understanding on agency social worker recruitment and pay

When national pay scales are introduced, these rules should be updated to integrate rates of pay for agency social workers.

Recognising that some temporary social worker staffing will be required in children's social care, we should seek to reduce the excess cost and profiteering of agency staff so that it can be reinvested in supporting children and families. There are a small number of existing models of staff banks within individual local authorities, such as 'Connect2Kent'¹⁰⁰, 'Connect2Hampshire'¹⁰¹ and a Social Care Casual Bank in West Sussex¹⁰². Building on these models, government should provide seed funding for local authorities to establish not-for-profit regional staff banks to rival agencies and become the first point of call when a local authority needs a temporary social worker. In time, these banks should be the main source of agency staffing.

Recommendation: The government should introduce new national rules on agency usage supported by the development of not-for-profit regional staff banks to reduce costs and increase the stability and quality of relationships children and families receive.

¹⁰⁰ <https://www.connect2hampshire.co.uk/#/>

¹⁰¹ <https://www.connect2kent.co.uk/#/>

¹⁰² <https://www.westsussex.gov.uk/jobs/featured-jobs/social-care-casual-bank/>

7.4 Developing the wider children's social care workforce

The workforce that supports children and families goes far beyond social workers to a range of other professionals. Whilst the development of all parts of this workforce is important, we have identified two priority areas where action is needed.

Family support workers

The Family Help model will bring together a wider multidisciplinary workforce to support families. At present there is no plan for supporting the family support workforce, to the extent that we do not know the number of family support workers who exist nationally. The Early Intervention Foundation has advised that the Supporting Families Programme could have had an even greater impact if there was central investment in training and professional development for these practitioners, including identifying the strongest practice models and 'common elements' of effective approaches (Early Intervention Foundation, 2021a). Family support workers have told us they do not always feel valued.

The DfE should take responsibility for this workforce and in the long term there are a wide range of actions that would support their development. As a first step towards a national strategy, we recommend that government introduce a Knowledge and Skills statement for family support workers. This would establish expectations for the role and it would focus on knowledge and skills, such as providing effective parenting support and understanding the signs of abuse. Some areas have already developed Level 4 Apprenticeship courses for staff providing family help. As a new Knowledge and Skills statement is introduced, relevant apprenticeship standards should be refreshed to align with new expectations for the family support worker role.

Residential care workers

"Make residential work worth doing as a job in its own right as opposed to 'getting experience' for other jobs." (**Care experienced young person**)

In 2021, there were 2,462 children's homes in England, providing 9,699 places for children (Ofsted, 2022b). These homes need skilled and dedicated leadership to ensure the standard of care remains high, and yet the turnover and vacancy rates are unacceptably high; Ofsted report that at any one time around 10% of children's homes do not have a registered manager in place (Ofsted, 2021c). The recruitment of staff,

including managers, with the right qualifications and experience is a long-standing issue that affects both the cost of provision and the kind of care that young people receive (Thornton et al., 2015).

In its interim report, the Independent Inquiry into Child Sexual Abuse (IICSA) recommended that, starting with children's home managers, the DfE should introduce professional registration with an independent body for residential children's home staff to address the absence of regulation for this workforce (Independent Inquiry into Child Sexual Abuse et al., 2018). In response the DfE commissioned research and launched a Call for Evidence, which demonstrated an appetite from the sector for additional training that would help improve the quality of care, and consensus that professional standards should be introduced for those in care roles (Department for Education, 2021i).

These findings have been confirmed through the review's engagement with the children's residential workforce. We have also heard that complex and outdated regulations drive the existing Ofsted registration processes towards feeling overly bureaucratic, particularly given these registration requirements are repeated each time a manager leaves a home (The independent review of children's social care, 2022).

Professional registration and leadership development for children's home managers

There should be professional registration for all children's home staff. New registration should start with residential managers given their leadership and influence on the care provided to some of the most vulnerable young people. Following early implementation of this review's recommendations, we anticipate the residential care system will be much more stable and by this point registration should be required for all residential children's home staff. As with family support workers, the standards for regulation should be used to align and update the apprenticeship opportunities for children's home staff.

Alongside regulation, we need enough children's home managers with the knowledge and skills to effectively lead residential settings in the coming years. A new leadership programme for children's home managers should be established, designed to integrate the required Level 5 qualifications with additional high quality training. Working alongside the strongest children's homes, the new national leadership programme should attract

candidates from a broad range of backgrounds and invite a wider range of professionals to become children's home managers, including teachers and social workers. A bursary should be made available to help high potential individuals transition into these roles.

The introduction of new regulations and a leadership programme for aspiring managers will raise standards of practice and support so they are well-equipped to take on these challenging roles. Training 700 new managers over five years would mean that by 2030 management vacancies in residential children's homes should be less than 5%, and the average length of service for a children's home manager should be at least three years. This will support wider changes that will see residential care focused on providing a highly specialised and healing environment for the most vulnerable children.

Recommendation: To support the development of the wider social care workforce, government should produce a Knowledge and Skills Statement for family support workers; appoint Social Work England to set standards and regulate residential children's home managers; and fund a new leadership programme that could train up to 700 new managers in the next five years.

7.5 Supporting leadership

Leadership is a critical factor in improving children's social care, and every other public service.¹⁰³ This review has been inspired and influenced by truly remarkable leaders who, despite a dysfunctional system, are able to lead life changing work for children and families. Conversely, local area failure and poor practice is often linked to poor leadership (Wilkins & Antonopoulou, 2018). Yet, we do not have sufficiently stable, diverse or experienced leadership in children's social care. Around a quarter of local authorities experienced a change in their Director of Children's Services during 2020/21, compared to just 5% of local authority chief executives (ADCS, 2021b). Similar issues exist with elected lead members, with short political cycles driving turnover.

We believe the primary action to improve leadership should be to improve the conditions in which leaders are working.

¹⁰³ See for example <https://www.isospartnership.com/research-cs1>, National Panel <https://www.gov.uk/government/publications/child-safeguarding-practice-review-panel-annual-report-2020>, and <https://innovationcsc.dev.bbdttest.co.uk/wp-content/uploads/2018/03/3.-Seven-features-of-practice-and-seven-outcomes.pdf>

- The National Children’s Social Care Framework will clarify leaders’ purpose and objectives, and inspection will be amended to reinforce this.
- Radical transparency in data will help leaders to be evidence driven, able to target their attention at the most stubborn challenges in their areas and learn from those managing the most effective services.
- Reforms to multi-agency working, including bringing education into the safeguarding partnership and reinvigorating the Director of Children’s Services role as a champion for children and families across an area.
- New investment to rebalance the system will move leaders away from crisis management and facilitate a focus on making effective use of funding that delivers improved longer-term results.
- Reducing bureaucracy and supporting the workforce will free up time, bring leaders closer to practice and address the high workforce turnover that limits long term sustainable change.

However, we need to support and grow the leadership pipeline now. The DfE should continue to invest in existing leadership programmes at every level. Through contracts for these programmes, the Department must expect the same level of precision and rigour for knowledge and skills that will be a feature of the Early Career Framework for social workers. This should include reviewing the curriculum for the existing leadership programmes to ensure that they include knowledge and skills to support leaders to implement the reform programme set out by this review and the *Relationships Protect* programme specifically. In addition to this, in Chapter Nine we set out a national implementation programme for leaders in each local authority. In Chapter Eight, we set out a more robust intervention regime to address long term underperformance and weak leadership.

There is also a need to improve the diversity of leadership in children’s services. Only 6% of Directors of Children’s Services who shared information with ADCS identified as an ethnic minority (excluding White minorities) (ADCS, 2021d) and, 23% of the social worker workforce are from these ethnic minority groups (Department for Education, 2021c). A survey by the Principal Social Workers Network and What Works for Children’s Social Care found more than 28% of social workers had experienced racism from colleagues or managers (Gurao & Bacchoo, 2022). There has been a lack of focus on supporting the progression of ethnic minority leaders. Existing DfE leadership programmes should have a focus on developing cultural competence. There should also be a positive action

pathway with clear targets across programmes for ethnic minority social workers to address underrepresentation in leadership roles.

Recommendation: The Department for Education should strengthen existing leadership programmes to better align them with the review's reforms and increase the diversity of leadership.

Eight: A system that is relentlessly focused on children and families

Introduction

So far we have set out the individual recommendations across different parts of a child's journey through children's social care. This will dramatically improve the support families get to bring up children well, the decisiveness of child protection to keep children safe, the overlooked role of family networks, the quality of homes for children in care and how we support those with care experience to have fulfilling lives. However, there are system wide barriers to achieving this change that need to be tackled.

In this chapter we explore in more detail the recommendations that will underpin the new system through:

- establishing a National Children's Social Care Framework to give national leadership and direction about what success looks like, supported by a balanced scorecard and a more coherent regulatory landscape and rulebook
- strengthening multi-agency working to achieve joined up services and decisions for children and families
- addressing structural problems in how social care is funded
- improving the role of Ofsted as a driver of accountability and intervening more effectively when services are not good enough
- establishing a National Data and Technology Taskforce to drive improvements in priority areas such as case management systems, data sharing and use of data

Together these changes will set out a clear direction and roles and responsibilities in the system to enable it to continue improving. A diagram setting out roles and responsibilities for the future system is at the end of this chapter.

8.1 A National Children’s Social Care Framework to set direction, supported by transparency and learning

Setting the purpose and a direction for the system

There is a lack of national direction about the purpose of children’s social care, with Ofsted often viewed as the main measure of success.¹⁰⁴ National government involvement in children’s social care is uneven, with some areas of the system highly devolved (e.g. early help or extra familial harms), whilst others have significant levels of national intervention (e.g. adoption). Whilst overly prescriptive national processes can harm professional autonomy (Munro, 2011), this does not mean that national government should step away from providing ‘train track’ guidance and leadership - indeed government has a unique role in doing this, stemming from its national democratic mandate.

In recent years the government has focused on improving adoption, supporting innovation, addressing underperformance and building the evidence of what works to support children and families with a social worker.¹⁰⁵ Whilst there have been attempts to draw shared lessons from these initiatives and to scale up specific programmes with individual grants, there has been no genuine attempt to use this to set a whole system direction.¹⁰⁶ This lack of leadership is now a barrier to improvement.

We therefore recommend that the government works with people with lived experience of services, practitioners, researchers and other public services to develop a National Children’s Social Care Framework to set the purpose, objectives and outcomes for

¹⁰⁴ For example the DfE has a performance metric targeting the number of inadequate authorities (Department for Education, 2021n), and the Partners in Practice Programme used an Ofsted based criteria for inclusion (Ruch & Maglajlic, 2020). The only area the review is aware of where there is a national scorecard and set of outcomes is on adoption, where the adoption scorecard looks at specific metrics - see adoption scorecards available at: <https://www.gov.uk/government/publications/adoption-scorecards>. Ofsted acknowledged this in their response to the review’s Case for Change report, stating: “*We agree that sometimes there is an over-reliance on Ofsted judgements as a single measure of success or quality.*” (Stanley, 2021).

¹⁰⁵ Examples of these programmes include the Innovation Programme; Partners in Practice programme; establishment of a What Works Centre for Children’s Social Care (and subsequent trials); Strengthening Families, Protecting Children Programme and Supporting Families, Investing in Practice Programme.

¹⁰⁶ The Department published seven principles of effective practice, which draws useful lessons from successful Innovation Programme projects, but this is not widely promoted or published on gov.uk (Spring Consortium, 2017).

children's social care alongside the best available evidence for achieving this. This would sit alongside a balanced scorecard of indicators for learning and improvement. The Framework would apply to all areas of children's social care - from Family Help through to supporting children in care and working with care experienced adults. Following the review, the Framework would form an important mechanism to deliver the review's proposed *Relationships Protect* reform programme, tying in additional funding to rebalance the system with clear outcomes, objectives and indicators.

System objectives and outcomes

The National Children's Social Care Framework would set the overall outcomes the system should be achieving for children and families, as well as a set of system objectives and principles for achieving them. These objectives and principles would be values based, ambitious, informed by evidence, and non-negotiable.

This part of the Framework would be set collectively by national government departments, in consultation with those with lived and professional experience and sector leaders, and would be reviewed roughly once every Parliament to adapt to changing contexts and keep momentum as the system changes and improves. The Framework should have a statutory footing to give it an enduring status, but with enough flexibility to enable it to be regularly updated.

An illustration of the high level objectives and outcomes we think could be included in the National Children's Social Care Framework are set out below, based on the review's work to date and would also form the objectives for the *Relationships Protect* Programme.

Objectives for children's social care

Child and family objectives

- 1) Children in need are supported to thrive within their families, through an effective, non-stigmatising Family Help offer that focuses on providing support to the whole family

- 2) Children are protected from abuse, maltreatment and exploitation, through better sharing of information, family engagement and skilled and decisive, multi-agency intervention where there is risk of significant harm
- 3) Where children cannot remain safely at home, there is a relentless focus on engaging and supporting a child's wider family network to step forward, supporting successful reunification with a birth family or other forms of permanence that promote lifelong relationships
- 4) All children in care have a loving, high quality home that is as close as possible to a family environment and that provides stability in their local community where this is best for them
- 5) Children's voices are heard and prioritised in decisions about what happens to them through reinvigorated advocacy
- 6) The impact of care experience is recognised and our collective efforts are focused on ensuring every young person leaving care has at least two loving relationships, a good home, access to well paid purposeful work, double the chance of attending university and a life expectancy equal to the wider population

System objectives

- 1) The children's social care workforce has the knowledge, skills, time, resources, systems and autonomy to support children and families
- 2) National and local leaders continuously learn and improve, supported by transparent data, effective inspection and accountability
- 3) Resources are used effectively so that children and families receive the maximum benefits
- 4) Strong multi-agency working means that services and decisions are joined up and focused on what is best for children and families

Under each of these objectives would be principles for how they should be delivered, for example, for Family Help the Framework might set out that it should be: non-stigmatising; clear on purpose; reduce handovers between workers and services; use a multidisciplinary workforce so that support is available when it is needed; build on the strengths of families and communities; and be embedded in communities and locally delivered.

Draft outcomes we believe could be set for children’s social care are below, building on the Supporting Families Outcomes Framework.

Outcomes for children’s social care

	Family Help (parent outcome)	Family Help (child outcome)	Children in care	Care experienced adults
Good quality lifelong relationships	x	x	x	x
Safe from abuse, neglect or exploitation		x	x	x
A stable, loving home	x	x	x	x
A good education		x	x	x
Improved physical and mental health	x	x	x	x
Diverted from crime	x	x	x	x
Stable employment	x			x
Avoiding drug and alcohol misuse	x	x	x	x
Financial stability	x			x
Safe from domestic abuse	x	x	x	x
Good experiences of children’s social care services	x	x	x	x

Recommendation: A National Children’s Social Care Framework should set the objectives and outcomes for children’s social care.

A balanced scorecard of indicators for learning and improvement

System objectives and outcomes should be supported by a balanced scorecard, which can bring transparency and learning to how local systems are delivering against these objectives and outcomes. This does not mean setting “performance targets”. Studies of the impact of targets on public service delivery find that whilst when they are well planned they can improve performance, they can also “hit the target but miss the point” (Davies et al., 2021).

However, there are significant benefits to bringing transparency and clarity to a complex system, by having baskets of meaningful indicators for each local authority as part of a process of system learning, focused on improving services for children and families. The legitimacy of proposed reforms rests on understanding whether services are doing better for children in families, and if not then understanding why and course correcting.

To achieve this there will need to be a shift in the data that we collect, in order to more meaningfully reflect what matters to children and families. Priority areas for this would include: a national indicator of child and family satisfaction with services (learning from the Friends and Family test in the NHS); overhauling data collections for child in need status to better capture the support children and families receive; improving data collections about kinship care and collecting important information about children in care that they think should be understood nationally. For example, LGBTQ+ young people in care have told the review they feel gender identity and sexual orientation data should be collected nationally in a way that is sensitive to young people’s needs (The independent review of children’s social care, 2021c).

We will also need to improve the consistency of data collected. As an example, the financial data collection (known as “251”), which is widely acknowledged to be poor quality and not comparable between local authorities, is creating major problems in understanding how local authorities are using their resources (Freeman & Gill, 2014). This work should begin immediately following the review, as part of the development of the Framework, and should involve practitioners, researchers, and those people whose data is being collected. Examples the review has identified of where new data should be collected or improved, or duplication should be removed, are in the corresponding annex and could provide a starting point for this.

In undertaking this work it will be possible to prune back some data collections. The guiding question should be whether the data has enabled meaningful learning. If it has not, then the collection should be removed or replaced. Government and other national bodies should look for opportunities to remove duplicate data collection, either through better sharing of data between national bodies or better use of linked data.

Alongside this work, there is a need to improve the way that data is collected and how it is used, to make it more frequent and less burdensome for local authorities - this task will form part of the work of the National Data and Technology Taskforce, as discussed later in this chapter.

Recommendation: The National Children’s Social Care Framework should include a balanced scorecard of indicators to support learning and improvement. To support this there should be an overhaul of what data is collected and how those collections work, so that we have more meaningful metrics and more regular data to help drive transparency and learning in the system.

Practice guides

Alongside a tightly defined framework of objectives and outcomes and a balanced scorecard, the National Children’s Social Care Framework should include guidance on the best known ways of achieving these objectives. These guides would need to bring together evidence and learning from research and practice.

These would take some learning from NICE guidelines, which give evidence based recommendations about how to improve health and social care (whilst recognising limits to the applicability of medicine to social care).¹⁰⁷ As much as possible, practice guides should point to the features of effectiveness from the best interventions currently being used. For example, on the objective of Family Help, practice guides could include effective features of multidisciplinary teams (building on evaluations of effective models); embedding social workers in community settings (building on the social workers in schools evaluation) and best evidenced models of help for different needs (building on the Early Intervention Foundation’s summary that has been published alongside the review) (Early Intervention Foundation, 2022b).

¹⁰⁷ See, for example, <https://www.nice.org.uk/guidance/published?ngt=NICE%20guidelines>

Setting practice guides will require a mixed set of expertise - effective leaders operating in complex systems, alongside experts in specific issues and fields. Practice guides should be agile, kept up to date based on evolving feedback and evidence, with updates made and effectively disseminated at least annually. To oversee the development of practice guides and advise government on objectives and outcomes set by the Framework, government should appoint a National Practice Group to take oversight of setting direction on questions of practice in children's social care, which would include voices of practice, evidence and lived experience. More details about how this group would work in practice are in the corresponding recommendation annex.

An important part of being able to set practice guides is having and continuing to build evidence about effective practice. Through the review we have identified areas of research where we think there are particular gaps, which are identified in the corresponding recommendation annex. This list should be built on and prioritised for future research.

Recommendation: The National Children's Social Care Framework should include practice guides, setting out the best evidenced approaches to achieving the objectives set out in the Framework.

Embedding learning cycles

For the proposed objectives, indicators and practice guides within the National Children's Social Care Framework to be a genuine means of improving outcomes for children and families, it needs to form part of a new pattern where every part of the system is focused on considering feedback, data and information and participating in an open and honest dialogue with others about how to improve. These learning cycles are an important part of helping the system move from a reliance on new public management methods over time, towards a system with greater freedom and responsibility.¹⁰⁸

At a local level this means areas having candid self reflection about what data, information and feedback is telling local authorities and partners about the quality of their work. Existing regional improvement arrangements should form a part of areas having

¹⁰⁸ The dynamics of learning cycles are described helpfully in *Human Learning System Approached* (Lowe et al., 2021)

robust conversations about how reforms are working, in order to learn from each other, for instance having conversations about how national definitions are being applied.

Similarly for national learning, it means coordinating national actors to respond to feedback as it emerges and continuing to update the National Framework, guidance, regulation and inspection. The National Practice Group, who support the development of practice guides within the framework, should draw in feedback on how these are working to continually improve them. At a system level we are recommending a National Reform Board, to oversee implementation of the recommendations (discussed in more detail in Chapter Nine). This board should also look at feedback, data and intelligence on the success of implementing reforms and how this is translating into improvements for children and families. This will mean regular adaptation and course correction in how reforms are being implemented and how regulation, guidance, inspection and other system levers could be improved. Both the National Practice Group and the National Reform Board should include those with lived experience of children's social care to ensure their views are properly represented.

There is also a need to strengthen and clarify the roles of individual national bodies whose role is to bring together national learning. Significant work has been done in recent years to try and build a learning system in children's social care, including through the establishment of the Child Safeguarding Practice Review Panel and various What Works Centres that look at issues facing this cohort, for example the Early Intervention Foundation, What Works for Children's Social Care and Youth Endowment Fund.

These are all positive developments in building and disseminating evidence. There is a risk, however, that the number of evidence bodies looking at such a similar group of children from different perspectives, leads to duplication and risks setting different directions for the system. For example, work to support teenagers at risk of criminal exploitation could arguably fall to all three What Works Centres. As part of the review's wider drive to simplify and align how we respond to children supported by social care, we believe there should be a single authoritative What Works Centre that looks at evidence to support this cohort of children. In the first instance, we think this would mean integrating the Early Intervention Foundation and What Works for Children's Social Care where there are very significant overlaps. The introduction of a single Family Help category, bringing together work undertaken at section 17 and targeted early help, means that alignment here is urgent.

In the longer term we think there is a strong case for wider integration of What Works Centres that focus on this cohort of children (which includes the Education Endowment Fund, the Youth Futures Foundation and TASO). The most obvious addition would be the Youth Endowment Fund, which aims to prevent children and young people becoming involved in youth violence. This would support the review's recommendation to have a more joined up response locally and nationally between education, police and social care to extra familial harms. In the short term the Youth Endowment Fund should look to make sure it is as joined up as possible with other What Works Centres to simplify the environment that local partnerships are working in.

This integrated What Works Centre, should be given a more meaningful role in the system, in a way that NICE have in the health sector. Part of this would be supporting the development of practice guides and disseminating evidence to practitioners.

Recommendation: Data and feedback should be used to prompt local and national learning to continually improve services. At a national level this should be via a National Practice Group and a National Reform Board. The evidence and learning landscape should be strengthened through the integration of overlapping What Works Centres, starting with the integration of the Early Intervention Foundation and What Works for Children's Social Care.

8.2 A more coherent rulebook

A 2018 review of statutory duties for local authority children's services identified 298 duties from nine different central government departments or arms length bodies, including over 160 for social care or related services (ADCS, 2018).

Through the review we are recommending changes to reshape the system, many of which are likely to require changes to legislation and guidance and could risk further complicating the landscape. As we have undertaken this work, we have tried to identify areas of regulation and guidance that could be changed or simplified, or would no longer be necessary. For instance, removing the requirement to appoint an Independent Reviewing Officer alongside the introduction of Independent Advocacy on an opt-out basis, and removing statutory targets for timescales for assessment alongside bringing in a new approach to Family Help.

However, simplification of legislation and guidance is not enough to make children's social care more flexible for children and families. Legislation and guidance interact with inspection, incentives, systems, training, attitudes, expectation and culture. When a local leader thinks they do not have the freedom to implement a new approach, the solution is rarely changing a single rule. Instead it might be about a leader being confident that they will not be criticised by Ofsted or the Department for Education (DfE), or they might need greater freedom over grant funding. This requires an open dialogue between partners about the rulebook for children's social care.

This dialogue should be facilitated through the National Reform Board, with an aim of creating fewer but better rules to help the system best meet the needs of children and families. Local authorities should have a specific mechanism for raising examples where they perceive a lack of freedom to act in the best interests of children and families. There should be transparency in this process, with information about freedoms made publicly available and proper scrutiny used when legislation or guidance are changed. The public and advocacy groups will rightly expect that greater freedoms come with deeper levels of responsibility taken by services.

Recommendation: The National Reform Board should establish a mechanism for local authorities to raise where they feel there are national regulatory blockers to taking a course of action that is in the best interests of children and families, with action taken to address this.

8.3 Strengthen multi-agency working to achieve joined up services and decisions for children and families

Throughout the review we have seen examples of different agencies coming together to provide better services for children. Whether this is seconding workers into multidisciplinary teams, pooling budgets to provide joined up services, or using technology to give different workers a single view of a family. Yet, we have also heard about the problems with partnership working in practice -from arguments about who pays for what, to misalignment about eligibility for services, or the failure to share information. Reviews of serious cases frequently point to poor partnership working as a contributing factor (Child Safeguarding Practice Review Panel, 2021).

Many of the review's specific recommendations aim at improving how partners work together: delivering multidisciplinary support in Family Help and leaving care services, integrated plans for children open to youth offending and social care, extending corporate parenting duties to a wider set of bodies and setting a target to use technology to achieve frictionless sharing of information across partners by 2027. However, these recommendations will only succeed if we get the underlying strategic roles and responsibilities right.

Over the years, there have been many versions of multi-agency arrangements. The Children Act 2004 introduced Children's Trusts, Local Safeguarding Children's Boards (LSCBs) and a duty to cooperate on a number of agencies.¹⁰⁹ By 2016, there was widespread concern that too many LSCBs were ineffective and unable to establish a coherent and unified voice for strong multi-agency arrangements, leading the government to commission a review by Sir Alan Wood (Wood, 2016). Following this, the Children and Social Work Act 2017 introduced equal and joint responsibilities for three safeguarding partners - local authorities, the police and health - to safeguard and promote the welfare of children in their area.¹¹⁰ These responsibilities were designed to address the limitations of LSCBs, bring senior strategic leaders together and offer local areas greater flexibility in how they achieve effective joint working (Department for Education, 2016). This was the right change and policy objective, however, five years on from the legislation being passed there are clear problems.

As set out in the objectives for children's social care within the National Children's Social Care Framework, every area should have strong multi-agency arrangements that mean that services and decisions are joined up and focused on what is best for children and families. Greater clarity on the functions of the safeguarding partners and how they provide senior, strategic, leadership is now needed to ensure the reforms meet their original intentions. We must keep the shared duties on partners, but have clearer expectations for how multi-agency arrangements provide strategic oversight of the system, delegate operational delivery and ensure arrangements are properly resourced.

¹⁰⁹ [Children Act 2004 - https://www.legislation.gov.uk/ukpga/2004/31/contents](https://www.legislation.gov.uk/ukpga/2004/31/contents)

¹¹⁰ [Children and Social Work Act 2017 - https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted](https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted)

The strategic role

The intention of the 2017 multi-agency reforms was to put responsibility for safeguarding and promoting the welfare of children at the most senior levels of local government, the police and the local NHS (Department for Education, 2016). However, in many safeguarding arrangements, attendees do not have the authority to speak on behalf of their agencies or agree resources (funding or otherwise) to implement the changes needed to deliver effective partnerships (Wood, 2021). Sir Alan Wood's review into the implementation of these reforms, highlights examples of delegation where police representatives were five steps below chief constables, and as a consequence the representatives simply could not make decisions about police participation (Wood, 2021). Sir Alan Wood concluded that currently too many partnerships are stuck in the weeds of operational and delivery issues because they were not focused on the key strategic challenges. Therefore the most important problems, about whether partners are adequately funding arrangements and meeting the needs of children, often cannot be satisfactorily resolved. In his original report, Sir Alan Wood is clear that partnerships should be strategic (Wood, 2016), with suggestions for how to fulfil this function. This was not translated into policy implementation (with guidance in *Working Together* more vague about the strategic functions of partnerships) (Department for Education, 2018b). The result is that they are a fudge, doing neither strategic or operational functions well enough.

We therefore recommend that the government clarifies the roles of safeguarding partners, as a strategic decision making arrangement accountable for effective multi-agency practice, by amending roles set out in *Working Together* to have clearer functions (suggested functions are within the box below). It should put beyond doubt that the lead representative in arrangements should be at a sufficiently senior level to fulfil these functions and there should be transparency about who it is delegated to.

Suggested strategic functions for strategic arrangements

- lead local services in their duties to safeguard and promote the welfare of children, meeting objectives and outcomes set out in the National Children's Social Care Framework and oversee learning from serious incidents
- allocate organisations' resources to ensure they can meet objectives, including publishing the contributions of each partner to joint working

- delegate power for the operational delivery of services and hold leaders accountable for exercising this, including resolving any disputes about the operational delivery of multi-agency arrangements

Recommendation: The responsibilities of multi-agency safeguarding arrangements should be amended to emphasise their role as a strategic forum focused on safeguarding and promoting the welfare of children, with attendance reflecting this.

The operational role

To enable senior safeguarding partners to focus on strategic issues, there needs to be greater clarity about the functions of operational multi-agency working. We therefore recommend that the government sets clearer expectations for the operational aspect of partnership working locally, which would report into the strategic arrangements. A suggested set of joint and equal responsibilities, based on our work so far, is set out below. This list is not necessarily exhaustive and should provide a foundation for further development. In fulfilling these functions partners should involve a wider set of relevant agencies, such as probation, community groups and housing.

Suggested responsibilities for operational arrangements

- monitor, understand and improve the overall contributions of partners to safeguarding and promoting the welfare of children:
 - ensure all multidisciplinary and multi-agency working for Family Help and child protection is effective, including ensuring professionals have the time and resources needed
 - ensure information is shared and used effectively, and ensuring that information sharing agreements are in place and there is adequate staff training
 - undertake rapid reviews of serious child safeguarding cases. Establish arrangements to commission and oversee Local Child Safeguarding Practice Reviews and decide when these should be carried out. Implement learning from these alongside national reviews from the Child Safeguarding Practice Review Panel

- implement the proposed reforms in this review
- develop a strong understanding of the needs and experiences of relevant children and families in the area and ensure services respond to this need:
 - coordinate work to complete a thorough population needs assessment, using data and intelligence to understand disparities in how needs are met. For instance, responses to racial disparities locally
 - develop a shared understanding of eligibility for Family Help alongside the National Children’s Social Care Framework and what constitutes significant harm, and ensure these are applied consistently
 - respond to feedback from children and families about their experiences of services
- align responses where there are tensions in organisational objectives that are a barrier to acting in the best interests of children and families:
 - ensure that agencies’ responses to children at risk of extra familial harms are aligned (for example when a child is both a victim and a perpetrator of crime)
 - align responses to families where the needs of either the child or a family not being met by other partners, will impact systemically on help or protection of a child

Each partner should have a named operational lead who has responsibility for their contribution to these objectives. However, the overall duty to safeguard and promote the welfare of children (and to investigate where there are concerns about significant harm) rests with the local authority. It therefore follows that the Director of Children’s Services (DCS) should be in charge of overseeing the coordination and delivery of multi-agency working, acting as the primary interface between strategic and operational leaders locally. This would not encroach on the operational responsibilities of individual agencies or their joint and equal responsibility for local safeguarding arrangements.

Recommendation: *Working Together* should be amended to set out clear joint and equal operational responsibilities for partners. The Director of Children’s Services should be the primary interface between strategic and operational leaders to facilitate effective multi-agency working.

Clarifying the role of the local authority as a champion for children and families within a locality and bringing greater clarity to individual responsibilities of partners

Alongside clarifying the status and functions of partnerships, there is an opportunity to clarify the individual roles of the Director of Children's Services (DCS), local authority and other partners. This review comes alongside several major policy interventions relevant to the DCS, lead member and wider role of the local authority in providing support for children - namely the Special Educational Needs and Disability (SEND) and Alternative Provision (AP) Green Paper and the Schools White Paper. In 2016 Sir Alan Wood recommended that the DfE review the role of the local authority, given the implication of academisation (Wood, 2016). This has not so far happened and the statutory guidance for the DCS and lead member roles has not been updated since 2013 (Department for Education, 2013; HM Government, 2022).

Consideration should be given for what these three reforms mean for the role of the local authority and DCS. The Schools White Paper has set out that all schools will become academies, giving local authorities a strengthened role in overseeing admissions arrangements and setting out their role to champion the interests of children (HM Government, 2022). However, building on what is set out above on partnership working, we think this conclusion could be extended, so that the DCS takes on the role of champion for not just children but also for families across a whole place, given that working with and supporting families is often the best route to helping children. We therefore recommend that the government reviews the role of the DCS and the local authority to ensure that they have a clear role as a champion for children and families across a local area. This should include ensuring they have the levers they need to play this role. For instance, introducing a duty to consult the DCS for relevant partner agency strategies that are relevant to safeguarding and promoting the welfare of children, for instance local mental health plans.

It is also important to be clear about the unique contributions of partners and what they must do to fulfil their duties to safeguard and promote the welfare of children. At present these are set out in *Working Together* but they are largely focused on the actions of practitioners, rather than organisations. We believe these responsibilities should be refreshed, looking across the review's reforms to make sure the individual contributions of partners are clearly set out in one place. For instance, making clearer the expectations

on police in cases of extra familial harms or on health in how mental health services should work with children. Guidance should also reflect that outcomes and objectives should be embedded in partners' own strategic plans and objectives, for example within the police force strategies and Integrated Care Board plans. This should be supported by the national leadership of partner agencies, like NHS England or the National Police Chiefs Council.

Recommendations:

The role of the Director of Children's Service should be reviewed to give clarity to the role following this review, the SEND and AP Green Paper, and the Schools White Paper, to reflect their role as a champion for children and families within their area.

The individual contributions of partners to achieving the review's vision should be set out clearly in *Working Together* and reflected in each organisations' strategic plans.

Improving accountability and learning

If areas do not fully participate or undertake their duties there is very little consequence. Accountability for the performance of partnerships relies on independent scrutiny of arrangements and a yearly report which is sent to the Child Safeguarding Practice Review Panel and What Works for Children's Social Care. Individual agencies continue to be inspected by Ofsted, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), Her Majesty's Inspectorate of Probation (HMIP) and the Care Quality Commission (CQC). There are a small number of Joint Targeted Area Inspections (JTAs), which have considered multi-agency working.¹¹¹ These mechanisms are relatively weak and the opportunities to build evidence of effective multi-agency governance and share learning is limited. We propose increased transparency, improved evidence, learning and support, and joint inspection where concerns are identified. These reforms will require improved national leadership from ministers and government departments who should offer a more coherent approach and support for partnerships.

¹¹¹ The most recent Joint Targeted Areas Inspection Frameworks were published in March 2022: see <https://www.gov.uk/government/news/new-frameworks-for-joint-targeted-area-inspections-jtas>

i. Increasing transparency and oversight

Partnerships should become more transparent in how they operate, for example publishing minutes of partnership meetings, decisions made and the financial contributions of each partner. Yearly reports should continue to be sent to the Child Safeguarding Practice Review Panel and What Works for Children's Social Care, but the format should be aligned to the strategic and operational responsibilities set out above.

The Safeguarding Children Reform Implementation Board (SCRIB), the national partnership board that oversees implementation of multi-agency reforms, should be reviewed and strengthened, so it provides proper national leadership to safeguarding arrangements. A key function it could play is in focusing on frequently raised gaps in practice, asking all safeguarding arrangements to submit information. For example, following ongoing concerns with information sharing, we are recommending in Chapter Three that all partnerships audit their information sharing practice and confirm to the SCRIB that they have information sharing agreements in place, and that this list should be published.

Recommendation: Partnerships should become more transparent, including publishing minutes of partnership meetings and the financial contributions of each partner. The Safeguarding Children Reform Implementation Board should be reviewed and strengthened to take a greater leadership role in safeguarding arrangements, including requesting and publishing critical information about partnerships.

ii. Improving support and learning

At present there is relatively limited support for partnerships in how they work together. The bulk of the DfE's improvement activity is focused on the contributions of local authorities, and the Child Safeguarding Practice Review Panel generally makes recommendations at a national level. We therefore recommend that the Panel works with the newly integrated What Works Centre, as well as the respective What Works Centres for each partner, to build evidence on effective partnerships alongside their National Reviews, and to take a more hands on role in supporting partnerships to improve. There is also a case for training aimed at leaders for how to discharge their role as strategic partners. The Child Safeguarding Practice Review Panel should consider how this should work in practice, drawing on learning from their national review into the deaths of Arthur Labinjo-Hughes and Star Hobson.

Recommendation: The Child Safeguarding Practice Review Panel and relevant What Works Centres should take a more hands on role in promoting evidence and supporting partnerships to improve.

iii. Inspection of partnerships

As we have seen in the recent case of Solihull (Ofsted et al., 2022), JTAs can play an important role in shining a light on the contributions of different agencies and holding them to account. We recommend that each agency inspectorate reviews their framework to ensure there is sufficient focus on individual agency contributions to joint working. Where there are concerns about partnership working raised through individual inspections or other channels, a joint follow up inspection should be triggered. These should be risk based and focused both on the role of the statutory safeguarding partners and how they are supporting operational working.

Joint inspections should have judgements attached to them and where priority actions are attributed to individual partners, the respective interventions regime for each partner should act to ensure that recommendations are implemented, and intervene where services are not good enough.

Recommendation: Each agency inspectorate should review their framework to ensure there is sufficient focus on individual agency contributions to joint working. Where there are concerns about the functioning of partnerships, joint inspections, with a judgement attached, should be triggered.

Making education a statutory safeguarding partner

Another issue that has been raised with the review is the involvement of schools in partnership working (The independent review of children’s social care, 2022; The independent review of children’s social care, 2022c). Teachers spend more time with children than other professionals. When legislation was passed to establish new safeguarding partners in 2017, schools were not included as a full statutory safeguarding partner¹¹² but schools were to be named by every area as a “relevant agency” (Department for Education, 2018b). The rationale being that the structure of the schools

¹¹² Children and Social Work Act 2017 - <https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>

system meant that there was no single voice that could represent all schools within an area (Wood, 2016).

Although some arrangements have worked hard to bring schools to the table, in too many places the contribution and voice of education is missing. In our deep dives, we found that the relationship between social care and education was consistently fraught (The independent review of children's social care, 2022c). Children who have needed a social worker are present in 98% of state funded schools, are between two to four times more likely to be excluded than their peers and have some of the poorest educational outcomes; being 25% - 50% less likely to achieve a strong pass in Maths and English GCSEs (Department for Education, 2019b). Despite the importance of social care and education working together to protect children from harm and improve their outcomes, Sir Alan Wood found that some schools were 'kept out' of safeguarding partnership conversations and others did not recognise the importance of schools being named a relevant agency (Wood, 2021). Schools are less motivated to work collaboratively because there are fewer opportunities to engage with safeguarding partners (Department for Education & Kantar Public, 2021). Given we are recommending that safeguarding arrangements will have an important role in overseeing Family Help, and schools have a critical role to play in the identification and delivery of this, schools and children's social care need to be brought into lockstep. We therefore recommend that the DfE amends legislation and guidance to make education the fourth statutory safeguarding partner. The DfE should work with social care and school leaders to identify the best way to achieve this, ensuring that arrangements provide clarity. The upcoming reforms to the schools system, in particular, offer an opportunity to act.

One option for delivering this that should be considered, would be that within an area schools nominate one representative, with the seniority to work alongside the local authority chief executive, the accountable officer for a Clinical Commissioning Group (soon to be Integrated Care Board) and a chief officer of police to take a shared and equal responsibility for safeguarding arrangements. This would require a mechanism to enable this representative to come to meetings able to make decisions on behalf of schools within an area. The review believes it is likely that representatives will need to be at the level of the CEO of a Multi-Academy Trust. The upcoming reforms to the schools system, whereby all schools will be part of a Multi-Academy Trust, means that this may become a viable option. These reforms include a new collaborative standard, which will require trusts to work constructively with each other, their local authorities and wider

public services - this could be invoked to bring the local schools systems together to participate collectively in arrangements. Better alternative models may be available, but in any event the safeguarding arrangements will need to establish the means for all schools to take full responsibility for their role in safeguarding and promoting the welfare of children.

Recommendation: Schools should be made a statutory safeguarding partner and contribute to the strategic and operational delivery of multi-agency working.

Financial integration

In the health and adult social care space, pooled budgets through the Better Care Fund have been a major driver of integration (Forder et al., 2018). Through the review we have seen examples of good practice of areas using pooled budgets as a means of driving more integrated decision making for children and families: for instance health, education and social care resources to support children with 'complex needs' who require a residential setting or pooled budgets to commission preventative services (The independent review of children's social care, 2022c). There have been suggestions to the review that we introduce the equivalent of a Better Care Fund for children's social care.

Pooled budgets are a facilitator of integration, enabling areas to take joint decisions in the best interest of a child. However, we have concluded that the complexity of children's social care means that designing a top down, single pooled fund would likely end up being overly bureaucratic and add additional complexity to an already confusing landscape. We do think, though, that government should strongly incentivise partners to pool their resources to integrate services for children and families. This is why we suggest above that all partners are asked to publish their financial contributions. In addition, as we set out in Chapter Two, as part of funding to implement *Relationships Protect* there should be a financial reward mechanism that means that full funding is only available to areas if partners are able to demonstrate a level of joint contribution. As a minimum, we recommend that 20% of the reform programme funding will only be made available to local areas if it is matched by other partners, representing 120% investment and shared financial commitments for reforms. This figure could be increased over time and it would generate locally determined pooled funding for meeting objectives set out in the National Children's Social Care Framework.

Recommendation: Government should incentivise greater partner contributions through requiring partners to publish their financial contribution and making receiving the full funding for reform contingent on partner contributions.

Thrive Salford and pooled budgets

Partnership working in action

In 2015, Salford introduced an integrated partnership approach for children and young people aged 0-25. In 2019, Salford City Council and Clinical Commissioning Group extended pooled budget arrangements to include children and young people, services, public health and primary care under the Integrated Care Fund to further embed this approach. The decision to pool these budgets was taken to allow for more integrated decision making to provide more coordinated care to achieve population health outcomes; protect investment into front-line services; and improve services to better meet local needs.

Under the Integrated Care Fund, each partner contributes to the cost of budget pressures in proportion to the contributions made to the pool for each service area. The approach has enabled improved collaborative investment and led to more intensive multi-agency prevention services. As a result, there has been a reduction in the need for children to enter care; better support for children and young people with special educational needs; and positive feedback from young people about their mental health following community support interventions.

Recommendation: Government should incentivise greater partner contributions through requiring partners to publish their financial contribution and making receiving the full funding for reform contingent on partner contributions.

8.4 Improving national government leadership and alignment

Alongside strengthening local working, national government needs to take a greater leadership role and more care in the collective impact different policies have on children and families. The review has heard time and again, pleas from local leaders that national government needs to better role model the behaviour it asks services to demonstrate.

Throughout the report we have tried to identify actions that can be taken nationally to create better alignment. Examples of this include recommendations to better align and integrate plans for children who are open to multiple services (e.g. AssetPlus Youth Offending Assessments and Education Health and Care plans with child in need plans) and recommendations to better align national funding streams (e.g. integrating different funding streams into a single Family Help pot, and integrating funding streams around different types of harms).

However, beyond these individual recommendations there is a need to ensure that there are the right underlying conditions for government to align policy making in future and understand how their respective areas contribute. This includes making sure there is sufficient cross government leadership driving the reform programme set out, which is covered in Chapter Nine.

Family policy

Family policy is necessarily a cross government endeavour and there will be a need for health, welfare, the family courts, police, housing and education in particular to work together to ensure families have a joined up experience of both social care and other services. However, this means there does need to be a single government strategy on families, with sufficient leadership and resources, a single actor driving it forward and a mechanism for coordination.

The government has previously stated that this leadership for Families policy should come from the DfE.¹¹³ It should therefore back this decision and the Department should have a robust and sufficiently senior cross government mechanism for coordinating family policy and bringing in relevant government departments. As the review is recommending that several pots of funding around support for families are integrated, this will have implications for the departments that currently own them. For instance if the Supporting Families programme is mainstreamed into an overall Family Help programme, it would naturally move to the DfE.

¹¹³ See, for example, responsibilities for Parliamentary Under Secretary of State (Minister for Children and Families) <https://www.gov.uk/government/people/will-quince>

Youth offending and young people in secure accommodation

Earlier in this report we made a recommendation that detaining children should always be a last resort, but that where necessary this should be done in secure children's homes, secure schools or remand fostering, meaning a phasing out of Young Offender Institutions (YOIs) and Secure Training Centres (STCs). Young people are currently detained in secure accommodation on both justice and welfare grounds, and yet, despite often living in the same home, guiding policy affecting these children is split across the DfE and the Ministry of Justice (MoJ). Analysis by the Youth Justice Board and Ministry of Justice found that more than half of children in custody are known to have had a child in need or child protection plan (Ministry of Justice & Youth Justice Board, 2020).

Without the need for YOIs and STCs, the future direction of youth justice policy would no longer have a link to the prison estate and the rationale would not remain for it sitting within the MoJ. Youth justice policy should be moved to the DfE.

Recommendation: National government should ensure it has an oversight mechanism in place to ensure policy relating to children and families is aligned in contact with children's social care. Government programmes should be streamlined to support these reforms and youth justice policy should move to the Department for Education.

8.5 Rebalance resources to address disadvantage

Children's social care is under significant financial pressure. Total spending on children's services reached £11.1 billion in 2020/21, and costs are rising in the majority of local authorities, leaving little to no budget to improve services (Department for Education, 2021k).¹¹⁴ The most deprived areas, which have the highest levels of social care needs, have also seen the biggest pressures on funding, further compounding this situation (Harris et al., 2019).

At present, the vast majority of funding for social care comes through the wider local government finance settlement, combined with local income from council tax, business

¹¹⁴ S251 data - This figure is higher than the £10 billion quoted in the executive summary, as it also includes spending lines 3.4.5 Universal family support, 3.5.1 Universal services for young people, 3.0.1 Spend on individual Sure Start Children's Centres, 3.0.2 Spend for services delivered through Sure Start Children's Centres, 3.0.3 Spend on management costs relating to Sure Start Children's Centres, 3.0.4 Other spend on children under 5.

rates and other commercial income. Every spending review, national government funding for children's services is estimated based on what it is predicted local authorities will need to spend, it is then allocated to local authorities annually based on a funding formula.

The funding formula for children's services is out of date, relying on statistics dating back to 2001 and it has not been significantly updated since 2013/14 (Department for Communities and Local Government, 2013). Since that time our understanding of what drives local need for children's social care services has moved on substantially, particularly the significant role that poverty plays. A consultation to update the overall local government finance settlement funding system was launched in 2018 as part of a wider review of the balance of needs and resources between local authorities (Ministry of Housing Communities & Local Government, 2018). However, since then no announcement has been made on if or when a new formula will be introduced.

It is essential that government makes the best use of the resources available. The government should therefore update the funding formula for children's services to better direct resources to where they are most needed.¹¹⁵

In addition, government needs to ensure that in future the total funding that local authorities receive is based on the most up to date evidence about the contextual factors that will increase the costs of meeting child and family needs. This means that if deprivation increases nationally, the funding formula and total funding for children's social care should respond to reflect the amount we spend on social care (just as it does with other safety nets within the welfare state, or with educational entitlements such as Pupil Premium funding). Government should also more explicitly consider where policy changes have a knock on impact for the funding needed. For instance, the reduction in young people in custody is a positive development that has saved the MoJ significant sums of money, but the costs across all local authority services of supporting a group of highly vulnerable young people elsewhere has never been properly understood (Centre for Justice Innovation, 2016). A similar situation is happening in health where in-patient

¹¹⁵ The review recognises that children's services don't operate in isolation from wider local services. However, the timetable of any wider reforms to local government funding should not delay the urgent introduction of the new children's formula. The new children's formula should take better account of deprivation and other contextual factors than the existing formula, and should replace it in the wider formula used to distribute Revenue Support Grant funding between local authorities. The government should also use the new formula to allocate the proportion of Social Care Grant funding that is intended for children's services, as this is currently distributed based solely on the pattern of need for adult social care.

mental health beds have been reducing, with a saving for the NHS, but without adequate alternative social care or NHS funding and facilities to support these children (Waldegrave, 2020).

Recommendation: Government should introduce an updated funding formula for children’s services, and take greater care to ensure that changes in government policy that impact the cost of delivering children’s social care are accompanied by additional resources for local government.

8.6 Improve the role of inspection as a driver of accountability

Ofsted play an important role in measuring quality and what they focus on becomes a significant driver of behaviour. Inspection and regulation is an important and necessary lever for holding services to account and regulation is crucial for ensuring compliance with clearly defined standards. There are, rightly, consequences when services are found to be inadequate.

Throughout the review’s work we have listened to front-line professionals, leaders, shadowed a local authority and a children’s home inspection, and engaged with Ofsted about the impact of the inspection frameworks in both measuring quality but also regulating against standards. We have identified three overarching changes in Ofsted inspection that are needed to support the reforms set out by this review, that in turn improve services for children and families:

1) Increase transparency about how judgements are made and ensure they have a rigorous underpinning

There is evidence that perceptions around Ofsted can drive system behaviour. Rates of child protection activity temporarily increase at the time of Ofsted inspections (with a more pronounced and longer term effect in inadequate authorities) (Hood & Goldacre, 2021). We have heard from secure children’s homes, residential care and providers of fostering services that one of the reasons they will not take in particular children, is in case they receive a poor inspection outcome if things go wrong.

This is driven, at least in part, by a lack of understanding and transparency about what Ofsted are looking for, and professionals seeking to second guess what Ofsted is looking for or what they might disapprove of. This has improved in recent years and areas have told us they welcome the more regular dialogue that takes place with Ofsted through the

ILACS channels (The independent review of children’s social care, 2022c). However, there is more to do.

It is not always clear in their frameworks what Ofsted means by quality, effectiveness and impact of services provided to children and families, and children in care. There is also very limited published research about the reliability of inspection (especially when compared with school inspections) (Hood et al, 2019; Wilkins & Antonopoulou, 2020; Ofsted 2017b; Ofsted, 2019b). Ofsted should seek to increase the transparency of how judgements are made in children’s social care and ensure that inspection has a rigorous underpinning. Specific ways we think this could be achieved:

- As it does in schools, where Ofsted have in recent years been much more explicit about how they understand and inspect curriculum and quality of teaching, Ofsted should more clearly define what they mean by good quality and the features of effective practice for children’s social care. There are ways of doing this that are not overly prescriptive. This should align with the National Children’s Social Care Framework, discussed earlier in the chapter.
- Ofsted should be clear about how it inspects decision making. Work undertaken for the review concluded there are different ways the quality of decision making can be measured including accuracy, consistency, outcomes, practice and equity of decisions, and the organisational context they are made in (Hood et al., 2022b). This work should also be used to conduct validity and reliability assessments of inspector practice across all frameworks, which is again something they have begun already to do in the schools remit
- Ofsted should, as it does in school inspections and used to do in social care, recruit practice leaders as standing Ofsted Inspectors to improve the robustness of judgements and dispel myths
- Ofsted should be more transparent in general with the data, information and tools it holds - for example, publishing data on notifiable events (such as police callouts to the home or “serious concerns about a child’s missing behaviour”) and what Ofsted has done about them (Ofsted, 2018c)

2) Apply a more rounded understanding of ‘being child focused’

As the review has set out elsewhere, children’s rights in England are most often realised through their families. Focusing on the effective engagement of parents and focusing on

supporting change in adults is very often the way to be focused on what children need. Yet, some of the best performing practice leaders and DCSs have told the review that Ofsted's position on this runs counter to their efforts. Ofsted should therefore develop a more rounded understanding of what it means to be 'child focussed'.

It is important that inspection focuses on the things that matter most to children and families. Through engaging with local areas and shadowing a local authority inspection and a children's home inspection we have identified some areas where we believe inspection should have greater focus. At Family Help, there should be a greater focus on the proportionality and quality of the help children and families receive, and therefore what the experience of families is. For children in care there should be a greater focus on meaningful relationships with adults who love them as a key feature of good quality care. For care leavers, Ofsted should introduce a standalone care leaver judgement (something they are currently consulting on) that reinforces the missions we have set out for care experienced adults.

Giving children's voices greater prominence is also about how inspection takes place. For example, children's homes inspections should take place at times when children are at home. Inspections of local authorities should take more care to gain feedback from families as well as children (as happens in local area SEND inspections).

3) Support the delivery of the new infrastructure suggested by the review

As well as amending how frameworks currently work, Ofsted will need to support the introduction of review's suggested reforms with new responsibilities across a number of areas. This includes supporting the government in updating Care Standards for the providers it regulates; financially regulating Independent Fostering Agencies and children's homes; developing inspection frameworks for advocacy and Regional Care Cooperatives; and working with other partners to undertake joint inspections of partnerships.

More broadly Ofsted will need to align inspection behind the principles, objectives and guidance set out in the National Children's Social Care Framework. Together we believe these changes would have a significant impact on how we understand and measure success.

Recommendation: Ofsted inspection should be reformed to increase transparency in how judgements are made, ensure inspection applies a rounded understanding of being ‘child focused’ and to ensure inspection supports the proposed reforms.

8.7 Intervening when services are not good enough

By establishing a clear national direction and high levels of transparency through inspection and better data, with an enabling infrastructure that can take action on national issues like IT and technology, local authorities will be able to learn and improve. However, this only works if there are consequences when services fail.

At present the DfE intervenes when local authorities are inadequate, providing support and in some cases formal direction through a range of models such as appointing a Commissioner who will make recommendations about the future of services (Local Government Association, 2019). In some cases decisive action is taken and progress is made - with the turnaround of services in Sunderland and the Isle of Wight being good examples of where trusts and local authority partnerships have made services better for children (Ofsted, 2018d, 2021d).

However, too often we are leaving children’s services stagnating, leaving children unsafe. As an example, Bradford children’s services were found to be inadequate in 2018 with warnings that children were at risk of significant harm (Ofsted, 2018b). Following this poor result, Ofsted had undertaken six further monitoring visits and one focused visit - four finding progress was “slow” and three commenting on only “some” progress, improvement or steps forward.¹¹⁶ An intervention commissioner was appointed in September 2021, following serious concerns raised by Ofsted about the safety of children in care. It was only in late January 2022 that a decision was taken to remove the services from the council. In cases like these the DfE must intervene more effectively when progress is too slow.

There is also a similar issue with drifting ‘requires improvement’ authorities, who are not providing good enough services for children. Whilst ‘requires improvement’ authorities will be offered voluntary improvement support, they do not necessarily need to accept it.

¹¹⁶ See Ofsted reports from 11 June 2019 to 02 February 2022, available on Ofsted website at: <https://reports.ofsted.gov.uk/provider/44/80449>

As of April 2022 there were 21 local authorities that have been assessed ‘requires improvement’ in at least two consecutive inspections.¹¹⁷

We should be clear that local authorities being persistently “requires improvement” is not good enough and if local authorities are not able to improve and are not accepting support, then this should be a trigger for intervention. We have three related recommendations that would make the Department’s interventions regime more robust.

1. Intervene more decisively in inadequate and drifting authorities

Part of the reason that more robust intervention does not happen with failing and drifting authorities is the DfE’s policy framework for intervention, which holds a high bar for when the Department can intervene. To counter this, the DfE should strengthen its intervention framework so that it intervenes more decisively, including making any necessary changes to legislation or statutory guidance to enable this more robust approach. The Department should make it unequivocally clear that services can be removed, even where a service was not inadequate across the board in its Ofsted judgement, if there are reasons for concern (as there was with Bradford).

In the longer term it should be made clearer that being continually ‘requires improvement’ is not good enough for children. Therefore the Department should act in all local authorities that receive ‘requires improvement’ consecutively, without mitigating circumstances, either through an improvement notice or formal intervention. As the system will be undergoing a period of reform in the coming years, including both to the resources available and what is measured by inspection, this intervention should not come into effect until the most significant reforms have taken place. However, the DfE should confirm its intention to do this now, so that there is clarity that requires improvement is no longer considered satisfactory.

2. Strengthen the role of commissioners

Second, there is scope to strengthen the role of intervention commissioners.

Commissioners are generally former DCSs, who are paid by the DfE to advise on specific

¹¹⁷ Data based on reports published on Ofsted website at: <http://reports.ofsted.gov.uk/inspection-reports/find-inspection-report>

local authorities. They make recommendations to ministers, who are advised by civil servants on whether to accept their recommendations. An independent evaluation of the DfE's regime found that a proliferation of different people involved in an improvement journey could be an issue, and highlighted inconsistencies in how commissioners approached their task (for instance whether they get involved in specific improvement activity) (Department for Education, Upcoming Release).

The role would be strengthened if Commissioners were brought into the DfE as Regional Improvement Commissioners, with responsibility for overseeing the improvement of local authorities in a specified region. This would mean they had "skin in the game" in achieving the improvement across a region, with deeper understandings of the issues individual authorities were facing. Commissioners would themselves be accountable for providing advice and support that results in improvement. Regional Improvement Commissioners would also take a role in challenging local authorities who require improvement to ensure they take up support to improve, using the new more transparent data and direction provided by the National Children's Social Care Framework to support this.

3. Embed sector led improvement

At present there is a structure of "Regional Improvement and Innovation Alliances", that bring together local authorities on a regional level to support and challenge improvement. The DfE has provided funding for these individual regional arrangements as well as funding the Partners in Practice Programme (now Sector Led Improvement Partners), which funds 'good' and 'outstanding' local authorities to provide support to areas who need it (Department for Education, Upcoming Release).

We agree that using successful local authorities is the best way to support improvement, and support for sector led improvement should continue. An evaluation of these programmes demonstrated that areas who used the support found it helpful in their improvement, but authorities were not consistently aware of the support available (Department for Education, Upcoming Release). It also found that authorities wanted easier access to evidence based information about improvement. Learning from improvement programmes in other public services such as schools, the DfE should simplify and bring together the support for Regional Improvement and Innovation Alliances and Sector Led Improvement Partners into a single clear improvement offer.

Recommendation: Strengthen intervention powers and introduce Regional Improvement Commissioners to provide more robust challenge in the system. Ensure there is a clear expert improvement offer for local authorities.

8.8 A National Data and Technology Taskforce

Across the review we have identified a range of areas where better use of data and technology could achieve significant progress for children and unlock better use of resources. This should include having more user friendly case management systems and automating the way practitioners share information.

Insight Bristol

Using technology to help practitioners support families

Insight Bristol is a data analytics hub with employees from Bristol City Council and Avon and Somerset Constabulary, which collects and analyses data to identify vulnerable families across Bristol to better understand the issues they face. Insight Bristol runs the Think Family Database (TFD), which facilitates multi-agency working by allowing professionals to access a joined up single view of a child.

The Think Families Database covers approximately 50,000 families across Bristol and helps identify risk and vulnerability using the criteria from the Supporting Families Programme. The database pulls together data from around 30 different public sector sources including:

- Bristol City Council
- Avon and Somerset Constabulary
- the DfE
- Department for Work and Pensions
- the NHS
- social care systems

This approach helps professionals coordinate support for families who are most in need. Sometimes those families are obvious but often they are hidden, so the database tells professionals about issues they might not have seen before. It also allows professionals working with families to know which other professionals are also working with them.

Using targeted analytics, the system also helps identify children at risk of:

- sexual exploitation
- criminal exploitation
- not being in education, employment or training

The models are not replacing professional judgement or making decisions on their own. They guide and supplement the work of lead professionals and provide information about children at risk that they may not easily see.

This early identification means that support and interventions can be put in place early to stop problems turning into crises.

Some investment has been made in recent years in achieving progress and individual areas are innovating and finding solutions, for example through the Data Accelerator Fund and Regional Improvement and Innovation Alliance funding (Ministry of Housing Communities & Local Government, 2021). These have been successful at supporting individual areas to build their capability (including in Bristol). However, this work has been hampered by inconsistent and patchwork funding, without a true attempt to scale this, resolve system barriers or achieve common system breakthroughs that they cannot solve on their own.

Other areas of the public sector have demonstrated what is possible when action on technology and data is coordinated. For example, NHS Digital (soon to become part of NHS England) for health care, which has driven forward the introduction of the Child Protection Information Sharing system, as well as wider improvements in NHS systems (NHS Digital, 2021).

We are therefore recommending a National Data and Technology Taskforce - a single, operationally focused team, with the right technical skills and knowledge that can help coordinate local authority and national action to achieve progress across the country, building on the best of what is already happening. It would need to work out the right

ways to achieve progress, but also have practical, hands on capacity that helps get these solutions implemented in local authorities. The Taskforce would report into and make recommendations to a Partnership Board made up of key representatives with the levers to enable this change to happen - whether this is requiring a particular technical standard across all providers or making a change to data collection. The Partnership Board should include the DfE (policy and technical expertise), Ofsted and local authority representation (both children's services and technical leads). The Taskforce should be co-owned by all Partnership Board participants and should be independent of any one directing organisation. It should link into the group members' respective resources and existing work, and develop work packages to meet the targets set below.

There would be three national targets that the Taskforce would be set to achieve within five years: enabling social workers to spend more time with families through improved case management systems, achieving frictionless sharing of information through technology, and improving how areas are able to analyse their data to inform decision making. The case for each of these is set out in more detail below, with further information in the "Data and Technology Taskforce" recommendation annex.

We suggest that the Taskforce is funded nationally and that the solutions it develops should be co-funded by local and national government. Current funding pots that exist to improve children's social care technical capacity should be brought into the Taskforce to achieve the goals set below.

1. Reimagine case management systems to drastically reduce social worker time spent recording cases

As set out earlier in the report, poor case management systems are a significant driver of social workers' time away from families (see Chapter Seven). We also know they are currently not enabling data and information to be easily retrieved and turned into actionable intelligence. This impacts both the ability to have regular, timely data and impacts analysts who often have huge time burdens to appropriately check and clean data and make sure it is fit for use (Owen, 2022; Ofsted, 2018).

Yet, despite this issue being known for many years, local authorities report finding it extremely difficult to procure effective case management systems. The market for case management systems is not functioning effectively, with 152 individual local authorities

individually commissioning two major providers, and not spending enough to incentivise improvement and innovation (Begley & BetterGov, 2021). This means there is little incentive for existing providers to innovate or new providers to enter the market.

The National Data and Technology Taskforce should coordinate action to improve case management systems nationally in children's social care. The objective should be to significantly reduce the time spent recording, improve practice and make access to data more automatic. It would be within the remit of the Taskforce to agree the best way to achieve this, but a first action might be getting a grip of the market by understanding when different systems are coming up for procurement, local budgets, and different technological requirements. It could then make a business case to individual authorities and central government to fund either the procurement of the challenger system or action with an existing provider to improve their system.

2. Use technology to achieve frictionless sharing of information

In Chapter Three we set out a five year challenge, to end the persistent issue of poor information sharing between partners by 2027. A key part of this is using technology to achieve frictionless sharing of data between local authorities and partner agencies, and also between different local authorities. The Taskforce would be critical to achieving this goal and would need to work closely with NHS England and the police (who would also need to take coordinated action) to precisely define the target (in consultation with the information commissioner), the right technological and legal approach to achieving it (e.g. whether this is achieved through interoperable systems or another route and whether common data standards and data quality agreements are needed) and agree the interim milestones that areas should meet.

The Taskforce's work would be supported by wider action on information sharing including the adoption of a consistent identifier, action to address cultural barriers and clarifications to the legal framework (set out in more detail in Chapter Three).

3. Improve data collection and how it's used to inform decision making

At present huge amounts of data is gathered by local authorities and reported to national government, but not enough is done to make good use of it to inform decision making.

Analysis and insights from data can support better decision making at a practitioner level (helping understand the different risks a child may be facing), at a strategic level (understanding needs in areas), and at a national level (helping to inform policy making). The feedback loop generated from a transparent set of valuable indicators will only work if there is analysis. Improved use of data and data analysis is also critical to the success of specific recommendations. For example, in Chapter Two when we discuss Family Help, we set out the importance of areas being able to take local intelligence and utilise it to design an evidence based Family Help offer that responds to local need. To do this, local authorities need to be able to understand and turn data into actionable intelligence, and yet recent analysis in 2020 by the Ministry of Housing Communities & Local Government (MHCLG) suggested that 81% of local authorities had low levels of data maturity (three or lower on a six point scale) (Ministry of Housing Communities & Local Government, 2021).

Some work has been done in recent years to improve local use of data, for example through the Data to Insight programme, which has helped local authorities to develop and maintain tools to make better use of their data. This has included the development of the 'ChAT', which uses Annex A data that local authorities already collect for Ofsted, to enable them to generate usable and real time data outputs that aids decision making.¹¹⁸ However, there is more to do to make these tools mainstream and deploy them effectively across local authorities. The Taskforce should work closely with Data to Insight to disseminate and continue this work across local authorities, and look for other opportunities where national coordination might help. This might include supporting usage of analytical software, reviewing data standards and management, preventing unnecessary duplication of effort in analytical tasks, and reviewing local authorities' access to useful data held by DfE.

There is also a need to ensure data can be shared in a timely manner, without creating large additional costs and burdens. At present, significant time locally is spent cleaning management data for statutory returns, when in many cases what is being collected simply is not useful or arrives too late (Valle et al., 2019). Earlier in the chapter we recommend an overhaul of what data is collected and how those collections work, so that we have more meaningful metrics and more regular data to help drive transparency and

¹¹⁸ More information on the ChAT can be found on the Data to Insight website - <https://www.datatoinsight.org/tools>

learning in the system. The Taskforce should have a role in guiding what redesigns are practical and possible, and how data collections can be made as burden free as possible.

The system should in the longer term aim for more imperfect, routine flows of the most useful pieces of information, that are shared in real time and made useful and usable to local authorities. A frequent, highly transparent publication schedule of the key system indicators set out as part of the proposed balanced scorecard, is essential to ensure that learning loops work in practice. If the learning system relies on out of data information, it will break down.

Recommendation: Government should establish a National Data and Technology Taskforce to drive progress on implementing the review’s three priority recommendations to achieve frictionless data sharing by 2027, drastically reduce the time social workers spend on case recording and improve the use and collection of data locally.

National government action to make better use of data

Beyond the work of the Taskforce, there is also activity that government should lead to make better use of data for decision making and building evidence in children’s social care.

The data we collect nationally is of huge value, and under explored. The recent Drivers of Activity report from the DfE, published alongside the review, has very significant findings that impact our understanding of what drives need for social care services (Fitzsimons et al., 2022). Yet, these types of projects are not the norm. The DfE should develop a plan for making better use of data in children’s social care.

In addition, there is more to do on linking data. Linked data sets are one of the most efficient ways we can understand the fuller picture of what happens to children and families and holds a huge opportunity for how we might streamline the number of data asks we make of local authorities. Several innovative projects have helped link novel datasets, such as the ECHILD data linkage project which will bring together education, social care and hospitalisation data.¹¹⁹ However, at present data linkage is piecemeal

¹¹⁹ <https://www.ucl.ac.uk/child-health/research/population-policy-and-practice-research-and-teaching-department/cenb-clinical-20>

and painstakingly slow. We must move to a situation where we have key data sets linked regularly and consistently, enabled by a consistent identifier. With this in place, bringing regular insights from national and anonymised linked data sets into the public domain and making them available to researchers should start from 2025.

The DfE will have a role to play in identifying, planning and facilitating the linking of data sets. Within adult social care there is a clear published data strategy which lays out future plans relating to data linkage (Department for Health and Social Care, 2022). This model helps provide transparency and allows for researchers to plan their work accordingly. No similar strategy exists in children's social care. Consideration for which data sets to link should involve consultation with the relevant services, the academic community, care experienced people and the third sector.

One particular area of opportunity that the DfE should proactively pursue is to make use of the Integrated Data Service.¹²⁰ The Office for National Statistics (ONS) is leading the delivery of the Integrated Data Service (IDS) in collaboration with partners across government. The IDS is built for analysts in government departments, Devolved Administrations and external accredited researchers, and is currently in the New Private Beta Phase. The ONS's IDS is currently looking for projects to pilot their approach to robust, systematic and secure data linking. DfE should now make it a priority to submit an expression of interest to incorporate and link education data, social care data, hospitalisation data, census data and justice data.

Recommendation: The Department for Education should have a proactive strategy on making better use of data in children's social care, including a strategy for data linking for children's social care with other data sources that makes use of the ONS integrated data service.

¹²⁰ <https://www.gov.uk/service-standard-reports/integrated-data-service>

Nine: Implementation

9.1 Reform and investment structure

The children's social care system is on a trajectory of rising costs, with more children being looked after and continually poor outcomes for too many children and families. Government has attempted to reverse these trends through targeted programmes and small funding pots, but these have not managed to halt the current trajectory. The comprehensive multi-year reform programme of recommendations set out in this report can reset the system, improve outcomes and make children's social care more sustainable in the future.

The alternative is to continue as we are, with spending increasingly shifting to late and costly crisis intervention, draining what little remains of practical and intensive earlier support for families. The question is whether additional investment goes to reform and long term sustainability or instead is spent propping up an increasingly expensive and faltering system.

The chart above forecasts future spend on local authority children's social care using historical data on spend across a number of categories¹²¹ aggregated at the national level (as reported in section 251 data), we assume that the trends in unit cost and demand for services (i.e. cohorts of children that use children's social care services) continue as they have done over the past five years.

The chart above forecasts the number of children looked after using data on the rate per 10,000 of the 0-17 year old population as published in Department for Education (DfE) looked after children statistics, and accounts for the latest Office for National Statistics (ONS) projections of the 0-17 year old population. We assume that the rate per 10,000 increases at the rate it has done over the previous five years.

The comprehensive reform programme needed to turn this tide and give children and families what they need will require £2.6 billion of new spending over four years,

¹²¹ These costs approximate children's social care spend by local authorities. There is no agreed definition of children's social care spend, but the aggregate presented here includes all those Children and young people's services lines from the Section 251 return except: 3.4.5 Universal family support, 3.5.1 Universal services for young people, 3.0.1 Spend on individual Sure Start Children's Centres, 3.0.2 Spend for services delivered through Sure Start Children's Centres, 3.0.3 Spend on management costs relating to Sure Start Children's Centres, 3.0.4 Other spend on children under 5, and 3.6.1 Youth justice.

comprising £46 million in year one, £987 million in year two, £1.257 billion in year three and £233 million in year four, plus an additional estimated £50 million on other interventions over the investment period.¹²² This can be funded by bringing forward spending that is forecast to be needed over the coming years.

Investment in the comprehensive reform programme outlined by this review will deliver cashable savings within children’s social care that can be reinvested for children and families over the medium-term, reduce wider public spending pressures and also provide social benefit in improved outcomes for children and families. This investment programme would last until 2026/27 and by that point more children will be living safely with their families, supported to live in their wider family networks or have their needs better met in an improved care system. By 2027/28, the legacy of the investment will allow for self-sustaining improvement.

The chart above compares the forecast of looked after children in figure 2 (‘Projected CLA counterfactual’), to the forecast reductions of children in care projected as a consequence of our recommendations that has emerged from our cost benefit analysis (CBA). The line showing ‘Projected CLA (following reform)’ represents the CLA projection counterfactual, minus the sum of the estimated reduction in children in care across all the recommendations that underwent a full cost benefit analysis (CBA) process. It assumes no overlap or complementarity between different recommendations that may have an effect on this projection if the package were to be implemented in full. It shows that in 2032-33, there will be 30,000 fewer children looked after than in our counterfactual scenario. Of the 30,000 fewer children looked after, 17,000 will benefit from better family help; 10,000 from improved support for kinship and family network arrangements; and 3,000 from interventions to improve workforce expertise and a scaled up family finding programme – all of which contribute to reducing the number of looked after children.

9.2 Components of this investment and reform

Local authorities will need the freedom to deliver this change programme for their communities within a clear national framework. There will need to be accountability for

¹²² The £50 million is made up of approximate costs, that have not undergone a full cost benefit analysis (CBA) but have been estimated by the review team over four years to (1) modernise adoption contact, (2) establish the National Practice Group to set practice guides and advise on the Framework, (3) establish the Data and Technology Taskforce, (4) Increased social worker time in practice, (5) develop more decisive interventions and establish intervention commissioners, (6) implement a new measure of child and family satisfaction and (7) provide training and support for new corporate parents.

the investment being made, but also efforts to strengthen system learning along the way. National government should support and serve local delivery of these reforms through a combination of the measures set out in this report – more and better data for learning, changes to legislation, revised inspection, support for the workforce and the National Children’s Social Care Framework that defines the objectives and outcomes for the children’s social care system. This framework will guide the investment and should be accompanied by training and support for senior leaders in local authorities.

All of this and more should be funded through a single comprehensive reform programme called *Relationships Protect*. This will avoid the re-creation of small pots of funding and overlapping programmes and it will support whole system change led locally. A subset of recommendations that would form part of *Relationships Protect* represent a critical path of interdependent measures which should be delivered in sequence to release cashable savings that can be reinvested to improve outcomes at pace.

This critical path of reforms and additional investments is made up of the following:

- **A revolution in Family Help:** roughly £2 billion on building the new and high quality Family Help system that is able to comprehensively respond to entrenched family difficulties.
- **Unlocking the potential of family networks:** £23 million must be invested to bring parity between the support given to foster carers and Special Guardianship Orders (SGO) / kinship Child Arrangement Orders (CAO), and to establish Family Network Plans which will mean more children staying within a loving and safe family network.
- **Homes for children in care:** £76 million to recruit 9,000 more foster carers, to support them better, and to establish new Regional Care Cooperatives – which will provide more homes which are better connected to communities and with carers who can provide the loving long term support for children.
- **Realising the potential of the workforce:** £253 million to ensure we have enough skilled social workers who can spend more time supporting children and families directly and acting decisively when there are child protection concerns.

This list of critical path measures does not reflect all – or even the most important – of the review’s recommendations, only those that are most interconnected. The description of phasing below sets out why these are so interdependent to deliver the entire programme.

9.3 Phasing

Our proposed phasing and timetable is set out below. In responding to the review, the government will need to consider the pace and sequencing for recommendations, taking account of financial, legislative, workforce and organisational constraints, as well as the wider context of other reforms that might impact the sector. However the government decides to sequence reforms, we would expect the aspirations and level of ambition to match that set out by this review.

First steps (by end of 2022)

Government will need to start work immediately and during the first six months publish a **White Paper**, which sets out a full government response to the review. Government will need to consult on the most significant changes it intends to make through a **new Bill** in the final session of this Parliament. At the same time it should establish **Relationships Protect** as a major programme and put in place appropriate governance to oversee delivery and implementation. That governance should build on the approach we have taken to the review – first and foremost placing lived experience at the heart but also working with those who lead and work in the system.

Alongside this broader commitment to reform, an immediate priority for government should be to launch a **new foster carer recruitment programme**. Prioritising this recommendation, which will deliver 3,000 new foster carers each year from 2023, will reduce pressures on residential care and mean that children in care – particularly teenagers – are more likely to get the home and care they need. This initial step will also lay foundations for the later introduction of Regional Care Cooperatives.

The development of a **National Children's Social Care Framework** will bring together in one place the objectives, outcomes, indicators and practice guidance to support system improvement. Whilst it may not be possible to have all indicators ready within six months of publication (particularly where we have identified new data collections), government should make early progress by appointing members of the National Practice Group who will advise on the overall Framework and develop practice guides, agreeing the outcomes and indicators where possible. This should be supplemented by starting to make changes to the existing professional development programmes for the **workforce**, including the Assessed and Supported Year in Employment (ASYE) and other social

work development programmes, to start aligning them with the future Early Career Framework (ECF).

Roll out (by Spring 2024)

In the 18 month period between January 2023 and Royal Assent of a new Children's Social Care Bill, implementation should focus on the delivery of recommendations which do not require legislation, or where foundations need to be laid in preparation for legislation being passed in Spring 2024.

The first version of the **National Children's Social Care Framework** should be developed by mid-2023, alongside amendments to *Working Together*. The Framework should be accompanied by confirmation of the resources that local authorities will have to deliver reforms in the initial years of *Relationships Protect*, with the majority of additional resources from 2024/25, to give a sufficient lead in time so that local authorities can develop plans and bring partners together to hit the ground running. Launching the Framework will encourage local authorities to begin delivering other practice-based recommendations, such as **family finding** (an enabler for the mission to ensure that every young person leaving care has at least two loving relationships) and **parental representation** (so that families are able to more fully engage with court proceedings).

During this period we will expect to see areas begin to transform their **Family Help** offer, using additional funding that is provided as part of an overall uplift to the Supporting Families Programme and enabled by amendments to *Working Together* – in preparation for a significant uplift of funding the following year. Investment in Family Help will, over time, significantly increase the number of children who can live safely with their families and improve their outcomes.

To ensure greater retention and upskilling of social workers, during this phase the Department for Education (DfE) should start to roll out the **social work Early Career Framework** so that the first cohort of social workers can complete the five year framework in around 2028.

Finally, government should lay foundations for reforms which will come through new legislation in the next phase of implementation. In anticipation of radically increasing the number of children who grow up within their wider family network, this should include a new programme of **peer support and bespoke training for kinship carers** in every

local authority. Other priorities should include launching a new **leadership programme for children's home managers**, addressing immediate pressures in residential care and paving the way for Regional Care Cooperatives. The **foster carer recruitment programme** will have begun delivery, and local authorities should be encouraged to approve these carers within their new Regional Care Cooperative footprints, in anticipation of these being established in law by spring 2024.

Full flight (Spring 2024-2027)

During this phase we expect the remaining bulk of recommendations to commence and start yielding benefits. Preparation work done in the previous phase will reduce the time required between the Bill gaining Royal Assent and full implementation commencing.

Neighbourhood **Family Help** Teams will be coming online, representing a substantial increase in the support offered to families facing significant stress, under a simplified legal framework where the focus is on practical and skilled help not assessing and referring. These teams will be tailoring services to local population needs, be multidisciplinary, making increased use of evidence based interventions, and be based in and working alongside the local community. Child protection cases will be co-worked by some of the most experienced practitioners and a unique identifier will have been implemented and significant progress made towards frictionless sharing of information.

Legislation will establish a new **Family Network Plan** and a mandatory **family group decision making** process, which gives time and space for families to develop their own supported and funded plans for care. Whilst we expect some local authorities to join those who already pay **Special Guardianship Orders (SGOs) and kinship Child Arrangement Orders (CAOs) an allowance** in advance of legislation, all SGOs and kinship CAOs will now be legally entitled to an allowance which matches the fostering allowance in their area. Changes to **legal aid** will also give kinship carers better access to independent and qualified legal advice before making life changing decisions and new kinship carers will be legally entitled to a period of **kinship leave**.

Having been established in shadow form prior to legislation, **Regional Care Cooperatives** should become fully operational from early 2025. The introduction of Regional Care Cooperatives will start to turn the corner on the sufficiency crisis, and more children will be found homes close to their friends, families and communities (unless it was not in their best interests to do so). A better grip on the market will bring

about substantial reductions in the profits made by private children's home providers and independent fostering agencies. For children growing up in foster care or residential care, changes to legislation will provide them with a legal right to **advocacy** on an "opt-out" basis, which allows young people to access their rights and have a say in decisions which affect them. When young people reach the age of 18, they will now also have a legal right to request a **Staying Put** or **Staying Close** arrangement so they can remain living with the foster carer or remain connected to the children's home they have grown up in until 23 years of age. **New care standards** will mean that by 2025 all children in care will be living in homes where they receive care.

Finally, legislation will allow government to set national **social worker pay scales**, which align with progression through the already established Early Career Framework, and increase recruitment and retention of social work staff.

Legacy (post reform programme 2027 beyond)

At this point in the reform programme, we expect all recommendations in this report to have been implemented and the children's social care system will be achieving better and more sustainable outcomes for children and families.

An ongoing **ring-fenced Family Help Grant** will lock in diverted spending (over £1 billion more annually) on responding to families needs earlier. Taken together with better support for kinship carers, this increase in children being able to live safely with their families will have led to reductions in the number of children in care. Government and local authorities will have choices about where to invest to further improve outcomes for children and families.

Outcomes will already have been improved for families, who will now be able to access community based non-stigmatising Family Help, and Regional Care Cooperatives will have brought an end to the sufficiency crisis which, for children who cannot remain within their family networks, means they will remain connected to their friends and wider community. At a system level, the latest version of the National Children's Social Care Framework will be supporting a self improving system, within which actors have high levels of freedom and responsibility, and better data, to make decisions.

Outcomes and social attitudes towards those who have a care experience will be improving, in large part as a result of introduction of care as a protected characteristic

and a wider corporate parenting responsibility. The system's obsession with building lifelong loving relationships around those who have been in care, will have replaced a view that relationships can be provided as a service.

9.4 Investment profile

The review has aimed to provide costings for our recommendations that are as comprehensive as possible. The table below sets out the recommendations on which we have carried out a full cost benefit analysis. There are other recommendations where the review has provided an estimated cost – these are set out in individual recommendation annexes. In a small number of instances, we have not been able to provide the cost of recommendations, either because the information needed to cost the recommendation is not publicly available, such as the administrative cost of implementing the review to central government departments, or because we have left discretion for government and the sector to consider how best to implement recommendations which would affect both costs and benefits. Government will need to consider any further costs that this review has not been able to estimate, as well as continuing to refine the costings we have presented as part of implementation.

Impact on public finance (£millions)*]*

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Family Help	0	-514	-930	-472	-6	359	507	520	534	549
Care	-9	-124	-58	115	183	221	244	250	258	266
<i>Regional Care Cooperatives</i>	0	-50	-50	31	79	115	135	139	143	148
<i>Fostering Recruitment campaign</i>	-9	8	25	51	70	71	73	74	76	78
<i>Extended Family Support Model</i>	0	-82	-33	33	34	35	36	37	39	40
Alternatives to care	-5	-201	-41	224	297	342	365	388	411	436
<i>SGO & kinship CAO allowance</i>	0	-157	-75	32	92	123	132	141	150	159
<i>Family Network Plans</i>	0	-36	11	138	148	159	170	181	192	203
<i>Legal aid for SGO and CAO carers</i>	0	4	35	66	69	72	75	78	81	85
<i>Statutory kinship leave for SGOs and CAOs</i>	0	-6	-6	-6	-6	-6	-6	-6	-6	-6
<i>Introducing preparation workshops for kinship carers</i>	-5	-6	-6	-6	-6	-6	-6	-6	-6	-5
Care Leaver Missions	-5	-74	-99	-45	-32	-29	-28	-27	-26	-23
<i>Scaling up a family finding program</i>	0	-58	-54	2	-1	-6	-6	-6	-6	-5

<i>Extending Staying Put arrangements</i>	0	0	-7	-16	-17	-17	-17	-18	-18	-18
<i>Extending Staying Close pilots</i>	0	0	-14	-6	13	22	25	27	30	33
<i>Scaling up supported lodging programmes</i>	0	-9	-16	-16	-17	-17	-18	-18	-19	-19
<i>Increasing the setting up home allowance</i>	-4	-4	-5	-5	-6	-7	-8	-8	-9	-10
<i>Care leaver bursary for apprentices</i>	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1
<i>Extending free prescriptions to care leavers</i>	0	-2	-2	-3	-3	-3	-3	-3	-3	-3
Workforce	-27	-57	-121	-48	10	119	144	166	170	176
<i>Creating a five year ECF</i>	-23	-37	-22	40	94	142	146	151	155	160
<i>Introducing national pay scales</i>	0	0	-79	-79	-79	-31	-15	1	1	1
<i>National rules and regional staff banks</i>	0	-14	-14	-4	-1	4	9	10	10	11
<i>Residential leadership programme</i>	-4	-6	-6	-5	-4	4	4	4	4	4
Child Advocacy	0	-7	1	1	1	2	2	2	3	3
Parental Representation	0	-10	-9	-8	-7	-7	-7	-6	-5	-3
Total Impact on Public Finance	-46	-987	-1257	-233	446	1007	1227	1293	1345	1404

* Note: Year one is calculated with the assumption that it begins in 2023-24. If some recommendations are implemented later than presented here, the costs and savings will need to be adjusted to take account of inflation.

The chart above sums up all the monetised costs and savings that are incurred by, or return to, the exchequer in all the models that have undergone the cost benefit analysis (CBA) process. The vast majority of savings return to local authorities (approximately 90%). The chart assumes that additional investment starts in 2023/24, and shows that we would begin to see savings greater than costs in Year five⁵. It assumes no overlap or complementarity between either the costs or benefits of the recommendations that may have an effect on this projection if the package were to be implemented in full.

Bringing investment forward in the way we suggest will result in a rebalancing of spend towards keeping children and families safely together, while ensuring children in care and care leavers receive the high quality services that they need to help them thrive in childhood and into adulthood.

The above chart presents two scenarios. First, it forecasts local authority spend in 2032/33 if the current trajectories of demand and cost continue in the way they have done over the past five years. Second, it shows how our reform plan will have an effect on these spend categories in 2032/33. The chart assumes that additional investment starts in 2023/24 and as above, it assumes no overlap or complementarity between either the costs or benefits of the recommendations that may have an effect on this projection if the package were to be implemented in full. The above bars are scaled to show how the proportion of expenditure across local authority spend categories will change, not how the overall quantum of spend is different in the two scenarios. See earlier in the chapter for more information.

Implementation governance and support

Sound policy too often falls down at implementation. Evidence suggests that guidelines, policies and information for those implementing a programme are not on their own effective, and that long term multi-level implementation strategies which involve those who have developed the programme on a continuing basis are more effective (Fixsen et al., 2005). Similarly, work by the Institute for Government highlights that, amongst other things, there is a clear need for government to stay close to those who are implementing policies to understand how they are working, and to use ministers to drive progress (Norris et al., 2014).

We therefore make the following recommendations about implementation:

National governance and delivery

- Oversight of *Relationships Protect* and the implementation of all recommendations in this report should be provided by the Secretary of State for Education. Whilst the whole of government has a role in delivery, the Secretary of State should be responsible for holding others to account and driving progress. The Secretary of State for Education should commit to report annually to parliament on the anniversary of the review's publication, to update on progress against the review's recommendations. The Education Select Committee should routinely review the progress of implementation.
- Government should immediately appoint a lead official to act as Senior Responsible Officer (SRO) for these reforms, and an implementation team to drive progress. The implementation team should be multidisciplinary, bringing together the different types of expertise needed to implement reforms, including analytical expertise, implementation experience, practice expertise, and have a regional footprint with leads "on the ground" supporting delivery. The team should be complemented by bringing expertise from outside of the civil service where needed. The programme SRO must have explicit delegation and backing from the Secretary of State for Education and the DfE's Permanent Secretary, to accelerate through processes and controls that would jeopardise delivery.
- Relevant government departments with responsibility for overseeing these reforms should immediately review all activity and policy commitments, to assess whether they are still relevant in light of reform.
- The SRO should report to a National Reform Board for children's social care, bringing together the actors who will need to take action and have a stake in delivering these reforms. This must include those with lived experience of children's social care. Quarterly progress reports on delivery should be made publicly available during the reform programme period.

Local delivery support and governance

- Government and the Association of Directors of Children's Services (ADCS) should work together to develop a leadership and support programme for Directors of Children's Services (DCSs) to support delivery of reforms, with a parallel programme for operational change leads within local authorities and lead members. DCSs should be brought together in cohorts to go through the

implementation journey and share learning. This will also be a forum to provide challenge on whether enough progress is being made.

- Safeguarding partners should be publishing the details of their collective resourcing to achieve the reform programme objectives and the delegation they are giving to their respective services. The investment proposed above should be used to incentivise greater pooling of budgets across partners: see Chapter Eight.
- Regional Improvement and Innovation Alliances (forums that currently exist to support regional local authority improvement) should act as a forum for sharing learning and tracking delivery progress locally, working closely with regional implementation leads.

9.5 Alignment with other government policy changes

A further lesson from the Institute for Government is that policies are never implemented on a blank canvas, and changes in other government policies inevitably impact reforms that were designed at a point in time (Norris et al, 2014). Whilst the review has been developing its recommendations, a review of the Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) system and major reforms to the schools system have been underway. The introduction of Integrated Care Boards has also been taking shape. Undertaking this work together presents a significant opportunity to set the direction of wider children's services looking across education, SEND and social care (as well as links to health), but if not properly thought through it could be problematic. In implementing the review's reforms, government should consider the full interplay between the different reforms both to ensure strategic alignment and the overall capacity of local authorities and others to engage. Government should set out its version of this plan when it responds fully to the review.

Glossary

Adoption - The legal process of a 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 (CO) - 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 arrangements order (CAO) - A child arrangements order decides where a child lives, when a child spends time with each parent, and when and what other types of contact take place. Often, they are used to regulate arrangements between parents who have separated, but they can also be made as the legal basis for kinship care arrangements.

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 protection plan - A child becomes the subject of a child protection plan if they are suffering or are likely to suffer from significant 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 three months and then at intervals of not more than six months.

Director of Children’s Services (DCS) - The local authority officer with professional responsibility for the leadership, strategy and effectiveness of local authority children’s services, covering education and social care for children and young people.

Education, Health and Care Plan (EHCP) - An Education, Health and Care (EHC) plan identifies educational, health and social needs for children and young people aged up to 25 and sets out the additional support to meet those needs. EHCPs are drawn up for children and young people who need more support than is available through special educational needs support, following an assessment by the local authority.

Early Career Framework (ECF) - The review is recommending the introduction of a five year Early Career Framework for children and family social workers, to replace the current one year Assessed and Supported Year in Employment (ASYE) for newly qualified social workers.

Early help - Early help is defined in Working Together as “providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years.” See also: Targeted early help

Expert Child Protection Practitioner - the review is recommending these practitioners hold child protection cases with Family Help, they will be experienced social workers who have demonstrated knowledge and skill by completing the five-year Early Career Framework.

Family Help - The review uses the term ‘Family Help’ to refer to the support for any family facing significant challenges that could pose a threat to providing their child with a loving, stable, safe family life. This ranges from families who currently receive targeted early help to those who are on a child in need or child protection plan.

Family Network Plan - The review is calling for the introduction of Family Network Plans, which will be family led proposals which keep children within their family networks. This plan should be based on a family group decision making process and should be introduced at the critical stage of pre-proceedings and before a case reaches the Public Law Outline (PLO).

Initial assessment/child in need assessment - An assessment carried out 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.

Integrated Care Systems (ICS) - Partnerships between the NHS, local authorities and other organisations that coordinate services to meet health and care needs across an area.

Kinship care - Kinship care is a broad term used to refer to arrangements where a child lives with family members or connected persons such as friends. Kinship care can be provided informally, or through a legal permanence order such as an SGO or CAO. The review is calling for the government to develop a new legal definition of kinship care.

Looked after child / 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.

Multi-agency safeguarding arrangements - Local arrangements for safeguarding partners (currently local authorities, integrated care systems and the local chief officer of police) as set out in the Children and Social Work Act 2017. These arrangements provide strategic leadership to coordinate safeguarding services.

Multidisciplinary team - A team that brings together staff with a range of skillsets, often from different disciplines or professions.

Munro Review - 2010-11 independent review of child protection in England, carried out by Professor Eileen Munro.

National Children's Social Care Framework - The review is recommending the government agree a national framework to set the objectives, goals and values and guide underpinning practice for all those delivering children's social care, accompanied by a balanced scorecard to measure success.

National Data and Technology Taskforce - The review is recommending the government establishes a taskforce to coordinate local authority and national action to achieve progress on use of data and technology.

National Practice Group - The review is recommending the government establishes a National Practice Group to take oversight of setting direction on questions of practice in children's social care, including the voices of practice, evidence and lived experience.

National Reform Board - The review is recommending this Board is established to oversee implementation of the review's recommendations and monitor system feedback.

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. The pre-proceedings process is a chance for parents and children's services to work together.

Public Law Outline (PLO) - 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.

Regional Care Cooperative (RCC) - The review is recommending the government establish up to 20 Regional Care Cooperatives to run and create new public sector fostering, residential and secure care within the region, and commission not-for-profit and private sector care for children as necessary.

Section 17 - Section 17 of the Children Act 1989 places a general duty on all local authorities to 'safeguard and promote the welfare of children within their area who are in need'. See definition of 'children in need'.

Section 20 arrangement - A child becomes looked after by a local authority without a court order if: a voluntary agreement between children's services and either the child's parent or another person with parental responsibility; there is no one to look 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.

Secure Training Centre (STC) - secure custody centre for people aged up to 17 that provides education and training following a school day timetable.

Shared Care - A broad term that spans a number of formal or informal arrangements intended as a way of working with parents to support them or to avoid children needing to enter care. This may include arrangements with extended family members, foster carers, residential children's homes, or boarding schools.

Special Guardianship Order - A special guardianship order is an order appointing one or more individuals to be a child's 'special guardian'. The order places a child with someone permanently and gives this person(s) parental responsibility for the child. This order is intended for those children who cannot live with their birth parents.

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 three years in total from the date of the first order

Targeted early help - As early help is a broad term, with some work spanning into universal services at much lower levels of need we use the term "targeted early help" throughout the report. Whilst there is not one common definition for the term "targeted early help", in literature and across local threshold documents, the provision of "early help" tends to be split into two categories: early help which is led by a single agency and is usually delivered within universal services; and multi-agency early help which is more intensive to serve children and families with multiple and complex needs. For example, in their rapid review of early help, the National Children's Bureau refers to the need to understand the distinction between early help which uses more universal provision, operating on a public health model, and targeted early help which manages complex needs through casework (Edwards et al., 2021). In using "targeted early help", we are referring to this latter category of work with children and families. See also: Early help

Virtual School Heads - Local authority leaders responsible for improving the educational outcomes of children with a social worker.

What Works for Children's Social Care (WWCSC) - Research and evaluation organisation (What Works Centre) that brings the best available evidence to practitioners and other decision makers across the children's social care sector, to improve outcomes for children, young people and families.

Working Together (Working Together to Safeguard Children) - Statutory guidance on safeguarding for local authorities, local safeguarding partners and other relevant organisations.

Young Offender Institution (YOI) - secure custody centre for people aged 15 to 21, run by the Prison Service and private companies.

Statement on evidence

The main report should be read in conjunction with the accompanying annexes that describe the wider evidence base for the recommendations made by the review.

Quality assurance of the main report and supporting annexes involved checking the use of every citation, statistic and reference to current law and policy within these documents. Each of these items was checked by a member of the review team who had not worked on that chapter. This process was overseen by the review's analytical team. Any citation or data from a government source was also quality assured by the Department of Education's Children's Social Care Analysis and Research Unit. Finally, the review's Evidence Group were given early copies of the report and annexes (working in subgroups) and asked for their feedback on the use of evidence.

The review is not a systematic evidence review. To appraise the quality and effectiveness of proposals, evidence was assessed from a range of sources based on strength, precision and relevance. For example, systematic reviews or randomised controlled trials were considered over correlational observation studies. Where no evidence of replicable interventions has been found, we relied on lower quality evidence, including correlational evidence, case studies, expert opinion, or logic models. For all recommendations, we triangulated the widest possible range of evidence (including lived experience) to appraise different proposals.

Gathering evidence and learning from research

The review team included researchers, analysts and economists. External scrutiny of the review's approach was provided by the Evidence Group comprising a range of research perspectives and experts in children's social care. The Group's role was not to endorse recommendations but to act as a sounding board on evidence interpretation, identifying gaps, and providing feedback on the drafting and costs of emerging recommendations.¹²³

The review developed a number of tools to gather, explore and learn from the latest research and evidence, and the main such tools are described below. Through

¹²³ The full terms of reference and membership of the group can be accessed at <https://childrensocialcare.independent-review.uk/wp-content/uploads/2021/04/Evidence-Group-Terms-of-Reference.pdf>, and the Evidence Group meeting minutes can be accessed at <https://childrensocialcare.independent-review.uk/groups/>.

engagement and participation work, the review heard from 2,000 people with lived experience and 2,800 people working with children and families.

At the start of the review, a formal evidence gathering process was carried out through the Call for Evidence. This was targeted at the research community, and received 207 responses.¹²⁴

New research and analysis was commissioned, including 18 pieces of work from What Works Children's Social Care. The Early Intervention Foundation were asked to bring together the best evidenced interventions that address a range of different needs experienced by children and families. Four analytical projects were commissioned by the review from DfE's Children's Social Care Analysis and Research Unit, and an exploratory analysis from the DfE's Data Science Lab. A number of these have been published alongside or ahead of this report, which we hope will significantly advance our understanding of the children's social care system. The areas for research were identified through a gap analysis exercise carried out by the review team following the publication of the Case for Change.

Alma Economics were commissioned to estimate the costs associated with the current children's social care system and the cost-effectiveness of the review's recommendations.¹²⁵

Using a deep dive methodology, the review carefully constructed a sample frame of ten local authorities, and spent 30 days interviewing practitioners and leaders from children's social care and partner agencies as well speaking to children and adults with lived experience to enhance our understanding of how local, regional and national issues interact and produce outcomes for children and families.¹²⁶

The review convened 17 evidence seminars, covering topics such as inequalities and intersectionalities in the children's social care system, decision making in children's social care, safeguarding teenagers, observing and evaluating direct social work practice,

¹²⁴ A thematic summary of responses can be accessed at <https://childrensocialcare.independent-review.uk/wp-content/uploads/2021/06/case-for-change-supporting-evidence.pdf>

¹²⁵ The report estimating the social costs of adverse outcomes for children who have a social worker and spending on children's social care and associated public services can be accessed at <https://childrensocialcare.independent-review.uk/wp-content/uploads/2021/11/Paying-the-Price.pdf>. The modelling assumptions related to costing of the review's recommendations can be accessed at [URL PENDING].

¹²⁶ [URL PENDING]

interaction between children's social care and other public services, approaches to system change and programme evaluation, as well as historical trends in children's social care.

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