



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

# **Recommendation Annexes**

**Research report**

**May 2022**

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

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# Chapter Two: A Revolution in Family Help

## Rationale

**There is not enough help for families: resources available for help and support are limited and vary significantly between areas**

At present, we hold very little information about what help families are getting. There is no standard data collection at early help and the child in need dataset does not include information on the type or intensity of services provided to children and their families (Research in Practice, 2022; Emmott et al., 2019).

The data we do have suggests that help varies significantly depending on where children live. Analysis by Action for Children found large and unexplained variations between local authorities that are not explained by underlying need, with help being provided to <1% of children in some places to >15% in others (Action for Children, 2022). A similar study of early help found that rates of early help provision varied considerably from 7.8% to 0.33% of the local child population (Lucas & Archard, 2021). In 2017/18, the average local authority spend on a child in need intervention ranged between £566 and £5,166 (National Audit Office, 2019).

The impact of this is that many families do not get the support they need. An assessment of early help cases found that opportunities to intervene earlier with families were missed in nearly half of cases due to delays in information sharing and in service provision following assessment. They also found “significant variability” in the effectiveness of shared accountability arrangements and the coordination of local early help services (Ofsted, 2015).

A review of child in need case files by What Works Centre for Children’s Social Care (WWCSC) commissioned by the review found that use of direct work with parents and children with child in need status is variable, with variation in the frequency of direct work, approach taken, and use of tools and resources to facilitate it, as well as

how this is recorded (What Works for Children’s Social Care, 2022). The review of case files also found that, despite a range of support offered internally and externally, there are gaps in support available to families with a child in need plan. In particular, case files reflected difficulties accessing timely specialist support, particularly for child and parent mental health support.

These gaps in service provision were mirrored in our deep dives where we asked to what extent does the support available meet families’ needs. Practitioners generally agreed that there was not enough help for families, and we repeatedly heard about the same gaps in service provision across different areas, including: interventions for perpetrators of domestic abuse; youth provision; mental health support for both parents and children; and housing support. This also reflects pressures in access to wider support for families described in Chapter One of the review, such as health visiting, domestic abuse services and adequate housing. In some local authorities we visited and during some of our engagement, practitioners commented that there was more help available at early help compared to child in need - particularly in terms of frequency of visits to families (The independent review of children’s social care, 2022b).

A significant reason for inadequate help is resources available locally. Spending has shifted towards acute services and meeting statutory duties. Between 2012/13-2020/21, gross spending on non-safeguarding children’s services decreased by 38% in real terms (Department for Education, 2021c). Local authorities have finite budgets and have responded to financial pressures by reducing spending on preventative children’s services and increasing spending on more acute social work (National Audit Office, 2019).

**The statutory framework encourages gatekeeping, assessment, referral and monitoring of families which is resource intensive and breaks relationships**

The system’s current design has hardwired handovers and additional points of assessment and referral for families, breaking relationships throughout their interaction with the system. Section 17 of the Children Act 1989 gave local authorities a duty to “safeguard and promote the welfare” of children who are

unlikely to reach “a reasonable standard of health or development” without support, and of children who are disabled.<sup>1</sup> Support is offered on a voluntary basis to families and the Act is explicit that, wherever possible, local authorities should “promote the upbringing of such 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.

However, the original intention of section 17 to promote children’s welfare, alongside safeguarding, was never universally realised and concerns were raised from early in its implementation (including by the Audit Commission and government commissioned research) that effective implementation was slow, and its family support aspirations only partially realised (Research in Practice, 2022). Over the years, government policy has also increasingly prescribed how assessments at child in need should be done, making this work increasingly inflexible.<sup>2</sup> “Safeguarding” has become the shorthand for “safeguard and promote the welfare of children”.<sup>3</sup> Services and support are reserved for those considered most at risk, rather than those most in need (Cooper, 2021). This is reflected in what families have told the review about feeling monitored and investigated when they ask for help (The independent review of children’s social care, 2022a).

The concept of early help (as an offer beyond universal services) was first

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<sup>1</sup> Section 17 (1) of the Children Act 1989 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 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.”

<sup>2</sup> *The Framework for the Assessment of Children in Need and their Families* was published in 2000, replacing previous practice guidance from 1988 (*Protecting Children: A Guide for Social Workers Undertaking Comprehensive Assessment*), in response to shortcomings in assessment (including over investigation of families) (Munro, 2011). Although Munro endorsed the underpinning principles of the framework, she concluded that, in combination with performance targets and other processes, “they are driving practice in dysfunctional ways and limiting professionals’ ability to take responsibility for determining how to implement the principles in their practice”. Following Munro, the guidance was slimmed down and some flexibilities piloted, but many of the requirements remain (e.g. on the timescales for assessments and that they should be completed by a social worker). In practice, social workers have told the review that assessment can still be overly process focused (The independent review of children’s social care, 2022b).

<sup>3</sup> An example of this is “safeguarding partners” who have a statutory duty to make arrangements to exercise their functions for the “purpose of safeguarding and promoting the welfare of children” as set out in the Children Act 2004 16E.

introduced in 2004 through the Common Assessment Framework and was explicitly defined in 2013 following the Munro Review of child protection, filling the gap that was left by both the failure to fully implement section 17 and reductions in universal family support services such as Sure Start (Research in Practice, 2022).

The operationalisation of early help as something separate from children's social care was embedded through the Troubled Families (now Supporting Families) Programme in 2011, providing resources for work with families not framed as part of children's social care. As resources have become more constrained, early help has increasingly become a pressure valve for child in need work, 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 maltreatment concerns being managed under section 17, and less support available for families with lower levels of need.

A demonstration of early help increasingly taking on families who need a lot of help is that, since early help was introduced as a category, the proportion of cases going through to social care has decreased from 30.4% to 25% between 2012/13 and 2019/20, with 'pass to early help services' increasing from 0% to 15.9% - suggesting early help may be taking cases that would previously have been dealt with under section 17 (ADCS, 2021). Early help work is also increasingly being modelled as an extension of statutory children's social care. In a 2017 survey of 129 local authorities, one quarter reported using Signs of Safety (which describes itself as a child protection practice approach) as their early help model (Lucas & Archard, 2021).

The separation of early help from child in need is a workaround and introduces an additional, often arbitrary, referral and assessment point in the system. 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. A review of early help practice noted the prevalence of targeting and assessment-driven processes in how early help services engage children and families, as well as the connection to local thresholds and managing demand for statutory services (Edwards et al., 2021). Some have noted that early help's

introduction was associated with high proportions of children being referred and assessed and rapidly increasing numbers of investigations, thus questioning its ability to prevent entry to the child protection system (Bilson & Martin, 2017).

This hand-off point means resources are spent gatekeeping and assessing against thresholds which could otherwise be directed towards helping families, and these thresholds change for families depending on where they live. For instance, a report by the Children's Commissioner about support for young carers found that a focus on identification and assessment meant support was often overlooked (Children's Commissioner, 2016). The number of initial assessments that found a child was not in need increased from 19% in 2012/13 to 30.5% in 2020/21 (Department for Education, 2021a). Research also shows that areas with high demand and high deprivation experience greater financial pressures which leads them to screen out more cases, work with families for shorter periods of time, spend less per child on child in need, and experience greater workforce churn. In contrast, local authorities that are less deprived overall have more resources relative to the level of demand and adopt a more interventionist approach to child welfare (Hood et al., 2020).

This is stressful for families. A study aiming to capture the perspectives of families interacting with social care found that understanding how services were organised, who they catered for, and their entry and exit points was often frustrating and a source of stress in itself alongside the wider challenges families are facing. It also found that repeated changes in workers led to a "dance of responsibility" by agencies, causing high levels of frustration among families caught between services trying to determine who should provide support (Morris et al., 2018). This is mirrored in the review's engagement with families, where there has been a clear message that they want continuity in the professionals they work with (The independent review of children's social care, 2022a).

As well as causing stress for families, the National 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 (The

Child Safeguarding Practice Review Panel, 2021).

**There is a lack of clarity and consistency about the outcomes child in need and early help work should be achieving, or which families are eligible for support**

Part of the reason for the failure to implement the intentions of section 17 is a lack of clarity at a national level about who should be considered in need and what support they should be receiving (Cooper, 2021). At present, *Working Together* leaves this to local discretion, setting out that safeguarding partners should publish a “threshold document”, setting “local criteria for action”, including: how an early help assessment should be undertaken; the type and level of early help services available; and the criteria and level of need for a child to have child in need status (Working Together to Safeguard Children, Department for Education, 2018).

Local thresholds differ between areas and prescribe different levels of intervention and support for children with very similar needs, or who are facing very similar risks (Clements & National Children’s Bureau, 2018). The review of case files by WWCS found a considerable variation in the reasons for using child in need plans - including to address a wide range of family risks, contextual risks and parent and child needs, all ranging from high complexity and risk to instances where there is no safeguarding concern. Parental or caregiver engagement appeared to be another key factor in deciding whether a family should have child in need status; this was also reflected in our deep dives. For example, concerns about engagement might lead to escalation from child in need to child protection even where there is a low level of risk (What Works for Children’s Social Care, 2022; The independent review of children’s social care, 2022b). This is a demonstration of the lack of clarity which exists in the system, manifesting as variable experiences of support for and scrutiny of families.

A recently published paper also highlights inconsistencies in how local authorities identify need, resulting in wide disparities in the services provided under section 17 (Research in Practice, 2022). Ofsted has also found that planning for early help services was generally not informed by robust needs assessments (Ofsted, 2015).



## **Too often, the help that is available is poorly evidenced and does not effectively engage families or target their needs**

Whilst there is lots of good work that happens with children and families at early help and child in need, not all work is addressing their needs. Part of this is as a result of the above described culture of gatekeeping, monitoring and assessments - for example, research has found that social workers' meetings with families were frequently procedural, defined by the need to gather pre-specified types of information rather than working with families to create change (Forrester et al., 2018). This is reflected in the WWCSA's review of child in need case files across four local authorities which found significant variation in support offered. In two of the authorities, they found that home visits as part of child in need plans appeared to be most often focused on monitoring families through general check-ins as opposed to conducting direct work with families to address their needs, with little evidence of direct work to explore the issues bringing families to the attention of social care (What Works for Children's Social Care, 2022).

Another reason for families' needs not being addressed is there is often a significant gap between what the evidence tells us is effective, and what is actually being commissioned and delivered for children and families (Early Intervention Foundation, 2018). The Early Intervention Foundation has highlighted a range of well-evidenced interventions to improve children's outcomes, including Generation PMTO (Parent Management Training Oregon model), Child First Parent-child Interaction Therapy (PCIT), and Multisystemic Therapy (particularly the Building Stronger Families version) for families with higher levels of need (Early Intervention Foundation, 2022). However, even where good evidence exists, implementation plays a significant part in whether it is effective. Multiple factors can impact high-quality implementation, including difficulty in identifying the right interventions and having the workforce equipped with the right skills and knowledge to deliver them (Early Intervention Foundation, 2018).

There are also significant gaps in our understanding of what works to address some of the most prevalent issues facing families in the children's social care system. For example, the quality of evidence for interventions which effectively help parents with

substance misuse problems is limited, and Dame Carol Black's recent review of drugs highlighted gaps in research on substance misuse treatment and recovery (Early Intervention Foundation, 2018; Black, 2021). There is also poor evidence of what works to support children who are at risk of, or have experienced, domestic abuse, as well as what is effective in tackling perpetrators (Early Intervention Foundation, 2021a; McBride, 2018). The Early Intervention Foundation, Race Equality Foundation and Action for Children have also identified challenges in relation to the engagement of ethnic minority families with family support services<sup>4</sup>. This is significant when there is evidence that the system is failing to address the needs of different groups of children before they escalate. For example, research by the Department for Education (DfE) 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% of Black and Asian children respectively (Ahmed & James et al., 2022).

There is also a lack of recognition of families' socio-economic circumstances in recording and planning for their needs. Despite income and deprivation being amongst the leading factors associated with the need for social care involvement, research shows that factors recorded by local authorities for families needing early help did not mention poverty or housing as factors - either suggesting these reasons were consistently excluded as reasons for helping families, or may have been included but not considered relevant enough to reflect in paperwork (Edwards et al., 2021; Lucas & Archard, 2021). A recent review of evidence, which further reinforces the contributory causal link between economic circumstances of families and experiences of child abuse and neglect, also highlights that child protection systems and services are not effectively engaging with the impact of income, employment and housing conditions on families and children (Bywaters & Skinner, 2022). Moreover, none of the 40 factors at assessment that can be recorded by social workers include information about a family's socio-economic circumstances, such as poverty, unemployment, low income, debt, precarious or unsuitable

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<sup>4</sup> 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.

housing (Hood et al., 2021).

Engagement and the relationship with families can also be poor which impacts the quality of help they receive. Parents in the UK have lower levels of satisfaction with social care compared to other services, and levels of dissatisfaction were higher for parents from lower socio-economic groups (Wilkins & Forrester, 2020). In some cases, relationships between families and social workers can be hostile or based on mutual suspicion (Ferguson et al., 2020). Amongst the top three reasons for families not receiving support, as reported to the review by social workers, was children's social care closing the case because family members were not engaging (49% of 103 respondents) (What Works for Children's Social Care, 2021).

The WWCSA's review of child in need case files also found that, despite child in need being consent based, and a heavy emphasis on parent and child's voices in the social worker's accounts of their work and observed in case files, the parents spoken to as part of the research did not always feel involved in developing their plans, and some were not aware of what their goals were. In one authority, the research found that goals put the onus on parents to engage, rather than for the service to involve them e.g. "Mother superficially engages" and "Dad declined to engage - case closed to FGC after several attempts" (What Works for Children's Social Care, 2022).

### **The combined impact of these factors is that children achieve poor outcomes and are in care when they could have remained at home**

The number of children in care has increased by 25% since 2009/10, and gross spending on safeguarding services increased by 31% in real terms between 2012/13 and 2020/21 (Department for Education, 2021b; 2021c). Recent research has also identified that 10,000 additional children entered care between 2015 and 2020, linked to rising child poverty (Bennett et al., 2021). As detailed in Chapter One, children in need (most of whom never enter care) are more likely to have poor outcomes across a range of factors.<sup>5</sup> Work by Alma Economics for the review

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<sup>5</sup> See: Children in need of help and protection - CIN review: final data and analysis (June 2019)- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/809108/CIN\\_r](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809108/CIN_r)

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

## Recommendations

- 1. 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.**

This recommendation will bring together the work currently undertaken at “targeted early help” (see below for definition) with work undertaken at section 17 to form a new single offer of Family Help, reclaiming the original intention of section 17 of the Children Act 1989 to safeguard and promote the welfare of children who are unlikely to reach a reasonable level of development, including through promoting the upbringing of children by their families where possible. This will simplify the system for families, reducing handover points which are complicated to navigate, break relationships, and create a transition point which impacts safety. Creating a single category of Family Help will move resources away from gatekeeping and assessing against thresholds, to maximising support for families which is whole family in nature and designed to flexibly meet the needs of children and families.

### What does the review mean by “targeted early help?”

Throughout the review’s recommendations we refer to “targeted early help”. This is because early help is a broad term. *Working Together* describes early help as follows: “*Providing early help is more effective in promoting the welfare of children than reacting later. Early help means 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. Early help can also prevent further problems arising; for example, if it*

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[eview\\_final\\_analysis\\_publication.pdf](#) and Education, children’s social care and offending - descriptive statistics (March 2022) - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1059556/Education\\_children\\_s\\_social\\_care\\_and\\_offending\\_descriptive\\_stats\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1059556/Education_children_s_social_care_and_offending_descriptive_stats_FINAL.pdf)

*is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.”*

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 or more intensive early help 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 a proxy measure (ADCS 2021a). Based on this, we estimate there are roughly 200,000 children who are in receipt of what we call “targeted early help”. In the absence of standard nationally collected data at early help, this is our best available proxy measure for the number of children and families who are subject to “targeted early help” 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.

- 2. 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 local Family Help Teams to respond to families’ needs.**

This recommendation will give more clarity to both professionals and families about

which children and families should be supported as part of Family Help, and the type of support they can expect to receive. There will be a common understanding of who can be supported through Family Help, based on the principle of it being targeted towards families facing significant challenges that could pose a threat to providing their child with a loving, stable, safe family life; this would include help for families who are currently receiving targeted early help, or have a child in need or child protection plan. The national definition will recognise specific groups which may need more support, whilst providing flexibility for how families are helped which does not necessarily rely on individual assessments.

*Working Together* currently includes information about groups who are likely to need help. 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

In addition to these groups, we have identified further groups where evidence suggests they may need additional support through Family Help.

- **Parents whose children have been removed (including intensive support for parents who have had repeat removals to prevent this from occurring again).** Throughout the review, we have heard multiple testimonies of a lack of support provided to birth parents following the removal of their child (The independent review of children's social care,

2022a). It's critical that this support is in place, both for the parents' sake following what is a traumatic experience, and to support more children to stay safely with their families in future. One in four mothers who have been through care proceedings will enter into a second set within seven years, and 60% of these happen in short succession of one another. The majority of those returning had the same persistent problems in their second care appearance as they did with their first (Broadhurst et al., 2017). Post-removal support programmes, such as Pause, Positive Choices and Mpower, can make a positive difference for parents (McCracken et al., 2017; Boddy et al., 2020; Cox et al., 2015). Yet, according to recent research, there is currently no recurrent care service available in at least 49 local authority areas (C. Mason & Wilkinson, 2021).

- **Support for care experienced parents.** 40% of mothers who have had more than one child removed spent time in care as a child (Broadhurst et al., 2017). Throughout our engagement, we heard that care experienced parents felt stigmatised when pregnant. They felt that professionals take an investigative role rather than a supportive approach, with assumptions made about their capacity to parent because of their care experienced status. This was alongside descriptions of a lack of support being available because of an absence of strong relationships and networks built during their time in care (The independent review of children's social care, 2022a). Care experienced parents may need support as a result of their experiences or circumstances, and should have ready access to non-stigmatising help where needed to help counter intergenerational cycles of care.

Family Help may also provide support for kinship carers and adopters, on top of existing offers where they are struggling and so meet eligibility for Family Help. This would be on top of the additional support offer described in more detail in Chapter Four.

- 3. Local Family Help services 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.**

This recommendation will create a front door to services which is more flexible, responsive and accessible. Families will be able to have a conversation with Family Help Teams about any concerns, and both families and professionals will be better informed about wider sources of help - enabling better signposting of families to universal and community support that they may not be aware of where a family does not need more intensive support. The front door design of the Leeds Family Valued model is one example of this type of working (Mason et al., 2017). Assessment of need will be a helpful and tailored process for families which is not led by timescales for completion, but by the family's individual circumstances and providing them with help as soon as possible.

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

This recommendation will ensure that the local Family Help offer is a highly targeted service led by robust, data led needs assessments, pulling on the intelligence and knowledge of multiple agencies and the local population's footprint. Giving national direction to Family Help will ensure three further key features are common to all areas: the use of multidisciplinary teams, with the most appropriate lead building direct relationships with families and doing skilled work; harnessing the power of community support in delivering Family Help; and Family Help Teams being visible and embedded within neighbourhoods through placement in community venues and serving a locally defined neighbourhood footprint.

**Multidisciplinary teams**

An evaluation looking at features of successful projects in the first round of the DfE's Innovation Programme identified a multidisciplinary skill set as one of seven features



of effective practice.<sup>6</sup> The Social Care Institute for Excellence has also highlighted that multidisciplinary teams can help to achieve positive outcomes for those with complex needs (Social Care Institute for Excellence (SCIE), n.d.). There are multiple examples of effective multidisciplinary teams in public services.

- The evaluation of the Hertfordshire Family Safeguarding Model highlights that the integration of specialist adult workers within social work teams is the foremost success factor of the model (Rodger et al., 2020).
- Stockport Family is a multidisciplinary service with a locality based model, including youth offending Services, drug and alcohol services, services for young people, children's centres, family support workers and early help, health visitors, school nurses, and community midwives. Co-location and the restructuring of teams around three localities has resulted in improved communication and co-operation within the organisation, allowing professionals and families to draw upon the right intervention, specialist knowledge, and skills when needed (Panayiotou et al., 2017).
- We also saw examples of multidisciplinary teams on our deep dive visits. For example, Wolverhampton has a multidisciplinary intensive support team, Power2, which works with young people aged 11-25 at risk of or currently involved in exploitation. The Power2 Service is an integrated multidisciplinary, multi-agency partnership between children's social care, adult social care, Wolverhampton Clinical Commissioning Group, public health and the voluntary sector. The team includes an educational psychologist, a speech and language worker, children's and adults' social workers, a drug and alcohol worker and a drama therapist. Power2 also includes key workers from the voluntary sector, some of whom have lived experience which helps engagement with young people and families (The independent review of children's social care, 2022b).

In designing multidisciplinary teams, local authorities should refer to their population needs assessment and build a team which addresses the needs of the community. However, the National Children's Social Care Framework should set direction on

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<sup>6</sup> See: <https://innovationcsc.dev.bbdtest.co.uk/wp-content/uploads/2018/03/3.-Seven-features-of-practice-and-seven-outcomes.pdf>

what an effective multidisciplinary team could look like based on recurrent needs seen at a national level. Based on the evidence of common needs of families, some of the practitioners we suggest might be part of a local multidisciplinary team are set out below.

### **Parental needs:**

- **substance misuse practitioner:** in 2020/21, 15% of child in need assessments reported parental alcohol misuse (increasing by 14% since 2017/18) and 15% reported parental drug misuse (increasing by 16% since 2017/18) as a factor identified that contributed to the children being in need (Department for Education, 2021a)<sup>7</sup>
- **domestic abuse practitioners:** this would include professionals who support victims and those who work with perpetrators, including probation officers - in 2020/21, concerns about parental domestic violence remained the most common factor identified at the end of assessment, with 34% of child in need assessments reporting parental domestic violence (increasing by 9% since 2017/18) (Department for Education, 2021a)
- **mental health practitioner:** in 2020/21, 32% of child in need assessments reported concerns about parental mental health (increasing by 22% since 2017/18), making it the second most common factor identified at the end of assessment (Department for Education, 2021a)

### **Child needs:**

- **speech and language therapist:** evidence suggests speech and language needs are particularly prevalent amongst those involved in children's social care. For example, 58% of young people screened as part of the No Wrong Door project were identified as having speech, language and communication needs (Lushey et al., 2017). Research further shows that language skills of children who have experienced abuse and/or neglect are delayed when compared to children who have not, supporting the argument for early

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<sup>7</sup> 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.

detection of language problems in abused and neglected children to address their needs (Sylvestre et al., 2016)

- **child and adolescent mental health practitioner:** in 2020/21, 16% of child in need assessments reported child mental health as a factor (increasing by 35% since 2017/18) (Department for Education, 2021a). Across multiple areas the review visited as part of our deep dive research, support for mental health and wellbeing was identified as a key need in the community which isn't being adequately met (The independent review of children's social care, 2022b)
- **youth worker:** similarly across multiple deep dive areas and in our workforce engagement, the value of youth provision was highlighted, as well as it being described as a prominent gap in services for young people in many areas (The independent review of children's social care, 2022b). The government's Youth Review established the importance of youth services to young people,<sup>8</sup> but we know access has become increasingly difficult as provision has been cut. With teenagers forming the largest growing cohort in both child protection and care, we are of the view that youth workers could be a valuable addition to multidisciplinary Family Help Teams

## Community support

Family support services work best when building relationships with other local services such as schools, youth services, health care and the police. This enables them to reach families earlier and before problems become entrenched. Good family support is more effective when it includes outreach work - for example, workers going into schools to talk to parents directly. The *See, Hear, Respond* programme run by Barnardo's in response to COVID-19 showed that working with smaller delivery partners and local promotion to enable families to come forward was key to its success in helping families (Smith, 2021).

## Locality focus

Family Help Teams should be rooted in the communities they serve so they can get

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<sup>8</sup> Youth Review: Summary findings and government response - <https://www.gov.uk/government/publications/youth-review-summary-findings-and-government-response/youth-review-summary-findings-and-government-response#summary-findings>

to know families, voluntary groups, schools and other community based institutions, so they can access families and make more responsive decisions. 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, 2021b). Pilots of social workers in schools have also demonstrated the potential of building better relationships with children, families and partners (Westlake et al., 2020). The community venues which Family Help Teams are based out of should be decided in consultation with their communities.

### **Population health management approach and best evidenced interventions**

The design of local Family Help offers must be in response to a robust and deep understanding of the needs of families in their neighbourhood footprint. As outlined above, there are currently inconsistencies and a lack of capability in identifying needs, which impacts how well families are being supported. The quality of these needs assessments should be interrogated by Ofsted as part of their new framework to ensure families can access the help they need.

The delivery of help to meet these needs should pull on the best evidence. The Early Intervention Foundation has highlighted various evidence based programmes which would help to strengthen local Family Help services where commissioned in response to a good understanding of local need. They have 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 the Building Stronger Families version of Multisystemic Therapy (Early Intervention Foundation, 2022).

- 5. Government should make an upfront investment of £2 billion in supporting local authorities and their partners to implement the proposed transformation in Family Help. National government pots of funding should be mainstreamed into this funding stream and 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.**

This recommendation will enable the system changes described above to take place, allowing areas to invest in rebalancing their local system towards helping families. This investment will improve outcomes for children and families, allowing more children to safely stay with their families and reduce the need for future social care support - in turn making more resources available to invest in helping more children and families. Investment can also help to counter the impact of deprivation on the children's social care system, allowing areas with high levels of deprivation to invest in helping families. As described in Chapter Two, many London local authorities with higher spending power have lower rates of children in care than would be expected given their levels of deprivation.

A dedicated fund for Family Help which is distributed by deprivation will allow the largest amount of resources to go to areas with the greatest level of need, and we would expect to see 16,400 more children remaining safely with their families by 2031/32, and savings of £516 million in care costs over the next five years (see cost benefit section below for more detail).

Aligning national funding pots which fund activity in the remit of Family Help will increase overall investment and create better alignment of spend across government, improving decision making, and lessening inefficiencies and reporting burdens.

A long term ring-fence for Family Help funding will ensure the system changes described above form a permanent shift of resources. It will protect investment against pressures on local authorities which create a focus on demand management and increase spend on acute services, and instead allow for the uplift and maintenance of resources directed towards achieving sustained and positive change for children and families before they reach crisis point.

- 6. 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.**

This recommendation will set out what outcomes Family Help should be trying to achieve with families, capturing a wider set of outcomes relevant to safeguarding and promoting the welfare of children in line with the updated Supporting Families Framework<sup>9</sup>, rather than being focused on reducing demand for children’s social care.

As part of recommendations to improve the data available, the government should also improve how these outcomes are measured, including on domestic abuse where we are currently reliant on local measures that are not comparable and often focused on service outputs rather than outcomes.<sup>10</sup> These measures should also be supplemented by a new family engagement measure that captures families experiences of the Family Help.

Government should track the impact of investment on these different outcomes when adjusted for deprivation. This transparency about how investment translates into meeting families’ needs is critical to the success of the policy, but the territory of outcomes management, if handled without care, can result in the worst excesses of New Public Management. Therefore, the implementation of this should follow the principles set out in Chapter One, providing transparent information that allows the system to learn and improve.

The National Children’s Social Care Framework will also set the key features of how help should be delivered as set out in recommendation four in this annex, such as the use of multidisciplinary teams rooted in communities, and will outline best available evidence on how to deliver this help.

## **7. Alongside recommendations to strengthen multi-agency partnerships and the role of the Director of Children’s Services, the government**

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<sup>9</sup> 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, 2022)

<sup>10</sup> This should build on work currently underway by the National Institute for Health and Care Research (NIHR) to bring consistency to measures of domestic abuse and child maltreatment. See: [https://www.ucl.ac.uk/children-policy-research/sites/children\\_policy\\_research/files/cos\\_brief\\_projectcomplete\\_241121.pdf](https://www.ucl.ac.uk/children-policy-research/sites/children_policy_research/files/cos_brief_projectcomplete_241121.pdf)

**should consider legislation to put the existence of multidisciplinary Family Help Teams on a statutory footing.**

This recommendation complements broader recommendations made in Chapter Eight to clarify the scope of multi-agency arrangements, including a clearer distinction between the strategic role of safeguarding partners and the operationalisation of these arrangements, led by the Director of Children’s Services. To further ensure the Family Help offer is well aligned across partners, including the secondment of staff into multidisciplinary teams, we recommend that partner contributions towards the delivery of Family Help are set out as a condition of receiving funding in the short term. In the long term, we think there is value in considering placing multidisciplinary teams on a statutory footing to ensure this reform is embedded. For example, the Crime and Disorder Act 1998 legislates for multidisciplinary youth offending Teams, placing a duty on the local authority to establish these teams and on partners to co-operate in discharging this duty. This legislation also sets out which staff should be included in these teams. However, we don’t believe this level of prescription should be established in legislation, and instead teams should be designed in response to robust assessment of local need with reference to the National Children’s Social Care Framework.

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

The reformed Ofsted framework, described in detail in Chapter Eight, should focus on the quality and proportionality of interventions used with families in Family Help, including interrogating how risk has been understood and balanced, and assessing how effectively Family Help Teams engage families. Ofsted should also assess the quality of population needs assessments and how effectively services respond to identified needs.

**9. Government should ensure alignment in how the proposals in the SEND and AP Green Paper and this review are implemented. Government**

**should ask the Law Commission to review the current patchwork of legislation that exists to support disabled children and their families.**

The review's recommendations on Family Help will provide a step change in how disabled children and their families experience the children's social care system, through reducing stigma, clarifying eligibility for support, and increasing the resources for families. The government should make sure the recently published Green Paper on supporting children and young people with Special Educational Needs and Disabilities (SEND) and in Alternative Provision (AP) and the review's proposals on Family Help are aligned, but it should go further and address the outdated legal framework for social care of disabled children by asking the Law Commission to review the patchwork of legal duties which exist for this cohort.

## **Costs and benefits**

The revolution in Family Help services will see local authorities spending an additional £2.4 billion over the next five years, returning £517 million cash savings to public finance, which will lead to an overall cost of £1.9 billion in delivering Family Help. Local authorities will save £439 million, ten years after introducing the policy, largely from more children staying safely with their families, and local authorities would begin to see in-year savings outweigh costs from year six. We estimate that, by year ten, 16,600 more children would remain with their families, rather than enter care, due to this policy. The average net present social values of this policy over 20 years will be £137 million per year. A breakdown of additional spending, savings and the overall impact on public finances is set out below.

### **Recommendation spend and saving breakdown (£, millions)**



	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Year 6</b>	<b>Year 7</b>	<b>Year 8</b>	<b>Year 9</b>	<b>Year 10</b>
<b>Additional spending</b>	0	-514	-998	-921	-955	-989	-1021	-1056	-1094	-1133
<b>Savings</b>	0	0	67	449	949	1348	1527	1576	1627	1682
<b>Impact on public finances</b>	0	-514	-930	-472	-6	359	507	520	534	549

NB Some columns don't sum due to rounding.

As our recommendation is a new policy, we have used existing evaluations of family support programmes, with similar features to our proposed model, to act as a proxy to calculate both costs and benefits. We have chosen the Supporting Families Programme because of its use of a key worker model and the Family Safeguarding Model because of its use of multidisciplinary teams. These two programmes are well evaluated and their primary features are at the core of our Family Help recommendation. They therefore offer a good illustration for the costs and benefits areas are likely to encounter in implementing our vision for Family Help. In practice, whilst the implementation of Family Help should pull on these core features, we are not suggesting a full roll out of these programmes. Instead, local authorities should have flexibility in designing a tailored offer which can be adjusted according to local need. For example, professionals who form part of the multidisciplinary teams should be decided based on robust local needs assessments, which is likely to diverge from the Family Safeguarding Model - for instance, making use of child-specialist practitioners, including workers with specialisms to support older children and disabled children.

To estimate the additional costs of delivering our proposed Family Help offer, we combine the unit cost of the Supporting Families Programme and Family Safeguarding Model. This is applied to the cohort of families who are eligible to receive Family Help, which includes children on child protection plans, children on

child in need plans, children open to targeted early help<sup>11</sup>, and an additional uplift of 5% to target families who may not currently receive Family Help (for instance, parents who have had a child removed). For children with an early help plan and the additional cohort of children, we apply 75% of the costs due to the fact they are likely to have lower levels of need.

To estimate the impact on public finances and wider social benefits of the recommendation, we estimate the additional costs, savings and social benefits of rolling out each programme separately. For the Supporting Families Programme, we take 50% of evaluated impact for all children, and for the Family Safeguarding Model we take 50% of evaluated benefits for children on child in need and child protection plans, and 25% of benefits for the remaining children.<sup>12</sup> We also assume additional benefits that come from features of this policy that are not included in these programmes (for example, greater national direction on the best evidenced interventions that areas should use) will increase the overall impact by 10%.

Full funding would start from year three, with 50% of funding phased in during year two. To allow for challenges with implementation, the benefits described above are phased in over a number of years, with no benefits applied in year two, 33% of benefits in year three, 66% of benefits in year four and 100% of the benefits in year five.

The Alma economics technical report provides more detailed information on how we have modelled these costs and benefits.

## Implementation

Implementation of this recommendation would form a key part of the review's *Relationships Protect* change programme. It would be for government to determine whether changes to legislation are needed. However, our initial view is that given the intention of this reform is to return to the original intention of the Children Act 1989,

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<sup>11</sup> This figure is based on ADCS's estimate of the number of cases open to early help (ADCS, 2021). In the absence of standard nationally collected data at early help, this is a helpful proxy measure for the number of children and families who are subject to "targeted early help" 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, 2021). Whilst this data is not perfect, it is the best data available to the review.

<sup>12</sup> This is because the Family Safeguarding Model currently is only used at child in need and child protection where there are likely to be higher levels of need and so higher benefits.

the key features we describe (such as creating a single category of Family Help and setting national definitions of eligibility) could be achieved through changes to *Working Together*, rather than legislation. The key features that areas should be achieving through Family Help will be defined through the National Children's Social Care Framework. Both *Working Together* and the National Children's Social Care Framework should be in place by mid-2023. Ofsted would need to make corresponding amendments to how this work is inspected.

Once the National Children's Social Care Framework is published, areas should be given confirmation of funding in mid-2023 to enable them to effectively plan for how they will deploy these resources. Additional funding should be available from Spring 2024 to enable areas sufficient time to develop robust plans in how they are delivered. In the first year, 50% of funding should be made available to enable areas to ramp-up delivery.

Until full funding is available, areas should make use of increased investment that is currently committed through the Supporting Families Programme to achieve the goals set out in the review.<sup>13</sup> Once additional funding is available, the Supporting Families Programme should be mainstreamed into the Family Help component of the *Relationships Protect* transformation programme.

Some of the longer-term enabling activity that supports this recommendation - for example, a new measure of child and family engagement and overhauled data collection at child in need - should be up and running as quickly as possible, building on data transformation work that has formed part of the Supporting Families Programme. In the interim, government should consider how it can collect data and information to enable the impact of additional investment to be tracked, ahead of a longer-term overhaul.

We also suggest that multidisciplinary teams should be given longevity by their inclusion in legislation. This should be included within any legislation taken forward as part of the review, but should not delay implementation.

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<sup>13</sup> Next phase of £165 million programme for vulnerable families launched - <https://www.gov.uk/government/news/next-phase-of-165-million-programme-for-vulnerable-families-launched>



# Chapter Three: A just and decisive child protection system

## 3.1 Improving child protection practice

### Rationale

Protecting children from significant harm will always be central to the work of children's social care. Uncertainty and risk are inherent to child protection, and no system can totally remove that risk to children (Munro, 2011). An important way to improve the outcomes for children and reduce significant harm is to provide meaningful support to help tackle the causes of risk. Chapter Two sets out a revolution in Family Help with high quality support available to all families with social care involvement.

Much more also needs to be done to improve child protection practice. Reports by the Children's Safeguarding Practice Review Panel and previous reviews into serious cases have repeatedly highlighted the same issues, and the tragic deaths of Arthur Labinjo-Hughes and Star Hobson are reminders of the urgent need for action (Lord Laming, 2003; Munro, 2011; Sidebotham et al., 2016; Brandon et al., 2020; Child Safeguarding Practice Review Panel, 2020; Child Safeguarding Practice Review Panel, 2021).

These issues were highlighted in the Children Safeguarding Practice Review Panel's latest annual report:

### **The National Safeguarding Practice Review Panel named six long-standing “knotty issues” in child protection**

1. “Understanding what a child’s daily life is like”: building a trusting and respectful relationship with children, critically reflecting on what they are trying to say
2. “Working with families where their engagement is reluctant or sporadic”: effective relationships that build families’ motivation to change and understanding reasons for non-engagement

3. “Critical thinking and challenge” (especially as risk changes): including basing decisions on evidence, challenging assumptions and escalating concerns effectively
4. “Responding to changing risk and need” (including risk assessment): responding to changing circumstances and keeping “respectful uncertainty”
5. “Sharing information in a timely appropriate way”: appropriate and timely sharing of information which means risk can be acted upon
6. “Organisational leadership and culture for good outcomes”: including leaders taking personal interest, good workforce development and manageable caseloads

(Child Safeguarding Practice Review Panel, 2021)

There are a number of underlying factors that contribute to these long-standing issues that relate both to individual social worker skills but also crucially the context in which child protection practice takes place.

### **Child protection work requires knowledge, skills and experience**

Child protection work is complex and requires experienced, knowledgeable and skilled social workers. Poor risk assessment and decision making was involved in 41% of serious incidents reviewed by the National Child Safeguarding Practice Review Panel (Child Safeguarding Practice Review Panel, 2020). The Panel has also highlighted gaps in practitioner knowledge and skill, including a lack of critical thinking and challenge as a key theme of serious incidents (Child Safeguarding Practice Review Panel, 2021).

An example of this challenge is non-accidental injury of babies and infants - in each of the past three years there were more serious incidents affecting children under one reported to the Department for Education (DfE) than for any other age group (Department for Education 2022). Responding to this requires high levels of knowledge and skill.

Child protection work also requires a high level of skill to respond to fast moving, often incomplete information under pressure. This includes analytical skills such as

hypothesis testing, triangulation and argumentation, and critical self reflection to recognise the impact of emotions and the power dynamics when decision making (O'Connor & Leonard, 2014; Helm, 2013; Whittaker, 2018).

Experienced social workers are generally more able to process and triangulate large amounts of information from multiple sources, identify where there are gaps, quickly recognise patterns, and incorporate their own observations of a family (Whittaker, 2018). In contrast, evidence shows that newly qualified social workers tend to experience a “beginner’s dip” making different decisions from experienced and student social workers (Devaney et al., 2017). High levels of skill are also needed for working directly with children and families to build and maintain relationships, working in people’s homes and often in the face of hostility (Ferguson, 2014; Ferguson et al., 2020).

There is a wide base of evidence that social workers and other professionals within children’s social care do not have enough specialist knowledge about the main risk factors associated with harm to children.

- 1) Domestic abuse is the largest factor in referrals yet numerous reports have found that knowledge, risk assessment and decision making require improvement (Ministry of Justice, 2020; Safe Lives, 2017; Ofsted et al., 2017).
- 2) A survey of newly qualified social workers showed that most respondents did not consider themselves ready to work with substance use and misuse issues: less than 40% felt adequately prepared to identify problematic alcohol and drug use, and just 34% felt adequately prepared to assess risk relating to these issues (Galvani & Forrester, 2011).
- 3) Across the safeguarding partners a Joint Targeted Area Inspection report found that professionals lacked the knowledge and confidence to identify and explore child sexual abuse in the family environment (Ofsted et al., 2020).

### **Social workers undertaking child protection work do not have enough support**

Decisions in child protection have huge consequences, and there are high levels of anxiety around the consequences of “getting a decision wrong” for both individuals and organisations (Whittaker & Havard, 2016). This has led to increasing processes,

in place of expertise, in the fear that something could go wrong (Munro, 2011). A shift to defensive practice has led to more resources being spent on recording interactions and justifying decisions rather than working with families (Munro, 2011, 2011b). It also means that risk is often not critically engaged with. It can be escalated or hidden from management, overstated or underplayed to prioritise practitioner's individual and organisational safety (Whittaker & Havard, 2016). The National Panel has told us that transitions between plans, including from early help to child in need and vice versa, can be points of risk for children 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, 2021).

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). We know however that supervision too often focuses on management oversight with limited opportunity for reflection, emotional support or critical thinking (Wilkins et al., 2017). Yet in our deep dives, social workers reported that high workloads often meant supervision focused on processes and timescales rather than meaningful reflection on parental behaviour, children's circumstances or how the practitioner felt (The independent review of children's social care 2022a). However, we know that there is not enough frequent reflective supervision helping social workers with these critical factors (Johnson et al., 2021). Social workers nearly always carry out the most crucial part of their work alone. Visiting families, navigating their own emotions and biases, leaving homes with only their own understanding and recollection of events and making difficult judgements on families' circumstances. The emotional intensity of the work, with complex interactions with often angry, resistant parents, can lead to social workers being emotionally overwhelmed. This is unfair on social workers and can lead to the child falling out of focus (Ferguson, 2017).

International evidence also suggests that in Finland where co-working is common there is more 'supported' joint decision making. (Falconer & Shardlow, 2018). 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 co-workers and multi-disciplinary 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). Case discussion and emotionally intelligent, relationship-based working also facilitate important elements of effective decision making. (Helm, 2016) (O'Connor & Leonard, 2014).

### **There is not enough capacity to build relationships and help families**

Building relationships with children to understand what their daily life is like, and with adults to understand risks, provide help and engage them in change, is crucial to child protection (Child Safeguarding Practice Review Panel, 2020). Yet, social workers spend less than a third of their time doing direct work with children and families (Johnson et al., 2021), and gross spending on non-safeguarding services reduced by 38% in real terms between 2012/13-2020/21 (Department for Education, 2021).

As the review has outlined in Chapter Two, effective and sufficient support is crucial to reducing risk to children and improving their outcomes. Yet we know that crucial services are not available for families.

### **We need a substantive meaningful framework of how to understand the quality of decision making in child protection**

Practitioners and policymakers do not have an agreed framework for assessing the quality of decision making in child protection (Hood et al., 2022). This has been accompanied by a focus on process and technical-rational approaches which don't provide all the necessary skills and conditions for effective decision making (Munro, 2011). There has been a move to the use of actuarial risk assessments, however studies of these in relation to child sexual abuse and domestic abuse have shown that some of these are based on poor evidence and can be used inconsistently (Brown et al., 2017; Robinson et al., 2016).

To support the review's work on decision making, we commissioned a rapid review

to understand how quality and effectiveness are understood and operationalised in studies of decision making in children's social care and the factors that affect it. This work concluded that there is a need for a more substantial understanding of the quality of decision making in child protection, and suggested a wider focus on the accuracy, consistency, outcomes, practice and equity of decisions. Without an understanding of the inherent complexity and multiple dimensions of child protection decisions, we are likely to see decisions in binary terms, which increases blame and inhibits organisational learning (Hood et al., 2022). We heard consistently in our deep dive research that Ofsted focused primarily on process rather than the quality of the decision made (The independent review of children's social care, 2022). Ofsted should be clearer about how it defines and inspects the quality of decision making (see Chapter Eight and annex 8.2 for more detail).

## Understanding decision making

- **Accuracy** refers to the extent to which decisions are corroborated by other knowledge obtained by children's social care services about the child and their circumstances.
- **Consistency** refers to the extent to which different professionals make a similar decision about a particular set of circumstances.
- **Outcomes** refers to the consequences of a decision in terms of children's health and wellbeing at follow up.
- **Practice** refers to the professional conduct of judgement and decision making, particularly in real life settings. This would include practitioner knowledge.
- **Equity** refers to the expectation that children from different socio-demographic groups should have similar decisions made about them by child welfare professionals (only non-UK research examined equity as a quality issue in decision making).

The context in which a decision is made is also a factor and should be considered. Hood examines how this could include caseloads, numbers of referral and the level

of supervision.

(Hood et al., 2022)

### **Multi-agency arrangements overseeing children's social care and information sharing are not working effectively**

Effective child protection practice requires input from other professionals, such as health, police and education to really understand evidence, and make good decisions and effective plans. Social workers also need all of the relevant information to make good decisions. Alan Wood's reviews of Local Safeguarding Children Boards and safeguarding partnerships have highlighted that multi-agency working arrangements face challenges that are critical to child protection (Wood, 2016, 2021).

### **The child protection conference is not working well**

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 this role achieves either objective - social workers tend to come to the conference with a set viewpoint on whether a child protection plan is necessary (Bell, 1999). Parents describe feeling scared and frightened before, during and after meetings, and had negative experiences of child protection conferences (Jackson et al., 2020). Parents have frequently described their poor experiences of child protection conferences to the review:

*“You sit [in the conference meeting] for an hour and at the end they ask [people's thoughts on deciding plans]. First person says child in need or child protection, everyone else follows. They could do it anonymously, on a piece of paper, cause as long as it's the first person saying something, everyone will follow. This was annoying. Cause you knew that it would be another six months...and then going through it again.” (Parent)*

*“When you're sitting around the table and you have to listen to the teachers, the health visitor, the headteacher, it's really soul-destroying, because*

*someone always wants to put a spanner in the works, someone always wants to be negative, it's intimidation really. They're all just reading off a bit of paper. And you're sitting there hearing about your life being read out by complete strangers. And they don't live it. They know you when you drop your kid off at 9am and when you pick them up at 3pm, but they don't know what happens in between those times.” (Care experienced parent)*

## Recommendations

- 1. All cases of significant harm should be co-worked by an Expert Child Protection Practitioner (in the future this would be someone who had completed our proposed Early Career Framework).**

This will ensure there is the right knowledge and expertise supporting decisions and work about significant harm. This will mean that from the point of deciding whether a section 47 is necessary (strategy discussion), the case will be co-worked by an Expert Child Protection Practitioner and a Family Help worker. This will provide knowledge and expertise, but also support, reflection, resource and a second opinion when carrying out challenging work. The Family Help Team will continue to work with a family regardless of whether this is via section 17 or section 47 to ensure they receive meaningful support from a multi-agency team. Where there are child protection processes in place the Family Help Worker will be a qualified social worker. Expert Child Protection Practitioners should replace the role of the Child Protection Chair.

- 2. *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.**

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. This will ensure that people with the necessary knowledge and skills to analyse different types of information and assess

different harms are actively contributing to child protection practice. This will be overseen at a strategic level by a more focused and accountable multi-agency safeguarding arrangements (which are discussed in more detail in Chapter Eight).

### 3. Assessing the collective impact of the review’s recommendations on child protection.

Beyond these specific recommendations, effective child protection practice is reliant on the broader children’s social care system functioning effectively. The table below sets out how wider recommendations of the review will have a positive impact on the issues for child protection identified by the Child Safeguarding Practice Review Panel.

<p><b><i>Child Safeguarding Practice Review Panel practice themes</i></b></p>	<p><b><i>Review recommendations to achieve this objective</i></b></p>
<p><b>Understanding what a child’s daily life is like -</b> building a trusting and respectful relationship with children, critically reflecting on what they are trying to say.</p>	<p><b>A single, comprehensive, multidisciplinary Family Help offer</b>, will reduce handovers, so practitioners can build better relationships and spend more time with children and families. Bringing in a wider workforce to support families will help to reduce caseloads.</p> <p><b>A nationally led programme to get social workers back to practice</b> 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 - will all mean that social workers have more time to</p>

<p><b>Child Safeguarding Practice Review Panel practice themes</b></p>	<p><b>Review recommendations to achieve this objective</b></p>
	<p>spend with families.</p> <p><b>A five year Early Career Framework for social workers</b>, will mean we have more skilled social workers completing complex child protection work, better able to reflect critically on what children are saying.</p> <p><b>Developing the wider social care workforce</b>, including through a Knowledge and Skills Statement for family support workers, will mean workers are more skilled and able to understand a child's life and build relationships.</p>
<p><b>Working with families where their engagement is reluctant or sporadic</b> - effective relationships that build families' motivation to change and understanding reasons for non-engagement.</p>	<p><b>A single, comprehensive, multidisciplinary Family Help offer designed around a population needs assessment based on principles, features and evidence set out in the National Children's Social Care Framework</b> will mean families receive more meaningful support which they are more likely to engage with.</p> <p><b>Independent representation for parents at child protection and more effective practice</b> will improve parental engagement.</p> <p><b>Child Community Safety Plans as an alternative</b></p>

<p><b>Child Safeguarding Practice Review Panel practice themes</b></p>	<p><b>Review recommendations to achieve this objective</b></p>
	<p><b>to child protection plans</b> will clarify where the primary harm to a child is not attributable to families.</p> <p><b>A five year Early Career Framework for social workers</b>, will mean we have Expert Child Protection Practitioners completing complex child protection work, monitoring and assessing the risks associated with poor engagement.</p>
<p><b>Critical thinking and challenge (especially as risk changes)</b> - including basing decisions on evidence, challenging assumptions and escalating concerns effectively.</p>	<p><b>All cases of significant harm will be co-worked by an Expert Child Protection Practitioner</b> (someone who has completed our proposed Early Career Framework) to ensure there is the right knowledge and expertise supporting decisions and work about significant harm.</p> <p><b>Improved multi-agency contributions to child protection</b> will mean that there is critical engagement and challenge from different agencies when responding to serious harm.</p> <p><b>Clearer expectations about partnership responses to extra familial harms, including integrated AssetPlus and child in need assessments</b>, will mean there is more multi-agency critical engagement with children facing</p>

<p><b>Child Safeguarding Practice Review Panel practice themes</b></p>	<p><b>Review recommendations to achieve this objective</b></p>
	<p>harms outside of the home.</p> <p><b>Reformed Ofsted inspection</b> will be more transparent and based on rigorous evidence, with more focus on the quality rather than processes of decision making.</p>
<p><b>Responding to risk and changing need</b> - responding to changing circumstances and keeping “respectful uncertainty”.</p>	<p><b>More clearly defined eligibility for Family Help under a broad category of section 17</b>, will mean that children and families receive meaningful support and consistent relationships throughout social care involvement, coupled with strong supervision and management to quickly identify changing risk.</p> <p><b>Decisions about how to react to changing risk and whether or not to escalate a case, will involve an Expert Child Protection Practitioner</b> who will have the knowledge and skills to investigate and respond to changing risk and need.</p> <p><b>A five year Early Career Framework for social workers</b>, will mean we have Expert Child Protection Practitioners that have the necessary skills to analyse and respond to changing risk and need.</p>



<p><b>Child Safeguarding Practice Review Panel practice themes</b></p>	<p><b>Review recommendations to achieve this objective</b></p>
<p><b>Sharing information in a timely appropriate way -</b> appropriate and timely sharing of information which means risk can be acted upon.</p>	<p><b>Strengthened guidance and legislation on information sharing</b> will mean that practitioners are more confident in sharing information.</p> <p><b>Multidisciplinary Family Help Teams and improved multi-agency contributions to child protection</b> will encourage the sharing of information across professional and agency boundaries.</p> <p><b>The Data and Technology Taskforce</b> will drive progress to achieve frictionless data sharing between different organisations' IT systems by 2027.</p>

**Organisational leadership and a culture for good outcomes -**

including leaders taking personal interest, good workforce development and manageable caseloads.

**Improved multi-agency contributions to child protection** will mean there are clearer expectations and accountability for the delivery of local children's social care systems.

**Strengthening multi-agency working and clarifying the role of safeguarding partners** will lead to more joined up services and decisions for children and families.

**Improved accountability and learning for safeguarding partners** through increased transparency, joint inspection and a strengthened role for the Child Safeguarding Practice Review Panel.

**The National Children's Social Care Framework will:**

- include a balanced scorecard of indicators to support learning and improvement
- include practice guides, setting out the best evidenced approaches to achieving the objectives which include a multi-agency response to child protection
- use data and feedback to inform 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. To support this, the evidence and learning landscape should be strengthened, through a single streamlined What Works Centre.

**Strengthened leadership programmes that are better aligned with the review's reforms** will help improve organisational leaderships and create a culture for good outcomes.

**Strengthened intervention powers and new Regional Improvement Commissioners** will provide more robust challenge in the system and ensure there is a clear expert improvement offer for local authorities.

## Costs and benefits

The main cost of this recommendation is the additional resource of having an additional Expert Child Protection Practitioner assigned to cases where there are decisions about significant harm. As of 31st March 2021, there were 50,010 child protection plans, and these children make up approximately 13% of children in need. (Department for Education, 2021b). We have not undertaken a costing for this recommendation, as we believe that the additional workforce achieved through other recommendations would be sufficient to cover this additional work:

- our proposed investment in Family Help will support a significant increase in the workforce that exists to support families. We recommend in Chapter Two that cases at child in need should be able to be held, where appropriate, by a wider multidisciplinary workforce, with social work supervision. This will enable experienced social workers who may be holding child in need cases to undertake work as an Expert Child Protection Practitioner
- in addition, we are recommending that Independent Reviewing Officers should be replaced by independent, opt-out, high quality advocacy for children in care, supported by additional investment. Again this should free up a skilled workforce to undertake direct work with families
- finally, as Child Protection Conferences would be chaired by Expert Child Protection Practitioners, and parents would be supported by additional investment in advocacy, this would free up workers to undertake this work

Taken together, we believe these changes should be enough both to enable enough workers to be freed up to undertake the Expert Child Protection Practitioner role, and to also reduce caseloads at Family Help so practitioners have more time to spend with families. However, more detailed analysis should be undertaken as part of implementation to understand the impact, particularly across regions, and to determine any additional costs of this policy. There may be differences in how regions or individual LAs might begin to change their workforce and the longer term impact of COVID-19.

The costs of the Early Career Framework are covered in the Workforce annex 7.2.

The biggest potential benefit of this policy is that children will be more effectively protected from experiencing significant harm. There are also wider system benefits. A more confident and expert child protection system could reduce the levels of unnecessary intervention and assessment, freeing up the system to provide more support and reduce risk for families more effectively.

## Implementation

Improving the quality of social work at child protection through the co-working of cases with an experienced social worker will be implemented through a number of mechanisms:

- amendments to *Working Together*, so that all cases in child protection procedures have an expert social worker who can also chair child protection conferences and decide child protection plans. They will co-work the case with a Family Help social worker. We do not believe this would require changes to primary legislation
- the introduction of the Early Career Framework will better prepare social workers for the complex work of child protection, and ensure that Expert Child Protection Practitioners have the relevant knowledge, skill and experience to carry out this work. Whilst the Early Career Framework is being established, local authorities will identify “expert practitioners” who have the relevant experience, knowledge and skill

We believe that this programme could begin from Spring 2024, alongside the proposed arrangements for Family Help. Government may wish to consider using some trailblazer areas to test this model sooner, to learn from implementation. As the first practitioners would only have completed the Early Career Framework from around 2028, local authorities would need to identify social workers with the relevant experience, knowledge and skill to fill “expert practitioner roles” ahead of this.

Ofsted should begin using a framework to measure the quality of decision making with reference to the research conducted for this review by Rick Hood (Hood et al., 2022). This framework of evaluating decision making should take into account how

inspectors make decisions in areas with high deprivation (see Chapter Eight for more details).

## 3.2 Tackling extra familial harms

### Rationale

More teenagers are coming into care and child protection, with extra familial harms as a significant factor

Teenagers are the largest growing cohort in both child protection and care in England. The age profile of children becoming subjects of a child protection plan or entering care is rising, with significant increases in gang involvement (70%) and trafficking (45%) being recorded as presenting factors in assessments between 2018 and 2020 (ADCS, 2021). In 2019/20 6,013 teenagers (aged 10 to 17) were subject to care proceedings in England, representing an increase of 95% from 2011/12 (Roe et al., 2021). The number of teenagers (aged 13 or over) entering care rose by 26% between 2012/13 and 2018/19, meaning that over a third of children entering care in 2018/2019 were teenagers (Children's Commissioner, 2021). This follows a growing recognition of the impact of harms that happen outside of the home, which often, although do not exclusively, affect this group. 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 7 percentage point increase on 14/15 (this excludes asylum seeking children) (Fitzsimons et al., 2022). We also recognise that extra familial harms are often not experienced in isolation and young people may experience these harms, in addition to harms within the home environment (Roe et al., 2021).

In the year ending 31 March 2021, government statistics show that last year nearly 13,000 children in England were identified by social services as being involved with gangs<sup>14</sup>, and over 16,000 children were identified as being sexually exploited (Department for Education, 2021). Assessment factors identified for older children in the child in need population include child alcohol misuse, child drug misuse, child

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<sup>14</sup> We note that the use of the word 'gangs' to refer to child exploitation lacks specificity and can perpetuate racialised stereotypes, as such we have used the terms 'child criminal or sexual exploitation' wherever possible and when sources allow (Williams et al., 2016).

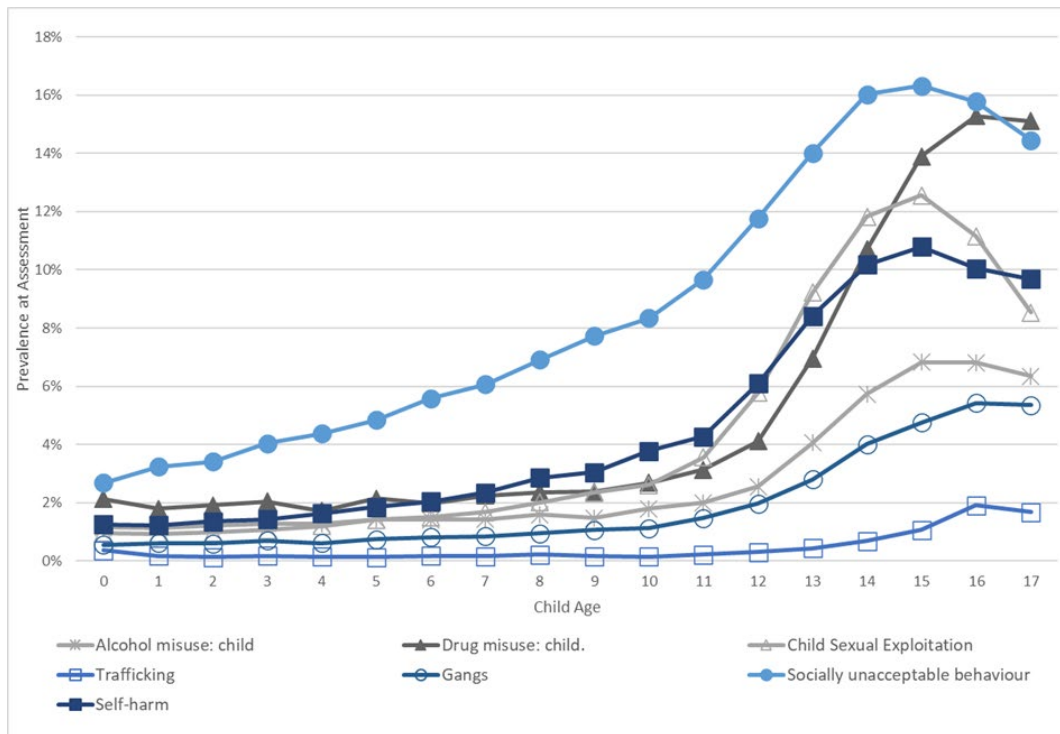
sexual exploitation (CSE), trafficking, gangs, socially unacceptable behaviour and self-harm, which steadily become more common until a child reaches 11 years old (Fitzsimons et al., 2022). From 12 years old there is a sharp growth in the percentage of assessments they are identified in until later teenage years (Fitzsimons et al., 2022).

There are racial and ethnic disparities in recorded risks of harms outside the home (Ahmed et al., 2022).<sup>15</sup> In England, children from Roma ethnic groups have a disproportionately high percentage of extra familial risks documented as factors at the end of the child in need assessment and Black children also have a large percentage of assessment factors documented as risks from outside the home with the highest proportion of 'gangs' recorded as a factor (Ahmed et al., 2022). Dame Carol Black has also highlighted that young Black men are disproportionately represented in groups drawn into county lines activity and are more likely to experience exclusion from school (Black, 2020). Similar points were made by the Lammy Review and others, which points to a disparity in responses to young people from ethnic minority communities as contributing to the disproportionate representation of those groups in the youth justice system (Bateman, 2020; Lammy, 2017).

**Figure 1: Assessment factors that rise for teenagers, 2017/18 (Fitzsimons et al., 2022)**

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<sup>15</sup> Based on factors recorded at the end of child in need assessment, including missing, child sexual exploitation, trafficking, gangs and socially unacceptable behaviour.



Teenagers often have overlapping needs and can be highly vulnerable

Teenagers involved with children’s social care have been shown to have multiple, overlapping needs including education, health and social care (Croydon Safeguarding Children Board, 2019). Government analysis has also shown significant overlap between this cohort and those involved with the youth justice system (Ministry of Justice & Youth Justice Board, 2021). Recent government analysis has shown that children who were cautioned or sentenced for an offence are more likely to have been known to children’s social care than the overall population - 32% of those cautioned or sentenced for an offence were a child in need, and 11% were children looked after (CLA) (Department for Education, 2022).<sup>16</sup> The analysis also showed that 80% of those who had been cautioned or sentenced for an offence were recorded as having Special Educational Needs (SEN) (Department for Education, 2022). Public Health England have also shown that young people entering youth custody have disproportionate health needs, including mental health (33%), substance misuse (45%), and learning difficulties or disabilities (32%) (Public Health England, 2020).

<sup>16</sup> 11% were children looked after (CLA) on 31st March in any period between the ages of 6 and 16, and children in need (CIN) on 31st March in any period between the ages of 12 and 16 (Department for Education, 2022).



## **There is a fragmented response and a lack of accountability for keeping young people safe**

The current system lacks clear professional accountability for young people's safety outside of the home. The review has heard through our local deep dives and engagement with professionals that this lack of accountability creates tension and conflict when working with agencies, as there isn't a clear understanding of roles and responsibilities (The independent review of children's social care, 2022a; 2022b).

Professionals told us that this also impacts the young person because they do not know who should be supporting them. The review's social work polling showed that social workers identified "limited resources from other agencies" and "unclear roles and responsibilities across agencies where a vulnerable young person has welfare or safeguarding needs" as challenges when supporting and safeguarding young people from harms outside the home (WWCSC, 2021). Ofsted have also highlighted that local partners do need more clarity about what is expected of them in regards to risk outside the family home (Ofsted, 2020).

While the review has seen examples of excellent practice and targeted bespoke approaches to extra familial harms through the deep dive visits, we found that where areas did have bespoke multi-agency responses to extra familial harms, they are often limited to multi-agency information sharing and strategic forums (The independent review of children's social care, 2022a). Practitioners in many of the local deep dive areas spoke about a gap in support and services for young people around harms outside the home, with only a few areas providing intensive specialist support for young people experiencing extra familial harm. Ofsted made a similar point in their Joint Targeted Area Inspection that "collective commitment at a strategic level is not always translating into effective practice" (Ofsted, 2016).

## **Schools have an important role**

The unclear role of schools was also identified as a challenge in safeguarding against extra familial harms. Permanent exclusion from educational settings is associated with higher vulnerability to extra familial harms (The Child Safeguarding

Practice Review Panel, 2020), however, social workers told the review that they had limited power with schools to stop exclusions, even when it is identified that it will escalate existing risks (The independent review of children's social care, 2022b). Similarly, schools find it hard to engage children's social care as part of difficult decisions to make an exclusion. Inspections found that children who were not in regular education or who were missing from school were at heightened risk (Ofsted, 2018). Recent analysis has shown that the majority of children who had been cautioned or sentenced for a serious violence offence who had also received a suspension or permanent exclusion, received their first suspension or permanent exclusion before the offence (88% and 64% respectively) (Department for Education, 2022). This suggests that they had more time on their hands and were vulnerable to abuse. It is essential, therefore, that when schools are considering exclusions they also consider the safeguarding risks to the child (Ofsted, 2018). As one social worker told us: *"Not sure how effective our interventions are as we are limited in what we can effect especially in terms of school exclusions, having children and families heard fairly at fair access panels and having alternative provisions for them which are supportive and inclusive - not holding grounds for grooming and future exploitation"*.

### **Police are struggling to respond where a child is both a victim and a perpetrator**

The tension between enforcement and support and the blurred boundaries between victim and perpetrator are difficult for services to navigate. The police have a duty to safeguard and promote the welfare of children, whilst also ensuring the children do not pose a serious risk to others. *Working Together* states: "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." However, there is no clearly understood approach about how these two important, but sometimes conflicting duties should be balanced. This has come to light in recent serious case reviews, which show that the vulnerability of offenders, or suspected offenders, are not always properly recognised and documented, and where children are responded to as offenders, with insufficient recognition of their vulnerabilities and needs, the opportunities of "reachable" moments are being

lost.<sup>17</sup>

### **There is not enough support for young people at risk**

Local responses to extra familial harms are often not effective or intensive enough to ensure young people's needs are being addressed in a holistic manner. A study of 841 cases in one local authority found that all cases referred due to serious youth violence or gangs and some other forms of extra familial harm were closed without assessment (Lloyd & Firmin, 2020). The Children's Society found that almost two thirds of local authorities that responded to their FOI in 2019, did not have (nor were in the process of developing) a strategy to tackle child criminal exploitation or county lines (The Children's Society, 2019).

### **Practitioners do not have the knowledge, skills or tools to respond to harms**

Safeguarding professionals told the review they often do not feel they have the knowledge or tools to deal with the different threats facing young people. As one professional told us: *"How can we keep up with what the language is? E.g., names of drugs often change so it is difficult at a safeguarding position to understand what is going on"*.

Professionals we spoke to as part of the review's engagement recognised that online spaces can amplify risks and harms, but currently the professionals who are responsible for safeguarding and supporting children are absent from this context. Most social workers told us they did not feel confident safeguarding online (The independent review of children's social care, 2022b). In 2020/2021, online harm was the primary reason for 44% of referrals to Catch22's Child Sexual Exploitation services (Faith, 2021). Research looking at how online harms are experienced by children and young people, shows that safeguarding professionals and educators feel overwhelmed and concerned for the safety and wellbeing of children due to a lack of resources to help respond to rising incidents of harms (Faith, 2021). The research also shows that the police's involvement often does not bring a sense of

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<sup>17</sup> 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).

closure or resolution for victims.

### **The statutory and practice framework is not working for harms outside the home and parents feel blamed**

The current child protection framework is not working for extra familial harms. A review commissioned poll of social workers found that when asked about the significance of different challenges in supporting and safeguarding young people from harms outside the home, respondents identified the “child protection framework not being effective for addressing harms outside the home” as a challenge (WWCSC, 2021).

In part, this is because the current child protection framework and guidance is largely focused on intra familial harms. The child protection framework is not always the most effective means of meeting the needs of children who experience abuse outside of the family, including exploited children - for example, a system that uses monthly reviews may not be appropriate for exploited children because their risks can quickly change (Ofsted, 2018). Both parents and practitioners engaged through the review tell us that the use of child protection methods means that parents feel blamed for what is happening to their child and so are less likely to engage (The independent review of children’s social care, 2021). Parents may also feel alone in managing risks from outside the home, with a lack of effective interventions and delays in safeguarding responses to help parents support their children (Pike et al., 2019).

A review of a small number of cases related to harms outside the home suggested that progression of cases required social workers to attribute harm to parental care or control, even when the risks identified were harms outside the home (Lloyd & Firmin, 2020).

There is a significant vacuum in national leadership on extra familial harm, which means local area responses vary widely. In the absence of national guidance, Ofsted have clarified that child in need plans can be used where parents are engaging with services (Ofsted, 2020). Evidence gathered in the review’s local deep

dives, also illustrated a high level of variation in how local authorities utilised child in need and child protection to safeguard against harms outside the home. This is reflected in the findings from the Independent Inquiry into Child Sexual Abuse which shows multiple examples in case study areas, of “confused professional judgements” regarding risks around child sexual exploitation - *“Many children were described as being at high, medium or low risk of sexual exploitation, when in fact they had already experienced or were likely to be experiencing actual harm”* (Independent Inquiry Child Sexual Abuse, 2022).

### **The national landscape is too complicated**

Some of the confusion around accountability and effective responses to extra familial harms that plays out in local areas, stems from the significant levels of complexity and duplication in the governance and funding of responses to extra familial harms, which sits across multiple government departments. At a strategic level there are at a minimum, Community Safety Partnerships, safeguarding partnerships and Violence Reduction Units (VRU), which all have oversight of local areas’ responses to extra familial harm. The National Referral Mechanism (NRM) and Youth Justice Teams further complicate this.

## **Recommendations**

### **1. 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, Child and Adolescent Mental Health Services (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.

**2. 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.**

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 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.

As part of the recommendation on improving data collection, government should also include extra familial harms as a data collection category. Improved data collection is a key theme within the literature and was highlighted by the review commissioned rapid review of interventions for teenagers (Independent Inquiry Child Sexual Abuse, 2022; Munton et al., 2022).

### **3. 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 local 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
- 4. 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.**

The national policy and funding landscape for extra familial harms, which currently sits across multiple government departments, should be combined and simplified. Some local areas are already integrating funding in this way, such as Greater Manchester's Violence Reduction Unit which has devolved more than £4.5 million of its funding to Community Safety Partnerships to enable local areas to develop plans and initiatives that meet the needs of the local population (Association of Police and Crime Commissioners, 2020).

- 5. 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.**

The Home Office (HO) has introduced a pilot programme to test if decisions about whether a child is a victim of modern slavery are more appropriate to be devolved to existing local safeguarding structures, rather than centralised decision making through the National Referral Mechanism. Government should build on the learning of the pilot's evaluation and should consider rolling this out to all areas in England, based on the successful completion of the pilot and consideration of its evaluation.<sup>18</sup> This aims to simplify the system, better align accountability of decision making regarding victims of modern slavery. It has the potential to shorten the long

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<sup>18</sup> The evaluation of the devolving child decision making pilot programme is expected to be completed by Summer 2022.



waiting times for decisions if the responsibility for the process lies with local safeguarding services that know the young person (Crest, 2021).

**6. Government should implement the recommendations of the Taylor review (2016) 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 child in need assessments.**

Government should give local areas the flexibility to integrate AssetPlus assessments with child in need assessments, to create “a one-child, one-plan system owned and contributed to by all relevant partners” (Taylor, 2016). This should draw on evidence from the evaluation of a recent Department for Education (DfE) pilot which saw the integration of these assessments trialled in three local authorities.<sup>19</sup>

## **Costs and benefits**

The costs of multidisciplinary support for teenagers are included in our overall figure for Family Help. We do not think there would be significant costs attached to either the new Child Community Safety Plans or clarifications to multi-agency working - any costs would need to be estimated when government has decided how this will be implemented. Funding for the National Practice Group, who would provide advice on the framework and oversee practice guides, is included in annex 8.1.

We do not expect that streamlining existing funds or giving areas the freedom to integrate AssetPlus Assessments would have any costs, and is likely to achieve efficiencies.<sup>20</sup>

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<sup>19</sup> Pilots of alternative assessments to AssetPlus: Evaluation Report - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/932333/Asset\\_Plus\\_alternative\\_assessment.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932333/Asset_Plus_alternative_assessment.pdf)

<sup>20</sup> Due to COVID-19 the evaluation of the AssetPlus trials was not able to assess whether any savings were achieved (Department for Education, 2020).

It is likely that there would be a cost attached to the devolution of responsibility for the National Referral Mechanism process to local areas - the Home Office pilot programme included funding at approximately £50,000 per area (Crest, 2021). However, we expect the cost for rolling this out to all areas to be offset through the discontinuation of the centralised model for children, which is currently funded. Any additional costs to local authorities should be assessed and provided for as part of the New Burdens Assessment process.

The benefits of these recommendations could include improved outcomes for teenagers (including improved attainment and reductions in crime), and fewer young people needing to enter care because of harms outside the home, allowing them to safely stay with their families and communities.

## **Implementation**

Implementation of Family Help and changes to partnership working are discussed elsewhere.

### **Clarifying the child protection framework**

The proposed changes to adapt the child protection framework, including the introduction of Child Community Safety Plans, would require changes to the statutory guidance *Working Together* and practice guidance for harms outside the home. In developing this approach, the government should involve those with academic and practice expertise in extra familial harms, as well as involving young people and families.

### **Integrating funding and initiatives and simplifying the experiences of children in the youth justice system**

This should be undertaken at the earliest opportunity, at the least when funding is confirmed for the next financial year, giving areas much greater freedoms about how it can be used to contribute to overall approach to a local response to extra familial

harms.

### **Localised National Referral Mechanism**

The National Referral Mechanism devolving child decision making pilot programme is due to be completed by Summer 2022, and so a decision at this point should be taken about whether to proceed with them nationally. If the devolvement of the National Referral Mechanism decisions for children were to be rolled out nationally, this would require changes to the Modern Slavery Act 2015, section 50 (Regulations about identifying and supporting victims).

## 3.3 Family engagement at child protection and in the family court

### Rationale

Meaningful parental engagement is central to parents and practitioners identifying challenges and working towards change in the interests of children. Poor parental engagement is a key practice theme often identified in analysis of serious incidents (Child Safeguarding Practice Review Panel, 2020).

The review has heard clearly from those with lived experience that it is particularly challenging to engage with child protection work (The independent review of children's social care, 2021). A survey of 500 parents found satisfaction levels to be low and particularly so for parents from lower socio-economic backgrounds (Wilkins & Forrester, 2020). Qualitative research also sets this out showing how relationships between families and social workers can be hostile or based on mutual suspicion, and some families report "cold hearted" encounters with professionals which damages the relationship (Ferguson et al., 2020; Morris et al., 2018).

There is a particular challenge when it comes to child protection conferences and care proceedings. Research on child protection conferences shows how negative experiences of child protection conferences makes parents feel frightened and scared (Jackson et al., 2020). Parents feel distressed by the experience, do not feel that they are supported or that their social worker was helpful, and this increases the likelihood of disengagement (Muench et al., 2017). Parents find the experience of going to court alienating, and many do not have confidence in the decision making process (Hunt, 2010). This particularly affects parents with learning difficulties or from ethnic minority groups (Booth et al., 2005; Brophy, et al., 2005). The adversarial nature of proceedings makes it difficult for social workers and children and families to maintain effective relationships, contributes to further parental adversity and increases parental needs such as mental ill health (Broadhurst & Mason, 2017; Broadhurst & Mason, 2020).

This is a finding that has been mirrored in our engagement with families:

*“You just work with them because [...] They’ve got so much power, if they’re involved there’s nothing you can do about it. You can’t just shut them off or avoid their calls. They’re not going to let you do that because they’ve got that power.”*

**(Parent)**

*“When a social worker says to you ‘I suggest’, what do you think that means? She might be saying ‘I suggest’, but for somebody that has been on that end before, that suggestion means ‘you do it, or we’re going to put in a report that you’re a bad mum.’”*

**(Parent)**

*“They said to me that they wanted my child to be with me, that they’re doing everything that they can in their power for me and my son to remain together and then you end up going to court and you see a report you’re not even prepared for the report, you end up seeing a report saying they want your child to be removed from you, the constant persistency of wanting to remove your child, get your child adopted.”* **(Care experienced parent)**

*“The conversations with social workers were all lovely. When I got to meetings and when it was written down it was all different, there was stuff that wasn’t true.”* **(Birth parent)**

## **Recommendations**

- 1. Family Help will respond to the needs of families, and therefore improve engagement.**

Recommendations to increase the offer of help available through multidisciplinary Family Help Teams will mean that the needs of families get a meaningful response rather than a cycle of assessments and referrals. Basing services in community settings, making use of community interventions, and promoting an overall ethos that focuses on supporting families, will be key to improving families engagement.

**2. The National Children’s Social Care Framework practice guides should promote effective practice for engaging families and a new child and family satisfaction measure should be introduced.**

The review has heard that social care practitioners often do not have the time to build positive relationships with families, and that regular changes of workers makes it hard for children and families to build trust. Having a Family Help service that holds a case and provides support from the beginning and throughout the period of intervention should help with this. Equally, having more Family Help workers holding child in need cases and recommendations returning social workers to practice, should result in reduced caseloads and more time spent with families.

Building and maintaining good relationships in challenging situations also takes a high level of skill, confidence and empathy (Ferguson, 2014). Research shows the importance of communication skills in engaging parents, with empowering approaches such as strength-based practice and motivational interviewing being promising (Forrester et al., 2012). The introduction of the Early Career Framework will support practitioners to develop these skills. Once a case reaches child protection an Expert Child Protection Practitioner will co-work cases, including the highly skilled and challenging work carried out when visiting homes and working with families.

**Through the review, we have heard numerous examples from families about child protection processes could be amended to better engage families. For example:**

“Training of social workers (and those working in the courts) needs to involve listening to the voice of lived experience.”

“[Making the process more transparent and helping those in financial need] So a booklet, a ‘how to’, if we couldn’t have legal aid, like a booklet that says to us what we’re entitled to, what we’re not entitled to, where we can go and find these aids. As you know, people make these YouTube videos, there can be websites, an advice page – what to do if this... a whole FAQ’s on the process on who we can talk to, because I just feel like there’s a lot of emphasis on the child but there’s also not enough support for the parents”

“LA [local authorities] work in partnership with families, and not just investigate. This should also mean using appropriate language, and ensuring parents have advocates”

“Transparency in decision making.”

“Unequal power dynamic to be recognised and parents' voices to be given more weight.”

“More transparency in the decision-making process and in reports which are written by professionals as evidence.”

“The whole process should be explained to parents and families about the court proceedings and also what contact will be like.”

Using the views of parents, alongside research and evidence on parental engagement, practice for effectively engaging families should be brought together in a practice guide as part of the National Children’s Social Care Framework.

More detail on the child and family satisfaction measure is in annex 8.1 on the National Children’s Social Care Framework.

### **3. Parental representation and support should be offered to all families in child protection.**

Research has shown that parental participation in child protection conferences is generally limited to attendance rather than being actively involved in the decision making process (Corby et al., 1996). There is now growing international and UK based evidence that independent support for parents, through models such as parental representation, advocacy and peer support, can be effective in facilitating meaningful parental engagement and subsequently better outcomes for children (Better Care Network & International Parent Advocacy Network, 2020). The findings of the impact assessments of some of these are below:

- **Parents 4 Parents:** a peer advocacy service in Washington state for parents in child protection proceedings. *70% of parents who participated were reunified with their children in comparison to 53% of parents who did not* (Capacity building centre for courts, 2020)

- **New Beginnings:** a therapeutic support and representation service for parents in Stockport. Outcomes included: improved understanding of safety and risks to their children, improved relationships between parents and children and social care stepping down the intensity of their involvement (Walsh et., al. 2019)
- **Child welfare organising project:** a peer support group and advocacy service in New York. Trained parent facilitators run support groups and provide advocacy support. It was found that having a parent advocate increases parents' attendance in child protection conferences from 58.9% to 83.7%. Foster Care/Remand as a recommendation of the conferences decreased between 2013 to 2016, from 35.9% to 25.4% (Lalayants, 2019)

#### 4. Improving parent's experiences of court.

Whilst parents receive legal representation at court, much of their experience of child protection proceedings is emulated in the public law proceedings.

The Family Drug and Alcohol Court (FDAC) is evidence of how a different problem solving approach can lead to much improved parental engagement and outcomes for children. One study found *“a significantly higher proportion of FDAC than comparison mothers had ceased to misuse by the end of the proceedings (46% v 30%). A higher proportion of FDAC than comparison families were reunited or continued to live together (37% v 25%)”* (Harwin et al., 2014).

The Family Drug and Alcohol Court is a promising example of how to achieve better parental engagement, with good results. However, the vast majority of cases do not go through the FDAC and we need to address the whole system.

Not all cases will be suitable for problem solving courts such as the Family Drug and Alcohol Court, and as such more needs to be done to improve parents' engagement in all care proceedings. We know that parents often do not understand the processes they are involved in, do not know who is in the room or their role, feel unable to participate or instruct their council, and do not understand the decisions made at the end of the proceedings (Hunt, 2010). Innovations from the FDAC and recommendations made by the Nuffield Family Justice Observatory in relation to remote hearings could easily be extended to all hearings, such as the opportunity for



parents to speak to the judge outside of an official hearing, clear explanations of the purpose of a hearing, the opportunity for parents to discuss with their council, and clear explanations provided of the outcomes of a case (Ryan et al., 2020).

## Costs and benefits

The introduction of parental representation will see local authorities spending an additional £30 million over the next five years, returning £3 million cash savings to public finance over the same period, which will lead to an overall cost of £27 million to deliver parental representation. Savings to public finance will total £36 million by year ten, largely from fewer days spent in foster care per annum, as well as a reduced rate of adverse outcomes for those receiving parental representation. The average net present social values of this policy over twenty years is £52 million per year. A breakdown of additional spending, savings and the overall impact on public finances is set out below.

### Recommendation spend and saving breakdown (£, millions)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	0	-10	-10	-10	-11	-11	-11	-12	-12	-12
<b>Savings</b>	0	0	1	2	3	4	4	5	7	9
<b>Impact on public finances</b>	0	-10	-9	-8	-7	-7	-7	-6	-5	-3

NB Some columns don't sum due to rounding

We calculate the cost of introducing parent representation on an opt-in basis by multiplying the number of families that would enrol by the cost per hour and the number of hours provided. We assume a take up rate of 40%. The cost per hour is estimated at £35, including onboarding costs. This is based on a UK study of advocacy services for parents with learning difficulties, this cost is similar to local authorities currently providing a service for parents with children subject to child protection, and we assume that each family will receive 20 hours of parent representation (Bauer et al., 2013).

To estimate the impact of parent representation we used evidence from the United States, as this type of intervention is more popular in the US than it is in the UK. Based on the evidence reviewed, the main saving resulting from this policy is due to a reduction in days spent in foster care per annum. Gerber et al. (2019) identified that an intervention involving parental advocacy leads to 30 fewer days spent in foster care per annum. We assume that introducing parent representation, which includes advocacy, in the UK will have a similar impact. As a result, we calculate the savings by multiplying the number of days in care avoided by the daily cost of foster care and the number of children affected each year.

In terms of adverse outcomes, there is no estimate of the impact of parent advocacy on children's outcomes. However, the literature identified several channels through which parent advocacy might have an impact on children's outcomes, such as improvement in parents' wellbeing and family relationships. We assume a 10% reduction in adverse outcomes (details on how adverse outcomes are calculated are provided in the Introduction to the corresponding technical report).

We have not undertaken a cost benefit analysis on improving parental experiences in the courts, as these are likely to be low cost and further details to enable costing would need to be worked up as part of implementation. Costs for the National Children's Social Care Framework and practice guides are included in annex 8.1.

## **Implementation**

Parental representation will form one of the deliverables of the review's *Relationships Protect* programme. Wider practice advice on parental engagement will be part of the National Children's Social Care Framework practice guides, including a new measure of child and family satisfaction. It will provide evidence of good models for independent support and there will set national indicators on parental satisfaction with services.

The Public Law Working Group is best placed to implement the measures to improve family engagement in the courts, for instance through establishing a Working Group to look at this question. The Public Law Working Group has confirmed that they will start this work in June 2022.



# Chapter Four: Unlocking the potential of family networks

## 4.1 Prioritising alternatives to care

### Rationale

The current system of kinship support has been described to the review by kinship carers as a “spaghetti junction” of different entitlements, rights, and policies (The independent review of children's social care, 2022). In the current system, eligibility for receiving support is determined by the type of legal status (informal kinship care, kinship foster care, and permanence orders such as Special Guardianship Orders and Child Arrangement Orders) or route through which that legal status was acquired (whether a child was previously in care, and whether a permanence order was obtained in private or public family court proceedings). Such criteria fail to recognise the underlying similarities in the needs and experiences of children growing up in kinship homes, and prioritise the internal logic of policies over the needs of families. Whilst discretionary powers for local authorities to provide more support to family members and friends who can provide a loving home do exist, there is a postcode lottery of support, and these powers are not used nearly effectively enough.

The review aims to address this by creating a system which puts the individual needs of families at the heart of decision making, provides the bespoke support kinship carers need, reduces the perverse behaviours which have arisen as a result of those anomalies, and safeguards children’s rights to stay in a kin network by reducing variation in the use of family and friends arrangements.

### Making better use of family networks

Existing literature suggests that there is no widespread use of additional help and care to bolster families (what is often referred to as respite care or support care) as a family support strategy (Lynch, 2017). Respite care is used more frequently to support disabled children, but significantly less so for children that come into contact with children’s services because of other concerns about families’ ability to provide care (Lynch, 2017).

The Fostering Network Wales' "Support Care" project provided assistance in the form of time-limited short breaks to avoid family breakdown and children entering care. The project evaluation found that most Support Care placements came to an end in a planned way, with some ending successfully and early by agreement. Of those placements that were completed, all of the planned aims were achieved in full (Lynch, 2017). In England, an evaluation of Stockport's Families First programme, which was providing short break placements for children at the edge of care, found that of the 65 children who were supported in a single year through the programme, only seven subsequently entered care (excluding five children who were already in care when they received the short break support) (Dixon et al., 2015).

There is limited existing research on effective implementation of family group conferences to reduce the need for children to become looked after. However, there are numerous examples where it has been used effectively, and research so far has identified three mechanisms that can be key to the effectiveness of shared decision-making meetings: enabling collaboration and engagement, building trust and reducing shame, and enabling participation in decisions (What Works Centre for Children's Social Care, 2021).

The evaluation of the Daybreak Family Group Conferencing model, which is delivered to families in pre-proceedings, showed that 75% of children who received the intervention were living with a parent or relative in 3 to 12 months after the conference compared to 61% of cases where a conference was not convened, and that in 29% of cases proceedings were initiated, compared to 50% of cases where no Family Group Conference had been convened (Munro et al., 2017). Impact evaluation of the Family Valued model implemented in Leeds, which included an expansion of Family Group Conferences to families in contact with the system, such as those experiencing domestic violence and in early help, found a reduction in the number of children in care and a cost saving of £755 per family (Mason et al., 2017).

The review is recommending that where family group decision making leads to a family led plan for care (a Family Network Plan) this should be funded by the local authority. Whilst it is difficult to estimate the average cost of a Family Network Plan given the flexible nature of the funding required, the review would expect these costs to be lower than costs of a foster care or residential care placement in almost every

scenario. The average weekly cost of a residential care placement was £3,830 in 2020 (across the 15 largest providers), and in a 2020 research paper, an average foster care placement has been estimated at £71,567 per year, comprising £13,274 of staffing costs and £58,293 of placement costs (*Children's Social Care Market Study Final Report*, 2022; Rodger et al., 2020).

The review recognises that where a Family Network Plan requires significant home adaptations, the initial outlay may be significant. This would be a one-off cost but we would expect more children to thrive in a loving family arrangement, and for local authorities to realise financial benefits associated with the child growing up in a family environment rather than more costly care. There is a long-standing policy principle of making home adaptations for people with disabilities, and a 2018 evaluation of the Disabled Facilities Grant concluded that cost savings of adaptations for children are likely to be higher than for adults – a casefile review found that for the average cost of £60,000 for home adaptations, an estimated £1.5 million of costs associated with a child being in care was avoided (Mackintosh et al., 2018). This study also concluded that whilst more research was needed to quantify cost savings definitively, health and wellbeing returns exceeded the cost of the grant in the first year alone. Whilst the home adaptations and outcomes for children with safeguarding concerns will be different from adaptations for disabled children, we would expect that further learnings could be drawn in the design of the Family Network Plan policy.

The review also recognises that a Family Network Plan may consist of regular costs, for example costs associated with covering the lost income of a carer or cost of ongoing therapeutic support, which are likely to be lower than the alternative - foster or residential care.

### **Backing kinship carers**

Children growing up in kinship homes are disproportionately exposed to poverty, which is strongly associated with negative outcomes and increases the risk of children's social care intervention (Bywaters et al., 2016). An analysis of the 2011 Census indicated that 40% of all children living in kinship care in England lived in households located in the 20% most income deprived areas in England, and that over 76% of children living in kinship care were living in households deprived in one

of four dimensions: employment, education, health and disability, and housing, compared to 47% of children living with at least one parent (Wijedasa, 2015). This leads to an increased demand for poverty related services and increases the risk of children entering care. Department for Education (DfE) modelling suggests that children in the highest earning 20% of families are 88% less likely to enter residential or foster care, compared to children in the lowest earning 20% of families after controlling for other factors (Fitzsimons et al., 2022).

Whilst kinship foster placements provide stability for many, children in these arrangements tend to spend longer in care over their lifetime and the average length of a kinship foster care placement is 75% longer than any other placement (What Works Centre for Children's Social Care, 2022). Whilst the rate of children leaving care through the Special Guardianship Order route has remained relatively stable, the proportion of children in care who are in kinship foster placements has increased steadily since 2016 with an annual average growth of 7%, which is higher than the average annual growth in the overall number of children in care (What Works Centre for Children's Social Care, 2022).

### **Training and peer support**

Kinship carers identify training as a significant unmet need (The independent review of children's social care, 2021). Our engagement with kinship carers indicated that even where that training was being provided, it was often inadequate or tailored to the needs of unrelated foster carers. There are specific areas of training where foster care training is felt to be inappropriate for kinship carers, as well as lack of preparation on how to manage complex family dynamics that arise in kinship families and support for dealing with trauma and bereavement.

There are too few opportunities for kinship carers to link with their peers. Kinship carers report that family and friends are their main source of help and advice but in a recent survey, 19% of carers identified contact with peers as an additional support that would have made a difference (Ashley & Braun, 2019).

An evaluation of Kinship Connected, a programme of support including one-to-one support from a project worker and kinship peer support groups, found that the programme made a positive impact, resulting in an increase in key indicators such

as:

- kinship carers' confidence in their parenting role (38 percentage points)
- kinship carers who stated they had sufficient support 'all of the time' (20 percentage points)
- kinship carers who reported that they never felt isolated (26 percentage points), and a nine percentage point decrease in kinship carers who reported they had 'often' or 'always' felt isolated over the last six months

It also reported the direct costs of the programme to be £441,809, equating to £1,102 per kinship carer for the 401 kinship carers supported by the programme. An evaluation of financial benefits of the programme estimated the cost-benefit ratio of 1.20 – for every £1 invested in the programme, £1.20 of benefits is estimated to be generated (Starks & Whitley, 2020).

### **Legal aid**

Many kinship carers are unable to access legal advice in order to make informed decisions about the care of their family members. Three quarters of kinship carers reported that they did not have sufficient information about the available legal options when they took on the care of their child (Ashley & Braun, 2019).

Evidence suggests that for some kinship carers, obtaining legal permanence is not a positive decision but can result from local authority pressure. Some social workers have reported kinship carers being coerced into applying for an Special Guardianship Order (SGO) with the threat that their children would be removed if they did not apply for permanence (Pratchett, 2018). By providing legal support that is independent of local authority and increasing support for those who do make an informed decision to obtain a permanence order, the Review aims to make legal permanence a positive choice for each new carer.

The opportunity to access legal advice before an order is granted leads to better support plans for carers and their children. One study found that if special guardians received legal advice they were more confident in their role in legal proceedings, and not receiving legal advice meant they were less likely to request the support they believed they needed to be included in the support plan (Harwin et al., 2019).



## **Kinship leave**

The majority of kinship placements start in a crisis without prior notice, which reduces their ability to negotiate a period of leave with the employer. Whilst there is an established legal framework which allows new parents or adoptive parents to take time off from work to form a loving relationship with their new child, the system does not currently extend this right to new kinship carers, even though many offer the same degree of permanence, and the existing relationship kinship carers have with the child can be limited.

It is clear that many kinship carers compensate for this by making life changing decisions to reduce their working hours or stop working entirely, further exacerbating the financial pressure many kinship carers (who are, on average, more likely to come from lower socio-economic backgrounds than adopters) already face.

One study found that 44% of kinship carers gave up employment entirely, and a further 20% forced to reduce their working hours significantly, to provide care for their relatives (Ashley & Braun, 2019). Another 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).

## **Recommendations**

- 1. 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.**

This recommendation will ensure all alternatives to care have been considered before care proceedings commence, by giving each family entering pre-proceedings the right to a family led process. By providing earlier and universal access to family decision making, combined with a National Children's Social Care Framework which improves partnership working with families, we expect local authorities to be able to safely divert a higher proportion of cases from court, and to keep children as close to their family network as possible where it is the best option for children.

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

This recommendation will put in place a statutory duty for local authorities to resource Family Network Plans which meet the best interests of the child and avoid the need to enter care proceedings. Funding for the plan should be flexible, and meet the needs of the child and family. In some cases this may require one-off funding to adapt a family member's home so that they can provide respite care, or ongoing costs to cover the lost income family members experience due to sharing care for a child. Strong governance and accountability mechanisms must be embedded as part of Family Network Plans to avoid negative outcomes such as:

- case drift: a clear statutory requirement to review each Family Network Plan on a regular basis to ensure the plan continues to be in the best interest of the child. Alongside the minimum statutory review timelines, the review would expect case drift to be managed through improved advocacy, local authority quality assurance processes, bespoke monitoring and supervision arrangement for each family network plan, as well as social work supervision
- access to advocacy and protection from coercion: the initial approval of the Family Network Plan and any review will need to involve a child advocate, and parents should be encouraged to use the new offer of parental representation. This will ensure the process is family led and child-centred

**3. 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**

This recommendation will put in place a duty on local authorities to provide an allowance to special guardians and kinship carers with a Child Arrangement Order (CAO) for children who would otherwise be in care. The allowance should be made available from the point that the Special Guardianship Order (SGO) or Child Arrangement Order is made, and be set at a level which will be equivalent to the rate of fostering allowance. Each local authority should publish information about the

level of financial allowance available to SGOs and CAOs and proactively signpost carers to the application form.

This recommendation will require national guidelines for calculating the entitlement to a financial allowance, and discontinue some features of how financial support is currently calculated – subject to means testing or adjusted by the child-related or other welfare benefits. By maximising incentives for family and friends foster carers to seek permanence orders, the review expects to realise the full benefits of this policy. The review expects that carers' eligibility for universal welfare benefits will not be affected by this policy.

We expect that this will remove a key barrier to family and friends foster carers who are considering applying for Special Guardianship or Child Arrangement Orders (where this is in the child's best interest). It will also lead to a reduction in the number of SGO and CAO arrangements which breakdown due to financial stress in the family, and ultimately fewer children in care.

Whilst this will reduce the number of family and friends foster carers, it is not expected to have any effect on the overall foster care capacity due to the nature of family and friends foster care (carers are usually approved for a specific child).

#### **4. 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.**

This recommendation will provide access to legal aid when potential kinship carers seek formal recognition of permanent kinship arrangements, as well as defray costs in other instances where kinship carers interact with courts or need to make informed decisions about legal status. We would expect this to lead to more carers making the right legal decisions in their and the child's best interest, and a reduction in carer stress associated with carers not being aware of the commitments and obligations they entered into through the granting of a permanence order.

The specific circumstances in which kinship carers are able to access legal aid should correspond to points in their journey when they need to make informed decisions about legal arrangements or where there is a disparity between the legal

aid eligibility of kinship carers and parents.

**5. All new special guardians and kinship carers with a CAO should be given kinship leave, which matches the entitlement given to adopters.**

This recommendation will provide a right to a period of paid leave for new kinship carers. This will enable a greater proportion of kinship carers to stay or return to the labour market following the initial settling in period when a child enters their home, leading to greater productivity, reduced isolation, and fewer financial stressors in kinship homes.

**6. 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.**

This recommendation will ensure continued funding of the peer support groups for kinship carers, which have recently been rolled out by the DfE as part of the 2021 Adoption Strategy.

In addition, there will be new investment in a universal offer of kinship training available to any kinship carer, regardless of legal status, which will help them maintain contact with the child’s birth parents, an important unmet need of this cohort, and provide preparation support for their role. Training will need to be developed to meet the specific needs of this cohort, and further practice guidance will be provided through the National Children’s Social Care Framework.

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

This recommendation will give all kinship carers greater visibility and shared identity, and help target service provision for this group of carers in the future. Government will need to develop this definition following the conclusion of the review and in conjunction with kinship carers and young people in kinship care arrangements.

## **Cost and benefits**

### **Recommendation 1**

Recommendation 1 will not incur any new significant costs or represent any new expectations on local authority activities – this is because delivery of a family meeting is already encouraged in the statutory guidance. Any costs associated with this recommendation should be borne by the local authority.

## Recommendation 2

Whilst the funding of Family Network Plans will represent a cost for local authorities, it will lead to a decrease in the spending on children in care. The recommendations will see local authorities spending an additional £620 million over the next five years, returning £733 million cash savings to public finance over the same period, which will lead to an overall saving to public finance of £113 million in delivering the recommendation. Net savings to local authorities total £1.1 billion over the next ten years, with a return on investment from year three, derived from a reduced number of children entering care. We estimate that by year ten, 5,000 more children would remain with their family networks, rather than enter care, due to these policies. The average net present social values of this policy over twenty years will be £319 million per year. A breakdown of additional spending, savings and the overall impact on public finances is set out below.

### Recommendation spend and saving breakdown (£, millions)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	0	-153	-232	-235	-238	-241	-243	-245	-248	-251
<b>Savings</b>	0	118	242	373	386	399	413	426	439	454
<b>Impact on public finances</b>	0	-36	11	138	148	159	170	181	192	203

NB Some columns don't sum due to rounding

The policy is assumed to start in year two. To estimate the cost of the recommendation, we multiplied the estimated amount of financial support offered to support each Family Network Plan (£25,000 per year for an average of three years) by the number of children we reasonably expect to benefit from the policy (approximately 10% of looked after children entering care every year).

We assume that the support will prevent 50% of those receiving it from entering care every year. To estimate savings due to children being prevented from entering care, we multiplied the number of children prevented from entering care by the annual cost of a child in care throughout the period in which these children are in care (we assume that the duration of a care episode is three years).

To estimate savings due to the reduction of adverse outcomes, we assume that children prevented from entering care have the adverse outcomes of children in need. Therefore, we multiply the total number of children (both in their childhood and adulthood) affected by the policy by the differential cost of adverse outcomes of a child in care relative to a child in need (details on how adverse outcomes are calculated are provided in the Alma technical report).

### **Recommendations 3-6**

Recommendations to provide financial assistance, legal aid, kinship leave and preparation workshops for Special Guardianship Orders and Child Arrangement Orders, and will see local authorities spending an additional £1.5 billion over the next five years, returning £1.4 billion cash savings to public finance over the same period, which will lead to an overall cost of £136 million in delivering the recommendations. Savings to local authorities will derive largely from a reduced number of children in care, and replacing existing spend on allowances, seeing a return on investment from Year four. We estimate that by year ten, 5,500 more children would remain with their family networks, rather than enter care, due to these policies. The average net present social value of these policies over twenty years will be £488 million per year. A breakdown of additional spending, savings and the overall impact on public finances is set out below.

*Recommendation 3 - Providing financial assistance for Special Guardianship Orders and Child Arrangement Orders on par with the foster allowance*

### **Recommendation spend and saving breakdown (£, millions)**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	0	-463	-469	-475	-481	-486	-490	-495	-500	-506
<b>Savings</b>	0	306	394	507	573	608	622	635	650	665
<b>Impact on public finances</b>	0	-157	-75	32	92	123	132	141	150	159

NB Some columns don't sum due to rounding

The recommendation is aimed at those who otherwise have been in care. In the absence of accurate data on this cohort, we model this on the basis of all Special Guardianship Orders, and an estimate of those children subject to Child Arrangement Orders where they had previously been on a child protection plan using data reported in Family Rights Group (2019).

We estimate an average cost of £8,900 to provide the above group with financial assistance on par with the fostering allowance, using data on the minimum weekly fostering allowance (HM Government, n.d.-c). We then estimate the savings to the Exchequer associated with replacing the current allowance paid to the carers of children in Special Guardianship Orders and Child Arrangement Order with the recommended allowance (McGrath & Wrafter, 2021).

The policy is assumed to result in a movement of children out of kinship foster care placements to Special Guardianship Orders and Child Arrangement Orders in receipt of the fostering allowance. We assume that extending the foster allowance to SGOs and CAOs will increase by 10% in the number of children on SGOs and CAOs who would have otherwise been in kinship foster care, thus resulting in additional savings. These savings are tempered against a cost of increased Child Benefit and Child Tax Credit claims, where carers are newly eligible.

Further benefits of this policy include reduced use of services related to children living in poverty, reduced placement breakdowns and a reduced incidence of anxiety amongst kinship carers. Further detail on this modelling and the evidence used can be found in the Costing Technical Report.

*Recommendation 4 - Providing legal aid to Special Guardianship Orders, Child*

*Arrangement Orders, and carers considering kinship arrangements*

**Recommendation spend and saving breakdown (£, millions)**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	0	-24	-25	-25	-25	-26	-26	-26	-26	-27
<b>Savings</b>	0	29	59	91	95	98	101	104	108	111
<b>Impact on public finances</b>	0	4	35	66	69	72	75	78	81	85

NB Some columns don't sum due to rounding

To calculate the cost of providing legal aid to Special Guardianship Orders and Child Arrangement Orders (private law cases), we use data on the average legal costs incurred by kinship carers (approximately £5,000) reported in Family Rights Group (2019) and multiply the cost by the number of SGOs and CAOs new cases (private law). As part of the recommendation, an additional £500,000 will need to be made available to provide early independent advice to those considering kinship care as well as an additional £500,000 to support carers involved in litigations with parents.

As a result of the policy, we assume an increase in Special Guardianship Orders and Child Arrangement Orders corresponding to a reduction of 0.5% in the number of looked after children, resulting in a reduction of expenditure on children's social care services due to children prevented from entering care.

We also calculate savings to public services due to the improved outcomes of children (both in their childhood and adulthood) who enter kinship care due to the policy, assuming they would have otherwise been in care rather than with their families. Further details on this calculation and how we monetise improvements in adverse outcomes can be found in the Costing Technical Report.

*Recommendation 5 - Providing a statutory kinship leave to Special Guardianship Orders and Child Arrangement Orders*

Recommendation spend and saving breakdown (£, millions)



	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	0	-11	-11	-11	-11	-12	-12	-12	-12	-12
<b>Savings</b>	0	5	5	5	6	6	6	6	6	6
<b>Impact on public finances</b>	0	-6	-6	-6	-6	-6	-6	-6	-6	-6

NB Some columns don't sum due to rounding

To estimate the cost of the statutory kinship leave, we multiply the average cost of the kinship leave set out in the policy by the expected number of Special Guardianship Orders and Child Arrangement Orders that will take up the leave.

To estimate the take up rate, we use data on the share of kinship carers in employment (40%) reported in Aziz et al. (2012) and assume a 50% take up rate amongst this group.

We estimate the cost to the Exchequer of the statutory kinship leave in terms of forgone income tax revenue during the period of the kinship leave. Further savings to the Exchequer arise from a reduction in the number of kinship carers claiming universal credit as a result of the policy, as more kinship carers will be able to remain in employment. We assume that 50% of kinship carers leave their job after becoming carers, and use data from Gautier & Wellard (2012) showing that 41% of kinship carers who gave up their jobs due to caring responsibilities depend on benefits. We also calculate the additional income tax revenue due to carers returning to work after the leave. We assume that 30% of kinship carers who would have left their jobs in the absence of the policy return to work. Finally, as a social benefit of the policy, we calculate the GDP gain due to carers returning to work as a result of the policy.

*Recommendation 6 - Introducing preparation workshops for kinship carers*

### **Recommendation spend and saving breakdown (£, millions)**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	-6	-6	-6	-6	-6	-7	-7	-7	-7	-7
<b>Savings</b>	0	0	0	0	0	1	1	1	2	2
<b>Impact on public finances</b>	-5	-6	-6	-6	-6	-6	-6	-6	-6	-5

NB Some columns don't sum due to rounding

To estimate the number of newly approved carers with Special Guardianship Orders and Child Arrangement Orders taking up the preparation workshops, we use data from Ofsted (2021) on the share of foster carers who completed their training, standards and development or awaiting sign off (81%). In addition to new SGOs and CAOs, we assume that a small proportion of current stock of all kinship carers will want to participate in these workshops (10%). To estimate the cost of preparation workshops for kinship carers, we multiply the cost per carer of these workshops (£333) by the number of carers taking them up using data on costs of preparation workshops per kinship carer from The Fostering Network (2010).

To estimate savings to public services associated with the reduction of adverse outcomes of children (both in their childhood and adulthood), we use evidence from the DfE (2016) on the reduction of adverse outcomes due to participation in the KEEP training programme, which is designed for foster and kinship carers. As the latter is more expensive than the preparation workshops in scope in this recommendation, we apportion the reduction in adverse outcomes due to participation in the KEEP training programme by a weight equal to the share of the preparation workshops' cost relative to the KEEP training programme). More details on how we quantify savings to services due to a reduced incidence of adverse outcomes can be found in the Costing Technical report.

*Recommendation 7 - Government should develop a new legal definition of kinship care, taking a broad range of circumstances into account*

Recommendation 7 will not incur any new local authority or regulatory burdens. We would expect any future service provision or burdens linked to the creation of a

definition to be assessed through the appropriate processes.

We would expect to see the following benefits because of this recommendation:

- kinship carers know about their rights, and know how to access them
- better recognition and visibility of kinship care across government's vulnerability and DfE policies
- improved statutory data collections measuring characteristics and outcomes of kinship carers

## Implementation

**Definitions:** Recommendations 3, 4 and 5 are aimed at children cared for by kinship carers under Special Guardianship Orders or Child Arrangement Orders who would otherwise be in care.

The review recognises that the “who would otherwise be in care” test needs to be further defined to effectively identify this group.. The review proposes that the triggering of the Public Law Outline process should be sufficient to meet the definition, but that a meaningful appraisal of different options should be carried out in the implementation phase of the review, including for placements which began before the implementation of the Public Law Outline.

The review is clear that the test should not equate to children on permanence orders who have previously been in care as those orders can be used to avoid the need for care entry.

Recommendations 1 and 2 will require primary legislation to create a new legal pathway for Family Network Plans to be established. The Children Act 1989 sets out that where a local authority is exercising its powers to provide accommodation to a child “the person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care” that child is looked after. Therefore, implementing this recommendation may require changes to the current legal framework, such as to ensure that children covered by Family Network Plans do not fall under the definition of “looked after”.

Case law (R (D)v Southwark LBC [2007] EWCA Civ 182 and R (CO) v Surrey County Council [2014] EWHC 3932 (Admin)) says that (a) where the local authority played a major role in making arrangements for a child, the child was more likely to be treated as looked after, (b) if the local authority wishes to shed the burden of its duty to provide accommodation and arrange for a private individual to shoulder that burden, it must give a clear, full and proper explanation that this is the effect of the arrangement it is making and (c) if the authority is facilitating a private arrangement, it must make it plain to the proposed [carer] that s/he must look to the parents or person with parental responsibility for financial support. The authority must explain that any financial assistance from public funds would be entirely a matter for the discretion of the local authority for the area in which the foster parent is living.

The review's view is that families who are going through pre-proceedings are likely to have met the thresholds where the local authority needs to provide accommodation to a child in care, and the current policy design would fall foul of the (a), (b) and (c) tests of whether an arrangement can be considered a private one. The situation of local authority arranged family meetings and threat of proceedings is likely to be considered as local authority "playing a major role" in making the arrangement. If the Family Network Plan is to work as a binding agreement between the parents, carers and the local authority, it cannot be said to be "a matter for the discretion of the local authority".

The review proposes changes to section 20 of the Children Act 1989 which, if needed, would allow a broader use of those powers through the Family Network Plan so that no child subject to the Family Network Plan would need to enter the formal care system. The review expects draft legislation to be introduced in the next session of Parliament and to receive Royal Assent before Parliament is dissolved ahead of the next General Election.

The necessary guidance and best practice for family led decision making will be introduced in the National Children's Social Care Framework.

Recommendation 3 will require primary legislation to introduce a legal duty to provide an allowance to all special guardians and kinship Child Arrangement Orders.

Recommendation 4 will require changes to secondary legislation, which sets out

rates of state provided legal aid (The Civil Legal Aid (Remuneration) Regulations 2013). We would expect this change to take place ahead of recommendation 3 as reducing financial barriers to obtaining legal recognition of permanence will mitigate potential negative distributional impacts if those barriers were to remain.

Recommendation 5 will require primary legislation as part of the upcoming Employment Bill to introduce a new entitlement to kinship leave. We would expect this legislation to receive Royal Assent in the current Parliament.

Recommendation 6 will require new funding to be secured. Given the total quantum required, we would expect this funding to be secured at a future fiscal event.

Recommendation 7 will require new primary legislation. The review expects that the DfE will consult on the wording of the definition as part of the government's response to this recommendation.

## **Chapter Five: Transforming care**

### **5.1 A New Deal on Fostering**

#### **Rationale**

##### **Sufficiency**

The majority of looked after children in England live in foster care (71% living with a foster carer compared with 29% living in all other settings (Department for Education, 2021a). There are currently enough approved foster carers to provide a home for the number of children that require a foster care placement, but this is distorted by around 20% of carers who are classed as 'unavailable' and a varied regional picture (Ofsted, 2021). Demand for foster carers who can provide a home for children with complex needs, or are able to offer specialist services such as remand fostering, outstrips supply (Narey & Owers, 2018). Recent research by

Ofsted highlighted that “*Despite the numbers of fostering households and foster carers in England being at their highest ever levels, the increases are not keeping up with demand in the sector*” (Ofsted, 2021). The Fostering Network conducts a biannual survey of foster carers and fostering services which usually reports a shortage of between 7,000 and 9,000 foster carers (The Fostering Network, 2021).

A shortage of foster carers has a significant impact on the lives of children that require these types of homes, and this shortage means many local authorities are forced to place children in more expensive children’s residential homes which do not meet their needs as well. Recent research published by Ofsted indicates that one third of children currently living in residential children’s homes were initially deemed to have been better suited to foster care in their care plan, had there been sufficient capacity (Ofsted, 2022). Research by the What Works Centre for Children’s Social Care also found that a recent increase in the demand for children’s residential care was attributed to a lack of fostering capacity, and that children who were eligible or better suited for fostering ended up in residential care because of insufficient fostering capacity (What Works Centre for Children’s Social Care, 2022). The review’s conclusion that we urgently need more foster carers follows similar findings described by Martin Narey and Mark Owers in their 2018 review of Foster Care (Narey & Owers, 2018) and the Education Select Committee enquiry into Fostering in 2017 (House of Commons Education Committee, 2017).

## **Recruitment and assessment**

Too little is done to recruit foster carers who might already be known to a child, and recruitment practice in local authorities is not supporting these households to step forward and navigate complex assessment processes. If 1% of teachers were able 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, 2021b). Foster care recruitment is done on a small scale by 152 separate local authority teams with limited support from national government, limited budgets (particularly compared to independent fostering agencies) (ADCS,

2021) and with limited time or skill compared to what could be achieved at greater scale.

Despite 160,635 enquiries being submitted by prospective foster carers in 2020/21, just 2,165 households were ultimately approved (Ofsted, 2021). In 2020/21 there was a decrease in capacity of 35 households and 325 places in local authority foster carer capacity. The review has heard that this is often due to prospective carers having unrealistic expectations of what fostering entails, and over zealous advertising campaigns which focus on the financial benefits of fostering over everything else. Providing a stable home for children in care is linked to better outcomes (Sebba et al., 2015) and the Children's Commissioner's stability index highlights that there is an increase in placement moves out of area (Children's Commissioner, 2020). Frequent change of homes could lead to changes in schools which could also significantly impact the quality of young people's relationships and ability to access local services.

### Support

The review has met with more than 300 foster carers who have told us that, generally, they get better support from for-profit independent fostering agencies. However, there are also well established foster carer support programmes delivered by local authorities which demonstrate early promise. For example, a 2016 evaluation by the Department for Education (DfE) demonstrated that the Mockingbird Family Model delivered positive outcomes for foster carers; in terms of both wellbeing and retention for foster carers. Importantly it also showed some improvements in the quality of relationships that children in care have with the adults around them.

### **Lack of trust**

The foster carers we met also talked to us about a perceived lack of trust in them to make decisions for the children they were caring for. A survey by the Fostering Network (2021) showed that 53% of foster carers felt they received sufficient information about the child they were expected to care for, which means 47% did not. Lack of information about a child's needs, circumstances and history, as well as an inability to make day to day decisions for children can hamper a foster carer's

ability to create a normal family environment for a child where the child's needs are met and prioritised.

## **Recommendations**

### **1. National recruitment programme for foster carers.**

This recommendation will deliver an additional 3,000 foster carers per year (9,000 in total) over a 36 month period between early 2023 and early 2026. The outcome should be a reduced reliance on children's residential care, more children remaining safely within their communities, and an increase in approved foster carers from ethnic minorities and other currently underrepresented backgrounds.

Government should develop this programme using the best external expertise, including specialist recruitment experts, targeting areas of the country where the need for foster carers is greatest, and in communities who are currently least likely to step forward and foster. To improve conversion between expression of interest and approved careers, government should develop a central screening and support process to help guide and support new potential carers through the application process, and ease the burden on local authorities in assessing thousands of new applications.

To encourage local authorities to start working together within new Regional Care Cooperative footprints (which we expect to be confirmed by the end of 2022), government should set an expectation that local authorities work together and approve careers within their region once an initial screening process has taken place. We expect foster carer panels to have representatives from all local authorities within the region and that any funding allocated to support local authorities approve new carers would come on the condition that this was done regionally.



## **2. New support structure for foster carers.**

This recommendation aims to improve the support that all foster carers receive; whether newly approved or more experienced. The outcome should be an increase in the retention of existing foster carers, and fewer placement breakdowns which result in a child being forced to move home at short notice.

The review has highlighted the Mockingbird Family Model as one example of good practice which has been evaluated by government and has well proven outcomes. Whilst we expect many local authorities will choose to adopt the Mockingbird Family Model as a route to better support foster carers in their area, other approaches and models may be equally valid and applicable, and so we have recommended that a certain set of principles should be incorporated into practice to guide development of each area's support model.

## **3. Delegated authority by default.**

This recommendation acknowledges that for many children, their foster carer will be the person that knows them best, and the adult they trust the most. The outcome should be that the relationship between the foster carer and the child in their care is more authentic and less artificial.

Whilst delegated authority should not go as far as giving foster carers parental responsibility for children they look after, greater flexibility should be shown which recognises the relationship carers have with children and the fact that carers have been vetted and trained to provide that care to a high standard. Government should consider whether any legislative change is necessary as part of a fourth session Bill to enshrine this change in law, but in the interim all local authorities should be able to extend far greater delegated authority to foster carers by default, so that they can take small but meaningful decisions which affect children's lives and prevent the relationship feeling natural. This includes decisions such as approving school trips and taking a child for a haircut.

## Costs and Benefits

We do not expect recommendation 3 to have significant financial implications.

### Recommendation 1: National recruitment programme for foster carers

The campaign to recruit foster carers will see local authorities spending an additional £26 million over the next five years, returning £101 million cash savings to public finance over the same period, which will lead to an overall saving to public finance of £75 million as a result of delivering the recommendation in the next 5 years. The savings that accumulate to public finance are largely driven by savings to local authorities due to reduced use of children’s residential care, which will save £540 million over the next ten years. Local authorities would begin to see a return on investment from year three.

We estimate that in year ten, approximately 1,500 more children would have been placed in foster care placements instead of residential care as a result of this policy.

The average net present social values of this policy over twenty years will be £46 million per year. A breakdown of additional spending, savings and the overall impact on public finances is set out below.

#### Recommendation spend and saving breakdown (£, millions)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	-9	-9	-9	0	0	0	0	0	0	0
<b>Savings</b>	0	16	34	51	70	71	73	74	76	78
<b>Impact on public finances</b>	-9	8	25	51	70	71	73	74	76	78

NB Some columns don't sum due to rounding

The recommendation proposes to deliver a national recruitment programme for foster carers comprising two separate activities: (i) a communications campaign to drive awareness of fostering and increase enquiries from prospective foster carers, which would run over the long term, and (ii) a recruitment support service (e.g. a

helpline) to deal with enquiries, signposting and information dissemination, and case workers to support prospective carers through the process. The proposed launch date for the programme is 2023/4 with an assumption that the DfE will begin work immediately to procure the expertise needed so that it is ready to launch by this date.

To estimate the cost of the national recruitment programme, we used a teacher recruitment campaign held internally by the DfE as a proxy. This shows that the average campaign expenditure per newly qualified teacher employed is approximately £2,900. Next, we estimate the total number of foster placements created as a result of the recruitment campaign by multiplying the target number of new foster carers (3,000 per year) by the average number of approved places per foster carer (1.24) (Ofsted, 2021).

To estimate savings due to the reduced use of residential care, we use evidence showing that just over one third of children placed in residential care had a care plan for a foster placement (Ofsted, 2022). We assume that 5% of children placed in residential care will be able to live in foster homes which will be created by the recruitment campaign. The number of children diverted from residential to foster care is then multiplied by the difference between the cost of a residential and foster care placement (which cost £110,000 and £70,000 per annum, respectively). Data on placement costs are taken from section 251 outturn data and the DfE (2020).<sup>21</sup>

We also estimate savings due to a reduction in children's adverse outcomes as a result of improved stability both in their childhood and adulthood. We assume that placement stability is improved for all children benefiting from the policy. We use evidence from Rubin et al. (2007) showing that placement stability reduces the incidence of adverse outcomes by 36%. More details on how we quantify savings to services due to a reduced incidence of adverse outcomes can be found in the Costing Technical report.

## **Recommendation 2: Extended foster carer support model**

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<sup>21</sup> For the cost of a residential placement, we used the sum of line 3.1.1 from section 251 (residential care) which we divided by the number of children in residential care and line 3.1.5 (other children looked after services) which we divided by the total number of children looked after (CLA). Data on the cost of a foster placement is directly taken from the Department for Education (2020a).

The extended foster carer support model will see local authorities spending an additional £466 million over the next five years, returning £384 million cash savings to public finance over the same period, which will lead to an overall cost of £82 million in delivering the recommendation. By year ten, a net saving to public finance of £139 million is largely driven by savings to local authorities due to avoided days in residential care, a reduction in unavailable placements and fewer fostering households deregistering, which will generate gross savings to local authorities of £1.5 billion by year ten. Local authorities would begin to see a return on investment from Year four.

The average net present social values of this policy over twenty years will be £18 million per year. A breakdown of additional spending, savings and the overall impact on public finances is set out below.

#### Recommendation spend and saving breakdown (£, millions)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	0	-158	-162	-146	-151	-155	-160	-165	-170	-175
<b>Savings</b>	0	76	129	179	185	191	196	202	208	215
<b>Impact on public finances</b>	0	-82	-33	33	34	35	36	37	39	40

NB Some columns don't sum due to rounding

The cost of implementing an extended family support network based on the principles of the Mockingbird Family Model which we used as a proxy for set up and running costs. Estimates of set up costs per local authority were £300,000 per local authority for two years. To arrive at total set up costs, we multiply the set up costs per local authority by the number of local authorities that have not yet rolled out, or planned to roll out, the Mockingbird model (99 local authorities) (The Fostering Network, 2021c). To estimate the total running costs, we use evidence on the average cost of running the Mockingbird model per constellation per year (£30,500) reported in McDermid & Baker (2016), which we multiply by the number of constellations in England (around 5,800 in the first year of roll out). The number of

constellations in England is calculated by dividing the number of foster households in England (44,500) by the number of foster households per constellation (8) (Ofsted, 2021). These savings are then multiplied by 66% to reflect that the national roll out of the foster care model will be applied flexibly in comparison to the Mockingbird Family Model pilot.

We estimate savings associated with avoided days in residential care, a reduction in the deregistration of fostering households, reduced use of the justice system and a reduction in unavailable placements (Ott et al. 2020). See the Costings Technical Report for more detail on the calculation of savings.

## **Implementation**

Recommendation 1 (recruitment) should be an immediate implementation priority for government. It is essential that work begins immediately to identify specialist expertise which can design and run a significant national foster carer recruitment campaign from early 2023. Once underway, government should also need to make arrangements to provide one-to-one support to all prospective foster carers: reducing the burden on LAs and ensuring that every carer gets a high level of service and response when they have questions.

Recommendation 2 (support) will require new funding so that all local authorities can offer a high quality foster carer support which aligns with the principles of evidence based programmes such as Mockingbird. These principles should be refined and included in the National Children's Social Care Framework, and we would expect all local authorities to offer a comprehensive support service for foster carers by spring 2024.

Recommendation 3 (delegated authority) does not require any new legislation or funding and should be acted upon by all local authorities immediately. Whilst the review does not believe legislation is required to make this change and local authorities can begin delegating more decisions to foster carers now, the government should also embed a right to delegated authority by default as part of new care standards.

## 5.2 Regional Care Cooperatives

### Rationale

The review commissioned research from the What Works Centre for Children's Social Care (WWCSC) which reviewed all published local authority sufficiency strategies (What Works Centre for Children's Social Care, 2022). In March 2022 the Competition and Markets Authority (CMA) also published a study of the fostering and children's residential home market which has significantly assisted the conclusions the review has reached.<sup>22</sup>

A significant limiting factor in the ability for local authorities to provide safe, stable and loving homes for children is that there is insufficient choice. Fluctuating demand for certain types of home (particularly homes which can offer very specialist types of support), combined with poor quality short term planning, means that many local authorities no longer build and run their own children's homes (Ofsted, 2018) or recruit enough of their own foster carers (CMA, 2022). The result is that many authorities are now reliant on choosing homes for children based on what is provided by the for-profit sector, rather than what would best meet the needs of the child. The Association of Directors of Children's Services concluded that the 'market' was clearly dysfunctional, and that achieving quality and sufficiency of placements, and the right placement for the child at the right time, was one of the top challenges cited by almost every local authority (ADCS, 2021).

The result of constrained choice and increasing demand for homes has been a consequential increase in the price charged for homes, and the profit made by

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<sup>22</sup>CMA children's social care study - <https://www.gov.uk/cma-cases/childrens-social-care-study>CMChildren's social care study - GOV.UK ([www.gov.uk](http://www.gov.uk))

independent children's homes and fostering providers. The ADCS Pressures Report found that many local authorities significantly overspent (between £2 million and £8.6 million) their budget which had been set aside to find homes for children during 2020/21 as a result of the increase in the number of children needing a placement and placement costs (ADCS, 2020).

Increased demand, constrained choice and high prices have also led to many new children's homes opening where land or property prices are cheapest (Children's Commissioner, 2019). This means that some parts of England have a plethora of homes in their region, for example one in five available places are in the North West region. Whereas some have almost no local provision, only 1 in 15 places, is in London (Department for Education, 2020). The impact of this is felt most acutely by children, who are often placed in homes far away from their community and existing relationships. In new research commissioned by this review, the WWCS found that many local authorities struggle to place children locally even though this was highlighted as a priority in most local authority sufficiency strategies. Notably, even local authorities with an 'oversupply' of provision in their area could not always find a local home for a child due to these being occupied by children from other local authorities (What Works Centre for Children's Social Care, 2022).

Whilst all local authorities should produce and publish a 'sufficiency statement' which sets out how they will find and match homes for looked after children, this is not done consistently. In its recent study WWCS found that just 56% local authorities had an up to date published sufficiency strategy, and of those that did some felt their own forecasting capacity was insufficient to effectively predict changes to the number of children needing care with any level of confidence (What Works Centre for Children's Social Care, 2022).

Alongside these immediate concerns, there is also evidence which suggests we should be even more concerned about the trajectory of the children's social care market. In its final report, the CMA found that many of the largest children's home providers were highly leveraged and carrying significant levels of debt - posing a risk of disorderly market exit and large numbers of children needing to be found

homes at very short notice (CMA, 2022). Independent children's home providers do not have to provide any notice to local authorities if they are in financial distress and, unlike adult social care, there is no organisation which oversees the functioning of the market. This lack of oversight and transparency led the CMA to conclude that "*[a lack of transparency makes...] it hard to quantify this risk*" (CMA, 2022).

High cost and increasing demand for homes has led to overall spend in children's social care increasingly being targeted at safeguarding parts of the system, including support for children in care.<sup>23</sup> Although gross spending on safeguarding children's services has increased by 31% in real terms between 2012/13 and 2020/21, this has been at the expense of gross spending on non-safeguarding children's services which saw a 38% real terms decrease over the same period (Department for Education, 2021). ADCS research recently found that the cost of places in residential children's homes were commonly between £5,000 and £7,000 per week (ACDS, 2021).

Finally, whilst the market for foster care is not currently in such an acute crisis as the children's residential home market, there is evidence to suggest that it is on a similar trajectory. Whilst the private and not-for-profit provider market share is only 35% (Ofsted, 2020) this could rise. In 2020/21 there were 14,995 fostering households within the Independent Fostering Agency (IFA) sector, and around half of these (7,652) were registered with IFAs that are owned by the six largest IFA providers in England (Ofsted, 2021b). These top six companies account for 51% of all IFA households, and 18% of all fostering households nationally (Ofsted, 2020). The CMA also found that, whilst foster homes remain substantially cheaper than

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<sup>23</sup> Section 251 data - The review defines 'safeguarding children's services' as spend lines 3.1.11 'Total Children Looked After' and 3.3.4 'Total Safeguarding Children and Young People's Services'. (see section 251 budget guidance for definitions of individual spend lines). The review defines 'non-safeguarding children's services' as 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' (see section 251 budget guidance for definitions of individual spend lines). Spend line 3.6.1. 'Youth Justice' has been excluded from this calculation, as youth justice services are distinct from other children's services and delivered by a separate workforce. NB Data before 2014/15 was provided by the Department for Education.



residential homes, local authorities' operating costs (per child) were approximately half the level of fees paid to large providers. Local authority operating costs have been approximately 26% lower than IFA costs for fostering households, on average between 2016 and 2020, and when comparing prices from the IFAs there was a difference of 40% between the total cost of an IFA placement compared to an in-house placement for a local authority. (CMA, 2022).

## **Recommendation**

The review's primary recommendation in this area is that a network of up to 20 Regional Care Cooperatives should be established across England. These Cooperatives will have a regional sufficiency duty for their area, which means they would be responsible for planning and providing for the future needs of children who become looked after. This new sufficiency duty would replace the local authority sufficiency duty which currently exists.

Cooperatives would 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, and where the Cooperative takes an active choice to do so.

## **Governance**

Our recommendation is that local authorities within each region should own and govern the Cooperatives. The rationale for this recommendation is that the Cooperatives will be funded (once in steady state) by the money local authorities currently spend on commissioning and running residential and foster care, which is raised through local taxation. Local authorities will retain a corporate parenting duty for children in care, and be responsible for defining the type of home and support children require, it is also important that they have the ability to shape the direction of the Cooperative.

Each Cooperative should be led by a chief executive who will report to a Board made up of the local authorities within the region. Cooperatives may decide to co-opt others onto the board to ensure it has a range of expertise at its disposal and as

part of their establishment an agreed escalation process should be agreed should the chief executive or the Board not perform within set guidelines and performance metrics. If a Cooperative fails to meet its regional sufficiency duty, or the quality of children's homes it provides fail to meet the required standard as judged by Ofsted, there must also be a swift and decisive mechanism for local authorities to put in place alternative arrangements. In the first instance we would expect the governance board of the Cooperative to consider whether fresh leadership of the Cooperative is required, and for there to be an escalation route to the Department for Education (DfE) if required.

## **Functions**

The primary function of each Cooperative will be to find homes for children in care and shared care options for children on Family Network Plans (see Chapter Four of the report). Local authorities will determine the type of home a child requires and approach the Cooperative, who will provide a menu of options that meet those requirements. We expect that most children will be found a home within 20 miles of their community, and for this to form part of the new regional sufficiency duty.

## **Sufficiency**

Cooperatives will be responsible for ensuring there are a sufficient number of homes, with the right type of support, within the region. Through scaling up we expect Cooperatives will have access to better quality and larger sources of data which will support significantly improved forecasting and understanding regional needs. Cooperatives will also be able to employ specialist forecasting and data analysis teams to produce high quality regional sufficiency plans. Crucially, RCCs will have the scale (especially the financial scale) and capability to then act on these plans to build the models of care that children need.

## **Transfers of homes and people**

We do not expect local authorities to transfer their existing children's homes to the new Cooperatives, although some may choose to do so given that Cooperatives will have expertise in running residential care well. New public sector homes will be run by the Cooperatives. All relevant staff responsible for commissioning as well as

support and training for foster carers would be transferred into larger specialist teams in the Cooperative. All new carers recruited within a region will be directly managed by the Cooperative.

All support services for children, such as Virtual School Heads, the child's social worker, any youth clubs, family help or health support will continue to be provided by the local authority.

### **Market engagement**

When it is necessary to seek a home for a child from the private sector, there should be a clear purpose to this aimed at meeting the needs of children or clear support for a care plan. We would expect Cooperatives to actively determine in advance of need how much private provision it may require, and then conduct market engagement activities to ensure all private providers in the area are clear on their requirements and standards of care. We would expect this market engagement activity to significantly reduce the need for spot purchasing of homes in future, and that Cooperatives will have pre-agreed costs and frameworks where some private sector provision is deemed necessary to meet the sufficiency duty.

### **Foster care**

Once established, Regional Care Cooperatives will be responsible for the recruitment, assessment, training and ongoing oversight of foster carers. Whilst there is a strong financial case to bring most of this activity "in-house", in some regions this may include using independent fostering agencies. Regional Care Cooperatives will have the ability to run specialist foster carer recruitment programmes, staffed by recruitment experts that target the needs of the region, in a way that is simply not possible for 152 Local Authorities to provide separately. We expect all existing local authority foster carers to transfer to the Cooperative once it has been established, and the approval of any new foster carers to be done via regional cooperation before this (see our recommendation on foster carer recruitment in Chapter Five).

## **Secure accommodation**

The review has made a recommendation that all Young Offender Institutions (YOIs) and Secure Training Centres (STCs) should be closed in the coming years, and be replaced by a network of small secure children's homes. It is likely that each region will require two to three homes to ensure it can meet its regional sufficiency duty, which will require a scaling up of these homes given that there are currently just 13 secure children's homes nationally. When finding secure homes for children, we would expect Cooperatives to keep these children as close to their communities and wider family networks as possible, ensuring that there is a greater chance of successful reintegration into the community once released.

## **Kinship carers**

Whilst local authorities will be responsible for putting in place new Family Network Plans and supporting Special Guardianship Orders (SGOs) / kinship Child Arrangement Orders (CAOs), each region should have flexibility to ask its Regional Care Cooperative to provide training and support services to kinship carers within the region.

## **Regional Adoption Agencies (RAAs)**

Regional Adoption Agencies perform many of the same functions that Regional Care Cooperatives will in future; including finding and supporting potential adoptive parents. We recommend that, over time, the functions of RAAs are merged into Regional Care Cooperatives, which can make use of the expertise and experience that has already been gained from RAA set up and delivery. Given the importance of scale in the effectiveness of Cooperatives, we do not expect there to be 32 RAAs once the merger is complete.

Recognising that RAAs have recently been established, local authorities should have a choice about when they would like to merge their adoption function into the Cooperative, this should be staggered over a five year period to ensure minimum disruption.

## Coordination with health, justice and education

Regional Care Cooperatives should have a duty to work with the local health and justice partners to give consideration to joint commissioning of homes and support across different types of settings for children. This is particularly relevant for disabled children, children that have complex mental and emotional health needs and those being released from justice or secure settings.

## Costs and Benefits

The introduction of the Regional Care Cooperatives will see local authorities spending an additional £100 million over the next five years, returning £31 million cash savings to public finance over the same period, which will lead to an overall cost of £69 million in delivering the recommendation. A net saving to public finance of £690 million over the next ten years, is largely comprised of savings to local authorities in the form of reduced spend, and would become cost neutral from year four.

We estimate that in year ten, approximately 2,200 children would be diverted from residential placements to foster care placements as a result of this policy.

The average net present social values of this policy over twenty years will be £74 million per year. A breakdown of additional spending, savings and the overall impact on public finances is set out below.

### Recommendation spend and saving breakdown (£, millions)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	0	-50	-50	0	0	0	0	0	0	0
<b>Savings</b>	0	0	0	31	79	115	135	139	143	148
<b>Impact on public finances</b>	0	-50	-50	31	79	115	135	139	143	148

NB Some columns don't sum due to rounding

To estimate the cost of setting up the Regional Care Cooperatives, we multiplied the set up cost per Cooperative per year by the total number of Cooperatives expected to be created (20) and assumed the set up will last for two years. The set up cost is estimated to be approximately £2.5 million per Regional Care Cooperative per year. The running costs of the Cooperatives are not included in the costing, as they will be covered by existing local authorities commissioning budgets that will be spent through the Cooperatives.

Savings associated with this policy are modelled based on (1) efficiency gains that reduce expenditure on commissioning external placements by 5%, (2) a reduced rate of independent provider profit by 5% due to improved purchasing power, (3) a reduced use of residential care due to a better ability to match children to suitable placements. Recent evidence shows that just over one third of children placed in residential care had a care plan for fostering (Ofsted, 2022). We have conservatively assumed that 5% of children in residential placements will be placed in foster care as a result of the policy, each saving the differential residential and foster placement costs for three years.

There are additional savings due to a reduction in children's adverse outcomes as a result of improved stability both in their childhood and adulthood. We use evidence from Rubin et al. (2007) showing that placement stability reduces the incidence of adverse outcomes by 36% (details on how adverse outcomes are calculated are provided in the Costing Technical Report).

## **Implementation**

An immediate priority for government should be to establish an expert advisory group to begin working on developing this recommendation, recognising the significant multi-year effort it will take to establish Regional Care Cooperatives in law. We expect the establishment of the Cooperatives to be a major feature of a fourth session Bill which would gain Royal Assent by Spring 2024.

A proposed footprint for Regional Care Cooperatives should be published imminently for consultation. One or two high performing local authorities within each region should then be given responsibility for leading the establishment of each

Cooperative.

## **Alternative options**

Before determining that new Regional Care Cooperatives should be established, we considered a range of alternative options that were proposed through our Call for Advice, Call for Evidence, Call for Ideas or through the CMA's recent market study (CMA 2022). When determining which option would fix the broken care market, we determined that this choice would be guided by a set of overarching principles:

- children should have a greater choice of homes available to them, allowing them to be effectively matched with loving stable homes that are usually close to their family networks and communities
- local authorities should be able to operate more effectively and use the depth of knowledge they have about children, locality and need to shape and deliver the homes needed within an area
- more action needs to be taken to find specialist homes for children that have complex needs
- providing care for children should not be based on profit

### *Alternative option 1: A national care system*

We agree with the CMA's finding that some functions of the care system could usefully and effectively be done at national rather than regional or local level. However establishing a single national body responsible for all commissioning or running of homes would be costly to set up, break an important link with local authority accountability for children, and would be too distant from the specific needs of individual local areas. In order to make a national body function effectively we determined that it was likely it would need to set up regional teams so that they have appropriate local knowledge to be able to effectively carry out the role.

### *Alternative option 2: Price caps or price bands*

The CMA determined that, unlike in adult social care, price caps would be very difficult to design and administer effectively in children's social care because the needs of children vary significantly. A price or profit cap could mean some children do not get the support they need and the CMA were concerned that it could result in "cherry picking" whereby providers avoid offering placements to children with higher needs because they get the same level of income or profit by caring for children with needs levels that involve less cost and risk (CMA 2022). The review is concerned that caps and bands could lead to a new set of assessments and processes to determine which category of care children receive.

*Alternative option 3: Increase the functions of Regional Adoption Agencies (RAAs)*

Given Regional Adoption Agencies are already established, the review considered whether they could be given additional powers to commission and run homes for children in care. However, it is clear that scale is an important and determining factor in being able to effectively interact and shape the market, which RAAs currently lack. It is also unclear that RAAs have the specialist procurement, recruitment and commissioning skills necessary to change the shape of the wider children's social care market. Some of the footprints for RAAs are also lacking coherence with local geography

*Alternative option 4: Voluntary agglomeration*

Allowing local authorities to decide whether they want to work in regions was considered. However, as has been demonstrated by a small number of existing attempts to work in regional footprints, in order for any change to be effective it requires all local authorities to act as one. Currently we see some local authorities sign up to frameworks but as soon as they struggle to place a child will make a separate arrangement, thereby undermining the whole framework and buy in of every other authority in the voluntary arrangement.



## 5.3 Children's voice

### Rationale

All children who receive children's social care support are already legally entitled to support from an advocate to help ensure that they can express any concerns and raise complaints.<sup>24</sup> A child's right to be heard, particularly in decisions affecting them, is one of the 'General Principles' of the UN Convention on Rights of the Child and understood to be fundamental to all other rights (United Nations Children's Fund UK (UNICEF), 1989). It is particularly important for children in care to have a strong voice in the decisions that affect them, when life changing decisions are being made about where and with whom they should live.

However the quality and accessibility of advocacy in England is very patchy. The Children's Commissioner has found funding for advocacy services varies widely; a 2016 survey found that local authority funding per eligible child and young person ranged from just £2 up to £668 (Children's Commissioner for England, 2016a). A 2019 survey found that 70% of a sample of advocacy services currently fail to meet the national advocacy standards (Coram Voice, 2019). Many children are currently unaware that they are entitled to support from an advocate or how an advocate could help them, although many children who are supported by an advocate report high levels of satisfaction with the service (Children's Commissioner for England, 2016b).

At the same time, children in care encounter a range of professionals: social workers, Independent Reviewing Officers (IROs), Regulation 44 Visitors, and CAFCASS guardians, who are required to consider children's voice but only as part of assessing what is in the child's best interests, which may not always coincide with the child's own wishes and feelings. This means many children do not have the unequivocal backing of an adult to support them when significant decisions are being made or when they wish to raise concerns about their care. It is important to

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<sup>24</sup>The Adoption and Children Act 2002, section 119 - <https://www.legislation.gov.uk/ukpga/2002/38/section/119>; The Advocacy Services and Representations Procedure (Children) (Amendment) Regulations 2004 - <https://www.legislation.gov.uk/uksi/2004/719/made>

recognise that deciding what is in a child's best interests and supporting children to have an effective voice in these decisions, are equally important roles which are not the same thing and cannot always be fulfilled by the same person.

### **History of Independent Reviewing Officers (IROs) and Regulation 44 Visitors**

The statutory Independent Reviewing Officer role was introduced in 2004, in response to a House of Lords judgement raising concerns about the lack of independent oversight of social work practice and care planning.<sup>25</sup> The role of the IRO was strengthened in regulations and statutory guidance in 2010 in response to concerns about IROs' ability to challenge local authority decisions and ensure placements are in children's best interests.<sup>26</sup> However, since then court cases, as well as government and independent reports, have repeated concerns about the independence and effectiveness of IROs (Department for Education and Skills, 2006; Ofsted, 2013; Narey & Owers, 2018).

Independent Reviewing Officers have very high caseloads, so they are rarely in a position to establish meaningful relationships with children; the IRO handbook recommends a caseload of 50-70 cases (Department for Children, Schools and Families, 2010), although the Review of Fostering found that "Caseloads will vary and are higher than the recommended limits" (Narey & Owers, 2018). Although the IRO role was originally introduced to provide a new check and balance, in practice much of IRO's time is taken up with case management and providing support and guidance to the social worker, rather than championing the views of the child (Dickens et al., 2015). It is therefore not surprising that more than 50% of IROs don't consistently speak to children between six monthly reviews of their care (NCB, 2014).

Residential children's homes are currently required to employ an independent person to visit the home once per month, to report on the safeguarding and wellbeing of the children living in the home. Visitors are not required to speak to all

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<sup>25</sup> [House of Lords—In Re S \(FC\) In Re S and Others In Re W and Others \(First Appeal \)\(FC\) In Re W and Others \(Second Appeal\) \(Conjoined Appeals\).](https://publications.parliament.uk/pa/ld200102/ldjudgmt/jd020314/inres-1.htm)  
<https://publications.parliament.uk/pa/ld200102/ldjudgmt/jd020314/inres-1.htm>

<sup>26</sup> The Care Planning, Placement and Case Review (England) Regulations, 2010 - The Care Planning, Placement and Case Review (England) Regulations 2010 (legislation.gov.uk)

the children living at the home. Even children who do speak to the visitor may not see them regularly and for long enough to establish a trusting relationship with the visitor. This means children do not always feel empowered to feed back any concerns about their home, particularly given the visitor's lack of independence as a contractor employed by the home.

### **Current advocacy services**

Whilst there are too many duplicative roles which have the stated aim of balancing the best interests of children in care, there are too few truly independent advocates in the system that are able to act purely based on the views of children. Although local authorities have a statutory duty to ensure children can receive advocacy support, in half of local authorities less than 10% of children in care and care leavers access these services (Children's Commissioner for England, 2016a). Whilst advocacy services exist for some, they operate on the basis that young people must opt-in and specifically request an advocate. This means some young people are unaware this service exists, and despite an estimated total spend of £27 million nationally on child advocacy each year (estimated based on analysis carried out for the Children's Commissioner in 2016),<sup>27</sup> there is little evidence that it is truly effective in giving children in care a voice (Children's Commissioner for England, 2016a).

## **Recommendation**

- 1. Recommendation: All children in care should have access to independent, opt-out, high quality advocacy - replacing the existing Independent Reviewing Officer and Regulation 44 Visitor roles. Advocacy services should be commissioned by the Children's Commissioner, who should be given powers to refer children's complaints and concerns to the court.**

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<sup>27</sup>There is no nationwide record of all local authority spending on advocacy. The review has therefore estimated spending at £27 million, based on the midpoint (£335) of the range of £2-£668 for local authority per child spending on advocacy as identified in a survey for the Children's Commissioner's Office, multiplied by the number of looked after children as of 31 March 2021.

The review recommends that the statutory role of the Independent Reviewing Officer is replaced with a strengthened and expanded advocacy service for children in care to more effectively place children's voice at the heart of the decisions that affect them. All children who currently have an IRO would be allocated an advocate on an opt-out basis, to ensure children's wishes and feelings are placed at the centre of the care planning process. By strengthening the ability of children in care to have their voice heard, the intention of this recommendation is that these children should all have someone advocating, unequivocally, on their behalf - with the child's best interests being considered by the social worker that knows them best.

For this expanded advocacy service to be effective, legislation and statutory guidance should be amended to create a default assumption that all children should be represented or accompanied by an advocate throughout the care review process and at all care review meetings. No significant decisions, including but not limited to changes of home or other changes to a care plan, should be made without the advocate present, unless the child is present and has explicitly asked the advocate not to attend. If a child chooses not to be accompanied or represented by an advocate at a care review meeting, the advocate should support the child in preparing for the meeting.

Effective advocacy relies on a trusting relationship between the child and the advocate, so turnover of advocates should be minimised (Pona & Hounsell, 2012). Children should therefore not be allocated a new advocate unless absolutely necessary or unless requested by the child; there should be an expectation that advocates support a child for a number of years and, ideally, through their entire care experience. Advocates will also need to be proactive in maintaining relationships with children in care and ensure children know how to contact their advocate between visits. To ensure advocates are able to spend sufficient time with the children they are supporting, caseloads should be set at around half of the average number of children supported by an IRO. This will ensure children can access help promptly if they need support or wish to raise any concerns about their care.

Although professional advocacy support will be offered to all children in care,

children should be free to choose another trusted adult, such as a carer, teacher, or other professional, to advocate on their behalf. If they do so, the non-professional advocate should receive reasonable support from the professional advocacy service.

This opt-out advocacy service for children in care would supplement the existing entitlements for other cohorts of children and young people, including care leavers, to advocacy support. Support for these cohorts should continue on an opt-in basis. Children frequently report not being aware of their existing entitlement to advocacy support or how an advocate could help them (Children's Commissioner for England, 2016a). This issue is compounded in some local authorities in which some children have no or limited access to advocacy support to which they are entitled (Coram Voice, 2019; Children's Commissioner for England, 2019). Implementation of the review's recommended reforms to advocacy will mean that the advocacy service is given the details of young people who are eligible, and should be able to make direct contact with them to explain how they can support and to understand if they wish to have an advocate.

Advocates should also liaise closely with the Children in Care Council in each local authority, and could even perform some of the participation functions necessary to support children's understanding of their rights. This would reassure children that their voices are being heard, as the advocates would be expected to support children in championing the changes that the council recommends.

### **Regulation 44 visits**

All residential and secure children's homes should be visited monthly by an advocate of a child living in the home, to report on the quality and safety of the home, and their reports should be made available to Ofsted. These visits will replace the current system of Regulation 44 Visitors who are employed by the home. As part of the visit, the advocate should speak to every child living in the home or their advocates, so that every child can express their views on their own home.

There should also be a requirement for homes to respond to advocate's feedback, setting out how the home is addressing any concerns raised by the advocate. Since advocates would be in all residential and institutional settings for children every month, this would provide the Children's Commissioner with a powerful direct line of sight to children's experiences in these settings.

### **Greater trust in the skills of social workers**

The review's recommendations to support and strengthen the social worker workforce should reinforce our confidence that social workers act in children's best interests.<sup>28</sup> Some responsibilities currently held by Independent Reviewing Officers are valuable in improving the quality of social work, but do not directly empower children's own voices. The review recommends that these aspects of the IRO role should be returned to other local authority staff. Some of these responsibilities rightly need the experience of a qualified social worker and should be carried out by team managers and senior practitioners, such as chairing care review meetings and providing challenge to caseholding social workers. Some staff currently working as IROs, who are all experienced, senior social workers, may wish to take up other roles in local authorities where they can draw on their skills and experience and could take on some of these responsibilities.

### **Complaints and escalation routes**

Advocates must be able to take forward concerns on behalf of children if a local authority is not responding appropriately to a child's concerns or wishes. The default option should be for the advocate to address their concerns informally with the social worker, carer or other relevant professional. There should also be an expectation that advocacy service managers should also meet regularly with local authority children's social care managers, to escalate any unresolved issues and identify any patterns in repeat complaints or concerns that children are raising with their advocate.

As a last resort, advocates should also have an escalation route to CAFCASS

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<sup>28</sup> See annex 7.1 for further details of the review's recommendations to support social workers and promote social worker skills and experience.

guardians and the family courts, analogous to the current escalation route open to IROs. Advocates should support children if they wish to make a complaint via local authority complaints process or to the Local Government Ombudsman, and no decision on a complaint should be made without input from the advocate, unless the child has chosen to solely represent themselves.

The Local Government Ombudsman has repeatedly found that local authority complaints processes are opaque, time consuming and drawn out, all factors that can put off children and young people from escalating concerns (Local Government Ombudsman, 2015; Local Government & Social Care Ombudsman, 2021). Advocates should have a direct route to raise concerns with the Ombudsman or local authority complaints managers to challenge delays or poor practice.

Children should also have access to an independent procedure to raise complaints about their advocate and/or the advocacy service.

### **Qualifications and training**

There are currently no statutory training or qualification requirements for advocates. Although some advocacy services require their staff to have a level 3 qualification in advocacy, this is not compulsory in some services and only involves limited training (National Youth Advocacy Service, 2022). In future, advocates will play a much more active role in the care planning process than under the current system, as well as interacting far more frequently with CAFCASS guardians and the family courts. This makes it even more important that advocates are equipped with the skills and experience needed to navigate complex legal and social work systems. As a first step, the Department for Education (DfE) should update the current advocacy standards and statutory guidance to set the direction towards a more highly skilled workforce. This should include a commitment to developing a Knowledge and Skills Statement for advocacy professionals. In line with the review's recommendations about training for Family Help workers, this Knowledge and Skills Statement should be developed in partnership with children with lived experience of care and care leavers, as well as key stakeholders including the What Works Centre, the Children's Commissioner, CAFCASS, and local authorities. This could then form the basis for

an Apprenticeship Standard in Children's Advocacy. These reforms would further the development of advocacy as a skilled profession in its own right, which may be attractive to many people with previous experience of working with young people, such as social workers, teachers, and residential home staff.

Advocates do not necessarily currently have the specialist knowledge about residential homes and statutory care standards that they will need to carry out Regulation 44 visits. Advocates should receive dedicated training on these subjects so that they can perform a role equivalent to the Regulation 44 Visitor.



## Summary of recommended changes to roles and responsibilities

### Current system

### Expanded advocacy system

**Social worker:** Speaks to children and family and network to assess children's best interests. Leads cases through public law proceedings and makes recommendation to family court, where needed.

**Advocate:** supports children to raise complaints and concerns, on an opt-in basis. Limited and variable quality and accessibility of support.

**IRO:** provides an internal check on the quality of social work.  
Chairs review meetings for looked after children.  
Provides additional support and guidance for social workers.

**Regulation 44 visitor:** Employed by children's home to make monthly reports on the quality and safety of the home. Speaks to children if present at time of monthly visits.

**Social team manager:** provides support, guidance and challenge to social worker.

**Guardian:** speaks to children as part of independent assessment for family court of child's best interests.

**Foster carer / children's home staff:** Care for children and make day to day decisions.

**Independent visitor:** Befriending – non-professional relationship with children.

**Social worker:** No change to core of the role. **Greater training and trust to assess children's best interests.** Speaks to children and family and network to assess children's best interests. Leads cases through public law proceedings and makes recommendation to family court, where needed.

**Advocate:** **Significantly expanded role**, via opt-out service for all looked after children and children who currently have an IRO.  
Continues to support children to resolve complaints or concerns about their care. Replaces IRO in the care review process and at all review meetings, ensuring children understand what is happening and how they can express their views. Ensures children's wishes and feelings are a main factor in the decisions that affect them. For children who chose to represent themselves, helps children prepare for the meeting.  
Replaces Regulation 44 visitor to provide more independent monthly reports on children's homes. Advocates are allocated to homes of children who they have existing relationship with. Ensures all children at the home have an opportunity to feed their views into monthly reports.

**Social team manager:** **New responsibility** - chairs review meetings for looked after children.  
New duty to ensure that children's advocates are present at all meetings where significant decisions are made, so that children have an active voice in the decisions that affect them.  
**Greater trust and responsibility** to provide support, guidance and challenge to social worker.

**Guardian:** **No change to core of the role.**  
New requirement to consult with child's advocate to inform best interests assessment (unless child has chosen not to receive support from an advocate).

**Foster carer / children's home staff:** **Unchanged.** Care for children and make day to day decisions (but with greater delegated authority for foster carers).

**Independent visitor:** **Unchanged.** Befriending – non-professional relationship with children.

## Costs and benefits

This recommendation would introduce a new independent, opt-out advocacy service for all children in care and children who currently have an Independent Reviewing Officer to strengthen children's voice in the decisions that affect them. These advocates would also carry out Regulation 44 monitoring visits to children's homes and would replace parts of the statutory role of IROs and Regulation 44 Visitors, starting from Year three.

The recommendation will see local authorities save £1 to £3 million a year after two years. We also expect that strengthening children's input into crucial decisions will mean more children are happier with where they live, leading to fewer placements

breaking down. By addressing issues more effectively if they arise, this should mean more children can remain with foster carers rather than moving to children’s homes, reducing the overall proportion of children living in children’s homes. We also expect that providing advocacy support will give children the confidence to express a preference to live with kinship carers, further reducing the number of children who live in children’s homes. As well as improving the experiences and long term outcomes for children, these impacts of the recommendation would generate significant savings for local authorities. However, we have not included these impacts in the costings below, as there is insufficient evidence to quantify the scale of these effects. This means that we have likely underestimated the net benefits of the recommendation.

**Recommendation spend and saving breakdown (£, millions)**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Additional spending	0	-38	-95	-98	-101	-104	-106	-109	-112	-116
Savings	0	32	96	99	102	105	108	112	115	119
Impact on public finances	0	-7	1	1	1	2	2	2	3	3

NB Some columns don’t sum due to rounding.

To estimate current expenditure on opt-in advocacy services, we use the midpoint of data from the Children’s Commissioner for England (2016a), providing a unit cost of advocacy of £333. This is multiplied by the number of children in care in 2020/21, to arrive at the current expenditure on opt-in advocacy services. The number of advocates and managers required at present is inferred from the total spending. This is done by taking a cost per advocate and manager of £30,000 and £60,000 per annum, respectively (including on-costs) and assuming that the ratio of managers to advocates is one to ten. Until the opt-out model is implemented in year three, we model an immediate increased demand for the existing opt-in entitlements due in increased awareness of advocacy services following the review’s publication. Once the opt-out service is in place, opt-in advocacy will continue to incur a lower level of costs for those complaints that come from those not covered by the opt-out service.

The cost of opt-out advocacy services is calculated by deriving the workforce requirement necessary to deliver these services and assuming a 10% efficiency gain due to central commissioning and/or delivery. The number of advocates required is estimated by dividing the number of children taking up advocacy services (children in care and children subject to public law proceedings<sup>29</sup>, with the take up rate assumed at 95% for children when there are public law proceedings that affect them and 30% for all other children in care) by a caseload per advocate of 35 (50% of the upper end recommended IRO caseload) (Department for Children, Schools and Families, 2010).

To estimate savings due to the replacement of the statutory role of the Independent Reviewing Officer, it is assumed that 25% of work currently undertaken by IROs is not duplicative of other roles and requires the experience of a qualified social worker, so additional local authority social worker and manager resource will be needed to take on this work. We assume the remaining IRO workload will either be absorbed into the advocacy role or are duplicative of existing local authority social work and therefore discontinued.

More detail on how we have modelled the costs and benefits of the recommendation can be found in the Costing Technical Report.

## **Implementation**

### **Delivery**

Currently, local authorities pay for advocacy services, either through internal advocacy teams or, more frequently, by commissioning services from third sector providers. A guiding principle of good advocacy is that it must be independent from the services it is advocating with, and so to increase the robustness and independence of the advocacy offer, in future local authorities should not have a role in the commissioning and delivery of advocacy services.

Whilst the review's preferred option for delivery is through the Children's

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<sup>29</sup> The number of new children in care is excluded from the number of children in public law proceedings to avoid double counting.

Commissioner, there are several viable options to deliver advocacy services and the government will need to carry out further work to determine the most appropriate option. Whichever option is chosen, it is critical that delivery is independent of local authorities, Regional Care Cooperatives or other organisations that are involved in service delivery (such as charities that run children's homes). Other viable options include:

1. **An expanded role for the Office of the Children's Commissioner in delivering or commissioning advocacy services.** Drawing on their expertise in advocacy, including from delivering the 'Help at Hand' service, the Office of the Children's Commissioner would need to determine the most appropriate means of delivering services, which could draw on the expertise of existing advocacy providers. Local authorities would continue to be responsible for funding the advocacy support taken up by children for whom they are responsible. Removing the commissioning function from local authorities would remove potential conflicts of interests when advocates need to raise concerns about local authority services or employees. The Children's Commissioner would also be well placed to act as an escalation point if there are failings in a child's care plan. As a last resort in individual cases of significant failure that cannot be resolved by other means, this could include escalating individual children's cases back to court, although we expect this power would be used rarely
2. **A newly established national organisation with regionally delivered advocacy services**
3. **An expansion of CAFCASS to become the Children and Family Court Advisory, Advocacy and Support Service.** This would draw on CAFCASS's expertise in working with children, but would require robust separation CAFCASS's guardian services, to avoid individual conflicts of interest in cases where a guardian's recommendation to the family court does not align with the advocate's instructions from the child

## **Monitoring and oversight**

Whichever delivery model is used, there is also a need for robust external oversight

of the quality of advocacy. Currently Ofsted only inspect access to advocacy indirectly as part of the ILACS inspection framework, which requires inspectors to check that eligible children have access to advocacy services, but does not examine in detail the quality of advocacy (Ofsted, 2017). Whilst advocacy is still the responsibility of local authorities, Ofsted inspections should place greater weight on the quality and accessibility of support for all eligible children. This monitoring should focus on the views and experiences of children and young people.

Ofsted should develop a new dedicated inspection framework for advocacy services, analogous to the separate framework used to inspect CAFCASS' children's guardian service. This should be developed in conjunction with children and young people, as well as experts from across the sector, What Works for Children's Social Care, the Children's Commissioner, CAFCASS and local authorities. The framework should place a strong focus on the views and experiences of children and young people and inspections should involve conversations with a range of young people who have engaged with the service, as well as those who have chosen not to be represented by an advocate.

As well as monitoring through Ofsted, there is a need for advocacy providers to engage in more systematic and robust evaluation of their services (Children's Commissioner for England, 2016b). The central commissioning body (the Office of the Children's Commissioner, CAFCASS or the new national body) should produce an annual advocacy report, identifying common themes, including feedback from children and local authorities on the quality of support. This report should include annual data on the quality, uptake and impact of advocacy, which should also be shared with Ofsted to inform inspections.

## **Timing**

Replacing the role of the Independent Reviewing Officer and establishing a more comprehensive advocacy service will require new legislation and statutory guidance, which we expect to gain Royal Assent in Spring 2024. Allowing time for set up, this means that it is likely that the new model of advocacy will start in 2025/26. The DfE should ensure children and young people are fully involved in the consultation process to design the new service, as well as social workers, advocates, and other professionals working with children. Whilst the new service is

being established, the DfE should develop new advocacy standards that set the direction for the enhanced training, skills and qualifications that will be needed in the new service.

## **Chapter Six: The Care experience**

### **Mission 1: No young person should leave care without at least two loving relationships, by 2027**

#### **Rationale**

For too many children and young people, care breaks rather than builds important relationships. The Children's Commissioner's 2020 Stability Index found that in 2018/19 30.5% of children in care had two or more home moves in the previous three years, and 11% of those enrolled at a state school during 2018/19 experienced a mid-year school move within the year (Children's Commissioner, 2020). In 2020 more than 12,000 children in care were separated from their siblings (Kenyon & Forde, 2020), even though these are often the most enduring and longest lasting relationships in most people's lives (Monk & Macvarish, 2018), there is strong evidence which suggests keeping siblings together leads to better lifelong outcomes (Ashley et al., 2015) and those who live with siblings or kin were more likely to have better mental health (Wijedasa et al., 2022).

There is often a lack of attention to wider family relationships, including siblings and extended networks for children in care (Boddy et al., 2013). However, contact with siblings, grandparents and wider family members can have a positive impact on children and young people's relationships, identity and coming to terms with their past, and most importantly play a crucial role in providing support when young people leave care (Nuffield Family Justice Observatory, 2020). Similarly, research has also found that well supported contact can contribute to children and young people's sense of identity, help mitigate issues around attachment, support them to find closure and increase understanding of the reasons for being in care (Iyer et al., 2020).

A recent report found that 10% of children in care aged 11 to 18 and 15% of those leaving care didn't have a "really good friend" (Selwyn et al., 2020). Considering in 2017/18 97% of the general population reported having at least one close friend (Office for National Statistics, 2020), it is clear that the current system is failing in their duty to support those with care experience to build important friendships and

social networks.

For many children and young people in care there is a gap in personal, emotional and practical support from a trusted adult (Estep & Kersley, 2014). Whilst there is a requirement on local authorities to provide children in care an Independent Visitor when it is in their best interests, a recent report found that only 3.5% of those in care during 2019 were matched with an Independent Visitor and those from ethnic minority backgrounds were disproportionately more likely to be on a waiting list compared to their White peers (Jordan & Walker, 2019). Furthermore, the same report found that more than 50% of these relationships lasted less than two years, and 7% of local authorities didn't have an Independent Visitor scheme in place. Whilst the Independent Visitor scheme does benefit the few children and young people who get matched, in its current form, Independent Visitors are not providing children and young people in care a lasting and loving relationship that can be sustained into adulthood.

Relationships and social networks for children and young people with care experience can be a positive protective factor in improving their health and wellbeing, and the absence of these important connections can lead to loneliness, social isolation and contribute to a range of physical and mental health problems (Roesch-Marsh & Emond, 2021). Studies suggest that insufficient social relationships are comparable to other well established risk factors for mortality, such as smoking and alcohol consumption, and exceed the impact of other factors like physical inactivity and obesity (Holt-Lunstad et al., 2010).

## **Recommendations**

- 1. 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.**

Although some local authorities have developed specific family finding approaches into their practice this isn't consistent across the system. This recommendation will require all local authorities to develop a specific family finding service for children in care and care leavers up to the age of 25, which aligns with the principles of



evidence based practice.

- 2. 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.**

This recommendation will allow any young person leaving care to legally recognise a relationship that is important to them once they reach 18. Although this new legal order would not replace their family of origin, it would allow the young person to change their legal name, confer inheritance rights and provide a formal next of kin.

- 3. As part of recommendation x (improving inspection), Ofsted should amend the SCCIF and ILACS inspection frameworks so that the quality and number of relationships held by young people play a significant role in determining the overall judgement.**

Through refocusing Ofsted's two inspection frameworks for local authorities and children in care, we would expect to see a direct change in practice throughout the system. Where services failed to prioritise relationships, the outcome would be more evident in their Ofsted inspection rating.

- 4. Local authorities should redesign their existing Independent Visitor scheme for children in care and care leavers to allow for long term relationships to be built.**

This recommendation will require every local authority to redesign their existing Independent Visitor arrangements, and design a flexible befriending and mentoring programme that supports children in care and care leavers to build and sustain lasting relationships with adults from their community.

## **Costs and benefits**

### **Recommendation 1: Scaling up a family finding programme**

The recommendation to scale up a family finding programme for children in care and

care leavers will see local authorities spending an additional £213 million over the next five years, returning £102 million cash savings to public finance over the same period, which will lead to an overall cost of £110 million in delivering the recommendation. Savings of £288 million will return to public finance as a result of the policy, over the next ten years, largely from avoided care and a reduced number of placement changes. Local authorities would see a continuous additional cost after savings of implementing the programme of £5-6 million per year. We estimate that in Year ten, 150 more children would be living with their families, rather than being in care, due to this policy.

### Recommendation spend and saving breakdown (£, millions)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	0	-81	-100	-32	-33	-34	-35	-36	-37	-39
<b>Savings</b>	0	23	46	34	33	28	29	30	32	33
<b>Impact on public finances</b>	0	-58	-54	2	-1	-6	-6	-6	-6	-5

NB Some columns don't sum due to rounding

To estimate the costs and impact of a family finding program, we use as a proxy evidence from Lifelong Links, a family finding program that has been rolled out in 12 English local authorities. To calculate the total set up costs of Lifelong Links, we multiply the set up cost per local authority reported in Holmes et al. (2020) (£108,243 adjusted for inflation) by the number of local authorities that have not yet rolled out this program (140). To calculate the running costs of Lifelong Links, we use evidence from Holmes et al. (2020) on the running cost of the programme per head (£6,000) and multiply it by the number of participants targeted by the recommendation (15% of current looked after children (CLA) over two years, 15% of new looked after children per year starting from the second year of the programme's operation and 7.5% of care leavers over two years).

To estimate savings due to avoided placement changes, we use evidence from Holmes et al. (2020) showing that an average 0.5 placement change was avoided per participant of the programme, and multiply it by the number of looked after

children taking part in the programme and by the cost of a placement change (£2,451 adjusted for inflation, as reported in Holmes et al. (2020)).

To estimate savings due to avoided care for looked after children taking part in the programme, we use evidence from Holmes et al. (2020) showing that 1% of participants exited care due to the programme. We further assume that children who exit care would have remained in care for three years in the absence of the programme. The cost of care per year is taken as the weighted average of the cost of a foster placement and the cost of a residential placement which are sourced from Rodger et al. (2020) and section 251 (around £80,000 per year).

To estimate savings associated with the reduction of adverse outcomes, we assume that participation in the family finding programme reduces participants' adverse outcomes (including both looked after children and care leavers) by 5% throughout their lifetime. More details on how we quantify and monetise the savings associated with a reduced incidence of adverse outcomes can be found in the Costing Technical Report.

## **Recommendations 2-4**

We do not expect recommendations 2 and 3 to have any significant financial costs beyond a small amount of administrative cost for the courts and Ofsted in updating its inspection frameworks.

Recommendation 4 should not have any significant cost implications on local authorities as they will be repurposing their existing Independent Visitor budgets to recruit, match and coordinate volunteers from the local community.

## **Implementation**

Recommendation 1 will form part of the review's National Children's Social Care Framework. Whilst local authorities will have flexibility to determine the most appropriate family finding programmes to suit their needs which could include the use of skilled in-house social workers, every local authority should have a dedicated service in place by the end of 2024.

Recommendation 2 will require new primary legislation and should become law by

Spring 2024.

Recommendation 3 will be delivered through Ofsted making amendments to the SCCIF and ILACS inspection frameworks. We would expect these changes to be swiftly following publication of the review, and a greater focus on relationships through inspection to begin by early 2023.

Recommendation 4 will be delivered by local authorities repurposing their existing Independent Visitor schemes, and designing a new community led befriending and mentoring programme. Whilst some local authorities will continue to commission these arrangements, they should ensure that this programme continues to support children in care to build lasting relationships with trusted adults from the community that can be sustained once they formally leave care.

## **Mission 2: Double the proportion of care leavers attending university, and particularly high tariff universities, by 2026**

### **Rationale**

Despite the statutory guidance stating that ‘outstanding’ and ‘good’ schools should be prioritised when placing a child in care in a new school (Department for Education, 2018), at March 2019 almost one in five children in care were attending schools rated as ‘requires Improvement’ or ‘inadequate’ (Children’s Commissioner, 2020). Furthermore, in 2013 less than 1% of children in care were in secondary independent schools compared to 8% of those children not subject to a social care intervention, and those in care often attended schools with lower than average attainment and a higher proportion of pupils eligible for free school meals (Sebba et al., 2015).

Children in care achieve significantly worse educational outcomes than children who have not spent any time in care, particularly when looking at educational attainment, exclusion and progression onto further and higher education (Jones et al., 2020). The latest government data shows that in 2020/21 the average Attainment 8 score for children looked after at any point was 22.1 compared to 50.9 for all pupils (Department for Education, 2022). Similarly, those previously looked after were less likely to attend higher education than their peers. For example, in 2019/20 only 13%

of those looked after for 12 months or more progressed to higher education at 19 years old, and less than 1% did so at a high tariff university, in comparison to 43% and 11% respectively (Department for Education, 2021b).

There are a number of factors that determine why children in care have generally poor attainment at all levels of education. For example, the majority of children and young people enter care due to abuse and neglect (Department for Education, 2021a), and studies have shown these adverse experiences can lead to poor educational outcomes (Berridge et al., 2020). Furthermore, the experiences of being in care itself can widen the educational attainment gap, with issues such as the low expectations of professionals, poor communication between agencies, multiple placements, changes of school and a lack of encouragement from carers (Cotton et al., 2014). Finally, the progression to further and higher education is both impeded by prior attainment but also the fact that many young people leaving care face the accelerated transition to independence at a much earlier age than their peers (Mendes & Moslehuddin, 2006). For example, research has shown that those who remain living with their former foster carers in a Staying Put arrangement were more than twice as likely to be in full time education at 19 compared to those that did not (Munro et al., 2012).

There is evidence that mentoring programmes can play an important role in improving educational outcomes for children in care. For example, MCR Pathways is a school based mentoring programme in Scotland and is currently being piloted with Hertfordshire Virtual School. The evaluation in Scotland has shown the programme had a statistically significant positive impact on improving attainment, retention after school leaving age, and helping care experienced young people to move on to positive destinations e.g. college, university or work (Biggs et al., 2020).

Although state or independent boarding schools will not be suitable for every child in care, these settings usually offer high quality education and pastoral support and pilots have shown that they can reduce risk profile, improve educational attainment and can be more cost effective than other types of placements. For example, a pilot of the Norfolk Boarding School Partnerships found that 71% children and young people on the programme risk profile decreased, and more than two thirds of young people attained a formal qualification by 16 years with a significant proportion of

young people achieving A\* to C grades in maths and english (Garret et al., 2018). Considering these improved outcomes and the transformational impact education can have on long term outcomes, more children and young people growing up in care should have the opportunity to attend state or independent boarding schools.

Despite the government having stated aims to increase the participation of care leavers in higher education, too few young people leaving care progress to higher education, and the support provided by local authorities and universities to help care leavers remain at university is inconsistent. For example, the continuation rates for care experienced students in 2017/18 are 5.6 percentage points lower than the continuation rate of students who had not been in care, and 68.2% care experienced students graduating in 2018/19 achieved a first or upper second class degree in comparison to 80.3% of those who were not in care (Office for Students, 2021). Despite these differences, research shows that care experienced graduates do not have significantly lower outcomes to their peers when accounting for the same educational and demographic profile, and in some cases care experienced graduates achieved better outcomes (Harrison et al., 2020).

## **Recommendations**

- 1. 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.**

This recommendation will put a greater focus on the Virtual School Heads' role in monitoring and improving the attainment of children in care, and ensure their effectiveness is a core part of children's social care inspections. Furthermore, it should lead to Virtual School Heads using the pupil premium funding to provide evidence led and tutoring or mentoring programmes for children in care and care leavers until they are 25.

- 2. 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.**

Whilst state and independent boarding schools will not provide the right environment for all children in care, this recommendation will encourage local authorities to identify more children and young people who will benefit from being placed in state or independent day or boarding schools which provide a caring and therapeutic environment and can support their educational attainment.

**3. Introduce a new mandatory kitemark scheme for higher education to drive improvements in admissions, access and support for those with care experience.**

This recommendation will improve support for care leavers who choose university, and encourage higher education institutions to change their programmes and policies in recognition of care leavers' needs. Increased monitoring will lead to improved accountability and visibility of issues facing care leavers in higher education.

### **Costs, benefits and implementation**

Recommendation 1 will be part of the refreshed Ofsted ILACS framework which we expect to be implemented by 2024. It is not expected to incur any significant costs or impose new burdens on local authorities.

Recommendation 2 does not require additional legislation or funding to implement. Local authorities should use their existing children's social care funding to place children in a state boarding or independent day or boarding provision when this is in their best interests.

Recommendation 3 will require a new Department for Education (DfE) programme and include a development and set up phase before a national kitemark scheme for higher education providers is launched. The review expects that the scheme launches by the end of 2023, and that the monitoring of admissions plans will start later this year. We expect the implementation costs associated with this policy to be small (less than £1 million) which will need to be borne by the DfE. The review would

expect that if any university incurs costs in applying to join the kitemark, or as a result of improving their care leaver offer, these would be covered through existing budgets without the need for additional funding.

### **Mission 3: Create at least 3,500 new well paid jobs for care leavers each year, by 2026**

#### **Rationale**

In the UK, the unemployment rate of all 16-24 year olds between December 2021 and February 2022 was 11.3%, and the proportion of the same age group who remain unemployed for over 12 months was 18.3% (Powell et al., 2022). Whilst these youth unemployment figures are worrying, young people leaving care are among the most vulnerable groups within the welfare state (Storø et al., 2019) and often experience poorer employment outcomes than the general population (Gypen et al., 2017). For example, the latest data shows that 41% of care leavers aged 19-21 were not in education, employment or training (NEET), which is more than three times higher than all young people at the same age (Department for Education, 2021a). Furthermore, 77% of those previously looked after were recorded as claiming out of work benefits as their main activity at 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).

In addition to the individual impacts, the poor employment outcomes of care leavers are also borne by society. For example, The National Audit Office estimated that the lifetime cost of 19 year old care leavers who were NEET in 2015 was £240 million (NAO, 2015), and this has likely increased during the last seven years.

There are a number of challenges and barriers young people leaving care face in accessing employment. Studies have demonstrated that many of these challenges can be attributed to the reasons young people enter care, their care experience and the support they received during the transition to independence (Dixon, 2007; Mendes, 2009). For example, many care leavers face the demands of managing the accelerated transition to independence, together with lower qualifications and this can mean that they find it more difficult to enter the labour market (Bilson et al., 2010; Stein, 2006). Successful transitions to employment can be dependent on a



good support network and continuous support from a single supportive adult, work colleague or supervisors (Furey & Harris-Evans, 2021). However, it is widely accepted that too many young people leave care without these important relationships and support networks.

Although many young people leaving care gain employment and lead successful careers, data suggests that too many are over-represented in unskilled occupations and receive lower pay than their peers. For example, the latest labour market outcomes data of previously looked after children found an earnings gap of £4,000 eight years after secondary education for those who were in employment, and this increased to a gap of £6,000 after 11 years (Department for Education, 2021b).

## **Recommendations**

- 1. 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.**

The prominence and strength of the Armed Forces Covenant should be used as a guide, and the introduction of a government led kitemark scheme for employers should help recognise the level of support and opportunities employers are providing to care leavers.

- 2. 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.**

Care leavers receive a single bursary payment of £1,000 at the start of their apprenticeship programme. Many apprenticeship programmes last three years or more, and the costs associated with those programmes do not end after the first year. To support more care leavers to start and remain on apprenticeships and particularly more advanced apprenticeships the existing bursary payment should be made each year for the duration of the apprenticeship.

There is an estimated £2 billion per year which medium and large size employers pay into the apprenticeship levy, but goes unspent and is returned to HM Treasury after going unused for 24 months. Whilst this funding supports some Small Medium Enterprises to take on apprentices, a portion of it should be used for a different purpose and allows employers to use their unspent apprenticeship levy funds to develop tailored recruitment and training programmes to help care leavers into well paid employment. This funding should be used to provide targeted access to work training programmes for care leavers, helping them to develop the requisite skills to support them into employment.

### Costs and benefits

We do not expect there to be any costs associated with delivering recommendation 1, other than some administration costs which will need to be borne by the Department for Education (DfE).

### Recommendation 2: Introducing an annual care leaver bursary to apprentices.

The introduction of the bursary scheme will see local authorities spending an additional £1.7 million over the next five years, returning £500,000 in cash savings to public finance over the same period, which will lead to an overall cost of £1.2 million in delivering the recommendation. Public finance will see savings of £1.4 million over ten years of implementing the policy, largely from more care leavers going on to employment, education or training. The recommendation will cost local authorities £500,000 a year to provide in steady state.

The average net present social values of this policy over twenty years will be £1 million per year. A breakdown of additional spending, savings and the overall impact on public finances is set out below.

#### Recommendation spend and saving breakdown (£, millions)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	-0.4	-0.4	-0.4	-0.5	-0.5	-0.5	-0.5	-0.5	-0.5	-0.5
<b>Savings</b>	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2

<b>Impact on public finances</b>	-0.3	-0.3	-0.3	-0.3	-0.3	-0.3	-0.3	-0.3	-0.3	-0.3
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NB Some columns don't sum due to rounding

Based on this recommendation, an annual care leaver bursary should be made available to all apprentices (up to the age of 25) and paid annually for the duration of the care leaver's apprenticeship (average 1.67 years). To estimate the cost, we multiply the number of care leavers starting an apprenticeship by the additional payment they would receive (£1,670 on top of the current payment of £1,000).

To calculate the number of care leavers starting an apprenticeship, we use data on the number of individuals aged 16-24 starting an apprenticeship in 2021 and divide it by the size of the population aged 16-24 in employment in 2021 (Office for National Statistics, 2022a; 2022b). Overall, 2.5% of individuals aged 16-24 in employment were starting an apprenticeship in 2021. We apply this percentage to the number of care leavers in training or employment in 2021 to estimate the number of care leavers starting an apprenticeship.

We also estimate the cost to the Exchequer due to the increase in take up of apprenticeships due to the policy. We assume that the enrolment in apprenticeships by care leavers will increase by 5% due to the recommendation.

We estimate the savings from additional care leavers entering apprenticeship using estimates of the cost of young people being NEET as in ACEVO (2012), which amount to £4,592 per year (we assume that in the absence of the recommendation care leavers would have been NEET). The cost includes benefit payments (worklessness and housing benefits) falling to the Department for Work and Pensions (DWP) and foregone tax and national insurance receipts falling to HM Revenue and Customs (HMRC).

As a social benefit of the policy (included in the cost benefit analysis only), we calculate the productivity gains due to increased enrolment in an apprenticeship degree. We use evidence on the yearly marginal lifetime benefit of an apprenticeship degree (which includes wage and employment returns of an apprenticeship degree, as well as non-wage labour costs such as National Insurance and pensions contributions), which amounts to £2,899 per annum throughout the working life

(Hayward et al., 2014).

## **Implementation**

Recommendation 1 should be delivered through a DfE programme, working with other government departments, to update the care leaver covenant. This does not require new funding or legislation, and so should be achievable by Spring 2023. The new employer kitemark scheme should be available for employers to sign up to shortly afterwards, by Autumn 2023.

Recommendation 2 will require changes to the apprenticeship funding rules set out by the Education and Skills Funding Agency. New apprenticeships funding rules should be published in the next annual government update, by Spring 2023.

## **Mission 4: Reduce care leaver homelessness now, before ending it entirely**

### **Rationale**

#### **Young people leaving care are at an increased risk of becoming homeless**

Research and evidence suggests that those leaving care are at greater risk of becoming homeless than adults in the wider population (Sanders et al., 2021; Schwan et al., 2018). A recent All Party Parliamentary Group report found that a third of care leavers became homeless in the first two years after leaving care (Miller, 2018), and research conducted by Centrepoin found that 26% of care leavers had sofa surfed, while 14% were sleeping on the streets (Gill & Daw, 2017).

Official data on the number of homeless care leavers is limited and determined by those already in contact with services. However, it is estimated that 26% of the homeless population had spent time in care (MHCLG, 2020). In addition to the impact homelessness has on individuals, there is a significant cost to society. A 2016 report by Crisis and the Centre for Housing Policy at the University of York found that the average cost of single homelessness each year is £34,518 per person (Pleace & Culhane, 2016).

#### **Young people leave care too soon and are often unprepared for independence, increasing their risk of homelessness**

Ofsted found that more than a third of care leavers felt they left care too early, many did not feel equipped with essential skills, and they often felt alone and isolated once they started living independently (Ofsted, 2022). Ongoing stability and continued emotional support from familiar adults improve care leavers' transition to adulthood and can reduce the likelihood of homelessness (Mendes & Rogers, 2020), and a critical protective factor in preventing homelessness is the availability of social support networks (Bramley & Fitzpatrick, 2018).

Only 30% of care leavers aged 19-20 remained living with their former foster carers in a Staying Put arrangement in 2021 (Department for Education, 2021) and whilst a recent report by Home for Good found that only 62% of councils operated a supported lodgings scheme, the majority of these local authorities had less than ten

young people in these arrangements, limiting the opportunities for young people leaving care (Home for Good, 2021).

### **Young people leaving care face many barriers in accessing suitable housing**

Care leavers aged 18-20 facing homelessness are considered priority need for housing, but they are not always afforded the same priority status when applying for social housing. Over 1.1 million households were on housing waiting lists in England during 2020/21 (DLUHC, 2021), with significant pressures in London, where 296,000 households are on waiting lists. Most councils apply a two year local connection test in determining social housing applications, which means some care leavers are not able to apply for social housing if they moved into the area two years before leaving care.

The shortage of other suitable housing and waiting lists for social housing can mean that the private rented sector is an increasingly important alternative for some care leavers. However, care leavers can face a number of barriers in accessing private rented accommodation as many landlords will require a deposit, guarantor and have the freedom to accept professionals or students.

### **Recommendations**

- 1. 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.**

These recommendations will mean that all care leavers will have the opportunity to either remain with their foster carers in a Staying Put arrangement, continue to be connected to their residential children’s home through Staying Close or become a lodger with a host family within their community until they are 23. Irrespective of which options best reflect the needs and individual circumstances of care leavers, the local authority will ensure that the arrangement provides targeted support that enhances the young person's physical and emotional wellbeing, education and

employment outcomes, and independence skills, so they are able to maintain their own accommodation once they reach 23.

**2. 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.**

These recommendations will change local authority practice and policy to help reduce the barriers care leavers face in accessing suitable accommodation. Firstly, any young person will have the choice to decide whether they wish to remain in that area or apply for social housing within their home local authority. Secondly, if young people are unable or do not want to access social housing, the local authority will serve as a guarantor and provide a rent deposit if this is necessary. Finally, there will be no situation where any local authority discharges their corporate parenting responsibilities or housing duty to care leavers by deeming them intentionally homeless. Rather, each local authority will ensure every care leaver has the appropriate level of support to help them to maintain their tenancy.

The leaving care grant will be increased to reflect the increase in cost of living and inflation (based on the Bank of England inflation index) since this was introduced in 2013. The government will review this figure annually to ensure that it keeps pace with the cost of living. Local authority leaving care teams will support the young person to ensure that they can purchase all the necessary furniture and essential items when they move into their own accommodation.

## **Costs and benefits**

### **Recommendation 1: Extending Staying Put and Staying Close arrangements until care leavers reach 23 and scaling up the supported lodgings programme<sup>30</sup>**

The recommendations will see local authorities spending an additional £175 million over the next five years, returning £91 million cash savings to public finance over the same period, which will lead to an overall cost of £84 million in delivering the

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<sup>30</sup> The review has chosen to base the costs and benefits of expanding the Staying Close pilot based on an evaluation of one specific pilot model.

recommendation. Savings to local authorities and other services largely accrue from the reduced homelessness episodes and reduced use of other types of accommodation. Local authorities would begin to see a return on investment across these policies from year 12. The average net present social value of this policy over twenty years will be £92 million per year. A breakdown of additional spending, savings and the overall impact on public finances is set out below.

*Extend Staying put arrangements until care leavers reach 23*

**Recommendation spend and saving breakdown (£, millions)**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	0	0	-9	-18	-19	-19	-20	-20	-21	-21
<b>Savings</b>	0	0	1	2	2	2	2	3	3	3
<b>Impact on public finances</b>	0	0	-7	-16	-17	-17	-17	-18	-18	-18

NB Some columns don't sum due to rounding

We calculate the costs of extending Staying Put arrangements until care leavers reach 23 by multiplying the cost of Staying Put arrangements (Munro et al., 2012) by the estimated number of care leavers expected to extend their Staying Put arrangements. To estimate the latter, we use data on the number of care leavers aged 20 that are in Staying Put arrangements (820 in 2021) (Department for Education, 2021), and assume that 50% of them will choose to extend their arrangements for an additional two years.

Since providing Staying Put arrangements decreases the availability of foster placements for children, we estimate the costs to children's social care due to the reduction in the number of foster placements (around £40,000 per annum).

To calculate savings associated with fewer care leavers being homeless, we multiply the cost of a homelessness episode by the number of participants that would have been homeless in the absence of the policy. The cost of a homelessness episode is taken from Crisis (2018) at £15,556 (six months episode), which includes costs incurred by local authorities, the NHS and the criminal justice system due to



homelessness. To estimate the number of participants that would have been homeless in the absence of the programme, we use evidence from (Wade & Dixon, 2006) showing that 35% of care leavers aged up to 18 experience homelessness at some point within 15 months after leaving care. However, as we expect the incidence of homelessness to reduce with age, we assume that care leavers aged 21-23 have half the probability of being homeless (18%) compared to those aged up to 18.

To estimate the social benefit of reduced homelessness, we multiply the cost of a homelessness episode (we assume that homelessness episodes last for six months based on Crisis (2018)) in terms of quality adjusted life years (QALY) by the number of participants that would have been homeless in the absence of the policy. The former is based on Aldridge (2015) and is estimated at £3,150.

To estimate savings associated with improved outcomes of Staying Put participants, we assume that their adult adverse outcomes improve by 20% as a result of the policy. More details on how we quantify and monetise the savings associated with a reduced incidence of adverse outcomes can be found in the Costing Technical Report.

*Extending Staying Close pilots and increasing eligibility up to age 23*

**Recommendation spend and saving breakdown (£, millions)**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	0	0	-43	-55	-49	-51	-52	-54	-56	-58
<b>Savings</b>	0	0	29	49	62	73	77	81	86	90
<b>Impact on public finances</b>	0	0	-14	-6	13	22	25	27	30	33

NB Some columns don't sum due to rounding

The costs of this recommendation include set up costs, running costs and fixed costs. The set up costs are estimated at £50,000 per local authority per year over two years (Heyes et al., 2020). Fixed costs are calculated as the average of the costs reported in Heyes et al. (2020) and O'Leary et al. (2020) and include utilities,

administration and maintenance costs (£152,238 per year per local authority). The running costs are calculated by multiplying the unit cost of providing the programme (£6,500 according to Heyes et al. (2020) by the number of care leavers benefitting from the policy. The latter is estimated using the number of children who ceased to be looked after from secure units, children's homes and other residential settings in 2021, assuming a 90% take up rate and a two year average duration of participation (Department for Education, 2021b). We assume that the duration of participation increases relative to current take-up because of the extension of eligibility from 21 to 23 where those aged 21-23 remain in Staying Close arrangements at 50% of the rate of the current cohort.

To estimate savings associated with reduced use of semi-independent accommodation, we assume that 30% of participants of the extended Staying Close programme would be in semi-independent accommodation for two years in the absence of the policy based on care leavers statistics (Department for Education, 2021).

To calculate savings associated with fewer care leavers being homeless, we multiply the cost of a homelessness episode by the number of participants that would have been homeless in the absence of the policy.

To estimate the social benefit of reduced homelessness, we multiply the cost of a homelessness episode in terms of quality adjusted life years (QALY) by the number of participants that would have been homeless in the absence of the policy. The former is based on Aldridge (2015) and is estimated at £3,150.

Savings due to increased participation in education, employment and training (EET) are estimated by multiplying the cost of being NEET (sourced from ACEVO Commission on Youth Unemployment, 2012) by the number of participants and by the percentage increase in the number of participants in EET due to participation in Staying Close (29%) (Allen et al., 2020; Dixon et al., 2020).

To estimate savings associated with improved outcomes of Staying Close participants, we assume that their adult adverse outcomes improve by 20% as a result of the policy. More details on how we quantify and monetise the savings associated with a reduced incidence of adverse outcomes can be found in the

Costing Technical Report.

*Scaling up the supported lodgings programme*

**Recommendation spend and saving breakdown (£, millions)**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	0	-11	-19	-20	-21	-21	-22	-23	-24	-24
<b>Savings</b>	0	3	3	3	4	4	4	5	5	5
<b>Impact on public finances</b>	0	-9	-16	-16	-17	-17	-18	-18	-19	-19

NB Some columns don't sum due to rounding

To estimate the set up costs, we use the average set up and annual running costs reported in Francis et al. (2018) (around £33,000 and £9,961 respectively) and multiply it by the number of local authorities and number of care leavers benefitting from the programme. We extend participation until 23.

To calculate the number of care leavers participating in the programme due to new local authorities adopting the scheme, we apportion the total number of care leavers aged 18 in England by the share of local authorities that do not currently implement the supported lodging programme (using data from Department for Education, 2021) and assume the same take up rate as LAs which have already implemented the programme for those aged 19-21 (4% of the eligible cohort).

To estimate the number of care leavers that are already in the supported lodging programme and choose to extend their participation until the age of 23, we use the number of care leavers aged 20 participating in the programme (460 in 2021) from Department for Education (2021) and assume that 50% of them will participate in the programme until the age of 23.

The cost of supported lodging accommodation comprises the hosts' pay which is made of rent, host support and the young person's contribution. This is calculated as £10,400 per year using evidence from Home for Good (2021). We then multiply this cost by the total number of care leavers participating in the supported lodging

programme every year.

To estimate savings associated with reduced use of semi-independent accommodation, we assume that 30% of care leavers aged 18-21 that enter the programme would have been in semi-independent accommodation in the absence of the policy based on care leavers statistics (Department for Education, 2021).

Savings are associated with reduced homelessness and improved outcomes. To estimate savings associated with improved outcomes of the supported lodging programme participants, we assume that the adult adverse outcomes of all participants would improve by 20% as a result of the policy. More details on how we quantify and monetise the savings associated with a reduced incidence of adverse outcomes can be found in the Costing Technical Report.

### **Recommendation 2: Increasing the setting up home allowance**

The changes in practice and policy to remove the local connection test and ending homeless intentionality will not incur any additional financial cost, but will require local authorities to allocate their social housing stock in a different way. Local authorities may face a cost as a result of providing a rent deposit or guarantor for those care leavers accessing private rented accommodation but this will be minimal.

Increasing the setting up home allowance to account for inflation will see local authorities spending an additional £23 million over the next five years, returning £4 million cash savings to public finance over the same period, which will lead to an overall cost of £18 million in delivering the recommendation. There will be savings to public finance of £13 million over the next ten years, derived from a reduced rate of adverse lifetime outcomes amongst those who leave care. Local authorities would continue to pay in nominal terms to keep the allowance in line with the cost of living.

### **Recommendation spend and saving breakdown (£, millions)**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	-5	-5	-6	-7	-7	-8	-9	-10	-11	-12
<b>Savings</b>	1	1	1	1	1	1	1	1	1	2
<b>Impact on public finances</b>	-4	-4	-5	-5	-6	-7	-8	-8	-9	-10

NB Some columns don't sum due to rounding

The cost of this recommendation is calculated as the proposed increase in the allowance (from £2,000 to £2,438) multiplied by the cohort of care leavers moving to independent accommodation each year (including privately rented and social housing). We assume that 12% of the total number of care leavers move to independent living each year. This assumption is based on the expectation that by the age of 25, all care leavers will be living independently (therefore, every year for eight years (18-25), 12% should move to independent living).

To estimate savings associated with improved outcomes, we assume that the proposed increase in the allowance will improve the adverse outcomes of care leavers affected by the policy by 5%. More details on how we quantify and monetise the savings associated with a reduced incidence of adverse outcomes can be found in the Costing Technical Report.

## Implementation

Recommendation 1 will require changes to legislation to allow young people to remain in Staying Put, Staying Close or supported lodgings arrangements until they are 23 years old. We expect new legislation to introduce these entitlements will be updated by Spring 2024 and these new arrangements will be underpinned by an improved inspection framework to ensure each local authority provides adequate support to ensure young people and carers have the support to maintain these arrangements.

Recommendation 2 changes to the local connection test and ending homeless intentionality will be part of new statutory and local offer guidance that is provided to

local authorities. We expect that this will be issued shortly after the conclusion of the review to reduce the number of care leavers who face the prospect of insecure accommodation and homelessness. We would expect that by the end of 2023 every local authority should have specific arrangements in place to support care leavers into private rented accommodation, and have made appropriate changes to their policies to ensure all care leavers within their area have timely access to social housing, and no longer consider care leavers intentionally homeless. The new statutory and local offer guidance will continue to apply to the whole local authority and will therefore be applicable to both unitary and two tier councils to ensure they are meeting their corporate parenting duties.

The increase to the leaving care grant will require changes to the financial settlement provided to local authorities to reflect the uplift. We would expect that by 2023 every young person who starts to live independently receives the uplift, and new guidance is issued to local authorities leaving care teams setting out how they should support young people to budget this grant when purchasing essential items and furniture for their home.

## **Mission 5: To increase the life expectancy of care experienced people, by narrowing health inequalities with the wider population**

### **Rationale**

In 2020/21 66% of children were looked after due to abuse or neglect (Department for Education, 2021a), and research suggests that adverse childhood experiences are associated with increased chances of chronic disease and mental disorder (Chang et al., 2019). Adults who spent time in care between 1971-2001 were 70% more likely to die prematurely than those who did not spend time in care as children, and care experienced adults are more likely to die of “unnatural causes” (for example self-harm, accidents, and mental and behavioural causes) than adults who do not have a care experience (Murray et al., 2020). Whilst care leavers aged 18-21 make up 1% of the total population in that age cohort, they account for around 7% of all deaths at this age (Greenwood, 2017).

The Children's Commissioners Big Ask survey found that 23% of children in care aged 9-17 were unhappy about their mental health. Similarly, 31% said that having good mental health was one of their key worries for the future (Children's Commissioner, 2021). These concerns tend to escalate at points of transition, including when a young person moves home or leaves care. Many care leavers feel alone and isolated once they leave care, and many do not know where to get help with mental health issues. Many care leavers report that no plans had been made to support their mental health or emotional wellbeing when they left care (Ofsted, 2022).

The quality and stability of relationships are often cited by young people and academic research as an essential foundation in promoting the mental health and wellbeing of children in care (NSPCC, 2015). A study which reviewed suicides among all children and young people between April 2019 and March 2020 found the top factors present were household functioning (69%) and loss of key relationships (62%) (NCMD, 2021).

NHS spending on children's mental health has increased by 4.4% in real terms since 2019/2020, and has increased in each of the last four years (Children's Commissioner, 2022) but services remain overstretched. Between April and June 2021, 190,271 young people between the ages of 0-18 were referred to children and young people's mental health services, up 134% on the same period last year (81,170) and 96% on 2019 (97,342) (Royal College of Psychiatrists, 2021).

In 2021 the government announced a programme to train a senior member of staff in school and college to help them identify and support young people with mental health needs (Department for Education, 2021b). This is a positive start, but few other front-line professionals working with children in care receive any training in identifying or treating children's mental health issues. Even when adjusting for socio-economic and demographic characteristics, care experienced people also face worse physical health outcomes and are more likely to be out of the labour market due to disability or inability to work (Murray et al., 2020).

## **Recommendations**

- 1. 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.**

This recommendation will make the identification and treatment of basic mental health conditions a core part of the training programme for front-line practitioners who work with children in care. For social workers, this will form part of the Early Career Framework.

- 2. 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.**

This recommendation will encourage all local authority leaving care teams towards more multidisciplinary working, which should include a professional that is able to provide specific mental health treatment to care leavers up to the age of 25 years old. The review has not been prescriptive about the way this is achieved, but in many cases we expect that it should be through employing trained professional(s) into the leaving care team directly.

- 3. 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 a new corporate parenting duty, the Department of Health and Social Care and the NHS should exempt care leavers from prescription charges up to age 25.**

This recommendation asks Integrated Care Boards to make good on a commitment made in the NHS long term plan, which calls for specific attention to be given to the health needs of care leavers. As a first step, and as part of a new corporate parenting duty, we would expect care leavers under the age of 25 years old to be exempt from NHS prescription charges.

- 4. 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.**

The recommendation asks relevant bodies local and national bodies to improve data collection and reporting of the health and wider outcomes of those with care experience. For example, all Safeguarding Adult Reviews should specify whether the adult had previous children's social care experience and the nature of this. This recommendation should also see the NHS routinely collect the long term health data of those with care experience and share this with relevant government departments to inform future policy development. Finally, this recommendation should see the Office for National Statistics (ONS) beginning to collect data and the government launching a specific cohort study to track the outcomes (particularly life expectancy and homelessness) of care experienced adults.

## **Costs and benefits**

### **Recommendations 1, 2 and 4**

We do not expect there to be any significant additional costs associated with delivering recommendations 1, 2 and 4. Recommendation 1 will require local authorities and other relevant agencies to adapt their existing training programmes to ensure any professional, carer or volunteer working with children and young people has the skills and knowledge to identify and support their mental health needs. Recommendation 2 will require local authorities to alter their leaving care teams to improve the mental and physical health support available to care experienced young people and adults. Recommendation 4 will strengthen the data collection and reporting of relevant bodies to inform future policy development, costs associated with improving data collection and reporting are expected to be minimal and should be met within existing budgets.

### **Recommendation 3: Extending free prescriptions to care leavers**

Extending free prescriptions to all care leavers will see local authorities spending an additional £8 million over the next five years, returning £1 million cash savings to public finance over the same period, which will lead to an overall cost of £7 million in delivering the recommendation. Savings to the value of £3 million will accumulate to

the public finance over the next ten years, largely from fewer GP and hospital visits.

The average net present social values of this policy over twenty years will be £4 million per year. A breakdown of additional spending, savings and the overall impact on public finances is set out below.

**Recommendation spend and saving breakdown (£, millions)**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	0	-3	-3	-3	-3	-3	-3	-3	-4	-4
<b>Savings</b>	0	0	0	0	0	0	0	0	0	0
<b>Impact on public finances</b>	0	-2	-2	-3	-3	-3	-3	-3	-3	-3

NB Some columns don't sum due to rounding

To estimate the cost of providing free prescriptions to care leavers, we multiply the annual cost of free prescriptions by the number of care leavers currently not eligible for free prescriptions.

To estimate the number of care leavers that are not already eligible for free prescriptions, we use data on the number of care leavers aged 16-25 from the (Department for Education, 2021a) and assume that 50% of them are not currently eligible. This assumption is based on the fact that free prescriptions are already provided to people who receive welfare benefits, who are aged 16-18 in full time education and have disabilities. This is based on the fact that approximately 40% of care leavers are unemployed, therefore likely to be eligible for free prescriptions, and that some other care leavers might be entitled due to other reasons. So, we assume that half care leavers are not eligible for free prescriptions.

We estimate the savings from extending free prescriptions to care leavers with long term conditions. Data collected by the Department for Work and Pensions (DWP) (2017) show that 20% of the population aged 18-24 have a long term condition. We assume that care leavers have twice this risk of suffering from a long term condition. Following the result from the survey mentioned above, we estimate the additional expenditure on GP visits and hospital treatments due to the lack of access to free

prescriptions among care leavers with a long term condition. The cost of a GP visit per person is estimated at £30 using NHS data (NHS, 2019), while the cost of hospital treatment is £1,202 and is calculated as the average of NHS reference costs in 2014/2015, discounted to 2021 prices (Department of Health and Social Care, 2015).

Finally, we assume that free prescriptions will improve the quality of life of care leavers with long term conditions. Based on an estimate of the Department for Health and Social Care (DHSC), according to which 15,000 spent by the NHS provides one additional QALY (£60,000), used in previous research assessing the impact of increasing age exemption for prescription charges (Department of Health and Social Care, 2021), we estimate the increase in quality of life due to extending free prescriptions on care leavers with long term conditions.

## **Implementation**

Recommendation 1 will form part of the training requirements set out in the new social work Early Career Framework (see Chapter Seven of the main report) and all other corporate parents for children in care should provide similar training to staff working directly with children and young people. We expect this training to be in place by 2026 at the very latest, although many local authorities and other public bodies may decide to implement this sooner. We have not assumed that any additional funding will be required for this recommendation, over and above any to launch the new Early Career Framework.

Recommendation 2 will form part of the National Children's Social Care Framework. The Framework will set out how mental health support for care leavers up to age 25 should be delivered through multidisciplinary working in leaving care teams, but give local authorities flexibility in how this is delivered and achieved beyond this. We expect the Framework to be operational by late 2023, and local authorities to be delivering against this outcome from this point onwards. Many leaving care teams employ mental health professionals, or these expertise are available within wider local authority services, and so the review has not assumed any additional funding will be required, apart from the transformation funding provided by the National Children's Social Care Framework which should be used to establish this service.

Recommendation 3 will require each Integrated Care Board to develop plans and supporting metrics to demonstrate how they will support children in care and care leavers within their area to achieve good physical and mental health outcomes. These plans should be developed by 2023 and developed in conjunction with the relevant local Directors for Children's Services at Chief Constables of the relevant police forces as part of their new corporate parenting duties.

Recommendation 4 will require a change in the data captured by the ONS to include care leaver deaths and health outcomes, and change in practice from local authorities so that Safeguarding Adult Review's consistently collect data about care leaver status. A new cohort study should be launched by the Department for Education (DfE), to capture the longitudinal health outcomes of care leavers.

## **Chapter Seven: Realising the potential of the workforce**

### **7.1 Workforce: social workers to spend 100 hours a year in direct practice**

#### **Rationale**

Children and families value social workers who are consistent and skilled at building trusted relationships with them, but too many social workers report they do not have the time they need to do this work (What Works for Children's Social Care, 2021a). High caseloads and unnecessary bureaucracy have long been recognised as barriers to helping families (Munro, 2011). Social workers believe they are spending too much time preparing for Ofsted visits, case recording and completing administrative tasks, whilst their organisations are overly focused on processes and timescales rather than meeting the needs of families (What Works for Children's Social Care, 2021b). Social workers, motivated to enter the profession out of a desire to help people and work with families, are frustrated by the realities of practice and more likely to be dissatisfied in their jobs (Johnson et al., 2020). The latest workforce data shows that 8.6% of practitioners left children and family social work in 2020/21 (Department for Education, 2022b). When social workers leave their jobs, it disrupts the support that families receive.

This problem is made more acute by managers in the system who are far from the front-line of practice. Unlike other professions such as medicine and teaching, most options for career progression see social workers move into management positions, which removes experienced practitioners from working directly with families and, over time, places senior decision making and planning in the hands of leaders that have not spent time with children. Managers have important roles in shaping practice, supporting social workers and providing reflective supervision, but the latest workforce statistics show that a third of social workers employed by local authorities hold managerial roles or non-caseholding posts (Department for Education, 2022a).<sup>31</sup> This imbalance between management and front-line social workers is particularly stark when we consider that 30% of social workers hold caseloads of more than 20 (the national average is 16), three quarters of respondents to the Department for Education’s (DfE) 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 (Department for Education, 2022b; Johnson et al., 2021).

The complexities of social work and the risks associated with poor decision making can make paperwork, processes and monitoring feel reassuring (Munro, 2011). Yet this approach to practice makes it even more likely that practitioners will miss an opportunity to intervene effectively with families. To address the culture and incentives associated with unnecessary bureaucracy, attention must be given to getting social workers back to practice.

## **Recommendation**

To address the imbalance in how much time social workers work directly with families, there should be an expectation that all registered social workers spend time with clients.

To achieve this, Social Work England, as the professional regulator, should change

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<sup>31</sup> We have assumed that social workers classified by the Department for Education children’s social care workforce statistics 2021 as a “caseholder” 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.

the requirements to be a registered social worker to include the need to spend 100 hours a year in practice. This would bring social workers back to the front-line, help leaders to experience the complexity of work that their teams deliver and provide opportunities for skilled social workers whose roles are focused on management or teaching to stay close to practice.

Hours in practice would be defined as client facing work that needs the knowledge and skills of a social worker. Examples of the kinds of roles that children and family social workers might undertake include evening and weekend duty roles, supporting family group decision making, some advocacy, fostering assessments, out of hours work with teenagers, delivering specific services or interventions where they have expertise such as a parenting programme or family therapy. Work that is about checking front-line work would not count, for example case auditing, supervision or shadowing home visits.

Whilst the review's focus has been social workers involved with children's social care, changes to the professional register should apply to all social workers. This means that there would need to be parity with those who work in adult social work roles, and Social Work England will need to work closely with the Department for Health and Social Care (DHSC) to consider how changes to registration requirements could be delivered. This might include phased delivery and learning from the implementation amongst children and family social workers.

A requirement to spend 100 hours in practice would help social workers and employers prioritise direct work and help social workers to cultivate strong relationships with children and families. Relationships are foundational to social work practice; practitioners working in children's social care are already expected to have the knowledge and skills to establish trusting relationships with children and families, and the Child Safeguarding Practice Review Panel emphasises that social workers need "time, imagination and the most proficient of relational skills" to listen and respond to children's experiences (Department for Education, 2018; Child Safeguarding Practice Review Panel, 2021). For children who experience adversity and maltreatment, positive relationships with adults can be crucial to resilience and healing (National Scientific Council on the Developing Child, 2015). It is also vital

that those who have a role in shaping the children's social care system, whether local authority leaders, policy makers or academics, are close enough to front-line practice to understand the experiences of children and families and the issues facing the workforce. Narrowing the gap between leaders and the front-line should inject new energy and innovation to drive continuous improvement in the system.

Social work is a regulated profession that requires practitioners to register annually with Social Work England, the specialist regulator. Social Work England sets the professional standards for all social workers, including those in adult social care and decides how social workers should evidence that they meet those standards. The DfE manages the Post Qualifying Standards (PQS) which are specifically for children and family social workers (Department for Education, 2018). Other regulators, such as the Nursing and Midwifery Council, do have expectations that practitioners spend time in practice and registrants must evidence the time spent (Nursing and Midwifery Council, n.d.), but social work would be the first profession to define time in practice as client facing.

Ministers, civil servants and others with decision making roles around children's social care should aim to mirror this expectation - with time spent directly shadowing or supporting front-line work to ensure they are aware of the realities of front-line practice.

The review also proposes trials that explore flexible working and how social workers can be available at the times that families need them. Supporting innovation will help build evidence for how local authorities can best manage social worker capacity whilst meeting family needs. In teaching, attempts to reduce bureaucracy and tackle workload through pilot projects were found to improve wellbeing for staff and outcomes for pupils (Churches, 2020), and between 2016 and 2019, average working hours reduced and time spent on non-teaching activities fell (Mackenzie, 2019).

## **Costs and benefits**

There are approximately 100,000 social workers registered with Social Work

England, of which around 17,500 are working in adult social care, and around 38,000 are working in local authority children's social care (including around 6,000 agency social workers) (Skills for Care, 2022; Social Work England, 2022). This leaves around 38,500 registered social workers who do not work in local authority roles. This number will include CAFCASS guardians, independent social workers, those working for fostering agencies, charities, schools and academics in universities.

The cost of implementation, including Social Work England staffing, capacity to review evidence of hours in practice and develop IT infrastructure, is estimated to be £530,000 for two years of set up. Once the new requirement is in place, ongoing costs of around £50,000 per year would allow Social Work England to continue to review evidence of hours in practice for a proportion of the register.

Increasing time in front-line practice should benefit social workers and children and families. Social workers, motivated to join the profession out of a desire to help families are expected to find greater job satisfaction in their roles as they spend more time with children and families. This should prevent churn in the workforce and reduce attrition. Children and families should have a much more positive experience of accessing help if they are able to keep the same social worker, and their social worker is supported to spend time with them to build strong relationships. In the long term this should lead to better outcomes as social workers provide genuine help to families that is able to address the challenges they face. Social workers with more capacity to build strong relationships would be expected to be a positive experience for children and families.

Trials to explore how to implement more flexible working for social workers will likely cost around £1.5 million per year. The expectation is that approximately two years of initial testing would identify the most promising interventions which would help local authorities to scale and spread the most impactful ways of working for social workers and children and families.

## **Implementation**

A requirement to spend 100 hours a year in practice is the equivalent of approximately two hours a week, a day (8 hours) a month, or between two to three weeks a year (2.7 weeks if working week is 37 hours). It is expected that for the vast



majority of social workers, and certainly all local authorities, employers will recognise the value of social workers spending time on the front-line and will ensure that as part of their existing roles, they are given the capacity to prioritise this vital work. Some social workers who work beyond the children's social care sector may need to take on client facing work that is voluntary, or paid part time, to maintain their professional registration. In all circumstances social workers and their employers should carefully consider how to ensure children receive a stable and consistent social worker; some front-line practice roles will not be appropriate for social workers who are only available for the minimum 100 hours a year and cannot be present when families need them.

Social workers would need to evidence to Social Work England that they had completed 100 hours a year in practice, and the regulator would need to take a proportionate approach to reporting. To support implementation, it is expected that Social Work England would alternate between two halves of the register, so that each year 50% of social workers were required to submit evidence of time spent in practice.

To deliver this recommendation, the DfE would need to work with Social Work England who would draft and consult on the change in the rules for professional registration, analyse the results, communicate the outcome and deliver the new expectations. Annually, Social Work England would sample and review evidence of hours in practice for a proportion of social workers, to ensure they were meeting the required standard.

For some social workers who are registered with the regulator but have not been in front-line practice, there will need to be advice, support and guidance on how they can meet regulatory requirements. The regulator's website capability would need to be developed to allow social workers to submit additional information to evidence the hours spent in practice. Social Work England should be appropriately funded to deliver these changes by the DfE. In the long term, it may be appropriate to support implementation with a moderate rise in registration fees.

Trials for flexible working would rely on appointing a research and delivery partner

who would invite local authorities to bid for funding to test their innovative ideas. This research and delivery partner would support local authorities and, in time, identify the most promising interventions that could be trialled.

## **7.2 Workforce skills and retention: Early Career Framework, national pay scales and tackling social work agencies**

### **Rationale**

Social work is a complex and challenging profession. Social workers build relationships with children and families, work alongside professionals from other agencies, assess and identify risk, make decisions about the help that families need and support them by ensuring that help is in place. The review heard about the profound and positive impact social workers can have, but also saw that children and families did not always get the support they needed (The independent review of children's social care, 2021).

There can be significant variation in how effectively social workers assess and identify risk, make decisions about what should happen for children and families and deliver the help that they need (Child Safeguarding Practice Review Panel, 2020). This variation is, at least in part, about the extent to which social workers possess the knowledge and skills for the job, including whether they can understand a child's lived experiences, work with families when engagement is sporadic or respond appropriately as risk evolves (Child Safeguarding Practice Review Panel, 2021). Often the most challenging roles, particularly those in child protection teams, are done by the least experienced social workers and as they develop their practice, progression opportunities are in management rather than more complex work with children and families (The independent review of children's social care, 2022).

Supervision has an impact on the quality of work that social workers carry out with families (Bostock et al., 2019) but too many social workers do not have access to regular, reflective supervision; nearly a quarter of social workers report receiving supervision less than every six weeks (Johnson et al., 2021). When social workers

lack support and miss opportunities to piece together a child's experiences, or make risk averse and heavy handed decisions about intervention in families, it can lead to poor outcomes.

The Child Safeguarding Practice Review Panel's 2018 to 2019 Annual Report noted that poor social worker risk assessment and decision making occurred in 41% of the 538 reviewed cases where a child was seriously harmed or died (Child Safeguarding Practice Review Panel, 2020). Experienced social workers often progress to management roles, which leaves less experienced practitioners to hold cases, often in high risk situations. Newly qualified social workers commonly experience a dip in their capabilities as they transition from students to qualified professionals; to become experts, they need structured support to help them integrate their understanding of theory with the realities of practice (Devaney et al., 2017).

The social work profession can be demanding, and many report working in environments of high levels of stress and risk of burnout (Johnson et al., 2020). The Department for Education (DfE) estimates that in 2020/21, 8.6% of social workers left the profession (Department for Education, 2022b). The Association of Directors of Children's Services (ADCS) reports recruiting and retaining social workers is a critical issue in a number of local authorities (ADCS, 2021). Even when social workers remain in the profession, they move roles frequently – in the last year the turnover rate was 15.4%, the highest it has been in five years (Department for Education, 2022a). The majority of social workers move between permanent roles in different local authorities (Department for Education, 2022b). Additionally, 15.5% of the workforce work for agencies providing temporary staffing (Department for Education, 2022a). The proportion of agency staff is higher than adult social care (Skills for Care, 2020) and has serious cost implications, with each worker costing an extra 53% of the average social worker salary (Kantar, 2020). As a result, private agencies profit from the demand for social workers as local authorities are forced to compete with neighbouring areas for social workers. Where agencies monopolise the temporary staffing market, local authorities often have few choices about how to ensure they have social workers to meet their statutory duties (The independent

review of children's social care, 2022). As a result there is less local authority funding for maintaining a stable and supportive environment for permanent staff or providing the help that children and families need.

## **Recommendations**

### **1. Introduce a five year Early Career Framework for social workers.**

To address the skills and retention of the workforce, the review recommends the introduction of an Early Career Framework for children and family social workers. This would replace the current one year programme of support through the Assessed and Supported Year in Employment (ASYE), with a five year curriculum that gives clear expectations for what social workers should know and be able to do.

All newly qualified social workers would be expected to complete the first two years of training, which would retain the protected caseload and supervision that is central to the ASYE programme. Building on existing research and the expertise of professions which use objective structured clinical examinations (OSCEs), the portfolio that ASYE social workers currently complete should be replaced by an assessment that observes their practice (Ruch, 2015). Valid and reliable methods of assessing knowledge should also be used where appropriate.

Years three to five of the Early Career Framework would allow social workers to choose from a range of modules to develop an advanced set of skills that would designate them "Expert Practitioners". Social workers at this level would also need to pass an assessment that enabled them to demonstrate their competencies; passing this assessment would allow a social worker to have their registration with Social Work England annotated to indicate a higher level of skill. This would be similar to social workers with an Approved Mental Health Professional qualification being recognised for their specific skills and expertise.

It is expected that some decisions within children's social care would only be available to those that have completed the Early Career Framework and achieved the "Expert Practitioner" status. For example, leading a section 47 investigation. The

training and learning offer of the Early Career Framework should only be available for permanent social workers employed by local authorities.

In teaching, a statutory induction programme has been created with an evidence based Early Career Framework developed with the Education Endowment Foundation. This programme is based on evidence that suggests that extensive induction for newly qualified teachers helps reduce migration 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, 2008). Exploratory research ahead of delivery of the Early Career Framework indicated that teachers who were in their second and third years of teaching valued ongoing support, increasing responsibility and the opportunity to develop their skill set (Department for Education, 2018).

## **2. National pay scales.**

To reflect the importance of experience and time spent with children and families, the review recommends the introduction of new national pay scales that would increase social worker pay as they progress through and beyond the Early Career Framework. These pay scales are expected to address the discrepancies in how social workers are paid through the local government pay scales, reduce competition between local authorities, and incentivise social workers to remain in post so children and families do not have multiple social workers.

## **3. Tackling social work agencies.**

To address the cost of agency social workers and the lack of control that local authorities have when recruiting temporary social workers, the review recommends new national rules on agency use and the creation of regional staff banks. These actions should limit the frequency with which local authorities could recruit agency social workers and provide alternative models to meet temporary staffing requirements that offer better value for money.

New national rules would include expectations that all local authorities:

1. actively engage in tackling the reasons for high agency rates
2. require a high quality reference that relates to the standard of practice of any agency worker
3. do not hire any agency social workers that have not completed their first two years of the Early Career Framework in a permanent local authority role
4. share data on a regular basis to enable monitoring of agency rates
5. use approved commercial frameworks to procure any agency social workers
6. work across their regions to establish and adhere to Memoranda of Understanding on agency social worker recruitment and pay

In due course, with the introduction of national pay scales, these rules should be updated to include price ceilings and pay caps for any local authorities that are making use of agency social workers.

Regional staff banks would be established in the nine ADCS regions to allow local authorities to work together to meet temporary staffing needs. These banks would be local authority owned not-for-profits that retain a cohort of high calibre social workers who can fill urgent gaps in services to ensure that children and families are never left without a social worker. Banks would be the first, and eventually main route to recruit non-permanent social workers and each region must decide on a local authority who would house the bank. Banks would require strong leadership and expertise in recruitment, HR and data and analysis.

Banks, like agencies, should not be able to use newly qualified social workers who have not passed the first two years of the Early Career Framework to fill temporary roles. Banks should appoint a lead local authority to house the bank, but with the expectation that all local authorities in that region contribute to its establishment and sustainability. The DfE should provide up to five years of funding to launch these new banks, including two years of set up costs and three years of funding (with the expectation of a shared funding model). Funding must be tied to regional success in driving down the use of agency rates. These banks will need expertise in recruitment, HR and data and analysis.

In health, rules on how NHS Trusts make use of agency staff include pay caps,

expenditure ceilings and strict expectations that procurement proceed via approved commercial frameworks (NHS, 2019). Comprehensive data and reporting support transparency and allow NHS England and NHS Improvement to monitor agency spend and offer help to those struggling to manage their workforce. Banks offer an alternative to traditional agency staffing methods and help Trusts to make savings.

## Costs and benefits

The package of recommendations that will improve social worker skills and retention will see local authorities spend an additional £377 million over the next five years, returning £147 million cash savings to public finance over the same period, which will lead to an overall cost of £232 million in delivering the recommendations. Net savings will total £534 million over ten years, largely from reduced children in care and child protection plans, as well as a replacement of agency staff with permanent local authority staff. Local authorities would begin to see in-year savings outweigh costs from year five. We estimate that by Year ten, we forecast 2,600 more children would remain with their families rather than enter care, due to this policy. The average net present social values of these policies over 20 years will be £73 million per year. A breakdown of additional spending, savings and the overall impact on public finances is set out below.

*Introduce a five year Early Career Framework for social workers*

### Recommendation spend and saving breakdown (£, millions)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	-23	-45	-50	-54	-60	-61	-63	-64	-66	-67
<b>Savings</b>	0	8	28	94	154	203	209	215	221	227
<b>Impact on public finances</b>	-23	-37	-22	40	94	142	146	151	155	160

NB Some columns don't sum due to rounding

The cost of the new Early Career Framework is based on the cost of the current Assessed and Supported Year in Employment (ASYE) for newly qualified social workers (NQSW) and programme administration costs (£0.75 million).

To estimate the cost of an early career coordinator, who will oversee social workers using the Early Career Framework, it is assumed that one early career coordinator will be allocated to every local authority at the rate of one FTE qualified social worker.

To estimate the cost of procuring partners to translate the Early Career Framework into a two year learning programme for years one and two, and then into modules that experienced social workers can use for years three to five, we multiplied the number of social workers by the additional training costs per social worker per year. As an approximate estimate of delivery costs, training modules are assumed to be built around the current Post Qualifying Standards (PQS). Each training module would apply to one of the ten expectations described in the PQS at a cost of £300 per social worker. This yields a cost of £3,000 per person over years one and two and a further £3,000 over years three to five. We also estimated fixed and variable costs of developing and implementing assessment for the Early Career Framework. Analysis and innovation, estimated at £500,000 and £150,000 per annum respectively, are added to the ongoing cost of assessors and programme management costs in years two and five of the Early Career Framework.

We estimate the impact of this recommendation using the evaluation of the national assessment and accreditation system (NAAS) (Department for Education, 2020). The NAAS was introduced to enable social workers to develop skills and knowledge to improve outcomes for children and families. The evaluation found that the NAAS led to a decrease in the number of children on a child protection plan and children in care, as well as reduced use of agency workers. We assume that the Early Career Framework will have the same impact, materialising savings to reduced expenditure on children on child protection plans and in care, and a reduced incidence of adverse outcomes for these children.

We also assume local authorities incur savings due to a reduced use of agency workers, as reported in DfE (2020), which translates into an equal reduction of agencies' profits (that is, their profits decrease by 8%).

More detail on the modelling of costs and benefits and underlying evidence can be



found in the Costing Technical Report.

### *National pay scales*

#### **Recommendation spend and saving breakdown (£, millions)**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	0	0	-87	-87	-87	-35	-18	0	0	0
<b>Savings</b>	0	0	7	8	8	4	3	1	2	2
<b>Impact on public finances</b>	0	0	-79	-79	-79	-31	-15	1	1	1

NB Some columns don't sum due to rounding

The costs associated with the introduction of a national pay scale include:

1. set up costs for an organisation like the Office of Manpower Economics to establish a pay review body of £300,000 per year
2. an increase in salaries equivalent to 5% of the wage bill in the first three years, 2% in the fourth year and 1% in the fifth year

We expect that the recommendation will lead to a better allocation of resources, which will reduce social worker turnover by an assumed 2% per year. We further expect that the increase in wages will lead to an additional decrease in turnover.

### *Tackling social work agencies*

#### **Recommendation spend and saving breakdown (£, millions)**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	0	-14	-14	-5	-5	-5	0	0	0	0
<b>Savings</b>	0	0	0	1	4	9	9	10	10	11
<b>Impact on public finances</b>	0	-14	-14	-4	-1	4	9	10	10	11

NB Some columns don't sum due to rounding

The cost of this recommendation consists of set up costs (£1.5 million per year per region (assuming nine, based on current ADCS regions, over two years) and running costs (£0.5 million per year per region for three years after the banks are set up).

The main saving expected to be realised by this recommendation and the new recommended regulation is the replacement of agency workers with permanent local authority social workers. We assume that this replacement will reduce agencies' profits (calculated as described in a previous recommendation) by 1% in the first year in which regional banks will be operating, 5% in the second year, and 10% thereafter. We assume that 50% of the reduction in profits constitutes a social benefit due to a decrease in deadweight loss as a result of the market becoming more efficient.

## **Implementation**

### **Introduce a five year Early Career Framework for social workers**

The delivery of the Early Career Framework will require the DfE to appoint experts who can design an evidence based curriculum, which builds on the existing Post Qualifying Stands for children and family social workers and takes account of the National Children's Social Care Framework recommended by the review. The content of the Early Career Framework should be reviewed regularly to take account of learning from the National Child Safeguarding Review Panel.

The DfE should appoint delivery partners who will work with local areas to deliver Early Career Framework content to social workers. This should not be left solely to local authorities to implement given the variation in quality and capacity amongst local authorities. Every area should be funded to appoint someone who is responsible for the training and development of social workers in the first five years of the profession. This person should be familiar with teaching new social workers to reflect and develop their practice, and sufficiently senior to ensure there is a learning loop with senior leaders so that there is oversight of workforce skill and retention. Local authorities should receive funding, on a par with the Assessed and Supported Year in Employment programme (ASYE), to continue to protect caseloads and provide supervision for newly qualified social workers undertaking years one and two

of the Early Career Framework. For social workers who undertake the “Expert Practitioner” pathway, years three to five of the Early Career Framework should form part of their continuous professional development, as required by the regulator Social Work England. Employers should encourage social workers to take this path.

The design of the Early Career Framework should start immediately, in parallel with the development of the National Children’s Social Care Framework. The DfE should procure delivery partners and roll out the Early Career Framework so that the first cohort of social workers can complete the five year framework.

### **National pay scales**

Social worker salaries are already subject to local government pay scales but there is scope for significant variation. To introduce national pay scales specifically for social workers employed in children’s social care, primary legislation would need to give the Secretary of State powers to make directives about pay. We have assumed that the Secretary of State would need to commission a pay review body who would be responsible for advising on the appropriate pay scales and once implemented, the annual changes to these scales. The pay review body would consult with the sector, including employers and trade unions, to identify the most appropriate pay scales that take account of factors such as London weighting. Implementation funding would need to take account of the cost of negotiating and stabilising social worker pay. The Office of Manpower Economics, part of the Department for Business, Energy and Industrial Strategy (BEIS), manages the pay review bodies for a significant number of public sector jobs, including doctors, teachers, police and armed forces and would likely be best placed to manage the implementation of national pay scales for social workers.

Introducing legislation for national pay scales should happen as part of the new Bill. Once legislation has passed, the pay review body should be appointed and complete their scoping activity within 12 months. No more than 12 months after this, pay scales should be implemented nationally. This will be necessary by this date given the link between national pay scales and the Early Career Framework, where social work progression through their development (and evidenced through the Framework) will need to be reflected in their pay progression.

## **Tackling social work agencies**

The DfE would need to draft and consult on new national rules on agency use, including any consequences for local authorities that fail to follow the rules. As part of this process the DfE would need to establish a process for approving commercial frameworks that can be used to procure any agency social workers. The implementation of these rules would need to be communicated widely. Social workers would need to understand that they cannot be an agency social worker without completing the first two years of the Early Career Framework and the further training offer for years three to five would not be available for those in agency roles.

Local authorities would need to work across regions to establish staff banks. This would require a clear analysis of the problems facing their area and consensus on how to reduce reliance on agency staff. Regions would need to appoint a lead area to house a staff bank and establish the bank as a legal entity, with appropriate governance and accountability. Banks would need to be careful not to create incentives for permanent social workers to move to bank roles and must actively dissuade this from happening by creating strict rules on who can be recruited to a bank e.g. social workers cannot join a bank within 12 months of holding a permanent local authority post. Government would support banks with funding for two years to overcome the hurdle of initial set up, and as the bank matures and becomes sustainable during years three to five, funding would taper off.

Agency rules should be drafted and consultation should take place within the next 12 months following publication of the review and come into force within the next 18 months. These rules can be iterated as review recommendations are implemented and allow government to take stronger action on agency rates. The introduction of staff banks should take place immediately, with clarity on the make up and lead local authority for each region decided within six months. Staff banks need to be operational as soon as possible to provide alternative employment to social workers who do not wish to remain agency staff.

## 7.3 Residential children's home workforce

### Rationale

In 2020/21, residential children's homes were registered to care for up to 9,699 children, across a total of 2,462 homes (an 11% increase on the previous year) (Ofsted, 2022). Homes rely on their workforce to provide care for children and young people; the latest data, from 2015, estimated that more than 20,000 staff are employed to work in these settings (Thornton et al., 2015). The recruitment of staff, including managers, with the right qualifications and experience for these homes are long standing issues (Thornton et al., 2015). These challenges affect both the cost of provision and the kind of care that young people receive. Ofsted report that at least 10% of children's homes do not have a registered manager in place, although the sector believes that in some places it is even higher (Ofsted, 2021). The Competition and Markets Authority (CMA) found that recruiting the right staff was a barrier to placement sufficiency, with some areas of the country, such as those with a high housing cost, facing significant challenges (Competition and Markets Authority, 2022).

Studies have explored how therapeutic, relational approaches to care can help staff to understand children's needs and adapt their practice to better meet these needs (Social Care Institute for Excellence, 2012). The challenge of workforce sufficiency in residential children's homes exists alongside concerns about the quality of care available to children and young people. These concerns have been a focus for the Independent Inquiry into Child Sexual Abuse (IICSA) who, in their interim report, recommended a number of actions that should be taken to better regulate the workforce in residential children's homes (Independent Inquiry into Child Sexual Abuse (Great Britain), 2018). IICSA recommended that starting with children's home managers, the Department for Education (DfE) should introduce professional registration with an independent body for residential children's home staff (Independent Inquiry into Child Sexual Abuse (Great Britain), 2018). In response DfE commissioned a literature review and call for evidence to explore how these recommendations should be taken forward (Department for Education, 2021b; Department for Education, 2021a). Respondents to the call for evidence noted that

appointing an independent body to regulate the workforce could improve the professionalisation of residential children's home staff, increase public confidence in their skills and support safer recruitment and improved care for children (Department for Education, 2021a).

## **Recommendations**

### **1. National leadership programme for new children's home managers.**

To address the sufficiency of the workforce, the DfE should develop a new national leadership programme that trains and supports new residential children's home managers. Working alongside the strongest children's homes, the programme should attract leaders from a broad range of backgrounds and invite a wider variety of professionals to become children's home managers, including teachers and social workers. A bursary should be made available to attract high potential individuals transition to trainee management roles.

### **2. Regulation of the workforce.**

In parallel, the DfE should require registration of the residential children's home workforce by an independent regulator. Delivery should start with children's home managers and once the residential care system has stabilised by 2025, should include all residential children's home staff.

## **Costs and benefits**

The recommendations to establish a national leadership programme for children's home managers and establish a professional register for the children's home workforce, will see local authorities spending an additional £22 million over the next five years, returning £1 million cash savings to public finance over the same period, which will lead to an overall cost of £21 million in delivering the recommendation. Savings to local authorities from the investment will total £22 million over the next ten years, largely from a reduction in staff turnover and in-year savings to local authorities will outweigh costs from Year six. The average net present value of this policy over twenty years will be £500,000 per year. A breakdown of additional spending, savings and the overall impact on public finances is set out in the table below.

### Recommendation spend and saving breakdown (£, millions)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Additional spending</b>	-4	-6	-6	-6	-6	0	0	0	0	0
<b>Savings</b>	0	0	0	1	2	4	4	4	4	4
<b>Impact on public finances</b>	-4	-6	-6	-5	-4	4	4	4	4	4

NB Some columns don't sum due to rounding

### National leadership programme for new children's home managers

The review estimates that over five years the leadership programme would cost up to £5.2 million each year. This would allow for a six month bursary to facilitate new children's home managers making the transition from other fields to complete their training; this bursary would be the equivalent to a £40,000 pro rata salary. The programme would require training materials to be developed and delivered, as well as a strong regular coaching offer for leaders to support practice development and retention.

The residential leadership programme costs are estimated using Social Work England (2021) and the Step Up to Social Work programme as a benchmark. Overall, 700 prospective managers are expected to participate in the programme over five years, corresponding to approximately the number of vacancies in children's homes estimated by ICHA (2020).

The review expects this programme to stabilise the residential children's home workforce, filling management vacancies and ensuring the wider workforce and being supported by strong leaders. In time, reduced churn and attrition of children's home managers should reduce recruitment costs and improve children's outcomes.

To estimate the impact of the leadership programme we use evidence from the evaluation of the Firstline Leadership Programme that offered team managers in local authority children's social care services a tailored training programme to increase their leadership capabilities. The evaluation found that the programme led to a decrease in turnover by 20% (Moriarty et al., 2021). We assume that the

residential leadership programme will have the same impact.

### **Regulation of the workforce**

Establishing a professional register for the residential children's home workforce would require additional resource for the proposed regulatory body, Social Work England. The review has focused on estimating costs for regulating children's home managers and expects that capacity to improve IT infrastructure to include residential children's home managers, as well as funding for staff to register a new profession, alongside creating standards, guidance and communication to the sector are estimated to be around £0.45 million per year. Following initial set up this would reduce drastically to minimal increased operating budgets, where funding would primarily be required for additional staff time, although expanding registration to the whole workforce would incur additional cost. Social Work England might secure some income through professional registration fees.

As with the leadership programme, the review expects greater stability in the workforce. Registering children's home managers will help raise standards across the sector and support for staff will reduce attrition and improve children's outcomes.

The registration of residential children's home managers is estimated to include:

1. setup costs for the regulatory body, including the cost of setting up the digital infrastructure needed to register managers (£270,000 per year over two years)
2. the cost of producing internal policies and procedures within the regulatory body (£150,000 per year over two years).

## **Implementation**

### **National leadership programme for new children's home managers**

Delivering a new national leadership programme for children's home managers will require funding from the DfE to urgently recruit managers who have the skills needed to become exceptional leaders in residential children's homes. The programme should be evidence based, allow managers to attain their Level 5 qualifications and offer a broad range of development through teaching, coaching and peer support networks. The programme should work closely with the sector to offer short term



assistance that helps to stabilise the workforce and address the most pressing vacancies; the DfE will want to consider how the programme might be best targeted, including whether there are particular places that require significant leadership capacity.

The review estimates that over the next five years, the programme should train 100-150 managers each year. A programme of this scale should be lead nationally and could launch quickly if commissioned by government. We expect the first managers to join the programme from late 2023.

### **Regulation of the workforce**

To require professional registration for residential children's home staff, primary legislation and associated guidance would need to set out these expectations and name a professional body who would be responsible for regulation. This body would need to consult on the expected standards.

The review believes that Social Work England should be appointed as the regulator. They are already sponsored by the DfE as a regulatory body, know the sector as a result of their duties to the social work profession and have the infrastructure and expertise to develop professional standards and registration.

The review expects that residential children's home staff would be required to renew their professional registration annually and would pay a fee to be registered, as social workers do. This approach would replace the current system that sees residential managers submit information to Ofsted based on their current employment rather than their role or skill set – the review heard how this can be time consuming and does not allow easy sharing of information between homes.

The review is mindful that workforce pressures should not be made more difficult by the introduction of professional registration. Social Work England and the DfE will need to carefully consider how to communicate what is required of the sector.

# Chapter Eight: A system that is relentlessly focused on children and families

## 8.1 A National Children's Social Care Framework to set direction, supported by transparency and learning

### Rationale

#### **Not enough national vision and direction about the purpose of children's social care and we don't have good indicators of what success looks like**

At present, national government involvement in children's social care is generally uneven, with some areas of the system highly devolved (e.g. Family Help or extra familial harms), whilst others have very significant levels of national intervention (e.g. adoption). Whilst the review agrees with the Munro review's diagnosis that overly prescriptive national processes can harm professional autonomy, this does not mean that national government should step away from providing train track guidance and leadership - indeed national government has a unique role in doing this, stemming from its national democratic mandate.

Ofsted is currently viewed as the main measure of success. The Department for Education (DfE) has a target for increasing the number of good or outstanding 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. 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).

Attempts to bring together data and information on children's social care are limited by gaps in data. Within the current system most local authorities do collect data on the experiences of children and families, but there is no clear or systematic methodology for this data collection and no broader oversight of this information. BrightSpots (a survey of children in care and care leavers) is the best available information we hold, and provides a rich insight into the experiences of children in

care and care leavers.<sup>32</sup> Upcoming research by BrightSpots which conducted representative research with 4,994 children found that local authorities with an “outstanding” or “good” Ofsted social care or education judgement, were associated with a higher proportion of their young people having low wellbeing (Selwyn, Upcoming Release). This is a significant finding which shows the importance of having diverse data streams which allow for triangulation of information to provide nuance and context. However, Brightspots is limited in terms of bringing transparency by the fact that local authority participation is voluntary and results are not publicly available broken down by local authority. There is no corresponding experience measure that the review is aware of for children who are not in care or for families and so their voices largely go unheard.

### **The data, evidence and information we have is not being consistently translated back into practice**

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. There have been attempts to draw shared lessons from these initiatives and to scale up specific programmes with individual grants, such as the Strengthening Families Protecting Children Programme, Supporting Families and Investing in Practice Programme. However, these generally focus on spreading a specific “model”, rather than taking the core features of why these models were successful. Whilst the DfE has published “seven principles of effective practice” (Spring Consortium, 2017) based on the evaluation of the Innovation Programme, there has been no genuine attempt to use this to set a whole system direction that applies to all local authorities.

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 undertaken in recent years to try and build a learning system in children’s social care, including through the establishment of the National 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

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<sup>32</sup> See: <https://coramvoice.org.uk/for-professionals/bright-spots/bright-spots-programme/>

Social Care and the 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. At present the What Works Centres operating in the children's social care landscape could have a meaningful and prominent role in translating evidence into practice in the system, as NICE<sup>33</sup> does in the health sector.

Local authorities hold a huge amount of information that is never collected, or collected in inconsistent ways and so it is very difficult for local authorities to compare across their peers or us to learn lessons from nationally. Where information is collected nationally it is very difficult for local authorities to access this data and draw lessons, beyond a small number of published tools. There is also very little drawing together of data between partner agencies to learn about the effectiveness of partnerships.

## **Recommendations**

### **1. A Children's Social Care Framework should set the objectives and outcomes for children's social care.**

The National Children's Social Care Framework would set the overall outcomes that the system should be achieving for children and families and a set of key system objectives and principles for achieving them. These objectives and principles would be both values based and informed by evidence, ambitious, and non-negotiable to any local area in delivering their system. A first draft of the high level objectives and outcomes we think should be included in the National Children's Social Care Framework are included in the main report body.

### **2. The National Children's Social Care Framework should include a balanced scorecard of indicators to support learning and improvement.**

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<sup>33</sup>The National Institute for Health and Care Excellence - <https://www.nice.org.uk/>

**To support this there should be an overhaul of both 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.**

To achieve this there would need a reimagining of the data that we collect to more meaningfully reflect what matters to children and families and to reflect a reformed system and improve the consistency in how key existing metrics are included. At the same time opportunities should be taken to reduce burdens on local authorities by either removing data points that are no longer useful or remove duplicate collections. Examples we have identified as part of the review are included below, these are not intended to be exhaustive but could form the starting point for a full overhaul of data collected. As a first step, however, the government should make progress on a measure of child and family experiences, given this is not dependent on other collections and is key to driving progress on putting children and families' voices at the heart of the system. Consideration should be given to continuity of the most important time series data, but risks here should be mitigated as the most important pieces of information in the system will remain in datasets.

### **Suggested areas for new data, overhauls of existing data and improving consistency**

- **A measure of child and family experience of children's social care:** As set out above, we do not currently adequately measure the voices of children and families in the system. By bringing in the voice of children and families would help respond to a demand long made by those with care experience and in doing so can help identify failings and improve the system. This data should be published routinely, broken down by local authority to enable cross comparison and learning. All local authorities should advertise these opportunities publicly and transparently and provide prompts to children and families to complete them - for example families should receive a message at the point that their case is closed or at specific intervals (e.g. every six months). They will need to make sure that feedback processes are

accessible to all, so a variety of ways of collecting this information should be explored.

- **An overhaul of the data collected as part of the child in need census:** In Chapter Two of the main report, the review has recommended a reclaiming of the original intention of section 17 to cover much of what is now considered early help. This is an area in which data has not been collected systematically or reported back nationally. Combined with issues interpreting section 251 data returns, this has made it very difficult to understand the extent and nature of support provided to families. While there is growing evidence to show that giving more focus to preventative help can prevent escalation (see Chapter Two for further details), a better understanding of how local decisions impact outcomes requires data collections that focus more on families' needs and background and the kinds of support they receive. These problems with the data make it more challenging to explore the impact of socio-economic circumstances on the likelihood of intervention, or to apply a family lens to analysis (for example, on the impact of sibling separation). Given these requirements, future child in need data collections should include more about families' needs and backgrounds and the help they receive. It should also cover the full scope of work done as part of Family Help, including where no national data is currently collected (e.g. about early help services). Finally data collections should be updated to reflect specific harms that are commonly experienced by children and families (e.g. perpetrators of abuse and extra familial harms). To prevent an escalation of burdens we should remove process focused measures on assessments and timescales, which whilst an important area for local authorities to understand themselves, have limited value in national collections (especially given the time lag in publication). Most urgently the government should amend the Primary Need at Assessment categories to make this more meaningful and consistently applied, including adding a category that can recognise extra familial harms and exploitation.
- **Kinship care data:** Whilst the department collects data on some formal kinship arrangements, this is incomplete – for example, data on children who have been granted an Special Guardianship Order or Child Arrangement Orders is only available for those who obtained those orders as a care

leaving route. This hinders future policy making and provides only a partial understanding of those cohorts.

- **The health and wellbeing outcomes of care experienced people:** The review has been unable to set a specific time bound mission to improve the life expectancy of care experienced people due to inadequate data being collected. In England, data is currently not collected on the life expectancy, mortality rate or mental and physical health outcomes of care experienced adults. Academic research has consistently shown severe lifetime impacts on care experienced people and that adults who spent time in care between 1971 and 2001 were 70% more likely to die prematurely than those who did not (Murray et al., 2021). Understanding the longer term impacts on care experienced people can help shine a light on the severe lifetime disadvantages and the personal and social costs resulting from lack of investment in services for children in care and care experienced adults. The independent review of children's social care's report 'Paying the Price' showed that in 2019/20 the combined annual costs of providing additional services (e.g. NHS expenditure, criminal justice and education) for children in care was £620 million (the independent review of children's social care, 2021). Health and wellbeing data should be collected more systematically as care becomes a protected characteristic (see our recommendation in Chapter Six of the main report). Outcome data should be shared by the NHS and other partners to ensure policy making is based on evidence, which has constrained this review setting a specific target for health and homelessness outcomes.
- **Gender identity and other important information about care experienced people:** It is important that we collect the right information about care experienced people that helps us understand disparities in their experiences of care. In some areas there are gaps in what we know that are a barrier to understanding how different cohorts of young people experience the system. For example, LGBTQ+ care experienced people have suggested to the review that data about gender identity of young people in care should be collected in a person-centred way (The independent review of children's social care, 2021b). Professionals and carers should be expected to accept and respect a young person's identity or sexual orientation without

stereotyping or bias. *"There is a view that LGBTQ+ are overrepresented in the care community but the data is not collected. There is a view from professionals that if we cannot see it, it doesn't exist."* (**LGBTQ+ care leaver**). A decision about what data should be collected about care experienced people should be formed on the basis of consultation with the care experienced community to ensure it reflects what matters to them and collected in a sensitive way.

- **Justice data:** Chapter Three of the main report highlighted the importance of improving learning in family courts by having more transparent data on the orders that are made by judges. Improved data should be collected and published, including all outcomes from public court hearings by the District Family Judge areas, the reasons for initiating care proceedings, and the characteristics of the families involved.
- **Reforming 251 data collection:** As set out above, the state of the section 251 data collections is currently a major barrier to understanding how local authorities are using their resources in children's social care and, by extension, to adequately funding children's social care. The data is frequently not comparable across local authorities and the categories do not match recognisable parts of the system. Government and local authorities have been aware of the deficiencies in this data for many years, but action has not been taken to improve it. Taking urgent action to address this must happen as soon as possible.

### **Reducing duplication**

- **Sharing of the social worker register:** Legislation should be amended to enable Social Work England to securely share the social work register with the DfE. This would enable a better understanding of the workforce at national level and reduce duplicated information requests.
- **251 and RO3 finance data returns:** There is also an argument to consider the burden created through the dual collection of the RO3 data return and section 251 data return. Ideally one return should fulfil all required purposes, rather than having two returns, neither of which allow for straightforward interpretation and comparison of simple questions like the proportion of spending which goes on non-safeguarding support.



### **3. 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.**

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. Setting practice guides will require a mixed set of expertise - effective leaders operating in complex systems, alongside experts in specific issues and fields.

#### **Setting practice guides**

Practice guides should be set by a National Practice Group, which would bring together effective leaders operating in complex systems, alongside experts in specific issues and fields. All non standing members should be recruited via a fair, open and transparent recruitment process. A list of possible members for the group is included below:

- experts by experience posts - to represent care experienced people, birth parents and carers' experiences (appointment)
- Chief Social Worker - to advise on social work practice (standing member)
- social work practice experts - two posts to provide a perspective on implementing practice effectively (appointment)
- What Works Centre - to advise on best evidenced models (standing member)
- Chair of the Child Safeguarding Practice Review Panel - to advise on translating learning from serious incidents into practice and multi-agency working (standing member)

- Children's Commissioner - to advise on promoting and protecting the rights of children (standing member)
- policing expert - to advise on link to policing (appointment)
- health expert - to advise on links to health (appointment)
- research expert - to bring in voice of wider research community (appointment)
- independent challenge role - to bring scrutiny to overall process

There should also be a wider group who would be consulted with and provide input into the framework, including for example through academic, practice and lived experience reference groups.

The group would work closely with Ofsted, Social Work England, CAFCASS and other parts of the system to ensure the framework is reflected in how it operates, as well as the National Reform Board that would have oversight of the overall system and implementation of reform. It would have close links to the Early Career Framework to ensure that system objectives are translated into the knowledge and skills of social workers.

Practice guides should be agile, kept up to date based on evolving feedback and evidence, with updates made and effectively disseminated at least annually.

**1. Data and feedback should be used to prompt local and national learning to continually improve services. At a national level the National Practice Group and National Reform Board should oversee learning from feedback. 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.**

**4. Establishing local and national feedback loops**

Local areas should establish feedback loops to enable honest self reflection about what data, information and feedback is telling local authorities and partners about the quality of services to children and families. Existing regional improvement arrangements should form a key part of areas having honest and open conversations about how reforms are working to learn from each other - for instance having conversations about how national definitions are being applied.

National learning on practice should be led by the National Practice Group - to reflect on learning from practice, for instance our understanding of significant harm, interpretations of eligibility for Family Help and how effectively practice is improving relationships for care experienced people.

At a system level the National Reform Board (discussed in more detail in Chapter Eight of the main report) should look at feedback, data and intelligence on the success of implementing reforms and how this is translating into improvements for children and families, and continue to adapt and correct course in how reforms are being implemented and how regulation, guidance, inspection and other system levers could be improved. Both groups should include those with lived experience of children's social care to ensure their views are properly represented.

## **5. Streamlining evidence infrastructure**

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 development of practice guides, working with other voices of evidence and practice. It would also have a critical role in disseminating evidence to practitioners alongside Teaching Partnerships and also input into the Early Career Framework.

## **6. Building evidence**

To support the development of practice guides, evidence will need to be continually built on effective practice. Areas we have identified as gaps through the review that

we think require additional evidence are set out below. This list has been compiled based on the suggestions from the review's Evidence Group, our evidence partners, and members of the team.

The list of research and evidence gaps we have identified includes:

- patterns of need and service use, including regional variation, the role of drivers of need and interplay between different factors associated with demand in the system
- quality of practice, including better measurement, definition, and evaluation of everyday practices
- research on characteristics and experiences of families involved in the children's social care system
- what drives and how to address racial and ethnic disparities in children's social care
- improved data on child characteristics and impact of service provision on children's outcomes
- what works to address specific needs or to reduce risk for specific cohorts of children, including prevention of domestic abuse, supporting those with significant mental health problems and those at risk of extra familial harms
- better information about the workforce in children's services
- evaluation of the impact of the review's recommendations

This initial list should be a starting point for the work of the National Children's Social Care Framework. In the future, a single priority list should be kept based on suggestions from the National Practice Group, researchers, academics, practitioners and others.

## **Costs and benefits**

### **National Practice Group**

The costs of this recommendation would be comprised of the time of directly appointed members of the National Practice Group, the cost of a small multidisciplinary secretariat bringing together analytical and policy expertise and funding to bring in specific expertise to create practice guides. We think this cost

would be roughly £1.5 million per annum. However, this cost would need to be further assessed as the scope of the practice guides are developed.

The benefit of this would be through system improvements with more local authorities achieving the outcomes set by the framework, a better understanding of system performance and more widespread adoption of evidence based practice.

### **Improved data collection to assist a balanced scorecard**

Whilst there would be costs to scoping and implementing changes to existing data collections (which cannot be estimated until this work is scoped further), the largest costs are likely to be due to new data collections. We have estimated the cost of this at roughly £3 million over three years, based on learning from the Friends and Family Test in the NHS (scaled down as it applies to a smaller cohort) and Coram BrightSpots.<sup>34</sup> The cost of this policy would require further development once a method for undertaking this work was determined.

## **Implementation**

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. To support this, the government should establish the National Practice Group as quickly as possible to ensure that there is proper expertise brought into their development.

Whilst it is unlikely to be possible to have all indicators for the balanced scorecard ready by this point, the government should agree an initial set of indicators, acknowledging that further work will be needed.

The integration of the Early Intervention Foundation and What Works for Children’s

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<sup>34</sup> This figure is based on a freedom of information request, see: [https://www.whatdotheyknow.com/request/cost\\_of\\_the\\_friends\\_and\\_family\\_t](https://www.whatdotheyknow.com/request/cost_of_the_friends_and_family_t)

Social Care should be established as quickly as possible. The Youth Endowment Fund's endowment and its broader audience of police, youth work and schools makes this more complicated, but there is a strong case for join up to improve the understanding of what works in youth offending services and wider partnership responses to extra familial harm.

## **8.2 Improving inspection and regulation of children's social care**

This annex should be read in conjunction with the National Children's Social Care Framework annex 8.1, which makes recommendations about developing a balanced scorecard to aid learning and improvement to be led by government, which we would want a range of partners to contribute to, including Ofsted and other inspectorates (as appropriate). As set out there, it is arguable that Ofsted inspections have been relied on too heavily by government and decision makers as the primary measure of success, which we have seen throughout this review has had unintended consequences for children and families. Ofsted acknowledged this in their response to the review's Case for Change report, where they told us: "*We agree that sometimes there is an over-reliance on Ofsted judgements as a single measure of success or quality*" (Stanley, 2021).

Throughout the review we make various recommendations for Ofsted or other inspectorates, either to make improvements to current inspection practice, to work with the Department for Education (DfE) to review regulations, or for DfE to commission Ofsted to carry out new inspections where we have suggested moving specific responsibilities from local authorities to other organisations.

### **Rationale**

Ofsted is the independent inspectorate, and for some provisions the regulator, of almost all children's social care in England. According to their 2017-22 strategy: "Inspection provides an independent assessment of the quality of provision. Regulation determines whether providers are fit to provide services, and we take enforcement action against those that are not" (Ofsted, 2017b).

Through Ofsted, providers of children's social care are held accountable when they do not safeguard, or care for, children to a good standard. This accountability happens on the ground during the inspection process when leaders and professionals are asked about their practice, then there is public accountability when inspection findings are published, regulatory providers are held accountable by regulatory action that Ofsted takes, and local authorities are accountable to the DfE when they fail to improve. (See annex 8.3 on interventions and improvement for more detail).

Our assessment is that *inspecting local authority children's services* (ILACS) and the *social care common inspection framework* (SCCIF) are at their core the right frameworks to be using, and we recognise much work has been done by Ofsted as it has developed its frameworks over the years to make sure inspection looks at the right things (Ofsted; 2021; 2022b). However, we think there are more improvements to be made to these current inspection frameworks and how they influence practice on the ground. An overwhelming message the review has heard through its work from leaders, front-line practitioners and others is the extent to which Ofsted inspection (both ILACS and SCCIF) drives behaviour in the system (The independent review of children's social care, 2022a).

HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), the Care Quality Commission (CQC) and HM Inspectorate of Probation (HMIP) also have an important role to play in inspecting multi-agency partners, both with Ofsted on Joint Targeted Area Inspections (JTAI), and separately on their own. We make a recommendation about the ways in which multi-agency JTAI inspections could be used more often and more effectively (see Chapter Eight in the main report), and welcome recent changes the joint inspectorates have made to the JTAI framework.

**There needs to be an increase in the transparency of how judgements are made and ensure they have a rigorous underpinning**

We have reviewed all of Ofsted's frameworks across ILACS and SCCIF and while they have gone some way to define quality and what good looks like in their evaluation criteria, we think they remain too high level and in places focus too

heavily on process than on experiences and outcomes for children and families. We think this results in a misunderstanding between what Ofsted intends and what the sector thinks they want.

For example, the ILACS inspection framework states: *“Neglect, sexual abuse, physical abuse and emotional abuse are effectively identified and responded to”* (Ofsted, 2022b). It is not clear in the framework what is meant by *“effectively identified”* or *“responded to”*. There is a growing body of research and evidence about the features of effective, and ineffective, practice in protecting children from neglect, sexual abuse, physical and emotional abuse. While Ofsted periodically carry out research, or thematic reviews, on these issues (which we have cited throughout this report), we think it is important that Ofsted use that learning to be clearer in their frameworks about what makes such practice effective, or ineffective, and crucially how their inspectors evaluate evidence to inform judgements on these issues.

While Ofsted have told us that they are more concerned with practice than paperwork, it has been clear to this review that local authorities do not agree. Almost every local authority leader we spoke to talked about the impact of Ofsted’s work on creating bureaucracy, and that this took time away from developing relationships with children and families and developing innovative practice (The independent review of children’s social care, 2022a; 2022b). Looking at the ILACS framework, Ofsted do appear sometimes to describe in more detail what a process should be, emphasising timescales and recording which are important, but at the same time they do not clearly define what meeting children and families needs would look like or how that would be evident to an inspector. For example, when describing “good” multi-agency working to help and protect children they state:

*“Children and young people are protected through effective multi-agency arrangements. Key participants attend multi-agency meetings (for example, case conferences, strategy meetings, core groups and multi-agency risk assessment conferences). These meetings are effective forums for timely information-sharing, planning, decision-making and monitoring. Actions happen within agreed timescales and the help and protection provided reduce risk and meet need.”* (Ofsted, 2022b)



In relation to social work supervision, again Ofsted state that they will speak to social workers about “*the quality and impact of supervision and management oversight*” (Ofsted, 2022b). But they do not give examples, based on evidence, of what the features of good quality supervision are and how their inspectors will make decisions about the level of quality of supervision they are looking at.

While in their SCCIF frameworks, which cover all regulatory provision for children in care, Ofsted are clearer in some places about what the features of quality are that they are looking at (which is welcome), there are still gaps in clarity around what they mean (Ofsted; 2021).<sup>35</sup> For example, in their children’s homes inspection framework they state a good children’s home has “*Proactive and effective working relationships with the police to support and protect children. Staff work with the police to protect the children living in the home from any unnecessary involvement in the criminal justice system*” (Ofsted; 2021). It is not clear to providers reading this what a “proactive” or “effective” relationship with the police would look like, nor what necessary or unnecessary police involvement is.

Another example from their independent fostering inspection framework is “*Leaders and managers make child-centred decisions when matching children with foster carers, including considering the needs of other children already living with the carers*” (Ofsted; 2021). Ofsted has itself carried out research into good decision making when matching children and foster carers, which it could link to in the framework to better describe what they believe “*child-centred*” decision making looks like when it is good (Ofsted, 2020).

Ofsted could also be clearer about how they balance different expectations, for example to match children to homes in a child-centred way but also for homes to consider the needs of children already placed with them within SCCIF. In this example, there is also a read across to local authority inspections where Ofsted has

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<sup>35</sup> See Chapter Five of the main report for more information about the changes we want to see to current care standards that underpin Ofsted’s regulatory work. We would like the government to work closely with Ofsted in redeveloping regulation of children’s social care, to ensure that our understanding of quality in children’s social care regulation promotes the things that matter most to children.

a role in holding local authorities accountable for meeting their sufficiency duties. Secure children's homes, residential care and local authorities all told us that providers sometimes will not care for children who have high needs because they believe, rightly or wrongly, that it negatively affects their Ofsted judgement. This can have serious consequences for children's care and is a direct result of neither local authorities nor providers being clear enough about how Ofsted will measure their performance (What Works Centre for Children's Social Care, 2022c).

While it would be unwise for the inspectorate to be too prescriptive in its definitions of quality, they could take a similar approach that they have taken in school inspections. For example, in their school inspection handbook, on evaluating different approaches to teaching, Ofsted say:

*“Ofsted does not advocate that any particular approach should be used exclusively in teaching. Different approaches to teaching can be effective. What is appropriate will depend on the aims of a particular lesson or activity, and its place in the sequence of teaching a particular topic. Nevertheless, any approach used has features that must be present to ensure that it is delivered effectively. Our research commentary sets out our understanding of those factors”* (Ofsted, 2022c).<sup>36</sup>

In the research commentary Ofsted goes into great detail about the current available evidence for four judgement areas including quality of teaching, behaviour and attitudes, pupils' personal development and leadership and management (Ofsted, 2022c). They are clearer about what the features of quality are that they are looking at, where they have got their evidence from and where evidence is strong or weak. This is a more transparent way than they currently do in social care to communicate clearly in their frameworks about what “good” looks like and how Ofsted approach making judgements on inspection.

### **There is a lack of evidence about the validity and reliability of Ofsted social care inspections**

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<sup>36</sup>Ofsted's research commentary - <https://www.gov.uk/government/publications/education-inspection-framework-overview-of-research>

There is a lack of transparent, independent research and evidence about the consistency and reliability of Ofsted social care inspections, which we believe unnecessarily drives suspicion and inspection myths across the sector (Ofsted, 2019; Hood et al., 2019; Wilkins & Antonopoulou, 2020).

For school inspections, Ofsted have carried out extensive work on curriculum design, including lengthy reports on individual subjects. Ofsted have also carried out studies on the reliability and validity of the inspection process for schools (Ofsted, 2017c; 2019b). An equivalent level of rigour should be applied to children’s social care inspection processes. For example, evaluating the quality of decision making in children’s social care inspection is an area where Ofsted could be clearer.

### **Focusing inspection further on what matters most to children and families**

The review agrees with Ofsted that it is important that inspection focuses “*on the things that matter most to children*” (Ofsted, 2022b). Through extensive engagement with local areas, providers and shadowing part of an Ofsted ILACS and a full SCCIF inspection the review has identified some areas where inspection should have greater focus, including also for families.

For children in care there should be a greater focus on meaningful relationships with adults who love or care for them (not just professionals) as a key feature of good quality care. This is particularly important for ILACS inspections, as local authorities are responsible for any decisions to move children away from their communities, schools and people who care for them. For example, inspections should consider whether local authorities are investing in family finding work and what impact it is having on helping children in care build and maintain relationships with important adults in their lives.<sup>37</sup>

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<sup>37</sup> In the ILACS framework relationships with professionals are described in the evaluation criteria as important for children in care, whereas for care leavers they describe “supportive relationships within the community and with family and friends” as important too (Ofsted, 2022b). The review doesn’t think in general there is enough weight given to how well, or not, local authorities make decisions that help, or hinder, children having relationships with safe people that care about them most.

The experiences of care leavers do not get enough focus in ILACS inspections, particularly given their outcomes are often so poor.

### **Inadequate accountability for multi-agency working**

At present, if multi-agency partners do not fully participate or undertake their duties to children 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, HMICFRS, HMIP and CQC and there are a small number of Joint Targeted Area Inspections (JTAs). However, there is a need to strengthen these arrangements.

As we have seen in the recent case of Solihull, JTAs can play an important role in shining a light on the contributions of different agencies and holding them to account (Her Majesty's Inspectorate of Probation, HMICFRS, Care Quality Commission, Ofsted, 2022). Ofsted, CQC and HMICFRS recently announced that JTAs will restart and an amended framework to focus on the front door to child protection services and specific groups of children (starting with child criminal exploitation) (Ofsted, Care Quality Commission, & HM Inspectorate of Constabulary and Fire & Rescue Services, 2022). This is a positive step in the right direction. However there is more to do.

## **Recommendations**

- 1. Increase transparency of how judgements are made and ensure they have a rigorous underpinning.**

**Across all its inspections, ILACS and SCCIF, Ofsted should align with the new National Children's Social Care Framework on definitions of quality**

In the future, Ofsted should work closely with the group setting practice guides as part of the National Children's Social Care Framework to make sure that

expectations and definitions are aligned across government, and that the experiences and outcomes being measured are the ones that matter most to children and families. We expect increased transparency around the features of quality to encourage those delivering children's social care away from process and towards better practice that more meaningfully helps families, and protects and cares for children. This work should all be rooted clearly in evidence and updated regularly to take account of new learning.

### **Ofsted should be clear about how it inspects decision making**

With reference to the research conducted for this review by Rick Hood and others, Ofsted should make clear how inspectors evaluate the quality of decision making (What Works for Children's Social Care, 2022b). This evaluation of decision making should take into account how judgements interact with levels of deprivation, as per the recent Drivers of Activity research conducted for the DfE and other research by Paul Bywaters and others referenced in this review (Bywaters & Skinner, 2022; Fitzsimons et al, 2022). This work could inform validity and reliability assessments of inspector practice across all frameworks and Ofsted regions.

### **Ofsted should, as it does in school inspections, recruit practice leaders as standing Ofsted Inspectors (OIs)**

Involving practice leaders in inspection will help to dispel myths in the sector about "what Ofsted wants". This was something Ofsted previously implemented, but they reported that local authorities struggled to release staff to participate. The review has heard enthusiasm from leaders about the option to do this, so ways to make it work this time should be explored. The requirement for all registered social workers to spend 100 hours in practice each year should also help Ofsted inspection teams get closer to practice too.

### **Ofsted should be more transparent in general with the data, information and tools it holds**

Ofsted should review all of the data and information it holds in relation to children's social care with an aim to publish as much of it as possible for transparency purposes, and also to provide information to the sector that will help it to improve.

This would include things like: information on complaints and what Ofsted has done about them as a regular publication; publishing notifiable events it receives about providers and what Ofsted has done about them; and anything else it considers to be relevant to leaders to make improvements in children's social care.

**2. Apply a more rounded understanding of being child focused, and prioritise measuring the things that matter most to children and families.**

**Have a greater focus on the quality and proportionality of work with families and how effectively services respond to needs**

In ILACS inspections, Ofsted should revisit their framework in light of our recommendations on Family Help to ensure there is enough focus on the proportionality and quality of the help children and families receive, and therefore what the experience for families is. Ofsted should focus on the quality and proportionately of interventions used with families. This would mean sampling cases to look at the quality of help received, how risk has been understood and balanced, and assessing how effectively Family Help Teams engage families. 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 Family Help.

**Place greater emphasis in ILACS inspections on the work done by local authorities to ensure children have meaningful, loving relationships as a key feature of good quality care**

We believe this will strengthen the process of focusing inspection on the things that matter most to children – that they have meaningful, lasting relationships. This means local authorities will have to focus more on decisions to keep or not keep children close to their communities, with wider family members, and/or to stay at the same school. It would also change behaviour in the system to focus on efforts to build and maintain lifelong loving relationships. There is a wide body of research evidence on the role of relationships in children's social care that Ofsted could rely on to strengthen their inspection framework, some of which is summarised in an

evidence review published by WWCS and commissioned by this review (What Works for Children's Social Care, 2022d).

### **Children's homes inspections should take place when children are in the home**

When children's residential homes are inspected Ofsted rightly places importance on ensuring the views of children in those homes are taken on board when coming to a decision on the overall judgement. The review has visited homes where children have told us they did not get the opportunity to speak to inspectors because they conducted inspections during the school day, when they were not at the home.

### **Introduce a care leaver judgement that includes our five missions for children in care and care leavers at its core**

As Ofsted have themselves acknowledged, despite a significant amount of statutory guidance stipulating that local authorities should provide good quality places to live, support in their education, and financial assistance, among other things, care leavers continue to report that they receive little or no support and preparation for leaving care (Ofsted, 2022a). As it develops a new care leaver judgement, Ofsted should take the five missions for care leavers as a basis for defining good quality support and preparation for care leavers.

### **Joint inspections should be used as a means of assessing the effectiveness of partnerships where concerns are raised about how they function**

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 raised through individual inspections or other channels that there are issues with partnership working, a joint inspection follow up should be triggered.

These joint inspections should be risk based and focused on the role of both the senior safeguarding partners and 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.

### **3. Inspection should support the delivery of the new infrastructure suggested by the review.**

#### **Work with government to update care standards for the providers it regulates**

See Chapter Five in the main report for more detail on the updates we are proposing to these standards. Ofsted have told us that these regulations are out of date, so we expect they will need to work with government on these and will need to pivot inspection and/or regulation in line with any other legislative changes resulting from this review.

#### **Prepare to financially regulate independent fostering agencies and children's home providers**

Along with others including the Competition and Markets Authority (CMA) and Ofsted, the review agrees that a lack of market oversight is negatively affecting the children's social care system (Competition and Markets Authority, 2022; Ofsted, 2021b). The review has recommended that Ofsted should take on a new market oversight role - similar to that which the CQC plays in adult social care - to oversee the financial health of providers and operation of the market. To take on this new role, legislative changes would be needed and the review expects Ofsted will need to work closely with the CQC to share expertise, and rapidly increase its capability to perform this function by the time legislation is passed in 2024 to confer powers and introduce new Regional Care Cooperatives.

#### **Develop an inspection framework for advocacy services**

The review has made a recommendation for a new legal "opt-out" right to advocacy. The review expects Ofsted to be commissioned by the DfE to have a role in inspecting the delivery of the new expanded and independent advocacy service.

#### **Develop an inspection framework for the inspection of RCCs**

Legislation will give newly established Regional Care Cooperatives powers to commission all homes, run some homes and recruit new foster carers from 2024/25. DfE will need to commission Ofsted to develop a new inspection framework to be



able to inspect and report on the performance of the Regional Care Cooperatives - which takes account of how effectively they are delivering against their sufficiency duty.

## **Costs and benefits**

The DfE and Ofsted will need to estimate the cost of delivering these recommendations and make plans for adequate resources to deliver them.

## **Implementation**

The review believes the first two subsets of recommendations could be implemented rapidly. Where Ofsted is being asked to undertake new inspections this will take longer to develop and should be aligned with the wider timelines for implementing these reforms.

## 8.3 More robust intervention where services are not good enough

### Rationale

#### Poor overall system performance

In 2019, 54% of children in need and 58% of children in care were receiving children's social care from local authorities judged as "inadequate" or "requires improvement" (Ofsted, 2019; Office for National Statistics, 2019). Between 2018 and August 2021 the number of local authorities rated "inadequate" has reduced by 17%. However this has coincided with a changed inspection framework and the review has struggled to reconcile how local authorities have improved the quality of children's social care when funding of help to families has been cut dramatically while the numbers of children in care have risen so sharply.<sup>38</sup> By August 2021 there were still only 51% of local authorities rated "good" or "outstanding" for children's services, compared with 86% of schools.

Services that are rated "requires improvement" or "inadequate" are more costly to government both in terms of additional local government spend and demands on the higher cost end of the department's intervention activity (iMPOWER; Local Government Association, 2015). It is challenging for these services to improve without external support, as 2020 data shows inadequate local authorities have vacancy rates of nearly one in four (24.5%), more than double the rate in "outstanding" authorities (9.2%) (Community Care, 2021). This translates into a similar pattern of inadequate services relying on agency staff for 27% of their FTE

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<sup>38</sup> In 2018 Ofsted moved from the SIF inspection framework to the new ILACS framework for local authorities. By 31 March 2018, when only one full ILACS inspection had taken place, 47% of local authorities were judged "requires improvement" and 15% of local authorities were judged "inadequate" (Ofsted, 2018a). By August 2021, only 36% of local authorities were judged "requires improvement" and 13% "inadequate" (Ofsted, 2021). Whilst most local authorities have now had an inspection under the ILACS framework, the changes in inspection criteria mean that local authority Ofsted ratings from 2018 onwards are not directly comparable with earlier data. In their annual report five years ago Ofsted itself stated: "In social care, although LAs have had the most significant reductions across the public sector, statutory social care children's services have, to date, largely been locally protected, which is welcome. However, reductions in funding in other areas, such as preventative and wider children's services, mean that LAs are less able to intervene early, before young people need statutory services. The evidence suggests that these cuts to youth and other services are a false economy, simply leading to greater pressures elsewhere" (Ofsted, 2018b).

social worker posts, more than four times the 6.4% FTE agency rate in outstanding local authorities (Community Care, 2021). The costs and disruption for children of relying so heavily on agency staff diverts resources in poor performing services from the long term reforms needed to improve services for children.

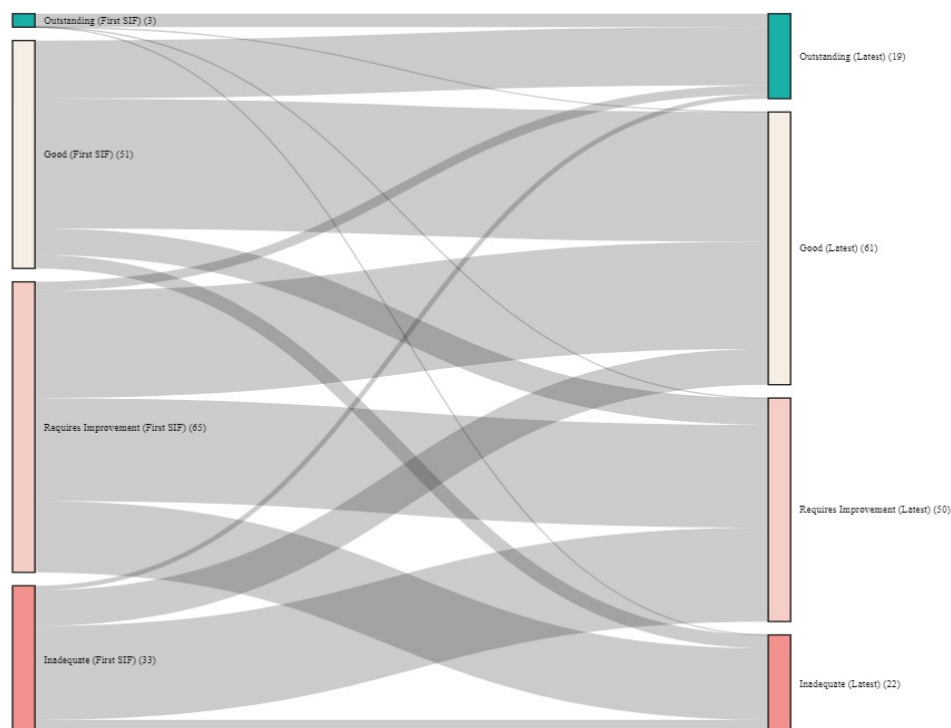
### **There is not a robust enough response to persistent failure**

At present the Department for Education (DfE) has a statutory power to intervene when local authorities are inadequate. There are a range of interventions open to the department, including appointing an improvement adviser, more intensive improvement advice from a high performing partner local authority or appointing a Commissioner who will make recommendations about the future of services. In some cases decisive action is taken and progress is made. A recent study of local authorities that had received intervention support after an “inadequate” judgement found that of 24 authorities that had been inspected after the intervention, six had improved to “good” or “outstanding”, 14 were “requires improvement” and four were still “inadequate” (Department for Education, Upcoming Release). However, too often we are leaving children’s services stagnating or vulnerable to future failure, leaving children unsafe. Of the 73 local authorities that have received intervention support since May 2010, 24 have undergone at least one further period of systemic or persistent inadequacy that triggered a further intervention (Department for Education, 2022).

### **Drifting authorities**

As of April 2022, 60% of local authorities judged “requires improvement” in their first inspection under the previous Ofsted inspection framework introduced in 2014, were either at “requires improvement” or have worsened.

*Figure 1: Ofsted judgement changes: First SIF inspection - latest (April 2022). Data sourced from (Ofsted 2022)*



When local authorities are rated “requires improvement”, action is needed to stop them continuing to drift, or becoming inadequate. Improvement support that is available for “requires improvement” authorities is positive, however it only works if local authorities want to engage, which is not always the case. An independent evaluation of the DfE’s improvement programme found that Partners in Practice support did not work effectively where local authorities were not committed or did not accept they needed help (Department for Education, Upcoming Release). Similarly it found that Regional Improvement and Innovation Alliances were ineffective where either local authorities did not want to change, or where there were corporate issues that meant either the local authority was having significant leadership and management turnover or children’s services or was not given adequate resources (Department for Education, Upcoming Release). In both of these cases voluntary peer support will not be enough.

## **There is a need to improve the coherence of interventions and improvements**

### ***Interventions***

At present when a local authority is rated “inadequate” alongside issuing a statutory direction, the DfE appoints an interventions commissioner to that local authority,

whose role is to assess whether the local authority has the capacity to improve. Commissioners are generally former Directors of Children's Services, who are self employed and undertake this role alongside other roles. The advice commissioners give about improving a service is generally made in isolation from consideration of the wider impact of failure in a region - this can have a detrimental impact as pouring resources into improving a service can destabilise neighbouring services. There is a need to consider intervention and improvement activity in a region as a whole and between different local authority services (such as those for SEND). Of areas that are "inadequate" for social care, 50% also have a written statement of action on SEND and so there is a need to align this activity (Ofsted, 2022). At present there is also variation in how individual commissioners see their roles (Department for Education, Upcoming Release).

In other areas commissioners have a permanent role advising ministers about overall improvement rather than specific authorities. For example in further education the Further Education Commissioner is an independent adviser who leads a team of ex principals and finance specialists with experience in further education. In schools the National Schools Commissioner and Regional Schools Commissioners work with schools to address underperformance and support improvement.

### ***Improvement***

In 2016 the DfE introduced an improvement programme for authorities judged "requires improvement". This includes several different parts:

- Regional Improvement and Innovation Alliances: these bring together local authorities in a region at different levels to support and challenge each other on improvement. They have been given significant resources to undertake various types of improvement work
- Sector Lead Improvement Partners (formerly Partners in Practice) who provide peer support to requires improvement local authorities
- DfE Regional Improvement and Support Leads (RISLs) who are DfE representatives who work with local authorities who were at risk of "failing" providing tailored support to prevent this from happening

An evaluation of these programmes reported a range of benefits for local authorities

who were part of the programme. However, it also found that awareness of support available is poor (Department for Education, Upcoming Release).<sup>39</sup> Evaluation of the programme found a lack of transparency of what support is available and delays in making support available. Continuity, stability and seniority of RISLs was noted as a challenge for regional stakeholders. There is scope to simplify the current landscape and make it clearer what support local authorities can access. Funding for many of these programmes was brought together for the one off £24 million Children’s Social Care COVID-19 Regional Recovery and Building Back Better Fund (Department for Education, 2021b).

## Recommendations

### **1. Intervene more decisively in inadequate and drifting authorities.**

The DfE should amend its intervention policy framework so that it intervenes more decisively in “inadequate” and drifting authorities. Where local authorities are found to be “inadequate”, commissioners should be asked to assess whether there is the capacity to improve in all cases, unless there is a good reason not to. If services are judged not able to improve, the Department should take action to remove services and it should be 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 were with Bradford), and intervene with the willingness to remove services if progress isn’t made if this is not the case.

Second, where a local authority is “requires improvement” consecutively without a clear extenuating reason, intervention should be triggered (either through an improvement notice or formal intervention). This would put an end to our current low

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<sup>39</sup> This evaluation states: “The DCS survey carried out in 2019 as part of the evaluation (see Annex 3) asked about the accessibility of the PiP programme. At that time, the survey found that 9 respondents agreed with the statement that the Wave 1 PiP support was accessible where and when needed but 10 disagreed. A further 19 respondents neither agreed nor disagreed and 24 did not know or indicated that they preferred not to say. However, when asked about the Wave 2 programme, 12 respondents agreed that improvement support was accessible, 10 disagreed with 19 respondents neither agreeing or disagreeing; and 22 did not know or preferred not to say. The findings from the PiP qualitative interviews also carried out in 2019 showed that the extent to which LAs were aware of the PiP offer, who was eligible for it and how to access varied. Two years on, in 2021, there were still LA participants who reported limited understanding of the programme.”

aspirations for children's social care, whereby we accept that children's services can be less than good for years on end without action to improve them.

These changes, particularly to intervening in “requires improvement” authorities, should come into force once a reformed Ofsted inspection framework is in place and the review's most significant reforms have come into effect. However, the DfE should confirm its intention to do this now, so that there is clarity that “requires improvement” is no longer satisfactory. If the Department believes it needs additional legal powers to do what we propose they should take the power and until that point amend their policy to act as decisively as possible within the existing legal framework.

## **2. Introduce Regional Improvement Commissioners**

Commissioners should be brought into the DfE as Regional Improvement Commissioners with responsibility for overseeing the performance of a specified region. This would mean they had “skin in the game” in achieving improvement across a region, with deeper understanding of the issues individual authorities were facing and the ability to consider performance across a region (e.g. how investing in one authority's workforce might impact other authorities within a region).

Commissioners would direct improvement activity, using their practical expertise as former senior practice leaders. Commissioners would also be able to provide expert advice to Ministers about the local improvement programmes they oversee. Regional Improvement Commissioners would also take a role in challenging authorities that “require improvement” to ensure that authorities take up support to improve, using the new more transparent data and direction provided by the National Children's Social Care Framework to have an open conversation about system performance. The Commissioner role would provide a more senior authoritative link between the different regional improvement arrangements that already exist and the DfE and local authorities on the ground.

Regional Improvement Commissioners would bring a range of experience and expertise, which will be more directly relevant to the situations in some local

authorities they oversee than in others. As each Commissioner would be responsible for an area spanning several local authorities, they may not have the capacity to deliver all intervention activity in their region alone. The DfE should ensure that Commissioners can draw on sufficient staff with the breadth of expertise to address the range of leadership and practice based challenges that could prompt the Department to intervene. Regional Improvement Commissioner roles should be staffed based on existing footprints of Regional Improvement and Innovation Alliances, so that they are able to feed into existing conversations. Given the differing sizes and needs of regions some regions may require more support staff than others.

The Department should consider the most appropriate model for the work of Commissioners, in consultation with Ofsted, the Association of Directors of Children's Services, Local Government Association and the Society of Local Authority Chief Executives.

### **3. Embed sector led improvement**

Improvement activity should be brought together into a single improvement programme in each region, with a clearly advertised offer overseen by Regional Improvement Commissioners. The DfE made progress towards this through the one off combination resources from the Partners in Practice programme, the Innovation Programme and Regional Improvement and Innovation Alliances into the Children's Social Care COVID-19 Regional Recovery and Building Back Better Fund (Department for Education, 2021b). The new Regional Improvement Commissioners should also act as a single point of contact and expert advice to ensure that all local authorities in their region are aware of the full range of support available to them. A key responsibility for Commissioners will also be to facilitate partner led support within and across regions.

## **Costs and benefits**

### **Costs**

#### **Intervening more decisively in inadequate and drifting authorities**



Between 2016/17 and 2019/20 the DfE has spent a total cost of £23,943,032 intervening in “inadequate” authorities (Department for Education, Upcoming Release). Expanding this offer to intervene more robustly in persistently “inadequate” authorities and drifting authorities would be likely to require additional resources in the short and medium term, as more local authorities are supported to improve.

As of April 2022, there were currently 28 local authorities for children’s social care under intervention, including five authorities in which children’s services have been removed from council control and are run by a trust, the most extensive form of government intervention. The review assumes that trusts would still be reserved for the most serious cases of failure, but that involving commissioners in all “inadequate” authorities is likely to slightly increase their use. On the basis that two additional trusts were established over the next three years and this higher number of trusts is maintained in future this would involve a £7.5 million uplift in funding for interventions activity over three years.

At the same time (April 2022) there were 21 drifting local authorities that require improvement and have not improved since their previous Ofsted inspection. Some of these authorities already receive some support through existing offers such as the sector led improvement programme. Guided by the assessment of Regional Improvement Commissioners the DfE should in future provide additional light touch intervention support to these authorities. We estimate that this will be appropriate for 80% of these drifting authorities, and we expect this would cost an additional £3.5 million per year. This funding would only be needed once current reforms had been embedded and so this figure has not been included in our proposed additional spend in the next three years.

### **Introducing Regional Improvement Commissioners**

This recommendation would be a low cost means of significantly increasing the DfE’s capacity to catch and intervene in the early stages of failure or stagnation. The DfE already draws on intervention commissioners where services are inadequate, with the intervention regime supported by civil servants, but is limited by a policy framework of bringing in external contractors rather than holding staff in house.

We estimate the total costs of this recommendation at £2.8 million, with the costs of

employing commissioners on a full time basis to take a more active role in regional leadership. These costs would be offset by removing the need to hire external consultants. As the DfE already has a significant civil service team working on the current approach to supporting local authorities, this recommendation would also involve a reorganisation of existing staff to support the new commissioners.

The benefits would be improved leadership of regional arrangements, better anticipation of where services are declining leading to swifter intervention and improvement.

### **A clearer, more transparent offer of sector led improvement**

This recommendation would be funded through the investment in introducing Regional Improvement Commissioners and the DfE's existing support programmes. The benefits would be through these resources being more accessible to local authorities, meaning they deployed more quickly to a better spread of authorities, leading to wider, faster improvement.

### **Benefits**

The benefits of intervening in more authorities will be improved services for children and families. Over the longer term we would expect clearer rules about when interventions will happen leading to better local focus on improvement - particularly in terms of more "requires improvement" authorities incentivised to become "good".

An independent evaluation by the DfE of their local authority intervention programme found that for the eight local authorities receiving substantial support as part of their intervention regime (£1 million+), total costs avoided as a result of additional child protection plans closed were estimated at between £3,388,349 to £6,776,698 over a three year period, with further savings likely to materialise over the longer term (Department for Education, Upcoming Release). Taking into account the additional benefits of lower vacancy and agency staff rates in "good" authorities compared to those rated "requires improvement", the annual benefits of improving from "requires improvement" to "good", could reach up to £2.5 million per year.<sup>40</sup> Whilst the impact

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<sup>40</sup> Benefits estimated based on reduced expenditure from lower rates of looked after children (Greater Manchester Combined Authority, 2019), lower expenditure on agency staff (Kantar, 2020), and lower vacancy rates (Oxford Economics, 2014)

of this additional support will vary depending on the circumstances of each local authority, it would only take five of 58 eligible local authorities fully achieving these benefits for these reforms to be cost neutral in the long term.

## **Implementation**

If the DfE decided it needed to strengthen their statutory intervention powers, this would require amendments to primary legislation through section 497A of the Education Act 1996.<sup>41</sup> If additional legislation is needed it should be introduced as soon as possible and in the meantime the Department should take as robust action as is possible within their existing powers. These changes will need to take into account the DfE's current changes to implement a "Regions Group" planned for summer 2022, to ensure the review's social care recommendations align with parallel improvement activity for the schools and SEND sectors.

## **8.4 National Data and Technology Taskforce**

### **Rationale**

Throughout the review we have heard from practitioners, leaders and others that they want to make better use of data and technology but struggle to make progress. This is reflected by the fact that the data maturity of local authorities within children's social care remains low. Recent analysis in 2020 by the Ministry of Housing, Communities & Local Government (MHCLG) (now called Department for Levelling Up, Housing and Communities) suggested 81% of local authorities had low levels of data maturity (Ministry of Housing Communities & Local Government, 2021).<sup>42</sup>

Some progress has been made in recent years for example through the Department for Levelling Up, Housing and Communities (DLUHC) data accelerator fund and local digital projects (Ministry of Housing Communities & Local Government, 2021). However, these remain isolated in individual areas and regions, and there is not a common plan to enable these solutions to be mainstreamed across all local authorities. Other areas of the public sector have demonstrated what is possible when action on technology and data is coordinated - for example NHS Digital for

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<sup>41</sup> Education Act 1996 - <https://www.legislation.gov.uk/ukpga/1996/56/contents>

<sup>42</sup> Low here is defined as three or lower on a six point scale.

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).

Through the review's engagement we have identified three, interrelated, areas where progress is particularly needed:

1. Reimagine case management systems to drastically reduce social worker time spent recording cases
2. Use technology to achieve frictionless sharing of information
3. Improving data collection and how it's used to inform decision making

### **Ineffective case management systems that drive bureaucracy**

A successful case management system (CMS) should meet two dual purposes.

First, they should enable good social work practice. When pertinent information can be reliably and efficiently recorded and shared, and when that information can also be easily retrieved and visualised, it supports good decision making and a holistic understanding of a child. Second, they should enable data and information to be pulled from systems easily to enable information sharing, strategic decision making within the local authority and for data to be shared nationally.

Currently many local authorities report that systems fail to support either of these tasks adequately. Case management creates bureaucratic burdens which take social workers away from direct practice and analysts away from research (Stevenson, 2019). Social workers have frequently told the review that strict conditions in when, how and what data can be inputted into case management systems, can directly influence practice (e.g. when it directs them to ask children or families information they otherwise wouldn't choose to) and that it results in significant duplication, often entering information several times (Ofsted, 2018; The independent review of children's social care, 2022). It is striking that half of social workers report that their experiences of case management systems are mostly negative (Stevenson, 2019).

The potential benefits of improving CMS is substantial. Better CMS has been shown to make a significant difference to time in practice. In North Tyneside work to improve IT systems led to 48% time savings on child and family assessments

(Flavell et al., 2020).

Part of the reason for these problems is financial underspend on IT and systems (if all local authorities spent the 1% of CSC outturn on digital solutions recommended by a recent BetterGov report, this would amount to an increase in spend of £42 million), however the problem is not simply a financial one (Begley & BetterGov, 2021). Currently 152 local authorities mostly individually procure systems from two main market suppliers (Liquid Logic and Servelec) (Begley & BetterGov, 2021). We have been told that local authorities lack the expertise and resources to clearly identify and procure systems which meet their needs, and often put more weight on price than quality. Social care CMS are cheaper than comparable systems in sectors such as health and receives minimal central government investment in comparison to the NHS (Begley & BetterGov, 2021). As such, there is little incentive for them to invest in innovation or for new providers to enter the market. This means that CMS products are often outdated and clunky.

Whilst many of the needs of local authorities are bespoke due to the differences between practice models and workflows, there are also lots of common features of a good CMS for social workers that should make it possible for there to be adaptable systems that meet social workers' needs and therefore gives them more time to spend with children and families.

Likewise greater coordination across local authorities in their CMS will make solutions to sharing of information with partner agencies and national government quicker and easier.

Achieving this requires local authorities to work with each other and partner agencies to procure CMS at scale and in a manner which prioritises usability and interoperability of systems to enable frictionless sharing of information.

### **Technology does not enable sharing of information between partners and between local authorities**

The National Child Safeguarding Review Panel noted that agencies' poor and unconnected information systems are currently a barrier to information sharing (Child Safeguarding Practice Review Panel, 2021). As an example, the recent Joint Targeted Area Inspection (JTAI) of Solihull highlighted that health representatives in

the Multi-Agency Safeguarding Hub (MASH) did not have access to each other's records, nor to other information stored on crucial health systems including the local children's hospital (. The police system also had issues including children not being linked to parents, and adults having multiple profiles meaning all of their offending history was not stored in the same place and information could be missed (Browne et al., 2022). Research and our deep dives also highlight the poor quality of local authority CMS, taking up valuable social worker time and reducing the quality of data collected (The independent review of children's social care, 2022).

There are also examples of the benefits of when IT systems are linked. The deep dives showed how simple innovations - such as safeguarding staff from all agencies having access to a limited version of children's social care systems - were highly valued by front-line staff (The independent review of children's social care, 2022). The Child Protection Information Sharing system has shown the value of this work on a larger scale, where local authorities are made aware of unplanned hospital appointments for children on a child protection plan.<sup>43</sup>

We need IT systems that can frictionlessly share information between agencies in a way that gives professionals the information they need. Part of the work will be determining the correct level of information exchange so that only relevant and proportionate sharing occurs, protecting individuals' privacy and ensuring that children's social care does not receive too much unnecessary information. There are already local areas leading the way on this. Bristol City Council and Avon and Somerset Constabulary set up the Think Family Database in 2011 with an inter-agency analytics hub set up in 2015. The Think Family Database collects 30 different public sector sources including Bristol City Council, Avon and Somerset Constabulary, the DfE, the Department for Work and Pensions (DWP), the NHS, Sirona Health Systems and social care systems. Safeguarding professionals can log on to the secure system and quickly identify what other professional involvement there is with the family in one place, and see a timeline of incidents to help inform decision making about families (Bristol City Council, n.d.). The Family Context tool in Stockport helps social workers become aware of and contact other local services

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<sup>43</sup> See for instance the case studies presented here on some of the benefits realised by Child Protection - Information Sharing - <https://digital.nhs.uk/services/child-protection-information-sharing-project/benefits-of-child-protection-information-sharing>

supporting a family to support assessments. An initial evaluation shows that this supports better outcomes including reducing contact time to other services from days to hours and better connecting services around families (Hughes, 2022).

The first step is to find a consistent identifier for each child so that data can be linked quickly and securely across systems. The NHS identifier number has the benefits of being the only national and universal identifier that is “for life” (Valle et al., 2016). It has already been used successfully in the introduction of the Child Protection Information Sharing system, and is used to share information between adult health and social care services.

### **The system is not making good enough use of data**

At present huge amounts of data is gathered by local authorities and reported to local government, but not enough is done to make good use of it to inform decision making.

When data is used to inform decision making it can have huge benefits. Analysis can have huge benefits in improving local services. Newcastle’s analysis of needs profiles of children and families referred to children’s services enabled redesign of social work teams into specialist units around these needs profiles, and may have kept up to 40 children out of care (Beninger et al., 2017). Essex’s analysis of a Multisystemic Therapy service for children on the edge of care showed that practitioners and families involved generally recognised positive impacts as a result of the programme, meaning families could access expensive but vital support that kept them together (Drew et al., 2019).

Some work has been done in recent years to improve local use of data, for example through the Data to Insight programme. This has developed a range of tools including 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 aid decision making; a demand modelling tool for looked after children placements and a disproportionality calculator.<sup>44</sup> These central tools enable local authorities to make

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<sup>44</sup> More information on the ChAT can be found on the Data to Insight website - <https://www.datatoinsight.org/tools>

better use of data and avoid each individual area needing to develop their own tools. Data to Insight have also developed a data apprenticeship.

However, there is more to do to make these tools mainstream and deploy them effectively across local authorities. This 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 - for example common data standards.

There is also a need to improve how national data is collected. Analysts often have huge time burdens to appropriately check and clean data and make sure it is fit for statutory returns (Owen, 2022; Ofsted, 2018). This means that huge amounts of resources are used to collect data, and by the time it is published it is generally out of date. A frequent, highly transparent publication schedule of the key system metrics set out as part of the proposed balanced scorecard, is essential to ensure that learning loops work in practice. It is also important that data is published in a way that enables fast feedback. If the learning system relies on out of date information, it will break down.

## **Recommendation**

- 1. 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.**

Through the review's work it is clear that many of the primary areas holding back data improvements relate to the complexity of coordinating support or action amongst 152 local authorities and the many supporting partner agencies they work with.

The National Data and Technology Taskforce can overcome these issues with a single, operationally focused team, with the right technical skills, understanding of local authority practice, and access to central government levers and knowledge to help coordinate action and achieve progress nationally. It would have both a remit in



working out the right ways to achieve progress, but also practical, hands on capacity that helps get these solutions implemented in local authorities. This includes the capacity to work with local authorities to develop solutions which can be documented transparently and then easily replicated.

The Taskforce itself would need leadership with the right expertise and a vision for how technology and data can transform social care. They would lead a team of practical experts with the ability to proactively effect change in the sector and translate policy objectives into tangible actions. This should include experts in data, technology and child protection for example:

- individuals who are familiar with the data management and CMS of each of the safeguarding partners; local authorities, police and health
- individuals with knowledge and skills to develop and deliver a strategy, working collaboratively with a broad range of partners
- commercial and procurement knowledge and expertise
- IT and data science experts capable of piloting practical changes to systems
- qualitative researchers (user research, business analyst) with experience of understanding processes and systems within children's social care

The Taskforce would report into and make recommendations to a Partnership Board with representatives from key national partners with an interest. This Board should not only hold the Taskforce accountable for the progress they make in achieving objectives, but also enable the Taskforce by providing access to levers that enable them to unlock progress. Some suggested representatives include:

- Department for Education - Data, Digital and Technology Directorate
- Department for Education - Analytical Leadership
- Department for Education - Policy Leadership
- Ofsted
- local authority children's services leadership representation - via ADCS
- local authority digital leadership representation
- partner agency representation (for information sharing objectives only)
- data ethics expertise

The Taskforce would also engage directly with and help manage the market of IT suppliers in this area - coordinating a single voice of what changes are needed. This solution should initially be funded by national government and participation in solutions designed by the Taskforce should be voluntary for local authorities. However, local authorities that do not participate will have to demonstrate how they will meet the national targets set out (below) and follow any national rules set by the unit for how they should be achieved. Local authorities which actively participate will have the opportunity to be part of pilot projects or scaled roll outs.

It will be important that the National Data and Technology Taskforce leverages and supports pre-existing good work to improve data usage within children's social care. For instance, efforts should be made to support and complement the ongoing work being delivered through the local data accelerator fund (Ministry of Housing Communities & Local Government, 2021).

#### **Priority action 1: National action on case management systems**

Solutions relating to the market failures within the CMS market require greater coordination to overcome structural and financial disincentives which prevent investment and innovation.

Within the current system these changes cannot be achieved centrally as every local authority has their own CMS. While a single IT solution is a potential option, it would likely require significant investment and may also prevent systems having the flexibility local authorities need. Wales has been trying to implement the Welsh Community Care Information System across 22 local authorities and seven Health Boards for seven years to enable health and social care staff to deliver more efficient and effective services using a single system and a shared electronic record. This project has encountered many significant issues and delays (Audit Wales, 2020). However, leaving 152 different authorities, with limited resources, to solve these problems individually is also not the solution.

The objective of the Taskforce for this objective would be to develop a fit for purpose CMS market, in which local authorities are able to procure systems that reduce the time social workers spend recording information and improve how they

work with children and families. It would also look at how improved case management systems can support better sharing of information (objective 2) and better collection and use of data (objective 3).

It would be within the remit of the Taskforce to agree on the best way to achieve this. Some examples of actions the Taskforce could directly support or suggest in the first instance include:

- supporting the coordination of purchasing between local authorities
- supporting the roll out of common application programming interfaces (APIs) to improve systems
- working with current suppliers to improve their CMS

In the event sufficient progress cannot be made with the current suppliers, the Taskforce could recommend a single IT system or a competitor system is procured. It could then make a business case to individual authorities and central government to fund this.

### **Priority action 2: A five year challenge to deliver frictionless sharing of information between local authorities and partner agencies**

There are clear benefits to regular and reliable automated data sharing or making systems interoperable, and the impact of poor information sharing on the ability to recognise and act upon risks has been recognised in national reports (Child Safeguarding Practice Review Panel, 2021). Appropriate information sharing provides a more holistic and long term view of children and families and the risks they are facing.

Part of the work will be determining the correct level of information sharing so that only relevant and proportionate sharing occurs protecting individuals' privacy and ensuring that children's social care does not receive too much unnecessary information. The system also needs clarity on the best way to share information in particular cases, e.g. whether this be through building interoperable systems or portals for shared form filling.

The first step is to find a consistent identifier for each child so that data can be linked quickly and securely across systems. The NHS identifier number has the benefits of being the only national and universal identifier that is “for life” (Valle et al., 2016). It has already been used successfully in the introduction of the Child Protection Information Sharing system, and is used to share information between adult health and social care services. While the review is of the view that this is the most obvious option to move towards better sharing of information, it is noted that government is now committed to producing a report to parliament on information sharing and the implementation of a consistent identifier within the next 12 months. It is essential that a decision is made and implemented quickly. Local authorities may need significant support rolling out a new identifier and the Taskforce should be well established by this date to both guide the government through the roll out process and assist local authorities directly with updating and amending systems appropriately.

Alongside this the Taskforce should work on a clear set of use cases. A number of elements are needed to support information sharing use cases. As far as possible these should be created just once, and in a standard and open source way. These elements include a way to extract information from each of the common CMSs in relevant services, a way to link these datasets together (a common ID would be helpful here), a common way to structure the resulting cross-service dataset, then some way to visualise some elements of this information for a user in certain circumstances – this could be within their own CMS, a bespoke system/portal, or simply via existing tools. Underpinning each of these use cases will need to be a careful design of exactly what data will be used, how, by who and in what circumstance, with the information governance to ensure this processing of data is legal, an assessment to ensure it is ethical, and careful design to ensure this data sharing is supportive of practice.

The technical elements of this should be standardised, open source, modular and reusable. Once extraction is defined for each of the major CMSs, this should not need to vary majorly between local authorities (although some local authorities will have existing data warehouses etc.). The Taskforce should focus on making this work for local authorities as effectively as possible so it is as easy as possible to get data linked together. However, too much focus typically goes on what is technically

feasible, and not on what the right use of data should be. The review is aware of many different data sharing tools produced by private providers.<sup>45</sup> We have heard that that these can provide the technical elements of data linkage, but leave local authorities to develop information governance, ethics, data cleansing and the development of use cases, often meaning they have little benefit, and in some cases may lead to ethical concerns.

Each “use case” of data sharing should be carefully defined to ensure it will deliver better outcomes and is appropriate legally and ethically. The information a social worker on a child protection referral may need to see, and in what format and with what timeliness they need to see it, is very different to what will be needed by and appropriate for a teacher. Ultimately we should aim for as common as possible a set of infrastructure, with a family of use cases for different users in different situations.

The difficult challenge is how to bring this better data sharing about. Every element of the above (data, tech, information governance, use cases, and front end design) will need design, build, maintenance and support – this is a lot of work. There are multiple options:

1. **Centrally run:** the Taskforce could design, build and maintain elements of this itself. This would likely be appropriate for guidance and templates e.g. on information governance, data standards, or some key open source software
2. **Mandated:** the government may wish to mandate others to do some of these activities. This may be appropriate in cases such as APIs where these are changes to existing systems. In general any additional requirements will add cost somewhere within the system. These should be considered carefully e.g. requiring all components to be open source may make any investment in improvement uneconomic for private providers
3. **Market stewardship:** the Taskforce could aim to oversee and shape a market of local authorities and providers developing these solutions, perhaps by enforcing common standards for data or interoperability. This would aim

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<sup>45</sup> For example: Xantura, Palantir, Thoughtworks, IBM ibase, Sentinel, Bristol Think Families, Family Context, Policy in Practice tool, LiquidLogic singleview, Mosaic singleview.

for the Taskforce to be “crowding in” rather than “crowding out” others. In some cases the Taskforce may want to fund the creation of elements of these solutions. However, this market stewardship will need careful thought. This is an immature market, where many buyers have low technical sophistication, and where private providers will not necessarily have incentives to ensure ethics, appropriateness, standardisation or modularity

The Taskforce should carefully consider its role and the relative pros and cons of these various options, perhaps deploying elements of each. This will take time and it does not make sense to fully design out the perfect roadmap and solution space. Much will be learnt from early pioneering use cases. The Taskforce should therefore start quick wins of collating and sharing best practice, and then either fund the creation of new data sharing trailblazer use cases and tools or scale up existing promising options.

### **Priority action 3: Improve data collection and how it’s used to inform decision making**

The Taskforce should work to identify specific areas where data collection can be improved. The Taskforce would also be closely involved in the proposed work to review the data collected to inform a balanced scorecard of indicators, described in annex 8.1 on the National Children’s Social Care Framework. Work may also include helping make data collection and returns more timely and less burdensome, as well as exploring the role of simplification of processes, the adoption of standards, or removal of unnecessary data from collections. In this area the Taskforce should have a role in guiding what re-designs are practical and possible and how any data collections can be made as burden free as possible.

At the same time the Taskforce should build from the work of pre-existing programs, funds and schemes designed to help local authorities improve their data and analytical capacity, such as Data to Insight. There are many similar opportunities to take advantage of shared data sets and shared analytical priorities across local authorities to build shareable solutions which improve quality and reduce burden.

The Taskforce should therefore identify priority areas to scale and mainstream efforts in this space.

Some examples of actions the Taskforce could directly support or suggest in this area include:

- creating and finding exemplars of impactful analysis - mapping out the key decisions where analysis would be most impactful and supporting use cases for this
- developing new tools or helping mainstream existing tools which help local authorities better analyse and interpret their data with less burdens
- supporting with the upskilling of analytical teams and helping spread usage of best-in-class software
- supporting with the development of clear data standards

## **Costs and benefits**

The cost of the Taskforce would need to be worked up in more detail following the review, however we think it would cost roughly £3.5 million per year. It is important that multi-year funding is committed at the outset so that the Taskforce can employ excellent staff and get on with delivering without having to worry about uncertain funding.

The majority of this budget would be staff costs for leadership and a team of analysts, technical experts (specifically within IT systems and data science) and others. It would also include a small budget for the Taskforce to undertake bespoke pieces of work. Where it needed to spend additional money beyond this budget it would need to make a business case to local authorities and central government for funding to take forward its proposed actions. The principle should be that the solutions developed should be jointly resourced between national and local government.

A recent report by BetterGov estimated that local authorities were underspending on children's social care IT systems, and spending an equivalent of 1% of children's service outturn would result in an additional investment of £42 million in 2019/20 (Begley & BetterGov, 2021). This might provide an indication of the type of

investment that would be needed from local and national government to achieve this. The benefits include improved social worker productivity, more effective decision making and use of resources through better use of data, and improved safety for children through better sharing of information.

## **Implementation**

The government should establish the Taskforce as quickly as possible so that it can develop a plan to improve data and technology systems. Whilst there would be benefits to forming an independent organisation who could undertake this work (namely giving it status, longevity and independence), we think the time involved in this would delay progress. Instead the Taskforce should be hosted by an existing organisation - this could be a local authority, third sector organisation, or an existing membership organisation. However, whoever hosts the Taskforce must be able to enable it to have independence in how it operates and freedom to employ the expertise it needs.

By the end of 2022, the government should have formed the Partnership Board to agree a delivery approach for the Taskforce, established its leadership and where it will be hosted and begun recruiting staff. The Board should publish an initial strategy laying out aims and objectives, built on three primary objectives set by the review.

In implementing this recommendation it is critical that the Taskforce “crowds in” rather than “crowds out” the existing network of local authorities, academics, third sector and private sector organisations doing good work in this space. It is critical that it therefore builds on (and aims to bring coherence to) the initiatives that already exist.

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## Chapter 3

### 3.1

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## Chapter 5

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