



CHILDREN'S SOCIAL CARE

THE WAY FORWARD



Parent Families and Allies Network

Love Barrow Families

New Beginnings

Parent and Carer Alliance

Southwark Family Council and Parent to Parent Peer Advocacy

This document is based on consultations with parents and allies carried out by Parent Families and Allies Network; Love Barrow Families; New Beginnings; Parent and Carer Alliance; and Southwark Family Council and Parent to Parent Peer Advocacy. The report was prepared by Andy Bilson.

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ABOUT THE CONTRIBUTORS

Parents, Families and Allies Network promotes the rights and improves the lives and life chances of parents and children involved with children's social work in the UK. We aim to transform policy & practice to ensure parent's views and experiences are heard through participation in very decision that affects them and their children. We enable participation through promoting, developing and supporting parent advocacy and parent advocates via our publications, workshops, conferences, support groups, training, consultancy, research, information exchange, advocacy programs and campaigns.

Contact: admin@pfan.uk website: <https://pfan.uk>

Love Barrow families are a team of co-located health and social care workers across child and adult services. We believe that in order to genuinely help families who face complex problems and often receive fragmented and chaotic services we need to really listen and understand. We also believe that it is time to move away from public services that determine what families need and instead to see people themselves as active participants who can ask for what they need and bring assets and skills to share.

We try to provide what families themselves have asked for ie. a service for whole families joining up child and adult mental health and social care, compassion and understanding, one main keyworker who acts as a transitional attachment figure, early help from the local community and an ability to be clear and honest with families when there are child protection issues.

Contact: info@lovebarrowfamilies.co.uk Website: <https://www.lovebarrowfamilies.co.uk/>

The **New Beginnings'** mission is to work holistically with families who are known to Children's Social Care for concerns relating to neglect; emotional, physical or sexual abuse.

We have learned that parents who find themselves in this situation have most likely experienced prolonged episodes of trauma, such as physical, sexual and emotional abuse, often within the home, at some point in their lives. These traumatic events can lead to issues with mental ill health as well as drug and alcohol misuse.

Our vision is to work closely with parents in the child protection process so that they can develop the strength, knowledge and power to become the parents they want to be and in return, teach other parents how to do the same.

Contact: info@newbeginningsgm.com Website: <https://www.newbeginningsgm.com/>

The **Parent and Carer Alliance C.I.C.** aims to ensure that families whose children have additional needs can share experiences, feel less alone, are better prepared and informed, are able to access vital services and can raise concerns to make positive change.

Contact: info@parentandcareralliance.org.uk Tel. 07918 043705

Southwark Family Council brings together parents, carers and other family members to give their views on children's services in Southwark and be involved in shaping services and practice.

Contact: Southwark.familycouncil@southwark.gov.uk Tel: 07714 073719

Website: www.southwark.gov.uk/familycouncil

Southwark Parent to Parent Peer Advocacy provides advocates with their own experience of children's services to support other parents at Child Protection Conferences.

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Website: www.southwark.gov.uk/parentadvocacy

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Summary

Children's social care as it is operating across England is not fit for purpose. It alienates families and communities, fails to protect children, and places older children at increased risk of involvement in gangs and sexual exploitation. This report is based on the experiences of parents who have lived experience of children's social care and their allies, many of whom work in children's social care or are social work academics. It analyses the current system and offers constructive suggestions for change.

The parents we consulted identified the key areas for change listed in the following table and made their own constructive suggestions for change which are also summarised in the table.

The way forward

We are concerned that the children's social care system, under the pressure caused by the response to the deaths of Arthur Labinjo-Hughes and Star Hobson will restart the cycle of escalating investigations and blaming of parents. To avoid this, transformational change is needed as well as urgent reforms.

To transform the system, we will need to nurture and test out a range of strategies which shift the power from government and public services to parents, children and communities. Alongside this, immediate changes are required to children's social care led by parents and children with lived experience of children's social care.

Examples of approaches to provide the bottom up change necessary to transform children's social care include the work of Hilary Cottam on Radical Help and the Community Paradigm which provides examples and approaches to the transfer of power from the public service institution to the community.

The paper identifies detailed specific changes required urgently and some examples that show how these changes may be achieved. Key to this is the need for a change in the culture of children's social care and other agencies working with children from rescue and parent blame to partnership and participation. Developing parent advocacy alongside services is a powerful way to change organisational cultures in child welfare systems and to improve support for children and families.

At the same time the current system lacks enough champions with the remit to develop the new ways of working that are required. There needs to be a dedicated workforce, working in partnership with families, whose job is to co-produce services with families; to promote the use of these services as alternatives to care and investigative approaches to families; and to raise public awareness of the need for change.

<i>Areas for change</i>	<i>Examples of Way Forward</i>
<p><i>A broad definition of need and support</i></p> <p>The focus of Children’s Social Care is mainly on child protection and removal to care or adoption (which is almost its sole preoccupation). The growing impact of austerity and poverty requires a focus on strengthening wider services that impact on family life. National and local investment in these services are clearly needed and services need to be adapted to parent and children’s views on local need.</p> <p>In partnership with parents and children, Local Safeguarding Children Partners should develop assessment and monitoring of need for this broader provision and programmes to ensure services are available and used, prior to needs becoming chronic or unrelenting.</p>	<ul style="list-style-type: none"> ● Leeds Restorative Practice¹ ● Camden Early Help² and Family Group Conferences³ ● Love Barrow Families⁴ ● The Relational Welfare approach⁵ ● The Strong Communities Project ● Local Safeguarding Children Partners should develop services to support wider needs
<p><i>Partnership, participation and humane practice</i></p> <p>Government needs to create a clear vision based on partnership, humane practice and family support. Blame and risk orientation are embedded in “Working together”, local procedures and the language of child protection. These need to change.</p> <p>Parents should be actively involved in all decisions that affect them, especially the co-production of services. Parents should have a role in the governance of children’s services through advisory boards or in a fashion similar to parent governors in schools. A system of parent advocacy provided by parents with lived experience should be available for parents in all stages of the system. This is vital to more humane, focussed and supportive practice.</p>	<ul style="list-style-type: none"> ● <i>Parent advocacy</i> – Provided by parents with lived experience⁶ ● Training Programmes as in Washington State⁷ ● <i>Peer support</i> – e.g. Parents Anonymous in the US⁸ ● National and local government policy change
<p><i>Improving Legal Representation in Family Courts</i></p> <p>In many cases the legal representation of parents in the family courts does not work. Local solicitors do not properly represent parents and are not seen as being independent of the local authority. The family court is frightening, archaic and heavily weighted to take the side of children’s services. Changes in legal aid mean many parents are now unrepresented ‘participants’ in processes that have huge implications for them. In New York better state funded representation was a key factor in reducing the numbers in care⁹ and overall cost reduction of services.</p>	<ul style="list-style-type: none"> ● Holistic family defence teams¹⁰ ● Developing a panel of lawyers who commit to independence from the local authority. ● Improved legal aid and greater accessibility of this

<p>Better child in need services</p> <p>Currently child in need assessments focus mostly on the identification of risk rather than on identifying the needs of children and families. And “defective Department for Education guidance¹¹” is a root cause. Parents seeking help are turned away because of strict eligibility criteria and get help only when in crisis.</p>	<ul style="list-style-type: none"> ● The <i>Working Together to Safeguard Children</i> guidance should be replaced with more supportive and family focussed primary guidance ● <i>Staff focussed on providing help and managing risks</i>
<p>Better support in care proceedings</p> <p>There is a lack of investment in therapeutic services for parents involved in care proceedings, this is a common issue arguably setting up many parents to fail. This is also a false economy as the long-term cost of care, and often further proceedings when another child is conceived, far exceeds the cost of solving the problems.</p> <p>The timescales for parents to make changes required to prevent their child entering care are frequently unrealistic and services are often unavailable. This is especially the case where issues are long-term and chronic.</p> <p>Parent’s undiagnosed ADHD, Autism and other mental health or trauma related behaviour are confused with resistance to social work intervention and appropriate help isn’t provided, rather labelling can ensue.</p> <p>Many parents have been in care or do not have supportive families and this is often used as a sign that they will not be able to care rather than an indication of the need to strengthen their support systems through approaches such as family group conferences. It is an indictment on our systems that so many parents who have been in local authority care end up in care proceedings with their own children.</p>	<ul style="list-style-type: none"> ● Specialist support services for complex needs such as New Beginnings¹² and Love Barrow Families¹³ ● the 26-week time-scale for proceedings should be extended and services made available; ● Parent’s and children’s commitments should be respected by social workers ● Systems focussed on holistic support, recognising that parents and children’s needs are inextricably linked ● Social workers need to respond to problems such as ADHD, Autism and mental health & trauma related difficulties ● Social workers need to be better trained in areas including domestic violence, poverty and disabilities.
<p>Permanence that maintains links</p> <p>Too many adopted infants lose all ties to their biological family, not just parents but also grandparents, uncles, aunts, siblings, and to their heritage. The Adoption Enquiry¹⁴ questioned the current model of adoption mainly with indirect contact saying contact and continuity of relationships matter. Despite the benefits of more open adoption arrangements being found in the literature, such arrangements remain the exception rather than the rule and a more creative and inclusive approach needs to be adopted. In a number of other countries open adoption is actively pursued.</p>	<ul style="list-style-type: none"> ● Adoption should only be used for orphans and where permanent alternative care is required special guardianship should be used. ● Adoption and Special Guardianship should be predominantly open allowing contact and response to the changes in children and their families.

There has been an increase of [around 50%¹⁵](#) in the number of children living separated from their parents in the last 10 years. Research shows rapidly increasing differences between local authorities in rates of children [removed at birth¹⁶](#) and in rates of [adoptions¹⁷](#). Increases in rates of children removed at birth were associated with local authorities with poor Ofsted grades and higher rates of older children entering care. High rates of adoption are also [associated with¹⁸](#) increasing numbers remaining in care. Where [adoption rates have risen¹⁹](#) child protection investigations, children in need and numbers of children in care have also increased. All this suggests that promotion of adoption is associated with a growing culture of rescue and parent blame.

- Investigate the link between increased adoption & increases in care & child protection activities in low performing local authorities

Better response to domestic violence

“Hitching domestic violence to the unstoppable child protection juggernaut” has led mothers who are victims of domestic abuse [to be framed²⁰](#) as risky and fathers as recalcitrant. Women are seen as primarily responsible for child safety, despite the perpetrators’ responsibility for harm and abuse. The link to child protection leaves many women doubly oppressed by being subject to domestic violence whilst they feel strongly the threat or actuality of having their children removed. This threat often persists in cases where the woman has already left her abusive partner but is viewed as being at risk of selecting another abusive partner.

There is a need to better understand and accept how the state and its agencies reinforce oppression and stereotypes, including gender stereotypes that are deeply ingrained in our misunderstanding of domestic abuse.

The Ministry of Justice’s own report shows how domestic violence continues to be played out within the court setting where: *“abuse is systematically minimised, ranging from children’s voices not being heard, allegations being ignored, dismissed or disbelieved, to inadequate assessment of risk, traumatic court processes, perceived unsafe child arrangements, and abusers exercising continued control through repeat litigation and the threat of repeat litigation”*

The Ministry of Justice “Harm report” raises important issues about private law proceedings many of which are applicable to family law proceedings.

- Developing parent advocacy so parents with lived experience are able to support parents and families experiencing domestic violence
- Develop a social model for domestic abuse that pays careful attention to individual stories of pain and trauma and to social understandings of inequalities and suffering, and the associated shame.
- Develop new approaches such as motivational interviewing to design ways of relinquishing control and to empower and work together.

Disabled Children

In 2020-21 new information shows that 21% of all children's social care assessments involved a child where social workers said a child's learning disability, physical disability or mental illness was a factor.

'Working Together 2018' is not fit for purpose in relation to the needs of disabled children and this leaves families with a disabled child forced through safeguarding assessments when there is no indication of abuse.

There is a failure to recognise, and assess appropriately, needs arising from a child's disability due to lack of knowledge of disabilities amongst social workers.

Eligibility criteria for providing help to disabled children are frequently high and no support is provided. This means the focus is on parent's parenting ability rather than the needs of the children.

Children who have additional needs are either not having their social care needs assessed during the Education, Health and Care (EHC) planning process or are not having already assessed social care needs and provision included in their EHC plans.

Local authorities are failing in their duty to assess parent carer's own needs for support and to promote their wellbeing including supporting their right to work, education, training, and leisure.

Families described how there was lots of activity: meetings held, assessments carried out, reports written, but that his activity rarely translated into anything that was in any way helpful to the children or their families.

Detailed recommendations are in the body of the report

- Separate statutory guidance needs to be issued to address the specific needs of disabled children and their families
- Administrative systems should support better assessment
- Change the language, identification, and approach of the workforce from safeguarding, to supporting families.
- Ensure social workers assessing the needs of disabled children have expertise or experience in the child's particular condition
- Improve EHC planning and provision
- Ensure services for children are provided following assessment
- Improve the assessment of and provision for parent carers
- Improve funding and provision for children with disabilities

Introduction

Children's social care as it is operating across England is not fit for purpose. It alienates families and communities, fails to protect children, and places older children at increased risk of involvement in gangs and sexual exploitation. This report is based on the experience of parents who have lived experience of children's social care and their allies, many of whom work in children social care or are social work academics. Our aim is to analyse the current system and offer constructive suggestions for change.

The need for change is urgent. The child protection system is coming under pressure because of the reductions in funding for local authority services, particularly those aimed at prevention. We are concerned that the response to tragedies concerning Arthur Labinjo-Hughes and 16-month-old Star Hobson will be similar to that seen in previous tragedies throughout this century. These have led to reports and recommendations about better communication and organisational change. But the real impact has been increases in child protection investigations and child removal due to defensive practice and an increasing culture of child rescue.

These massive increases have not led to fewer child deaths nor have they identified more children who have suffered physical or sexual abuse. The system has increasingly intervened in an authoritarian way in the lives of families with the number of child protection [investigations tripling](#).²¹ Research estimates that a [quarter](#) of all children in the country have been a child in need before reaching the age of 16 and [one in every 16 children](#)²² had been investigated before their fifth birthday in the 2016 financial yearⁱ. In addition, the number of children placed away from their parents both in care and in adoption and kinship care placements has [increased](#)²³ by around 50% in the last 10 years. For [example](#)²⁴, between 2014-17 child protection plans increased by 24%, care orders by 25% and care proceedings by 56%.

These reactions to child deaths and interventionist government policies have also created a growing pressure to adopt a culture of [child rescue](#)²⁵ and parent blame rather than family support. This has led to increasing separation of children from parents and [a crisis](#)²⁶ in the family court system. [Research](#)²⁷ has found no clear evidence for an overall decrease in child maltreatment despite reams of policies and decades of practice focused upon the safeguarding of children. These contexts for practice can have real, and often long-term, negative consequences for children and their families. We need a system based not on overzealous investigation but on interventions that are focused, thorough and inclusive of families

There are several further factors behind these rapid increases in England. Austerity policies have dramatically reduced expenditure on support for families – particularly in the most [deprived areas](#)²⁸. While the government argues that quality services can still be delivered at a lower cost, it ignores the [evidence to the contrary](#)²⁹ from its own inspection service.

Families are under growing stress because of increasing [inequality](#)³⁰ and poverty. This increases factors which raise social worker concerns about abuse including [mental illness](#)³¹, [drug and alcohol](#)

ⁱ Bilson and Munro (2019) – a considerably higher rate of five year olds will have been investigated in 2021 as the number of investigations in the five years to 2021 has risen by 35% compared to the five years to 2016 when the study was undertaken.

[misuse³²](#), and [child and parental ill-health³³](#). It creates stress in relationships making [intimate violence³⁴](#) more likely. It also directly causes neglect because of parent's inability to clothe, feed, house and otherwise look after children. In addition, pressures from growing poverty, instability of employment, growing homelessness have increased due to the pandemic which has particularly impacted on the most deprived families and trends in inflation and stagnation of wages make growing inequality and stress on families highly likely in the coming year. Parents under the added duress which comes from an investigative response are more likely to further succumb to unhealthy coping mechanisms. This stress is preventable if we respond with support rather than investigation and scrutiny and address inequality alongside helping individual families. This is important because parents do not choose to live in poverty and inequality and the current system pays little heed to the significant influences of this range of social harms in children and their families' lives.

Independent Review of Children's Social Care

The Independent Review of Children's Social Care has already identified some key problems shown in the box below. It is now moving on to consider what changes are needed. We agree with the problems identified but see others not identified or disagree with some of the findings in the case for change. We are also concerned that the review will promote changes which will make the situation of families worse. For example, the section on adoption ignores much of the research showing the poor system effects and huge human costs that have come from promoting adoption as the best alternative.

Key problems identified by the review

- the system is too much about investigation and removal of children from their parents
- most families become involved with children's social care because they are parenting in conditions of adversity and they need help
- the need for more support for parents whose children have been removed
- that the system is bureaucratic, rule bound and adversarial, which leaves little or no space for relationship-based work
- the recognition that the impact of poverty, such as the need to hold down multiple jobs, can make it more difficult to parent
- that the outcomes of care are poor
- the need for the system to provide help to parents whose children are involved in exploitation and harm outside the home
- that care proceedings need to be avoided where possible
- that care should strengthen relationships
- that privatisation of alternative care has not worked
- that the system is under financial pressure
- that despite many attempts to reform the system it has not got better

We have gathered the views of parents with lived experience of social care to present their views to the review and to promote their ideas for change more widely. The following groups have submitted their views:

Parents, Families and Allies Network
Love Barrow
New Beginnings

Parent and Carer Alliance
Southwark Family Council
Southwark Parent to Parent Peer Advocacy

The report is now organised around the key issues which parents identified.

Broad definition of need and support

A major concern is that the focus of the Children's Social Care is mainly on child protection and removal to care or adoption which is almost the sole preoccupation of the current system. Whilst there is a growing recognition of the growing impact of austerity and poverty the Independent Review has not focused on the wider services that impact on family life and the reviews into child deaths do not focus on these broad preventive areas:

- Secure affordable housing;
- Mental health services
- Health;
- Nutrition;
- Adequate Benefits;
- Secure well-paid employment
- Addiction treatment
- Youth services
- Sport and other youth facilities
- Education
- Stronger Communities
- Nurseries and child care
- Treatment & recovery from trauma
- Gambling addiction treatment
- Public health approaches and campaigns
- Investment in inclusive, accessible parks, libraries and free public spaces

National and local investment in these services need to be reinstated and the services need to be adapted to parent and children's views on local need. In partnership with parents and children, Local Safeguarding Children Partners should assess and monitor need and ensure services are available and used. These need to be provided through:

- Partnership with children, parents, family neighbourhoods and community
- Well-funded services
- Holistic, whole family approaches to support without judgement and stigma
- Asset-based community development

Examples of approaches that work in this way include:

- Leeds [Restorative Practice](#)³⁵ where children in care and numbers on child protection plans have fallen against a rising national trend
- Camden [Early Help](#)³⁶ and [Family Group Conferences](#)³⁷ which have been key factors in reducing the number of children in care
- [Love Barrow Families](#)³⁸ which coproduced services with families in a local community with a co-located team of workers and volunteers from the Local Authority's Children's Services, Adult Social Care, Child and Adolescent Mental Health and Adult Mental Health services.
- The [Relational Welfare](#)³⁹ approach developed in Swindon by Hilary Cottam which gave families control over what help they received and workers the time to nurture competencies within the families they supported by streamlining administrative duties and increasing time with families.
- The [Strong Communities Project](#)⁴⁰ in the US shows that a community mobilization strategy can shift norms of parents' care for their children and neighbours' support for one another, so that young children are safer at home and in the community.
- The [Poverty-Aware Paradigm for Child Protection](#)⁴¹ provides a clear, practical and applicable way to develop justice-based and poverty-aware social work
- Local Safeguarding Children Partners should develop and monitor wider need

A system based on partnership, participation and humane practice

Government needs to provide leadership by creating a clear vision based on partnership, humane practice and family support. Blame and risk orientation are embedded in “Working together” and local procedures leading to children and families needing help receiving an investigation (eg <http://www.lukeclements.co.uk/institutionalising-parent-carer-blame/>⁴²).

The current [Working Together guidance](#)⁴³ has a constant focus on identification of risk by agencies. Even when discussing early help the language used sees workers with the duty to “identify the symptoms and triggers of abuse and neglect” and to be aware of “the new and emerging threats, including online abuse, grooming, sexual exploitation and radicalisation.” The focus is on local organisations and agencies “identifying emerging problems” rather than coproduction and the identification of difficulties or emerging problems by parents, children and their communities that is at the heart of positive and effective engagement with families and communities. Similarly this focus on investigation frequently negates the ability of social workers to work in a relationship based manner – a fact found in much of the research in this area (see [Uncovering the Pain](#)⁴⁴ for a review of these issues).

Promoting parent participation

Parents should be actively involved in all decisions that affect them, especially the co-production of services. Parents with lived experience of children's social care should have a role in the governance of children's services through advisory boards or in a fashion similar to parent governors in schools. A system of parent advocacy provided by parents with lived experience should be available for parents in all stages of the system (for details see the international review of parent advocacy <https://www.parentadvocacy.net/activities/international-review/>⁴⁵)

The social care system is complex and hard to understand for parents not trained in its ways. Parents involved with children's services are under considerable stress. They often experience a range of emotions, including fear, anger, and hopelessness. They feel demonised leading to feelings of powerlessness, stigma and isolation. Based on many prior life experiences, they may feel hostility toward the people involved in providing services and making important decisions about their children. They usually attend meetings such as child protection conferences unrepresented often not knowing what will happen. In some cases the attendance of an advocate or supporter has been refused. They often have not received relevant reports and minutes or had help in interpreting the professional language used in them. Parents are rarely included in the creation of these reports in any meaningful way and are not provided opportunities to feed back. Parents are often pressured to sign forms they don't fully understand (such as for section 20); agree to do things social workers ask of them which may be impractical, which they don't know how to do or where relevant services are not available; and are involved in a system where they don't know the rules or the implications of their responses. They need help to understand their rights and responsibilities and to be guided through the system.

How can parents be empowered to understand their rights and responsibilities and be guided through involvement in the children's social care and child protection system?

Bringing social work back to its core values

Social work has increasingly become engulfed in child protection investigations and care proceedings and the bureaucracy that these involve.

Parents experience social work as being stretched:

Problems with it being all meetings and no provision

Professional lack of time- Social workers have to rush off from meetings and don't have time to spend with families or to deal with any issues that arise.

High number of changes in social worker

Lack of continuity of services for children who return home from care

There are examples of local authorities that have reversed the trend of increasing investigations and child protection involvement through positive responses. This leaves more staff time to provide support for families. For example, in Leeds the rate of children investigated, attending initial child protection conferences and placed on child protection plans has reduced substantially since 2013 falling from well above the national average to well below itⁱⁱ. This coincided with the adoption of a restorative approach promoting social work values of partnership and advocacy.

Examples and lived experience

Many parents groups provide on-line and individual support and guidance. Some parents who have been through the system help others attending meetings as advocates. Two examples of work undertaken by a member of PFAN who is a parent with lived experience undertaking work without payment show the impact that parent advocacy can have:

In a recent case I have been working on the mother had social work involvement for the past 7 years. The case had stagnated and the view of Mum was solidified. After working together with me for 8 months, the most recent social work report reflects that Mum has had 'significant and unexpected personal growth and is showing real insight into her children's needs.' For the first time, the local authority is happy to agree to unsupervised contact and feels Mum is no longer a risk to her children.

In another case, social work told the mother in the LAC review that she 'had been ruled out as a potential carer for her child' and 'it would be a tragic for her to be alone with the child'. After working together for 15 months, I am happy to report that child is now home with no order.

Parents at New Beginnings raise an important issue in the need to work in a relationship-based way with parents in the social care system:

ⁱⁱ In 2012-13 the rate per 10,000 of initial child protection conferences in Leeds was 96.5 compared to 52.6 in England. This fell to 45.3 in Leeds whilst in England it rose to 60.0. There was a similar pattern for s47 investigations – Leeds falling from 121.8 to 100.7 whilst in England it rose from 111.3 to 164.4 See <https://explore-education-statistics.service.gov.uk/data-tables/permalink/60b97915-5671-4f64-a8b8-6afa55a8c24b> . The rate of child protection plans at 31st March fell from 62.7 to 32.0 in Leeds whilst nationally it rose from 37.8 to 41.4 see <https://explore-education-statistics.service.gov.uk/data-tables/permalink/16888155-8983-4bb2-9075-735166c152a3>

Children's Social Care -The Way Forward

When we become involved with social services we are allocated a social worker. We strongly believe that relationships are important and there are some social workers who we connect with and others who we do not get on with. We would like to have the option of asking for a new social worker if we do not get on with the one we are given, if we feel that the social worker is looking for evidence against us and is not willing to consider evidence that shows we are doing our best.

Ways Forward

Peer advocacy - Having parents who have lived experience of the system act as advocates. For a short overview of the benefits of parent advocacy see this Casey Foundation paper <https://www.casey.org/parent-partner-program/>⁴⁶. In England, Southwark Children's Social Care has recently recruited 3 parents to provide advocacy in a small pilot project.

Training - In Washington State [short training programs](#)⁴⁷ involving and often led by parents with lived experience are provided for parents newly involved in the child welfare system. They have been shown to have an impact on parental engagement and case outcomes

Peer support - [Parents Anonymous](#)⁴⁸ in the US provides self-help groups and telephone helpline and parent leadership training.

Government policy – Some key areas for policy to promote parent participation and to challenge the rescue culture include:

- A clear statement drawing social work back to its core values
- A clear statement of the right to advocacy and support for parents being investigated or during meetings and child protection conferences
- Local authorities should be required to ensure the availability of independent peer advocacy services for parents involved in children's social care
- Requirements, as envisaged in the Children Act 1989, to promote partnership with children and parents, wider family and community for all children in need including those involved in section 47 enquiries and child protection
- A new name for children's services that demonstrates a focus on families and ends the view that children's services are for the child in opposition to the child's parents and families

Improving Legal Representation in Family Courts

In many cases the legal representation of parents in the family courts does not work. Local solicitors do not properly represent parents and are not seen as being independent of the local authority. The family court is frightening and heavily weighted to take the side of children's services. The increase in cuts to legal aid over recent years has meant that thousands more people face family courts alone particularly when trying to revoke a care order. Parents and children need better and more comprehensive legal representation.

There is also a need for a panel of independent legal representatives able and committed to strongly contest cases on behalf of parents and children. The following parent's experience says why:

Susan opposed the Local Authority's plan for her daughter to be adopted and became convinced that the local solicitors who represented her were being influenced by their relationship with senior managers and social workers within the town. She was criticised by the local authority for moving solicitors twice as a result of her concerns. She eventually appointed an independent solicitor from outside of the area. The court went on to return her child home where she has remained.

We also need to develop a system as in New York and elsewhere in the USA where legal representatives for families include a team with lawyer, a social worker and a parent advocate. The evidence on the benefits of such an approach can be seen at <https://www.casey.org/parent-legal-representation-new-york/>⁴⁹. With this support parents engage better with the court system, fewer children stay in care, and where a child needs care away from parents this is achieved more speedily.

Our suggestions would reduce the cost and trauma of unnecessary removals and the life changing impact on families. Here's a mother's account of winning a legal battle to have her child returned:

The initial blow was having to spend all our savings on legal fees before we could qualify for legal aid. Years of hard work and saving gone almost overnight. Next, we went from being a two-income household to being on benefits. This was a huge adjustment for us as a family but to continue to qualify for legal aid we could not afford to work. And if we worked we could not possibly make enough to pay our legal expenses. It is devastating ...and – the authorities are spending huge sums pursuing blame – not a solution or support.

New York funded better representation to save expenditure through reducing the number of children in care.

Ways Forward

Holistic family defence teams- Developing a legal representation team that includes lawyers, social workers and parent advocates as has been found to be effective in [New York](#)⁵⁰.

Independent lawyers - Having a panel of lawyers who commit to independence from the local authority – parents' groups have often identified one or more solicitors who can be relied on to actively represent families.

Improved legal aid – A review of the rules for legal aid in the family court is required to enable better access for parents during pre-proceedings, appeals and applications to end care orders

Better child in need services

The Working Together guidance provides a common framework for assessments of children in need and those where there is concern that a child is or is likely to be suffering significant harm. This means that assessments focus mostly on the identification of risk rather than on identifying the needs of children even when there is no indication that a child is being harmed. In the case of children with disabilities Sir Edward Davey sees:

defective Department for Education guidance as a root cause of this problem, which is leading to parents being blamed when they ask for care for their disabled children, instead of receiving the help and support they deserve.

This statement is equally true of many families seeking help for other reasons.

The focus of children's social care is mainly on risk of harm from parents and this often leads to a search for potential harm and a blaming approach to parents. The focus of social workers is on identifying risk rather than the difficulties faced by the family and the help needed to overcome them. This assessment of risk of harm is unbalanced focusing only on risk of harm from parents and not weighing this against an assessment of the risk of intervention such as the risk of a child being harmed when taken into care.

Whilst there are examples of helpful social workers working in partnership the culture of some agencies leads instead to social workers who respond to requests for help from families with an investigation.

Parents find that when they come to social care for help they are turned away because they do not meet strict eligibility criteria. In many cases it is only when a crisis occurs that social workers intervene and frequently this is done through a child protection investigation

Ways Forward

Better guidance – The guidance in *Working Together to Safeguard Children* should be replaced and new guidance should include:

- A separation of section 47 investigations from children in need assessments
- Children in need assessments being led by the parents' and child's concerns and the coproduction of a child in need plan
- A requirement that even where there is an investigation under section 47 there should be a child in need assessment

Staff focussed on providing help - A well-funded system of help for families which includes staff whose role is to co-produce a range of services with children, parents, families and local communities and to divert children and families from unnecessary child protection involvement

Better support for families in care proceedings

Sir James Munby, whilst supervising the family courts, pointed out that the 26-week timelines are not legally binding, and are recommendations to avoid unnecessary delay. He also said that sufficient time and focus is needed to ensure parents have the opportunity to make changes. Many parents lose children, not because of their unwillingness to change, but because services are not available in the required timescales or longer is needed to deal with their problems. Complex and chronic issues can be very difficult if not impossible to achieve in these imposed timescales. There are also issues with undiagnosed or misdiagnosed problems. This lack of services to meet complex needs is also recognised by the [Judiciary](#)⁵¹, thus Sir Andrew McFarlane states:

“It may properly be said that we have reached a stage where the threshold for obtaining a public law court order is noticeably low, whereas, no doubt as a result of the current financial climate, the threshold for a family being able to access specialist support services in the community is conversely, very high”.

This lack of investment in therapeutic services is a false economy as the long-term cost of care and often further proceedings when further children are conceived far exceeds the cost of solving the problems. For example, [New Beginnings](#)⁵² provides therapeutic support for families:

Many of our parents have been blamed for: not understanding social work concerns; interrupting professionals; being disrespectful; not giving eye contact (therefore they are hiding something); unable to keep home tidy; start a task but can't finish it; easily distracted/ unable to focus; self-medicating with cannabis or amphetamines. They are felt to be the problem- and yet, what we have found is that many have undiagnosed ADHD or Autism. If this learning need had been diagnosed at school- instead of being perceived as a poor achiever or a lazy student, then maybe our parents would not have ended up in the child protection system or have attempted to self-medicate to feel normal. Similarly, if social workers and other professionals recognised these behaviours as signs of an undiagnosed condition appropriate treatment could have been tried. We have found that as soon as parents are supported to stop attempting to self-medicate and receive the right kind of ADHD medication, life has calmed down, safeguarding concerns reduce and harmony is brought into the family home.

Research in Wales showed that over a third of all children adopted had a mother or father who had been in care at the age of 16 and that a high proportion of children entering care have a parent who had been in care, particularly parents who were subject to [repeat care proceedings](#)⁵³. Many other parents are themselves survivors of sexual abuse. Investment is needed to support and help them to overcome trauma and for social workers to think creatively and create a support network such as that created in the New Beginnings project.

Many psychological assessments also raise concerns when parents do not have a family support network. And yet, many of us are former looked after children or have family that are not reliable or supportive. Social workers will seek to remove our children if there is no support network. Yet New Beginnings is a community network where we do get the love and support we need.

Ways forward

- Investment is needed in specialist support for families with complex needs such as New Beginnings and Love Barrow;
- the 26 week time-scale for decisions should be extended and services made available speedily where parents are making necessary changes;
- we need services that are embedded in neighbourhoods and provide a sense of belonging for families who are socially isolated;
- parents commitments for themselves and their children which need to be respected when planning services. For example hospital appointments and doctor's appointments are often made months in advance not a week and often social workers expect them to be cancelled or rearranged at a day's notice to suit their schedule;
- Social workers need to be able to recognise and respond to signs of problems such as ADHD and Autism and other mental health and trauma related difficulties;
- Social workers need to be better trained in areas including domestic violence, poverty and disabilities. Many social workers come from a middle-class background whereas the families they need to support are frequently from deprived and poor communities. Their material standards, for example, do not mean they are not caring and loving but just in a situation they cannot get out of due to not receiving enough money to live on. POVERTY IS NOT NEGLECT.

Permanence that maintains links

The current government promotion of adoption does not recognise the life-long effects on those involved. Adoptees have serious concerns which they have raised with us. Concerns about how their families are abandoned without support, about how their heritage and identities are negatively impacted and that the systemically poor communication compounds the harm that is experienced through adoption. Every adoption starts with the greatest loss any parent and child could experience. Children lose their heritage and connections to their families of birth and parents suffer a traumatic loss similar to a child death but worse because there is no place to mourn and the adversarial court process ensures they feel blamed for the loss.

Too many of these infants will lose all ties to their biological family, not just parents but also grandparents, uncles, aunts, siblings, and also to their heritage. The findings of the [Adoption Enquiry⁵⁴](#) questioned the current model of adoption in England where the default position is indirect contact, that often is not satisfactory or sustained. The question was posed as to whether we need to sever relationships so starkly; contact and continuity of relationships matter. It is not known how many open adoption arrangements exist in the UK. Practice experience suggests that, despite the benefits of more open adoption arrangements being found in the literature, such arrangements remain the exception rather than the rule.

Adoption is archaic, we have many other options, if only we would begin to look at parents as human beings again, instead of the monsters we have painted them to be. Where permanent alternative care is needed, it should be legally possible to use special guardianship for children in care and this would leave open a flexible approach to contact and the possibility of changing levels and approaches to parental and wider family involvement.

Research shows a [postcode lottery⁵⁵](#) on rates of children adopted and a [rapidly increasing difference in rates of children removed at birth⁵⁶](#) between local authorities. Bigger increases are associated with both levels of deprivation and local authorities whose performance was graded inadequate or needing improvement by the Office for Standards in Education.

[Research shows⁵⁷](#) large disparities in the rates of children adopted before their fifth birthday. This research showed that local authorities in which adoption rates have risen are also those in which child protection investigations, children in need and numbers of children in care have also increased and suggests that this is due a culture of rescue and parent blame which leads to lowering thresholds for investigations and child protection plans rather than combatting deprivation or other factors.

[Analysis of government statistics shows⁵⁸](#) that the numbers of children separated from their parents has increased by 50% in the last 10 years. [A further study⁵⁹](#) shows that those authorities with the biggest increases in adoptions also had the biggest increases in children in care. This was not explained by issues such as local authority deprivation. The current use of adoption is not an alternative to long placements in care but part of the move to a rescue and investigative culture.

Finally, adoption is not happily ever after - the end and the child now lives in rainbow land. Problems happen in all families, and adoption isn't a fail-safe to avoid all possible challenges. For example it is not unknown for adoptive parents to murder or harm their children (e.g. [Elsie Scully-Hicks⁶⁰](#) and the recent death in which an adoptive parent is under investigation charged with murder [Leiland Corkill⁶¹](#)). The research by Selwyn et al mentioned in the Review's *Case for Change* is an unreliable measure of the problems in adoptions as the methodology was unlikely to identify many of the cases where

adoptions ended in children moved out of the adoptive family, nor does it look at other factors such as the cases where adoptive families themselves break down sometimes due to the [pressures of adopting a child](#)⁶². In a survey carried out by [Special Guardians and Adopters Together](#)⁶³, which may not be representative as it was self-selecting, there was a high need for support post adoption much of which was not provided and out of the 98 adopted children included in the survey:

Twenty-seven children were reported to have re-entered care with a further thirteen children coming close to re-entering care as a result of lack of support. Battles to achieve support for the child continued after the child had re-entered care and relationships between [adoptive] parent and child were not supported and broke down

Ways forward

- Adoption should only be used for orphans and where permanent alternative care is required special guardianship should be used due to the ability to make adjustments to areas such as contact.
- Adoption and Special Guardianship should be predominantly open allowing contact and response to the changing situation of children and their families of origin.
- The promotion of adoption alongside increases in all child protection activities by low performing local authorities should be investigated.

Better responses to Domestic Violence

In England Domestic Violence has developed through “hitching domestic violence to the unstoppable child protection juggernaut” [Featherstone and Trinder](#)⁶⁴ page 150). This has led mothers who are victims of domestic abuse [to be framed](#)⁶⁵ as risky and fathers as recalcitrant. From this [viewpoint](#)⁶⁶ “Women are most often seen as primarily responsible for child safety, despite the perpetrators responsibility for harm and abuse.” The lens through which families in which there is domestic abuse are viewed in children's social care is risk averse and with little sympathy towards factors outwith the individual family. Yet, just as no individual exists in isolation, neither do families. The link to child protection leaves many women doubly oppressed by being subject to domestic violence whilst they feel strongly the threat or actuality of having their children removed, often this threat persists in cases where the woman has already left her abusive partner. Despite being framed as responsible for their child's safety, the [threat of removal](#)⁶⁷ often:

... denies the efforts women have made to protect their child from abuse, and does not take into account the challenges and the increased risk of violence faced by women when leaving their abuser partner.

The current assessment process is keenly focused on the perceived risks which may exist within an individual and fails to look at the situation and pressure points in the environment in which the family exist. Poverty, poor housing and disabilities are challenges we have a duty to support families to overcome, and yet are instead considered further marks of risk rather than the amplifiers of crisis that need support. Thus:

One mother who fled domestic violence, found herself in emergency accommodation and awaiting her first Universal Credit payment accessed a food bank to feed herself and her child. In the hearing to remove her child from her care, her use of the food bank was deemed evidence of further risk to the child and used to support the local authority application to remove the child.

Another mother who fled a domestic violence relationship and was relocated to a new area, continued to travel across town which required three buses changes to keep educational continuity for her child. In the report used to remove the child from her care there was no recognition of this as an indication of her commitment to her family and, that the child was late to school on multiple occasions since the mother moved to a safe home, was used as evidence to support the child's removal.

In addition, once a mother is identified as having experienced domestic abuse, she is seen to not only have subjected her children to past harm, but to present future risk as she is thought likely to participate in another harmful relationship in the future. It is impossible to prove a negative and it is ridiculous to suggest that anyone is immune to the potential to experience an unhealthy relationship. Of additional importance, this view withholds the idea that people learn and grow:

One mother whose three older children were removed seven years before her recent pregnancy found herself in court being told she 'had been ruled out as a potential carer' for her unborn baby. Without even completing a pre-birth assessment, the local authority felt the historical evidence was sufficient to write this woman off for life. Thankfully, a parent advocate's fight to achieve a mother and baby placement for her was eventually successful and all current assessments

show huge growth and change. This woman who had been written off for who she was almost a decade previously is successfully parenting a child with no further state involvement.

[Restorative justice research](#)⁶⁸ has highlighted that there is a real need to better understand and accept how the state and its agencies reinforce oppression and stereotypes, including gender stereotypes that are deeply ingrained in our misunderstanding of domestic abuse.

The Ministry of Justice report "Assessing Risk of Harm to Children and Parents in Private Law Children Cases" shows how the impact of domestic violence continues to be played out within the court setting. The Submissions to the harm report:

... highlighted a feeling that abuse is systematically minimised, ranging from children's voices not being heard, allegations being ignored, dismissed or disbelieved, to inadequate assessment of risk, traumatic court processes, perceived unsafe child arrangements, and abusers exercising continued control through repeat litigation and the threat of repeat litigation ([Page 4](#)⁶⁹)

Parents confirmed these findings through their own experiences both in courts and in child protection practice. In particular they found that there was:

a lack of understanding of the nature of controlling relationships and how abusive partners may use the system to continue control and abuse

To change the response to domestic violence we need to invest in people and to shatter our risk lenses. Letting go our ever greater drive towards efficiency and changing gears towards the building of new ways of collaborating. All of which begin with listening and learning from those who are living the experience. Ultimately, merely amending the current approach to domestic abuse will only but mitigate some of the worst affected families' experiences of the system. Without a complete redesign of how domestic violence is perceived, assessed and the support which is provided we will continue to demonise mothers who are themselves victims of abuse, fail to support men who in dire need of support to learn to hold healthy lifestyles and relationships, and worst of all we will leave another generation of children traumatised by separation, searching for their heritage and identity, and who will have significantly worse life outcomes across all areas of their lives.

Ways forward

- Developing parent advocacy so that parents with lived experience of children's social care are able to support parents and families who have experienced domestic violence
- Ferguson and Featherstone⁷⁰ suggest the development of a specific social model: 'A social model in the area of domestic abuse asks all involved to engage in sophisticated and nuanced practices. It obliges that the most careful attention be paid to individual stories of pain and trauma and to social understandings of inequalities and suffering, and the associated shame.'
- 'Telling parents what their problem is and how to resolve it is rarely successful. In fact, it can increase resistance and make change less likely to happen'. Forrester, Wilkins, and Whittaker⁷¹ propose the use of motivational interviewing to design ways of relinquishing control to empower and work together.

Disabled children

An as yet unpublished freedom of information request recently carried out by Professor Bilson shows a 78% increase since 2014-15 in the number of assessments where social workers found that a child's physical disability, mental health problem or learning disability was a factor. By 2020-21 21% of all social work assessments involved children with one of these factors. A growing proportion of these children did not go on to become children in need with over 62,000 of these children in 2020-21 being assessed but not becoming a child in need.

The points below come from surveys carried out by the Parent and Carer Alliance in which all participants are parents of children with additional needs. All the children had an established diagnosis or were in the process of being medically assessed at the point of referral. The needs of the children were varied and include complex medical needs, ADHD, ASD, PDA, Eating Disorders, poor weight gain, Foetal Alcohol Spectrum Disorder, and mental health issues. Many of the children had to cope with several of these conditions.

Problems with forcing all families through a safeguarding process, even when no evidence of harm – the only needs arise from disability

Families who ask for support and advice for caring for children with additional needs are forced through a process where the focus is safeguarding. When no safeguarding issue is found they are then left with no support for the needs that first led them to ask for support, and are often too traumatised by the process to ask again for support

Question that needs to be addressed:

How can local authority processes be changed so that needs arising from a disability are recognised, and assessed via a process that is separate from that of child protection?

Some possible solutions

- Separate statutory guidance needs to be issued to address the specific needs of disabled children and their families in the assessment, eligibility, and care support planning process and this should be separated from the safeguarding guidance and policies – as 'Working Together 2018' is not fit for purpose in relation to their needs.
- Devise computer database recording systems that direct the worker to questions that focus on disability and the areas that are likely to be impacted by such needs
- Change the language, identification, and approach of the workforce from safeguarding, to supporting families.

Examples and lived experience

In our survey, 94% of families reported that getting an assessment was difficult or very difficult, and for those who did have an assessment, only 24% focused on disability related needs.

Families describe their experiences using words such as 'undermining,' 'judgemental,' 'unsympathetic,' 'devastating,' 'terrible' and 'exhausting'. It took the initiation of legal proceedings in one case before an assessment was carried out 'even though my children's disabilities are obvious.' Four years from their first request for an assessment, need has been established, their children now have a child in need plan and a personal budget to meet their needs.

Problems with the failure to recognise, and assess appropriately, needs arising from a child's disability

Local authorities employ a social care workforce which has “very little training specifically orientated to working and assessing disabled children” (reply to a recent Freedom of Information request). When asked what written guidance the authority provides to its assessors, for assessing the care and support needs of disabled children, the reply was the Procedures manual which, whilst it mentions that for a child who is disabled, assessments by a social worker are carried out under Section 17 of the Children Act 1989, this is frequently not the case in practice, and there is no guidance in the procedures manual on how to identify, assess, or provide provision for, disabled children – apart from a statement that “Where a child with disabilities has communication difficulties it may be particularly useful to involve a person who knows the child well and is familiar with the child's communication methods. However, caution should be exercised in using family members to facilitate communication.”

Examples and lived experience

In our survey 76% of respondents found that their social workers did not have the experiences of, or knowledge about, children with additional needs. Families described their experiences as:

We had a total of 18 social workers, only 2 had any disability experience. The child in need plan was finally completed 4 years later after I resorted to obtaining a solicitor

I was told that our family wasn't entitled to any social care support or respite because my child (assessed by DWP as having care and mobility needs) isn't 'disruptive or troublesome'

Child in Need plan not useful as worker had no understanding of disability and how to meet needs. States obvious things like 'needs more fresh air...needs to be in school' with no support or solutions.”

Some possible solutions

- Bring the national guidance concerning the assessment of disabled children in line with that for adults, so that there is a requirement that those assessing the needs of disabled children have expertise or experience in a particular condition and are knowledgeable about the challenges and needs of children which arise from disability so that the needs of the disabled child are accurately identified.
- Provide resources of examples of how such assessments can identify and meet needs, and experienced social workers and family ‘experts by experience’ who can train in, and promote, good practice.
- Ensure social workers who do not have the knowledge of particular illnesses or disabilities either bring in someone with the necessary expertise or, where this is not possible, that they get advice from reputable sources and accept that, in this situation, the parents are likely to know more about their child's condition than they are

Problems with local authority eligibility criteria

The principal triggering criteria for assessments are that the child is a disabled child for the purposes of CA 1989 s17(11) and that the child may be in need of care and support. Many disabled children are, in practice, being refused assessments of their needs due to assessment criteria which put unlawful barriers to many disabled children and their parents accessing their statutory rights to support by adding additional severe definitions of what constitutes a 'disabled child.' Families then 'fall through the gap' of having children whose needs are 'too great' for locality/early help social care provision, but 'not complex enough' to be 'eligible' for more specialised 'disabled' social care services.

Examples and lived experience

In our survey 45% of families had received no assessment of their child's needs despite multiple referrals being made both by themselves and by agencies such as Health, Education, Carer Support organisations and the Police. 10% only got an assessment due to getting a solicitor involved, or through the SEND Tribunal. Thus families say:

Refused 3 times for CIN assessment (disability). Promised to be referred to Disabled Children and Young People's Service, but not done. Told child's not disabled enough despite high complex needs (gets high-rate care DLA, has an EHCP and is under CAMHS). Unclear criteria. Apparently still at CIN but no contact for months.

The first time I did a very long phone interview (over an hour) which was to access an assessment. I was called back within 10 minutes to tell me we did not qualify for an assessment, but they couldn't tell me the criteria. Since then, I've made a request through safeguarding social worker which resulted in an informal assessment (someone came round and chatted to me). I was told later by safeguarding social worker that they couldn't provide anything. The last time was last week after my new Barnardo's family support worker made a request and she told me that they said my child isn't disabled enough to have any help. (Child awarded DLA care and mobility).

Some possible solutions

- Instruct local authorities that 'eligibility' guidelines cannot be used to limit the right of disabled children and their parents to an 'assessment.' The level of a disabled child's needs can only be ascertained by a suitably skilled assessment
- If eligibility criteria are to be used to specify which social work team assess a specific 'level' of disability, then all teams of social workers must have sufficient staff trained and competent in assessing disability, and access to the same level of provision and resources that can be made available to families, such as respite, direct payments, personal budgets etc.

Problems with failure to assess and include social care needs in EHC assessment and plans

Children who have additional needs are either not having their social care needs assessed during the EHC process or are not having already assessed social care needs and provision included in their EHC plans. As a consequence, they are not receiving a holistic assessment, nor are their needs being met. 2,561 families have had to make appeals under the national trial of the extended powers given to the SEND Tribunal to hear appeals and make non-binding recommendations about the health and social care elements of Education, Health and Care (EHC) plans – six times the number the Department for Education originally anticipated.

Examples and lived experience

In our survey 78% of children had no social care assessment as part of the EHC assessment process. Only 5% of children who already had identified social care needs had these included in their EHC plan. When requesting a social care assessment as part of the EHC plan process, the majority of children have the standard response “Not known to social services” with no attempt by social services to “get to know” the child. Where children already have social care provision, even with direct payments for personal assistants, if a social worker representative is not present during EHC planning and review, then no needs or provision are recorded as the caseworker “cannot assign provision from another department without their presence to agree such provision.”

Some possible solutions

- Instruct local authorities to meet their duty to provide a more holistic approach to meeting children and young people's needs. The Children and Families Act 2014 recognises that a child's educational needs cannot be considered in isolation from their health and social care needs.
- Every child who has both educational and social care additional needs must have a social worker present during EHC plan planning and review meetings
- Maintain a single route of redress for families, so that children and young people can continue to get the full range of provision they need and to which they are entitled by law

Problems with the focus of the assessment very often being on parenting ability rather than the needs of the children

Parents have said how they feel undermined and blamed for the difficulties their children are experiencing. Parents who challenge this approach or who raise complaints are then threatened, and/or investigated for fabricating and inducing the needs of their child. When such allegations are made about the way these parents care for their children, the impact is profound and long lasting.

Even when no evidence of abuse, or when alternative causes of the concerns – such as a new medical diagnosis, are found, the allegations remain in records and reappear on a regular basis, either through assessments or on health records through alerts, impacting on how parents are treated by service providers. Parents feel they are unable to work in care professions as child protection concerns will be included on their DBS records. Parents find it difficult to ask for additional support when needed, increasing the likelihood of greater stress within the family. Parents find it difficult to take themselves and any of their children to access health services (GP and A&E for example) because of the response they expect to receive, potentially putting themselves and their children at risk.

Examples and lived experience

76% of the families told us that the assessment focussed on them as parents, their ability to cope and their mental health rather than on the needs of their children. The impact of this is often very profound. One family described their experience as, "I found the social worker aggressive, the process felt intrusive and not at all supportive. We felt confused and powerless in a process that made our situation worse. The social worker frequently failed to meet timescales and never gave any information to explain the process we were going through or where we could get better support and information. We were made to feel that we were a failure as parents, that my daughter was a burden on the local authority because her needs are so great, and that we couldn't meet her needs".

In every case these parents (and their children) have experienced high levels of distress that has had a huge impact on their lives, feelings of deep anxiety, fear, and Post-Traumatic Stress Disorder are common, as are financial loss, loss of career and sadly in some cases eventual breakdown of the family unit. It has affected how they feel about the services they require and their ability to request help and support. The impact of making such allegations must not be underestimated.

Some possible solutions

- Allegations of FII were made in over 80% of the cases brought to us without a diagnosis of the children's condition having been made (or in one case a diagnosis being disregarded). The distress caused could have been avoided had medical services carried out the investigations and assessments required to achieve a diagnosis. Where concerns of this nature are raised professionals should spend time discussing with and listening to parents and arranging the appropriate investigations of assessments based on what is being said, before allegations of FII are made.
- A clear and unambiguous message should be sent to all agencies involved with families where concerns are found to be unsubstantiated so that records can be updated accordingly and, where appropriate, health alerts can be removed. Social Care and other professionals should accept responsibility for their mistakes when it's proven the parents are not doing anything wrong.
- There should be a review of the practice by social workers in cases where families asking for help for disability needs results in child protection concerns being raised. The aim should be to make the service more responsive and more effective at meeting need. A restorative practice approach should be employed.

Problems with Parent Carer's needs not being assessed and lack of provision to meet any assessed needs

Local authorities are failing in their duty to assess parent carer needs and to promote the wellbeing of parent carers, including their right to work, education, training, and leisure. Being able to participate in everyday activities enables carers to overcome the social isolation and stresses associated with caring for a disabled child. Having a break from caring reinforces the long-term resilience of families to continue to care for disabled children.

Examples and lived experience

In our survey only 30% of parent carers had been told of the right to a carer assessment. Those that were informed say that

Yes we were informed, but we were also told it would not provide anything so were effectively discouraged from completing one.

For one family this was especially traumatic:

I have requested a parent carer assessment and was told no support available. I have been on the phone crying and begging for help as my needs are an issue as well as my child's and my child has been off school for almost 2 years whilst I have been through the tribunal service. Still no help."

Some possible solutions

- Instruct local authorities to meet their duties to parent carers, and that when they contract out their carer support services that the contract must include provision for assessing and meeting parent carer needs in addition to the needs of carers of adults.
- Ensure that Carers needs are assessed within the same time frame and where possible concurrently with Disability Needs Assessments.

Problems with social care being all meetings and no provision

Families described how there was lots of activity: meetings held, assessments carried out, reports written, but that this activity rarely translated into anything that was in any way helpful to the children or their families. The reasons range from the child's needs are not thought serious enough, to a focus on concerns about parenting, to not finding a resource that is suitable.

Examples and lived experience

Families describe:

Needs are identified, but there is no way of forcing needs to be met if support is not found. We are constantly told we qualify for a Personal Assistant BUT the department is fully aware that there are no PA's available in our area. We have now also lost our respite centre and are only told that the council is trying to find something else, but for over a year nothing else has been offered

Lack of support to find and employ suitable Personal Assistants, rates of pay too low to retain PAs, especially if intimate care is needed

Children's Social Care -The Way Forward

Resource provision needs to be linked to outcomes and what is needed in reality to achieve a positive result, not just an arbitrary figure of hours of PA time which we're continually being told needs to be reduced without any assessment of progress.

Some possible solutions

- Improve provision to local authorities and ring fence this as being solely for meeting the needs of disabled children and young people and their families
- Audit short break, respite, direct payment, and personal budget provision across England and provide additional funding where provision is poor – e.g., in large rural counties where travel distance limits recruitment of care workers and where specialist provision such as sensory play areas, hydrotherapy pools etc., are located in major cities leaving small rural areas with nothing
- Instruct local authorities to increase hourly pay for care workers to a level where workers can be recruited and retained, and provide the funds to do this

The Way Forward

The report has so far focussed on individual problems and areas of concern. These often overlap and holistic change is needed particularly if we are to move from the growing culture of rescue and blame to one of partnership, participation and help.

The many reviews of tragic child deaths have led to reorganisations of social work that have been unable to overcome the pressure caused by responses to these same events made worse by the withering of help for families and children caused by austerity policies. This has led social care to apply defensive policy and practice. Individual social workers are also pressured by the media and politicians increasingly allocating blame to them as individuals when cases get into the public arena because of child deaths or serious injuries.

Much government policy has itself encouraged a culture of blaming parents and rejecting the necessary need to consider structural pressures coming from inequality and poverty. This has led to the individualising of concerns about harm to children and left the underlying causes unaddressed (see for example [Featherstone et al's submission⁷²](#) to the Independent Review). What we have seen since the early part of this century has been a constant withering of support for families and redefinition of what help remains into investigations of families and increasing the removal of children into care and adoption. This is the context in which social workers operate currently. Social work is at its best when it adopts a relationship-based, proportionate and humane approach, and gets to know and work with children and their families. We need to develop a more supportive, collective and compassionate approach that recognises and works with the inherent complexity of families and works with their often difficult and socioeconomically deprived circumstances.

We are concerned that the current review and the government's response to it, under the pressure caused by the response to the deaths of Arthur Labinjo-Hughes and Star Hobson, will provide nothing new and restart the cycle of escalating investigations and blaming of parents. This is not to say that the parents and carers of these two individual children are not to blame. It is that basing policy on two extremely unusual cases is bound to fail as the evidence of past responses clearly demonstrates. To design a system around such cases and parents is illogical and deeply unfair to the many families who need help because they are struggling due to a range of factors, including poverty, social exclusion, neighbourhood deprivation and lack of local supportive services. We currently have a system that can both over- and under-intervene. It has led to children's social care being overwhelmed with investigations making it harder to identify and give time to those where there is a danger to the child. It has also reduced the ability to provide support under section 17 of the Children Act 1989 as was originally intended.

So, we would like to offer some initial thoughts on alternative ways forward and how they might be achieved. Some of these fall inside social care and others require responses to communities, other services, employment policy and state benefits. They are necessarily broad brush as this report has been drawn up speedily in response to the timescales for the Independent Review and proposed reports on these child deaths.

Fundamental to any change is that parents and children should be central to designing and running the new system. Whilst they are central in the current welfare system this centrality has been [described by Hilary Cottam⁷³](#) as "a costly gyroscope that spins round the families, keeping them at the heart of the system, stuck exactly where they are." Change needs to be transformational and will need to be grown from the ground up. At the same time, we need urgent changes to the current system

which harms too many families directly by its obsession with harm and its categorisation of growing numbers of parents as incompetent or harmful. Crucially these two areas for change need to pull in the same direction. The direction is that children, parents and local communities need to be given control over the way we care for one another and the resources moved from national and local government to families and communities. We will point to some examples of approaches in these transformational change and changes to the current system which we feel give hope for a way forward.

Transformational change

To transform the system we will need to nurture and test out a range of approaches which shift the power from government and public services to parents, children and communities. These will provide the bottom up change necessary to transform children's social care. Some of these have been discussed above. We have chosen two further examples of how transformational change might be grown and developed.

The first is the work of Hilary Cottam on Radical Help. She points out that 'Our current welfare institutions were not designed to solve the problems we face today: problems that are complex and different in nature, problems that need mass social participation if we are to solve them.' To achieve this different approach, she starts by getting to know first-hand the problems families face and how they experience the current welfare system. She describes the principles of her approach as:

modern welfare must create capability rather than manage dependence; it must be open, because all of us need help at some stage in our lives, and when we are thriving many of us have help to offer; it must create possibility rather than seek only to manage risk; and it must include everyone, thereby fostering the connections and relationships that make good lives possible. ([Radical Help](#)⁷⁴ page 19)

Practitioners are given the time to nurture relationships and it is expected 80% of their time is spent in direct work with families. Technology is used to reduce the burdens of reporting and other administrative work. The work then develops according to [five principles](#)⁷⁵:

- Take care of root causes
- Adopt a developmental approach
- Be infrastructure light (relationship heavy)
- Seed and champion alternative models
- Facilitate the dialogue

The second example is [The Community Paradigm](#)⁷⁶ which "sees the transfer of power from the public service institution to the community as its key goal." The principles of this approach are:

- Empowering communities
- Resourcing communities
- Creating a collaborative, community-focused culture.

This aims to close the gap between demand for services which are increasingly beyond their ability to meet by working directly with people to identify and provide effective and lasting responses. In the case of children's social care this will mean working with children and families who currently come under their scrutiny and the communities in which they are concentrated.

Changes to the current system

The current system needs some immediate changes led by parents and children with lived experience of children's social care. Throughout this paper we have identified specific changes that are needed and some of the examples that show progress and ways these changes may be achieved. Key to this is the need for a change in the culture of children's social care and other agencies working with children from rescue and parent blame to partnership and participation. This requires both a strong commitment from government to this change alongside cultural changes within individual organisations and teams.

[Research⁷⁷](#) shows that promoting and including parent advocacy alongside services is a powerful way to change organisational cultures in child welfare systems as well as many other benefits such as reducing the time children spend in care. Parent advocacy is defined in the [International Review of Parent Advocacy in Child Welfare⁷⁸](#) as follows:

parent advocacy in child welfare is when parents with child welfare experience promote parent participation and the rights of parents and children through advocacy. This includes advocating for and helping other parents; working in and strengthening child welfare programs; and working to change policies that improve systems and the lives of children and families. Parent advocacy includes parents working with allies toward these goals, and focuses on three areas: case, program and policy.

The International Parent Advocacy Network has developed a [Toolkit for Transformation⁷⁹](#) to build the power of parents and develop parent advocacy. We see the introduction of parent advocacy as the key to ensure organisational and cultural change and to develop the principles of partnership that in many cases are so sadly lacking.

At the same time the current system lacks enough champions with the remit to develop the new ways of working that are required. We have seen examples at local levels of how individuals can promote new more partnership-based ways of working. Often these initiatives manage to get off the ground in spite of the system, rather than being supported by it. To achieve the necessary change there needs to be a dedicated workforce, working in partnership with families, whose job is to co-produce services with families; to promote the use of these services as alternatives to care and investigative approaches to families; and to raise public awareness of the need for change. During the 1980's workers in juvenile justice took a similar developmental and campaigning role which was influential in ending children being in care for offending and reducing the numbers of children serving custodial sentences by three-quarters in just 9 years.

Conclusion

In the present situation change should emphasise the need for reconnecting communities and professional systems, partnership with parents and children and have a clear prioritisation of proactive and preventative practice. To achieve this, we need attention to the issues raised by parents throughout this document. We need to create a space for transformational change in children's social care and the wider child welfare system. We need to promote parent participation and culture change through parent advocacy and a dedicated workforce to co-produce services, promote partnership and establish new ways of responding to the difficulties children and families face.

End Notes with Links to Evidence

- ¹ Restorative Practice <https://leedsrcp.org.uk/restorative-practice-main-page/>
- ² Camden Early help <https://www.camden.gov.uk/early-help-for-children-and-families>
- ³ Camden family group conferences <https://www.youtube.com/watch?v=JHBHsVrKhrE>
- ⁴ Love Barrow evaluation <https://www.lovebarrowfamilies.co.uk/wp-content/uploads/2018/02/Love-Barrow-families-summary-evaluation-report-2017.pdf>
- ⁵ Relational welfare approach https://publicpurpose.com.au/wp-content/uploads/2016/05/Relational-welfare-soundings48_cottam1.pdf
- ⁶ Parent advocacy research <https://www.casey.org/parent-partner-program/>
- ⁷ Washington State parent partner evaluation <https://static1.squarespace.com/static/56b0d6d4e707eb68892b71c1/t/5e1d001e44a61407bc11f187/1578958880190/P4POutcomesReport.pdf>
- ⁸ Parents Anonymous <https://parentsanonymous.org/research/>
- ⁹ Parent legal representation in New York <https://www.casey.org/parent-legal-representation-new-york/>
- ¹⁰ Holistic family defence teams <https://www.casey.org/parent-legal-representation-new-york/>
- ¹¹ Institutionalising Parent blame <http://www.lukeclements.co.uk/institutionalising-parent-carer-blame/>
- ¹² New Beginnings <https://www.newbeginningsgm.com/>
- ¹³ Love Barrow Families <https://www.lovebarrowfamilies.co.uk/>
- ¹⁴ BASW Adoption Inquiry https://www.basw.co.uk/system/files/resources/basw_55505-10_1.pdf
- ¹⁵ Adoption figure <https://www.pfan.uk/adoption/>
- ¹⁶ Bilson and Bywaters Born into care: Evidence of a failed state <https://www.sciencedirect.com/science/article/pii/S0190740920301894>
- ¹⁷ Bilson and Munro Adoption and Child Protection Trends <https://www.sciencedirect.com/science/article/pii/S0190740918305735?via%3Dihub>
- ¹⁸ The government's adoption drive isn't achieving its aims <https://www.communitycare.co.uk/2017/02/09/the-governments-adoption-drive-isnt-doing-what-it-set-out-to-do/>
- ¹⁹ Adoption and child protection trends <https://www.sciencedirect.com/science/article/pii/S0190740918305735?via%3Dihub>
- ²⁰ Ferguson, Featherstone and Morriss Framed to Fit? <https://www.ingentaconnect.com/content/tpp/crsw/2020/00000008/00000001/art00003>
- ²¹ More parents accused of child abuse than ever before <https://theconversation.com/more-parents-accused-of-child-abuse-than-ever-before-100477>
- ²² More parents accused of child abuse than ever before <https://theconversation.com/more-parents-accused-of-child-abuse-than-ever-before-100477>
- ²³ Extract from evidence submitted to Care Crisis review http://bilson.org.uk/wp_new/wp-content/uploads/2018/06/community-care-update.pdf
- ²⁴ Demand management is making problems worse for local authorities under pressure <https://www.communitycare.co.uk/2019/04/25/demand-management-is-making-problems-worse-for-local-authorities-under-pressure/>
- ²⁵ An 'authoritarian neoliberal' approach to child welfare and protection? <https://anzswjournal.nz/anzsw/article/download/219/283>
- ²⁶ Crisis in Family Courts <https://www.theguardian.com/law/2018/jun/13/legal-system-of-child-protection-is-in-crisis-says-senior-judge>
- ²⁷ Gilbert et al Child maltreatment: variation in trends and policies in six developed countries <https://pubmed.ncbi.nlm.nih.gov/22169108/>
- ²⁸ Webb and Bywaters Austerity, rationing and inequity <https://www.tandfonline.com/doi/abs/10.1080/03003930.2018.1430028>

- ²⁹ Bywaters and Webb There is clear evidence that links deprivation, expenditure and quality in children's services <http://www.communitycare.co.uk/2018/02/07/clear-evidence-links-deprivation-expenditure-quality-childrens-services/>
- ³⁰ Relationship between poverty, child abuse and neglect <https://www.irf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>
- ³¹ Poverty and mental health <https://www.mentalhealth.org.uk/publications/poverty-and-mental-health>
- ³² Drugs and poverty: A literature review https://www.sdf.org.uk/wp-content/uploads/2017/03/Drugs_Poverty_Literature_Review_2007.pdf
- ³³ Inequality in health <https://www.gov.uk/government/publications/health-profile-for-england/chapter-5-inequality-in-health>
- ³⁴ Evidence and policy review: Domestic violence and poverty https://research-information.bristol.ac.uk/files/80376377/JRF_DV_POVERTY_REPORT_FINAL_COPY_.pdf
- ³⁵ Restorative Practice <https://www.leeds.gov.uk/one-minute-guides/restorative-practice>
- ³⁶ Camden Early help <https://www.camden.gov.uk/early-help-for-children-and-families>
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- ³⁹ Hilary Cottam Relational Welfare https://publicpurpose.com.au/wp-content/uploads/2016/05/Relational-welfare-soundings48_cottam1.pdf
- ⁴⁰ Strong communities <https://upbring.org/wp-content/uploads/white-paper-strong-communities.pdf>
- ⁴¹ Poverty Aware Social Work https://www.researchgate.net/publication/344722364_The_Poverty-Aware_Paradigm_for_Child_Protection_A_Critical_Framework_for_Policy_and_Practice
- ⁴² Promoting Parent/Carer Blame <http://www.lukeclements.co.uk/institutionalising-parent-carer-blame/>
- ⁴³ Working together to safeguard children <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- ⁴⁴ Uncovering the Pain <https://www.pfan.uk/uncovering-the-pain/>
- ⁴⁵ International Review of Parent Advocacy <https://www.parentadvocacy.net/activities/international-review/>
- ⁴⁶ How do parent partner programs instill hope and support prevention and reunification? <https://www.casey.org/parent-partner-program/>
- ⁴⁷ Evaluation Report for Washington State's Parents for Parents Program <https://static1.squarespace.com/static/56b0d6d4e707eb68892b71c1/t/5e1d001e44a61407bc11f187/1578958880190/P4POutcomesReport.pdf>
- ⁴⁸ Parents Anonymous research <https://parentsanonymous.org/research/>
- ⁴⁹ Study of parent legal representation in New York City <https://www.casey.org/parent-legal-representation-new-york/>
- ⁵⁰ Study of parent legal representation in New York City <https://www.casey.org/parent-legal-representation-new-york/>
- ⁵¹ Legal system of child protection is in crisis, says senior judge <https://www.theguardian.com/law/2018/jun/13/legal-system-of-child-protection-is-in-crisis-says-senior-judge>
- ⁵² New Beginnings <https://www.newbeginningsgm.com/>
- ⁵³ Repeat Care Proceedings https://www.nuffieldfoundation.org/sites/default/files/files/rc-final-summary-report-v1_6.pdf
- ⁵⁴ BASW Adoption Inquiry https://www.basw.co.uk/system/files/resources/basw_55505-10_1.pdf
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- ⁵⁸ <https://www.pfan.uk/adoption/>
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- ⁶⁰ Elsie Scully-Hicks <https://www.bbc.co.uk/news/uk-wales-south-east-wales-45042202>
- ⁶¹ Leiland Corkill <https://metro.co.uk/2021/11/12/cumbria-woman-charged-with-murder-of-boy-1-she-hoped-to-adopt-15592306/>

- ⁶² The Needs and Challenges of Adoptive and Special Guardianship Families
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- ⁶³ Accessing and Receiving Support
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- ⁶⁴ Featherstone and Trinder Familiar subjects? Domestic violence and child welfare
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- ⁶⁵ Framed to fit? Challenging the domestic abuse 'story' in child protection
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- ⁶⁶ Domestic abuse and child protection <https://www.iriss.org.uk/resources/insights/domestic-abuse-and-child-protection-womens-experience-social-work-intervention>
- ⁶⁷ Domestic abuse and child protection <https://www.iriss.org.uk/resources/insights/domestic-abuse-and-child-protection-womens-experience-social-work-intervention>
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- ⁶⁹ Assessing Risk of Harm to Children and Parents in Private Law Children Cases
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- ⁷⁰ Framed to fit? Challenging the domestic abuse 'story' in child protection
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- ⁷² The Case for Change: A response <https://www.pfan.uk/the-case-for-change-a-response/>
- ⁷³ Hilary Cottam Relational Welfare https://publicpurpose.com.au/wp-content/uploads/2016/05/Relational-welfare-soundings48_cottam1.pdf
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