



Evidence to the Law Commission

Parents, Families and Allies Network

Introduction

We are grateful for this opportunity to provide evidence to your commission on this critical issue. Having reviewed your consultation document, we find much to support in your recommendations. We also identify areas where further change is needed to achieve an equitable system.

Our evidence is structured into two key areas:

1. *Analysis of Current Situation and Need for Change:*
 - Insights from our research and practical experience.
 - How children's human rights are being violated.
2. *Alignment with Law Commission Recommendations and Additional Legal Remedies needed:*
 - Legal Reforms to Ensure Compliance with Human Rights Obligations
 - Further reforms based on our experience of children's social care

1. Analysis of Current Situation and Need for Change:

Background from National statistics¹

Fall in Disability or illness as primary need

Amongst children in need on 31st March across England there was a **17.4%** fall in "Disability or illness" as a primary need of children in need on 31st March 2015 to 2023. Only **8.1%** of children in need on 31/3/2023 had child's disability or illness as primary need. This was despite large increases in assessments that included a concern about the child's physical disability, learning disability or mental illness.

¹ This is from Children in Need Statistics 2023 available from <https://explore-education-statistics.service.gov.uk/find-statistics/children-in-need/2023>

Geographic variations

The rate of children in need on the 31st March 2023 where the child's primary need was the child's disability or illness varied from **6 /100,000** aged 0-17 in Leicestershire to **1,059** in Milton Keynes. In these two local authorities the percentage of children in need where the primary need was the child's disability or illness varied from **0.1%** in Leicestershire to **28.6%** in Milton Keynes.

Findings from our research

The research used two freedom of information requests to the Department for Education. The first, in April 2022, asked about assessments undertaken between 2015 and 2021 and the factors of concern raised by social workers. The second, in April 2024, asked about children who became a child in need following an assessment in the first six months of 2015 to 2023 and how many of them were investigated and placed on a child protection plan before the end of the year.

1st freedom of information request (FoI)

The first FoI considered assessments from 2015 to 2021 and factors found at the end of the assessment. There was a **71.7%** rise in assessments with Disability/Mental Health concerns² compared to a **5.1%** rise in other assessments. This meant that by 2021 **25% of social care assessments** had child's Disability/Mental Health concerns.

2nd Freedom of Information Request

This FoI looked at children who became a child in need following assessments in the first 6 months of 2015 to 2023. It identified a **77.1%** increase in children in need with Disability/Mental Health concerns compared to a **12.1%** increase in children without these factors at assessment. This led to a rise of children with Disability/Mental Health concerns as a proportion of all children in need from **13.5%** in 2015 to **19.8%** in 2023

Shift in Focus:

For those with Disability/Mental Health concerns there was a **133% increase** in the number and **31.7% rise** in the proportion of these children with primary need "abuse or neglect". This was from **6,199** in 2015 to **14,457** children in 2023. The proportion of those with Disability/Mental Health concerns where the primary need was abuse or neglect rose from **43.6%** in 2015 to **57.4%** in 2023.

What happened to children after they became a child in need

There was a disproportionate rise in s47 Investigations of children with Disability/Mental Health concerns. The **145.2%** rise in s47 investigations for these children compares to a **45.4%** increase for other children. This meant that a high & growing proportion of children subject to s47 have Disability/Mental Health concerns at assessment rising from **11.5%** in 2015 to **18.0%** in 2023.

The majority of these investigations, **59.5%**, did not lead to a Child Protection Plan and,

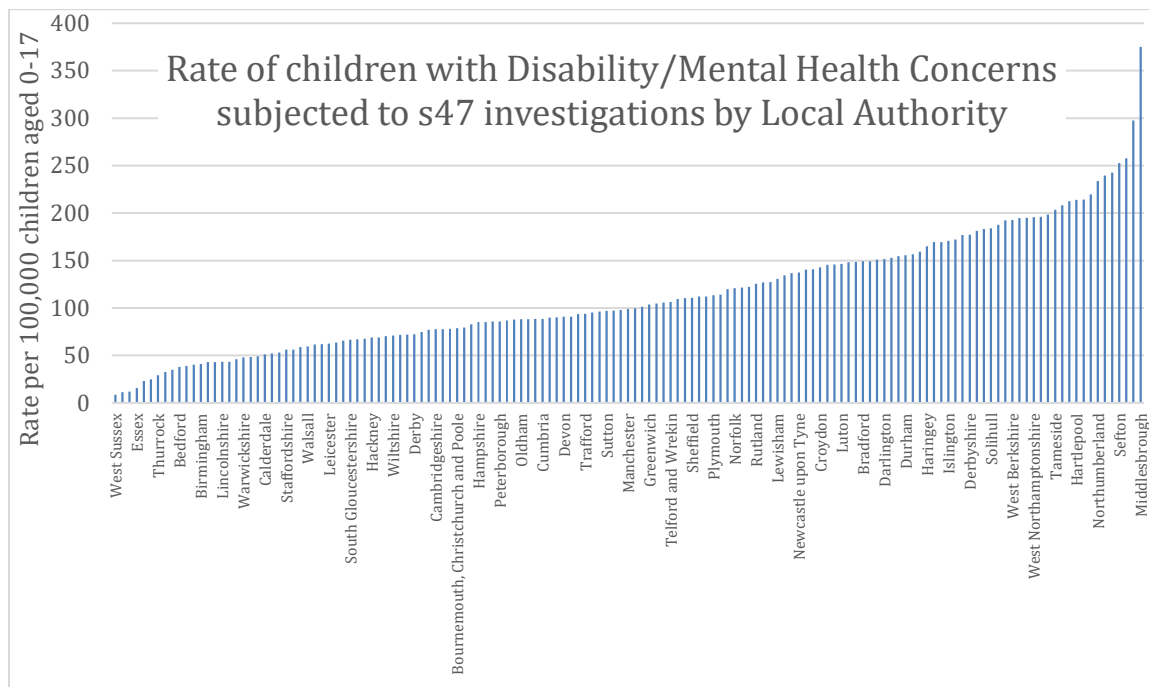
² These were assessments where one or more of the factors child's Physical Disability, child's learning disability or child's mental health were found to be of concern at the end of the assessment

where they did, the focus was on the contested categories of neglect & emotional abuse with **85.9%** of these child protection plans being for neglect or emotional abuse.

Early findings on Local Authority disparities

There was a wide range in rates of children with assessments with disability/mental health concerns who became a child in need in the first 6 months of 2023. This ranged from **14** per 100,000 aged 0-17 in West Sussex to **665** per 100,000 aged 0-17 in Middlesbrough.

The rate of these children in need with assessments finding disability/mental health concerns in 2023 who were s47 investigated before the end of the year varied from **8** per 100,000 aged 0-17 in West Sussex to **375** in Middlesbrough. This was not explained by differences in the rates of children with a disability in these local authorities. Census data³ showed that the proportion of children aged 0 to 19 with a disability was 8.2% in Middlesbrough & 6.5% in West Sussex.



There was also a wide range in the proportion of children in need with a disability/mental health concern who went on to be s47 investigated ranging from **10.2%** of children with these concerns in Ealing to **79.1%** in Darlington.

³ Disability in England and Wales, 2021 Office for National Statistics available from <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/datasets/disabilityinenglandandwales2021>

Our experience of services

Further issues are raised by our experience of the social care system supported by evidence in recent research

Fabricated or Induced Illness (FII) and Perplexing Presentations (PP)

In a growing number of cases parents requesting support for their disabled child or challenging decisions on service provision are accused of having ‘alerting signs’ that they are fabricating their child’s illness⁴. This is because of:

- Lack of evidence base for FII and PP⁵
- Unevidenced ‘alerting signs’ that lead to misidentification in a range of situations where there are rare, undiagnosed or hard to diagnose conditions⁶

This leads to growing numbers of children being harmed due to unnecessary placement in care⁷; missing or withholding treatment for illnesses; breaking up families; undermining the confidence and sometimes the health of parents⁸.

Participation

The system is complex, with wide evidence that parents are marginalized and disempowered⁹. There is evidence that peer advocacy for parents can both improve participation and promote the cultural change in social care required for a more equitable service¹⁰.

⁴ Clements, L., & Aiello, A. L. (2023). The prevalence and impact of allegations of Fabricated or Induced Illness. Cerebra. University of Leeds Available from <https://cerebra.org.uk/wp-content/uploads/2023/11/FII-Final-report-2023-Nov-01.pdf>

⁵ Gullon-Scott, F., & Long, C. (2022). FII and Perplexing Presentations: What is the Evidence Base for and against Current Guidelines, and What are the Implications for Social Services? *The British Journal of Social Work*, 52(7), 4040–4056.

⁶ See Bilson, A., Talia, A, (forthcoming) *Fabricated or Induced Illness: The controversial history, missing evidence-base and iatrogenic harm*. in Clements L. & Aello A.L. *Understanding Parent Blame: Institutional Failure and Complex Trauma*. Policy Press available from <https://osf.io/preprints/socarxiv/rsq3x>. Also Gullon Scott, F., Long, C., Eaton, J., Russell, S., (2020) *The Need for a New Approach to the Identification of Fabricated and Induced Illness* Available from <https://www.pdasociety.org.uk/wp-content/uploads/2020/02/A-new-approach-to-identification-of-FII.pdf>

⁷ Clements & Aiello’s study showed high levels of unnecessary removal of children into care with the majority returning home following assessment

⁸ Bilson and Talia’s chapter cited above provides an overview of research findings that highlight the iatrogenic harm done to children and their families by FII allegations. Also see, for example, Siret D. (2019) An examination of Fabricated and Induced Illness cases in Gloucestershire: A report from the Parent and Carer Alliance C.I.C *Parent and Carer Alliance* available from <https://www.parentandcareralliance.org.uk/wp-content/uploads/2019/03/PCA-FII-Summary-final-shared.pdf>

⁹ For a brief overview citing many of the academic references see <https://www.communitycare.co.uk/2024/07/17/the-case-for-parental-advocacy-in-child-protection/>

¹⁰ See, for example, Fitz-Symonds, S., Evans, L., Tobis, D., Westlake, D., & Diaz, C. (2024). Mechanisms for support: A realist evaluation of peer parental advocacy in England. *The British Journal of Social*

Carer support

The right to carer's needs assessments are difficult to obtain and assessments rarely lead to adequate support as there is no duty to provide services. This is particularly true where parents themselves have a disability, for example a recent study showed 1 in 3 babies who entered care had a parent with learning disabilities or learning difficulties and the majority did not have this identified until they came to court where it was too late to start with support.¹¹

Overview of Human Rights Violations in Children's Social Care

This section provides an overview of the potential human rights violations of disabled children and their families raised by the research findings and experience of the children's social care system. It highlights potential breaches under multiple frameworks, including the Human Rights Act (HRA), the UN Convention on the Rights of the Child (UNCRC), and the Convention on the Rights of Persons with Disabilities (CRPD).

1. Human Rights Act (HRA) Violations

a. Right to Privacy (Article 8)

Violation: Intrusive and disproportionate safeguarding investigations without clear justification disrupt family life.

Impact: Families feel mistrusted and stigmatized, creating long-term emotional harm.

b. Non-Discrimination (Article 14)

Violation: Geographic disparities and uniform investigative practices ignore the unique needs of disabled children, amounting to unequal treatment.

Impact: Disabled children and their families face systemic biases and geographic inequality.

c. Prohibition of Degrading Treatment (Article 3)

Violation: Investigations cause humiliation, social isolation, and psychological harm.

Impact: Families feel punished for seeking help, damaging their trust in services.

d. Right to a Fair Process (Article 6)

Violation: Families lack procedural safeguards and opportunities to contest decisions.

Work, 54(1), 341-362. For a review of the international evidence see Tobis, D., Bilson, A., & Katugampala, I. (2020). International review of parent advocacy in child welfare. *Better Care Network and IPAN* available from <https://bettercarenetwork.org/library/principles-of-good-care-practices/parent-participation/international-review-of-parent-advocacy-in-child-welfare-strengthening-childrens-care-and-protection>

¹¹ See <https://www.nuffieldfjo.org.uk/resource/babies-in-care-proceedings-what-do-we-know-about-parents-with-learning-disabilities-or-difficulties>

Impact: Arbitrary and inconsistent outcomes result from inadequate transparency and fairness.

2. UN Convention on the Rights of the Child (UNCRC) Violations

a. Best Interests of the Child (Article 3)

Violation: Safeguarding responses prioritize risk over addressing children's needs.

Impact: Disabled children's welfare and development are sidelined.

b. Right to Special Care (Article 23)

Violation: Decline in support services fails to meet disabled children's need for tailored care.

Impact: Many families are left without adequate resources or interventions.

3. Convention on the Rights of Persons with Disabilities (CRPD) Violations

a. Equality and Non-Discrimination (Article 5)

Violation: Treating disabled children identically to non-disabled children disregards their unique challenges.

Impact: Families face systemic inequities and barriers to accessing fair treatment.

b. Children with Disabilities (Article 7)

Violation: Safeguarding practices fail to ensure the full participation and development of disabled children.

Impact: Focus on risk overshadows the child's right to flourish.

c. Respect for Family (Article 23)

Violation: Investigations disrupt family unity instead of supporting families.

Impact: Parent-child relationships are strained under adversarial procedures.

d. Habilitation and Rehabilitation (Article 26)

Violation: Insufficient emphasis on providing services that enable disabled children to reach their potential.

Impact: Families struggle without adequate habilitation or rehabilitation resources.

Cross-Cutting Themes

1. Geographic Disparities: Significant differences in investigation and support rates among local authorities lead to unequal outcomes.

2. Inconsistent Standards: Lack of national thresholds for safeguarding interventions results in arbitrary applications of the law.

3. Lack of Tailored Support: Families are subjected to punitive investigations instead of receiving appropriate care.

Conclusion on current situation and need for change

The findings highlight critical gaps in the social care system's ability to support disabled children and their families effectively. The decline in categorizing disability or illness as a primary need, despite increasing assessments, reflects systemic inadequacies in recognizing and addressing the specific needs of these children. Geographic disparities, inconsistent investigative thresholds, and a disproportionate focus on safeguarding over tailored support reveal widespread inequities that harm families and undermine trust in services.

The rise in allegations such as fabricated or induced illness (FII) and perplexing presentations (PP) against parents further exemplifies systemic failures, often leading to unnecessary family separations, untreated medical conditions, and psychological harm. Human rights violations, including the right to family life, non-discrimination, and access to fair processes, are evident in these practices, raising urgent concerns under the Human Rights Act, the UN Convention on the Rights of the Child, and the Convention on the Rights of Persons with Disabilities.

A cultural and structural shift is essential to ensure social care law and practice uphold the rights of disabled children and their families. This includes implementing equitable national standards, prioritizing support over punitive investigations, and fostering family-centred approaches that respect the dignity, needs, and participation of all parties involved. Reform is urgently needed to address these shortcomings and ensure the system fulfils its obligations to protect and empower disabled children and their families.

2. Alignment with Law Commission Recommendations and Additional Legal Remedies needed

Support for Law Commission Recommendations

We find a great deal to support in the recommendations in the consultative document as follows:

1. Legislation and Urgent Guideline Reform (Q3)

We support the need for legislative change and particularly the introduction of a single express duty to assess disabled children's needs. However, given the time required for legislation to be introduced and take effect, the analysis of the current situation shows the need for urgent reform to policies and procedures especially Working Together to Safeguard Children. A speedy review of Working Together is achievable as evidenced by the precedent of the review following the Independent Review of Children's Social Care. This could achieve the following whilst work continues on more fundamental changes to the legislative system:

- Establish a separate, needs-focused pathway for assessing disabled children

- Address the increasing trend toward investigative responses for children with a disability.
- Separate the assessment of safeguarding concerns (Section 47) from needs assessments (Section 17) which research¹² shows can lead to improved outcomes and build trust with families. Whilst agreeing with the need for a single express duty to assess, a reform of more general guidance on assessment of children in need where there are no abuse concerns could address concerns about access to services for children where diagnosis has not been confirmed or for very young children where diagnosis is difficult to achieve

2. Proportionality and Expertise (Q8, Q9)

Agree with the proposal to ensure that assessments are proportionate and appropriate, emphasizing the importance of minimizing intrusive practices.

Fully support the requirement for assessors to have appropriate expertise and training, particularly for rare or complex conditions.

3. Rights to Transparent Assessments (Q10)

Strongly agree that families should receive a copy of their assessments to enhance transparency and ensure parental input is recognized.

4. Advocacy for Children and Families (Q78, Q81)

Support the creation of a statutory right to independent advocacy for disabled children and their parents/carers, emphasizing the critical role of advocacy by experts with lived experience of the social care in navigating a complex, adversarial system.

5. National Eligibility Criteria (Q23)

Agree with the recommendation for national eligibility criteria to provide a basis for uniform access to social care services across local authorities.

6. Short Breaks (Q33-Q36)

Support the inclusion of short breaks within the statutory duty and recommend co-production of eligibility criteria with families.

7. Statutory Entitlement to Plans (Q44)

Support the proposal for a statutory entitlement to a plan outlining services for disabled children, enhancing accountability and clarity for families.

¹² For a longitudinal study of this sort of separation see Harries, M., Cant, R. L., Bilson, A., & Thorpe, D. (2015). Responding to information about children in adversity: Ten years of a differential response model in Western Australia. *Child Abuse & Neglect*, 39, 61-72. Also see Featherstone, B., Gupta, A., Morris, K., & Warner, J. (2018). Let's stop feeding the risk monster: Towards a social model of 'child protection'. *Families, relationships and societies*, 7(1), 07-22.

8. Transition Planning (Q54)

Agree with the need for statutory transition planning for disabled children, starting at 14 or 16, to ensure a smooth transition to adult services.

Areas Requiring Additional Legal Remedies

1. Fabricated or Induced Illness (FII) and Perplexing Presentations

Legal safeguards are needed to address misidentifications stemming from unevidenced “alerting signs,” which harm families and disrupt medical care.

Create national guidelines based on the British Association for Social Worker’s guide¹³.

2. Mandatory Training and Expertise

Require statutory provisions for training on rare and complex conditions, reducing reliance on assumptions that lead to bias (e.g., FII allegations).

3. Privacy and Data Sharing (Q5)

Combining assessments raises concerns about breaches of privacy and inappropriate data sharing, particularly with schools and other agencies.

Recommend stricter legal safeguards to ensure assessments maintain confidentiality and are shared only when strictly necessary.

4. Equal Access to Advocacy

Advocacy should be available to all parents, not just those deemed unable to participate independently, to ensure equitable access to support.

5. Effective Remedies and Tribunal Powers (Q64-Q66)

Strengthen the statutory complaints process and extend SEND Tribunal powers to address refusals for social care assessments and unmet needs.

Create a dedicated mechanism for families to challenge decisions in the social care system effectively and independently.

6. Definition of Disability (Q67)

Clarify terms like “substantial and long-term” to avoid exclusions based on subjective interpretations, especially for young children whose conditions may evolve.

7. Child Protection Focus

Our research¹⁴ highlights a disproportionate shift toward child protection investigations over support services.

¹³ <https://basw.co.uk/policy-and-practice/resources/fabricated-and-induced-illness-practice-guide>

¹⁴ Bilson A. (submitted) Trends in Parent Carer Blame: Patterns of service for children with a disability or mental illness referred to children’s social care available from <https://doi.org/10.31235/osf.io/vj3q8>

Recommend a statutory duty to separate support-based services from safeguarding investigations to restore focus on meeting children's needs.

Conclusion: Building a Rights-Respecting Framework

While the Law Commission's recommendations represent significant progress, additional legal reforms are essential to address systemic failures and ensure compliance with human rights obligations. These include:

- Reforming Working Together to Safeguard Children to address urgent needs.
- Protecting family privacy during assessments.
- Addressing the adversarial culture within social care.
- Expanding advocacy and support services.
- Enhancing mechanisms for independent review and accountability.

We urge the Commission to adopt these additional remedies to build a more equitable, inclusive, and rights-respecting framework for disabled children's social care.

Addendum to PFAN’s Response to the Law Commission: Addressing the Exclusion of Section 47 Inquiries from Complaints Processes and Broader Issues with Complaints in the Context of Disabled Children

1. Introduction

This addendum highlights the critical issue of excluding Section 47 investigations under the Children Act 1989 from the standard complaints processes of local authorities. It specifically examines how this exclusion disproportionately affects disabled children and their families, advocating for legislative reform to ensure procedural fairness and accountability. It also outlines our experience of the current system and how the complaints system as a whole could be improved,

2. Background

Under Section 47 of the Children Act 1989, local authorities are mandated to investigate when there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm. While the need to protect children is paramount, the exclusion of these investigations from local authority complaints processes raises significant concerns, particularly for disabled children, who are already among the most vulnerable populations.

Legal Context

- **Children Act 1989 Representations Procedure (England) Regulations 2006:** These regulations outline the right of parents and children to make complaints about most aspects of children’s social care services. However, many local authorities exclude Section 47 investigations, citing the need to prioritize safeguarding over administrative review.
- **Human Rights Implications:** Article 8 of the European Convention on Human Rights guarantees the right to respect for private and family life. Procedural unfairness in Section 47 investigations can constitute a violation of this right.

Impact on Disabled Children and Families

- Disabled children often face heightened scrutiny due to misconceptions about their needs and family circumstances.
- Families of disabled children frequently report feeling marginalized or misunderstood during child protection processes, with little recourse to challenge perceived procedural injustices.
- Autistic parents, in particular, experience significant challenges during Section 47 investigations due to a lack of understanding from professionals regarding autism. This results in frequent misinterpretations of their parenting approaches or communication styles as neglectful or harmful, exacerbating their distress.

3. Key Issues

a. Lack of Procedural Fairness

Excluding Section 47 investigations from complaints systems denies families the opportunity to address:

- Miscommunication or lack of adequate explanation for decisions.
- Procedural errors that may have exacerbated stress or mistrust.
- Perceived biases or inappropriate conduct by professionals involved.

b. Disproportionate Impact on Disabled Children and Families

Disabled children and their families often face unique challenges, including:

- Misinterpretation of disability-related behaviors as signs of neglect or abuse.
- Increased interaction with multiple agencies, amplifying the risk of procedural errors.
- Greater difficulty accessing advocacy and support to navigate complex systems.
- For autistic parents, the lack of tailored communication and autism awareness among professionals further alienates them from the process and reinforces feelings of powerlessness.

c. Lack of Transparency and Accountability

The exclusion creates an accountability gap, undermining trust in the child protection system and leaving families feeling powerless.

4. Recommendations for Legislative Reform

a. Amend the Children Act 1989 Representations Procedure (England) Regulations 2006

- Ensure that procedural and conduct-related aspects of Section 47 investigations are explicitly included within the scope of local authority complaints processes.
- Distinguish between challenging safeguarding decisions (which may require judicial review) and addressing procedural fairness, communication, and conduct.

b. Strengthen Safeguards for Disabled Children and Families

- Mandate disability-awareness training for all professionals involved in Section 47 investigations.
- Include specific autism-awareness training to improve professionals' understanding of the unique needs of autistic parents and their communication styles.
- Require local authorities to provide accessible information and advocacy services tailored to the needs of disabled children and their families.

c. Enhance Oversight and Redress Mechanisms

- Empower the Local Government and Social Care Ombudsman (LGSCO) to investigate procedural complaints related to Section 47 inquiries more proactively.

- Establish an independent body to review systemic issues arising from Section 47 investigations, particularly concerning disabled children and autistic parents.
- Automatically refer cases of negligence or malpractice by social workers to regulatory bodies, relieving families of the burden of filing separate complaints.

d. Incremental Tribunal-Style Reforms

- Explore the feasibility of adopting certain tribunal-style features within the existing complaints process to increase fairness and transparency.
- Provide legal aid for complex cases where families may struggle to represent themselves effectively.
- Develop clear guidelines for publishing outcomes of complaints or reviews to enhance systemic learning while safeguarding family privacy.

e. Protect Families Who Make Complaints

- Implement measures to prevent retaliation or false allegations, such as fabricated FII (fabricated or induced illness), against families who raise legitimate concerns.
- Require local authorities to address repeated complaints constructively by identifying key themes and initiating broader investigations into systemic issues.

f. Enhance Advocacy and Support

- Ensure free advocacy services are available to all families engaging with the complaints process.
- Simplify and shorten the complaints process to reduce the stress and burden on families.
- Provide comprehensive information on the complaints and appeals process to all families periodically, ensuring transparency about their rights.

g. Ensure Independence in Oversight Roles

- Independent persons involved in complaints processes must not be on the local authority payroll or connected to them.

5. General Problems with the Complaints Process

a. Delays in the Process

There are significant delays at each stage of the complaints process, often exceeding the statutory 20-day timeframe for Stage 1 resolution. These delays exacerbate stress for families and undermine trust in the system.

b. Overly Broad Exclusions

On advice from the Local Government Ombudsman (LGO), many local authorities refuse to address complaints that involve safeguarding or Section 47 elements. This overly broad exclusion leaves parents feeling powerless. While complaints should not halt child

protection procedures, it must be possible to address legitimate concerns during Section 47 inquiries and child protection conferences.

c. Lack of Independence

The Children Act Complaints Manager is often perceived as lacking independence and effectiveness. This perception undermines confidence in the process, as complainants feel their concerns are not impartially considered.

d. Procedural Deficiencies at Stage 1

- Stage 1 is rarely conducted in the spirit of the guidance, which emphasizes the importance of direct dialogue between complainants and decision-makers. Instead, complainants often receive written responses without any meaningful discussion.
- The individual handling the complaint is often directly involved in the matter being complained about, creating a conflict of interest.

e. Challenges at Stage 2

- While Stage 2 investigations provide the first meaningful opportunity for complainants to feel heard, the process is often undermined by:
 - Suspicions about the independence of Investigating Officers (IOs).
 - Limited opportunities for complainants to review and correct the IO's findings before reports are finalized.
 - Lack of clarity about the Independent Person (IP) role, which is seen as adding little value to the process.

f. Ineffectiveness of Stage 3 Review Panels

- The Stage 3 process is formal and bureaucratic, making it inaccessible to many families.
- Review panels focus narrowly on procedural compliance rather than addressing unresolved complaints substantively.

6. Proposed Improvements to the Complaints Process

a. Enhancing the Role of the Independent Person (IP)

- Assign the IP early in the process to oversee the complaint from start to finish.
- Empower the IP to:
 - Ensure procedural compliance and adherence to timescales.
 - Act as an advocate for the complainant, ensuring their concerns are understood.
 - Raise concerns with external bodies if necessary.

b. Reforming Stage 1

- Assign responsibility for Stage 1 resolution to an independent manager not involved in the subject of the complaint.
- Adopt a restorative approach, emphasizing direct dialogue and mutual understanding.
- Share and explain outcome letters to complainants before finalizing them, ensuring factual accuracy and addressing misunderstandings.

c. Strengthening Stage 2 Investigations

- Require IOs to meet with complainants to clarify the terms of reference and ensure accurate understanding of the complaint.
- Allow complainants to review and comment on draft reports to ensure accuracy and representation of their views.
- Clearly define the IP's role in supporting and monitoring the investigation.

d. Streamlining the Complaints Process

- Replace Stage 3 with direct referral to the LGO, simplifying the process and reducing bureaucracy.

e. Embedding Learning and Accountability

- Establish a monthly complaints panel to review outcomes and identify systemic issues, reporting findings to the scrutiny committee.

7. Conclusion

The children's social care complaints process requires significant reform to address delays, lack of independence, and procedural deficiencies. By implementing these recommendations, the Law Commission can create a fairer, more transparent system that upholds the rights of children and families while maintaining the integrity of child protection services.