

Case for Change - Supporting Evidence

Introduction

When the independent review of children's social care launched on the 1st of March 2021, we committed to publish a case for change in the summer of 2021, highlighting what we think most needs changing in children's social care. Since then Josh and the review team have been working at pace to gather and consider a wide range of evidence and information to inform our early thinking.

The overall position of the review, based on what we have seen and heard so far is set out in the Case for Change document, however given the breadth of the topic it does not cover everything we have heard. The purpose of this document is, therefore, to set out in a more systematic way the supporting evidence we have gathered since the beginning of the review. This is not the end of the evidence gathering of the review and is a point in time, enabling us to gain feedback on what we have heard so far. The review will continue to gather evidence - there are many individuals and organisations we have yet to hear from - and there will be further opportunities to input into the review.

This document summarises our three primary forms of input into the review:

1. **Engagement and participation work:** since the review began in March 2021 we have directly heard from more than 700 people with lived experience of children's social care and also spoken with around 300 people working with children and families.
2. **Call for Advice:** this was open to anyone and asked how the review should work and the big questions we should focus on.
3. **Call for Evidence:** this was aimed at academics and researchers and received 207 responses from academics, researchers and others covering a wide range of topics.

In addition to this, Josh and the review team have also started to meet with a wide range of individuals and organisations who have been able to share a range of personal and professional expertise and experience. These include organisations representing children and families, providers, Directors of Children's Services, Lead Members for Children's Services, representative of safeguarding partners and others. The review held a number of roundtable discussions on particular themes, including foster care, social care commissioning, adoption, secure residential care and children with disabilities. Since Covid restrictions have eased Josh has visited eight different sites including a residential children's home, a family hub and shadowing a Police community support officer. We expect to carry out more visits in this next phase of the review, as restrictions ease further.

The review has also been supported by an Experts by Experience Board, a Design Group and an Evidence Group. You can read more about the groups [here](#). The Experts by Experience Board has met 5 times since the review began, the Evidence Group has met twice and the Design Group has met once. All groups were provided with an early draft of the case for change and given the opportunity to provide



feedback. The review groups and the Experts by Experience Board operate in an advisory capacity and deliberately bring together wide ranging and differing perspectives, and so the case for change has not been signed off by or endorsed by these groups.

To give the Review team an opportunity to discuss the latest evidence with leading researchers in the field, the team have also organised a series of thirteen internal research seminars covering topics such as inequalities and intersectionalities in the children's social care system, decision making in children's social care, safeguarding adolescents, observing and evaluating direct social work practice, interaction between children's social care and other public services, approaches to system change and programme evaluation as well as historical trends in children's social care.

Section one: engagement and participation

The review published its initial plan for engaging people with lived experience of children's social care on 18th March 2021¹.

This plan, which the review's Experts by Experience Board helped to develop, detailed how we intended to hear the views of those with lived experience during the initial phase of the review. The overarching commitment we made in this plan was that "everyone who wanted to would be able to have their voices heard by, and contribute to, the review". The review commenced its initial phase of engagement to inform the case for change between early March and late May 2021.

The plan also set out the specific methods of engagement that the review would prioritise during its first few months, which included workshops, focus groups, one to one conversations and co-led events with charities and people with lived experience of children's social care.

How we are delivering against the plan

Since the plan was published on 18th March, the review has heard from over 700 people who have lived experience of children's social care. We have heard from children, care experienced adults (includes adoptees), parents and families, kinship carers, foster carers, and adopters. Many of the people we heard from had more than one type of experience (e.g. some care experienced adults were also kinship carers and foster carers). This initial phase of engagement included:

- speaking to over 200 people at 14 **review led workshops**, all open to members of the public, during April and May.
- attending more than 30 **focus groups and workshops** attended by people with lived experience of children's social care, hosted by charities and organisations such as Become, the Drive Forward Foundation, Family Rights Group, Kinship, the Disabled Children's Partnership, National Network of Parent Carer Forums and the Children's Society, to name just a few.
- holding around 20 **one-to-one conversations** with people that have lived experience of children's social. These were either held with people who had previously attended our workshops and wanted an additional opportunity to share their views, or with members of the public that contacted us directly.
- meeting around 80 **charities and organisations** which have access to existing groups of people with lived experience of children's social care.

We used two standard questions in all of our initial discussions:

1. What needs to improve (e.g. process, places or people) in order to create a better children's social care system?

¹ [IRCS-Our-Plans-for-Engagement.pdf \(independent-review.uk\)](#)

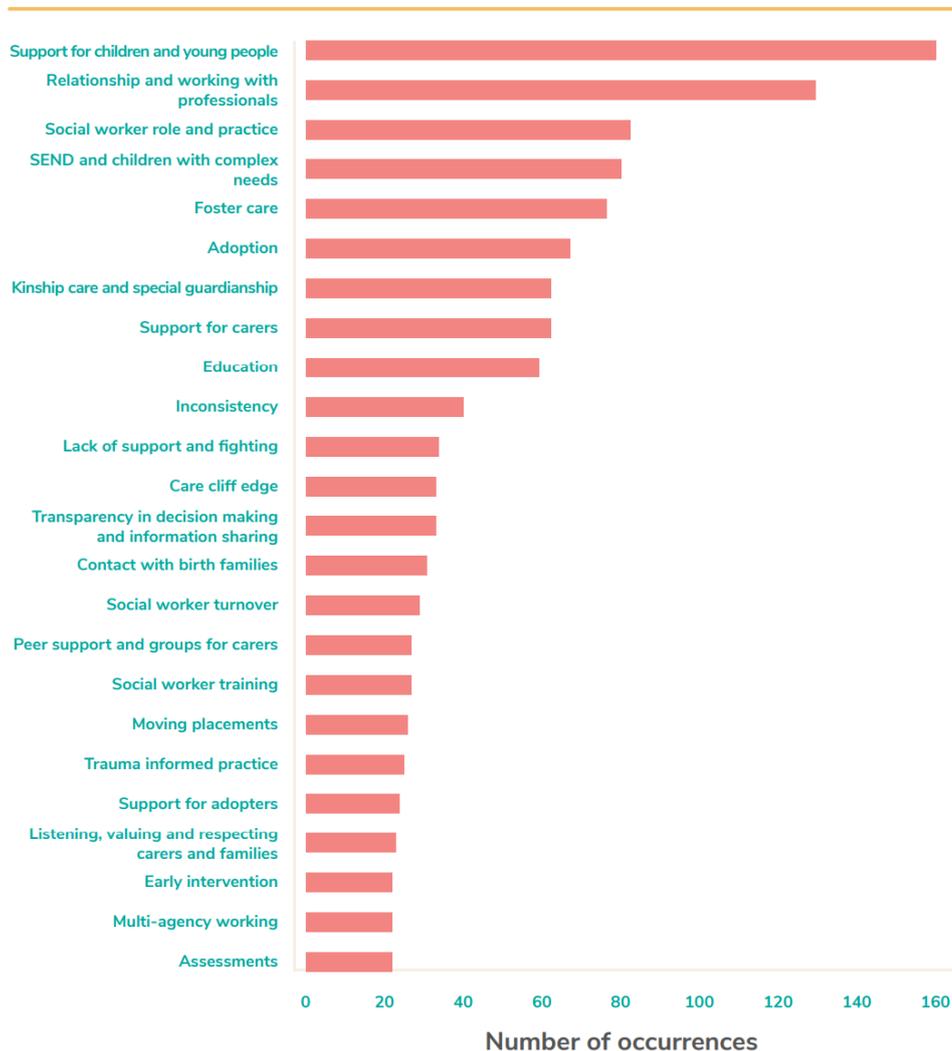
2. Which people, places and processes played a positive role in your experience of children's social care?

In all discussions we adopted a semi-structured approach which meant that further questions were asked depending on, and responding to, the topics participants raised. All participants were informed that their contributions would be captured anonymously, and that they could choose not to contribute if they felt uncomfortable. All participants were informed that they would not be asked to share anything about their own experience if they did not want to.

Thematic Analysis

We captured all of the views that were shared with us (including those posted in the MS Teams chat function) by taking contemporaneous notes. We used a computer software programme (Nvivo) to analyse the notes we took at all engagement sessions in order to identify recurrent themes and ensure these could form the basis of our arguments in the case for change. We then conducted a thematic analysis of all the notes that were taken - the themes raised most frequently were:

Figure 6: top themes from our engagement with people who have lived experience of children's social care



Theme	Brief Description
Support for children and young people	<p>This theme includes a range of areas where participants felt support for children and young people could be improved. This includes:</p> <ul style="list-style-type: none"> ● an overall lack of support and needing to fight for support. ● difficulty accessing mental health support, including CAMHS. ● support only being made available when issues had reached 'crisis point'. ● the need for therapeutic, trauma informed support to be more readily available.
Relationships and working with professionals	<p>The theme describes the relationship between families, carers, and young people - and the professionals working with them. This includes:</p> <ul style="list-style-type: none"> ● the need for greater transparency around decision making, and better information sharing between professionals and families. ● the need for professionals to listen (without judgement) to children and families. ● the need to involve children, young people, families and carers in decision making. ● the need for trusting relationships between families and professionals, and the lack of trust some participants described in the relationships they have with the professionals in their lives.
Social worker role and practice	<p>This theme covers the perspectives of people with lived experience, towards the quality of social work practice and social worker behaviour. This includes:</p> <ul style="list-style-type: none"> ● wanting fewer changes of social worker. ● a need for more trauma informed practice. ● more consistent and accurate records and notes need to be taken by professionals and shared with families freely. ● The importance language – particularly language used by professionals to describe young people,

	families, and the places they live.
SEND and Children with complex needs	<p>The theme includes the views of parents and carers we met who look after children with complex needs, including disabled children. This theme included a large number of views that children's social care was not fit for purpose for disabled children because of the focus on child protection, investigation of parenting, the lack of support for disabled children and carer blame. Other recurrent themes included:</p> <ul style="list-style-type: none"> • the quality of SEND assessments and the difficulties in getting an assessment. A number of participants told us about long waiting times to get assessments, and that the outcomes of those assessments often did not lead to the type of support their child required. • the prevalence of Foetal Alcohol Syndrome Disorder (FASD), the lack of specific support and the lack of training for professionals. • Inequality between the services parents and carers could access for their child, depending on the local authority area in which they live.
Foster care	The theme describes comments about foster care, including desire to professionalise the role and ensure foster carers have more of a say in the decisions made about children in their care (e.g. at school).
Adoption	The theme includes comments about adoption, particularly around the assessment process for adopters, the information provided to adopters at the point of adoption and the adoption support fund.
Kinship care and special guardianship	The theme describes comments about kinship care and special guardianship, including the impact of this on carers, pressure from social workers and less support and access to services for carers and children, especially compared to other care orders.
Support for carers	<p>The theme describes comments about the support offered to carers, particularly foster carers. The main topics raised within this theme were:</p> <ul style="list-style-type: none"> • the importance of peer support and groups for

	<p>carers.</p> <ul style="list-style-type: none"> ● the need for better provision around respite and annual leave for carers. Particularly the need for emergency leave to stop placement breakdowns and minimise the impact on carer's own mental health. ● differing levels of support provided to local authority foster carers compared to foster carers who work for private fostering agencies.
Education	<p>The theme describes a range of issues that were raised to us about the quality of education provided to children in care. These included:</p> <ul style="list-style-type: none"> ● the role and availability of virtual school heads. ● schools understanding of care – including the additional support children in care might require in comparison to their peers. ● education support and Pupil Premium. ● teacher training
Inconsistency	<p>The theme describes references to inconsistencies in the access and quality of support and services. These include:</p> <ul style="list-style-type: none"> ● the “postcode lottery” regarding access to support, funding and social worker practice. This was particularly stark when neighbouring LAs had vastly different support offers available to children, families, carers and care leavers. ● Inconsistencies between care orders and the need for all children in care to be recognised equality and have access to the same services. ● Social worker practice inconsistencies
Care ‘Cliff Edge’	<p>The theme describes references to the support provided to care leavers, at age 18 (or in some cases age 25). These included:</p> <ul style="list-style-type: none"> ● the lack of support (care cliff) children received as they approached age 18. ● the need to be able to opt into (rather than fight for) access to services such as mental health support.

	<ul style="list-style-type: none"> the need to better prepare children in care for adulthood – including how to manage money, how to access education and employment opportunities, access good quality housing and live independently.
Contact with birth families	<p>The theme includes comments about contact with birth families for young people in care (including those who had been adopted). Comments in this area focused on a lack of support for birth families and carers, inflexible rules around contact which minimise choice, and the traumatic impact of contact for some young people.</p> <p>A number of children, young people and care experienced adults told us about distressing situations where they had been permanently or temporarily separated from their brothers and sisters through being taken into care.</p>
Social worker turnover	<p>The theme includes comments regarding high social worker turnover, the impact of this instability on families and young people and the relationships they develop with social workers.</p>
Moving placements	<p>The theme includes comments about the high number of placement moves some of the young people we met described to us. Those who had experienced large numbers of placements told us about the negative impact this had on their ability to form meaningful relationships, ties to their local community, and impact on their mental health.</p>
Early intervention	<p>The theme describes references to early intervention and the need for more focus on family welfare rather allowing issues to reach “crisis point”. This theme includes comments from birth families, carers and adopters, including where adoption placements breakdown.</p>
Multi-agency working	<p>The theme includes comments made about multi-agency working. Most comments in this area referenced a lack of joined up working.</p>

What we heard from specific groups

We heard more frequently from certain groups of people with lived experience – particularly birth parents, adopters and foster carers, during our initial phase of engagement. This meant that the views of some tended to be over-represented in a thematic analysis and so, in addition to the thematic analysis, we also captured the recurrent themes that were raised by different groups of people with lived experience:

Care Experienced Adults

- **Relationships with professionals:** care experienced adults we met told us about the large number of professionals in their lives as children growing up in care, or as adult care leavers. In one instance a child told us that they had 40 professionals supporting them. We heard frequent references to the high turnover of social workers, the impact this had on children's lives and children's ability to build long-term trusting relationships as a result.
- **The care "cliff edge":** care experienced adults told us that the support they received as children ended too abruptly at age 18 (or 25 in some cases). This included financial support, support to access education and employment opportunities, access to adult services (particularly adult mental health services) and good quality housing. Some people described an "emotional cliff edge" too - where bonds with foster carers, social workers and other professionals were broken at short notice.. Some care experienced adults told us about the relationships they had maintained from childhood through to adulthood, and the important role these had played at various points in their lives.
- **Criminalisation:** we heard examples of care not doing enough to address harms outside of the home, including protecting children from gangs and involvement with the criminal justice system. Those participants that had experience of care and criminal justice told us about situations where they felt they had been treated unfairly or disproportionately compared to their peers - and that youth offending services did not offer the right type of support, which led to repeated arrests.
- **Schools:** some care experienced adults told us about positive experiences of school – where individual teachers had gone the extra mile to support them. However, we also heard about experiences where care experienced adults had been excluded from activities other children were able to enjoy, such as school trips and class photos. A number of people also told us about a lack of awareness of care experience in schools – which included a lack of awareness about attachment or trauma informed practice.
- **Higher Education:** We heard from groups of care experienced adults who were currently studying at further and higher education institutions. Whilst some reported positive relationships with personal advisors or teachers who had helped provide guidance and advice - the financial and pastoral support care experienced adults received varied significantly. Some reported support in the form of local authority bursaries and university funding for care leavers which met their needs; although most felt this was inadequate and did not reflect the extra costs care experienced adults faced. These costs included finding 52-week accommodation and paying for storage. Most participants felt that their emotional and pastoral needs were not met in higher education, and many participants spoke about a sense of relief when they connected (often by chance) with other care leavers at their institution.
- **Stigmatising care experienced people:** A small number of people told us about experiences where they had felt stigmatised or discriminated against



whilst growing up in care, or as care experienced adults. This was particularly acute when care experienced adults had children of their own, and a number of people we met reported an 'automatic' involvement with children's services when becoming parents. This included stigma and suspicion simply because of their own involvement with the care system as children.

Adoptees

- **Peer Support:** Adoptees we met told us about the value they had found in peer support and connecting with other adoptees. Where that was absent some adoptees we met reported feeling isolated and disconnected, despite having good relationships with their adoptive parents. The adoptees we met told us that good quality peer support requires appropriate levels of funding to ensure it can be maintained.
- **Relationships:** Adoptees told us that they often felt the support offered to adult care leavers was not made available to them, despite often experiencing similar childhood trauma. The adoptees we met felt that contact with birth families was important, that the letterbox scheme was often inadequate – and that social media provided a particular challenge. Some adoptees we met reported experiences of finding out traumatic information about birth families, or contacting / being contacted by birth families, on social media – and little emotional or practical support being available to help at that point.

Children & Young People

- **Sibling / Family Contact:** Some of the children we met told us that they had been separated from their siblings when taken into care – and that they would like to see them more often. We also heard from children who lived significant distances from their siblings, grandparents, aunties, and uncles – which meant contact was limited and infrequent. Unaccompanied children told us about instances where they had been placed in one local authority area when they entered the care system but had been moved to another local authority area to live with siblings. This was welcomed, although some of the young people we met then told us about other issues which flowed from being placed 'out of area'.
- **Transition to adulthood:** Some older children told us about the information and guidance that had been given to them as they approached age 18. Some had received good support from foster carers or children's homes – others felt unprepared and were concerned that they were not given opportunities to develop life skills (e.g. learning to cook or managing their own finances) before turning 18. In some instances, older children told us about concerns they had about becoming homeless at age 18 which put unacceptable pressure on them, sometimes whilst studying for important qualifications at the same time. When children were leaving care in out of area placements this sometimes led to disagreements about housing opportunities and funding. For some asylum seeking children this added to uncertainty about where they would be living and whether they could remain in contact with people they had established relationships with.

- 
- **Access to Services:** Some young people we met told us about the impact of youth clubs and other services they accessed for enjoyment being closed – which prevented them from engaging in fun activities, and therefore the quality of relationships developed between young people their peers and professionals. We were told that fun and relationships need to be prioritised throughout services.
 - **Social Workers:** A number of children we met told us about large numbers of professionals in their lives, and the large number of social workers they had been allocated. Some young people we met reported having very good relationships with their social worker, some reported a feeling that social work was too formulaic and did not value building relationships with them highly enough.

Kinship Carers

- **Financial Support:** Many kinship carers told us about the financial sacrifice they had made to care for their family members. Some kinship carers reported cashing in pension pots, making significant changes to their own future life plans or having to reduce working hours in order to care. Some told us about the experience of caring for very young babies, without the ability to access parental leave, which meant they had no option but to stop working for a period.
- **Accessing Support:** Most kinship carers we met told us about challenges in accessing support for the children in their care, who often demonstrated delayed signs of significant childhood trauma. This ranged from examples of long waiting lists for CAMHS to the support provided by schools. Some kinship carers told us that the CAMHS support their child received had helped significantly, others told us that they had decided to pay for private therapy to ensure their child received the support they required whilst on waiting lists for CAMHS.

Parents and Families

- **Isolation:** Many of the birth parents we met told us that they felt isolated and alone through care proceedings, their interactions with social workers and the courts. Many said that peer advocacy, advice and guidance for parents was vital, so that they knew what to expect and what their rights were.
- **Too much investigation, lack of support:** Birth parents told us about numerous situations where they had requested support from the professionals in their lives and instead felt their parenting style and families' lives had been investigated. In addition, whilst many parents we met told us that social work had an important role in keeping children safe, many told about examples where family welfare services had been absent, which meant small issues had escalated, and when they did social workers had few tools or resources to be able to help.
- **Domestic Abuse:** Most birth mothers we met told us that domestic abuse had been a factor in their child being removed, and that the impact of this was



not properly recognised when making decisions about whether a child could remain at home. Many parents told us that they felt punished for being the victim of domestic abuse, when what they needed was practical and emotional support to leave the relationship and keep their child safe.

- **Fathers:** during our engagement we mainly heard from birth mothers, but the small number of fathers we met told us about specific challenges they faced. This included accessing parenting advice tailored to men, accessing support as the victims of domestic abuse and confrontational encounters with professionals who felt that fathers could only be the perpetrator of abuse.

Foster Carers

- **Foster Carer status:** Many of the foster carers we met told us about situations where they felt their views had not been respected in discussions with social workers and teachers - and should have been consulted more often about issues affecting the children in their care..
- **Foster Carer support:** A number of foster carers we met told us about the level of support they received from their local authority or foster agency. Some carers felt this was good or adequate – which frequently included regular respite care, annual leave and training. However, some reported a very different experience in accessing support – particularly in arranging respite care during emergencies or at short notice.
- **Social Work:** Some foster carers told us about the high turnover of social workers and other professionals that were involved in the lives of children in their care. Some had formed good bonds with social workers and found the support they provided to be helpful, others felt that social work training needed to do more to inform social workers about common issues such as Foetal Alcohol Spectrum Disorder (FASD) and special educational needs and disabilities (SEND).

Adopters

- **Access to support:** The adopters we met told us about mixed support they had received before becoming adopters, and once they had adopted their child. Some adopters told us that their local authority had been very supportive and provided practical training and advice which had helped them. Others felt that they should have been given more training in advance of adopting their child, and that they needed to have priority access to all types of support once they adopted, rather than be subject to long waiting lists and repeat referrals.
- **Child / Parent Violence:** During our workshops in April, adopters raised the issue of child / parent violence with us – and cited it as one of the main reasons for adoption breakdown. Linked to the point above, most adopters that had experienced violent behaviour from their child told us about how significantly this had affected their lives – sometimes leading to adoption breakdown- and that (apart from in a minority of cases) they felt unable to easily access support.

Parent Carers of Disabled Children

- **Threshold for support:** parent carers told us that they felt deprioritised by services, and that often issues had to reach ‘crisis point’ before they could receive support. Many parents told us that they felt their child’s needs would become more acute and expensive to manage as a result.
- **Safeguarding rather than support:** some parent carers told us that they had felt nervous about asking for help, and that when they had social work tended to focus on their parenting style rather than the support their disabled child required. Many parent carers told us they felt support for disabled children should sit out of the children’s social care system.
- **Autism:** Large numbers of parent carers told us about particular difficulties getting support for their autistic children.

Engagement with those who work or volunteer with children and families

Alongside our engagement with people that have lived experience of children’s social care – the review has also sought the views of people who work or volunteer with children and families, initially through our call for advice. The further methods we are using to engage with the workforce were published on 10 May 2021² and invited groups and individuals to let us know if they would like the review to attend existing meetings they have, receive surveys, or for us to arrange bespoke focus groups for them to attend.

During the weeks following publication of the plan we heard from professionals via roundtables and events held with Local Authorities. These included early help teams, social workers and other staff who work in voluntary roles supporting children and families. We heard some important and recurrent themes from the professionals we met. These included:

- **Bureaucracy:** a number of the social workers told us that they wanted to spend more time with children and families. They recognised the importance of accountability and accurate record keeping – but felt there was an imbalance between time spent in the office and time spent with families. Some family support workers we met spent almost all of their time with families, and they reported building lasting and trusting relationships as a result.
- **Multi-Agency Working:** most of the staff we met shared a sense of frustration about not being able to get children and families the support they required, at the point they required it. Some reported that financial pressures and cuts to funding had led to a reduction in services, others reported long waiting times for services such as CAMHS. We heard about some positive examples in local authorities where there had been efforts to bring together

² [Workforce engagement plans - The Independent Review of Children's Social Care \(independent-review.uk\)](https://www.independent-review.uk/workforce-engagement-plans)



services– although these had struggled to continue because of funding uncertainty and cuts.

- **Family Welfare:** some social workers told us that they felt powerless to help when families first engaged with social workers due to a lack of available services. Some referred to the closure of Sure Start Centres as having had a significant impact on family welfare – and that as a result social care often expected families to be better than average parents, with little practical help and in very challenging circumstances.
- **Disabled Children:** Many of the staff we met told us about the challenges they faced in meeting the needs of disabled children. Those needs often could not be met in their local area, which meant they were placed out of area. Some suggested more join up across local authority areas to make sure disabled children’s needs could be better met – and told us about the need for better short break provision.
- **Kinship Care:** The experience of many professionals we met was that kinship care was an under-supported and resourced part of the children’s social care system. Many felt that the support (therapeutic, training and financial) provided to kinship carers should be, at least, similar to the support provided to foster carers and adopters.
- **Workload and Resources:** Most of the social workers and other professionals we met told us about challenges around high case loads of children and families to support. Whilst almost all of the social workers we met told us they would like to spend more time with families, high case loads meant they had to prioritise those with greatest need and had little time for reflection. In some cases this had led to ‘burnout’ and social workers leaving the profession.

The review hopes to hear from many more people who work or volunteer to support children and families during the next phase of the review.

Section Two: Call for Advice

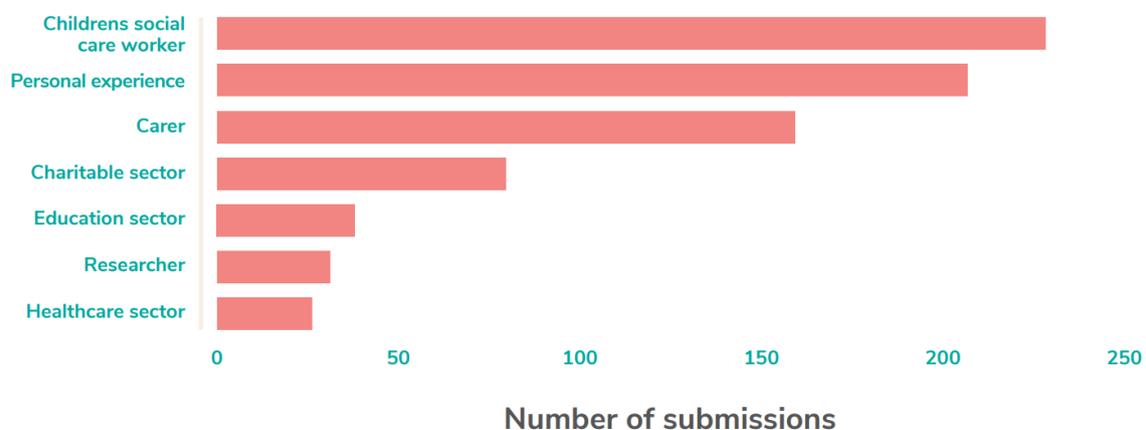
Summary

The Call for Advice was launched on 15 January 2021 and closed on 16 April 2021. It was open to all to share their suggestions and inform the scope and focus of the first phase of the review. This process also provided a wide range of views and evidence that have helped shape the Case for Change.

Responses

In total there were 932 responses, the majority of which were received through our online form.

Figure 7: Call for advice - submissions by group



This included over 200 submissions from both respondents with personal or familial experience of the children's social care sector and from children's social care workers.

Responses were reviewed by Josh MacAlister, while supporting analysis was conducted by the review team.

Questions

The Call for Advice contained 4 substantive questions:

1. Who should I prioritise speaking to?
2. How best should I engage children, young people and families who have experienced children's services?

3. What should I be reading?
4. What are the big questions we should be asking as part of the review?

Findings

Who should I prioritise speaking to?

Responses identified a wide range of system actors who are often overlooked but who make a difference to the lives of children and young people. As such, responses to this question were an important reminder of the very wide range of people the review must engage with to fully understand the children's social care sector.

Common advice was to speak directly with social workers and foster carers, children, and parents. But there were also more specific suggestions to speak to independent visitors, health practitioners and community organisations.

These suggestions were logged, and the review built an engagement plan to bring in the different perspectives that had been suggested.

How best should I engage children, young people and families who have experienced children's services?

Responses to this question emphasised that how children and families perceive and engage with children's social care depends on a broad range of personal, social, geographic and economic factors. This view was reflected in three common themes.

The first is that respondents were clear there should be no 'one size fits all' approach to hearing the views of people with lived experience of children's social care – most thought we should be using a wide range of methods.

Secondly, the importance of deep listening and providing time and space for people to share views came across strongly in the responses.

Finally, to be inclusive, considering the characteristics and experiences which result in diverse experiences and perspectives of children's' social care.

Many of respondents suggested that the best way to hear the voice of children is through working with people they already know and trust – whether that is a parent, family member, social worker, teacher or carer. Several respondents also thought that we should be exploring innovative and online approaches, working with charities and other voluntary organisations, and making best use of social media to capture views.

We received far fewer submissions which focussed on how we should engage families. Those of who did provide views pointed out the importance of including birth parents, kinship carers and siblings – and ensuring the review hears the voice of those families who wouldn't directly engage with review. In response, we have been



engaging with organisations such as Family Rights Group, Kinship, Siblings Together and individuals with lived experience for advice.

What should I be reading?

We received a broad range of suggestions that included books, organisational publications and libraries, individual authors and topics, as well as reports and research papers.

Commonly cited topics included support for foster carers, trauma and trauma-informed practice, courts, Special Educational Needs and Disabilities, and poverty.

The team has logged all of the papers, articles and reports suggested and, along with the Call for Evidence, these have formed a key part of our exploration of evidence, that has shaped the review's Case for Change.

What are the big questions we should be asking as part of the review?

Responses to this question were crucial to the development of our early plans for the review, which included helping to define the main overarching question for review – *how do we ensure children grow up in loving, stable and safe families and, where that is not possible, care provides the same foundations?*

To uncover common themes and topics related to this overarching research question, text analysis was then conducted employing a variety of complimentary research methods.

Text Analysis

Several key themes were revealed by topic modelling. The themes that were identified were then re-checked against relevant submissions in each area to provide the following 8 thematic areas:

1. The children's social care system: A top-level look at how the system function and operates, what the real values of children's social care are, what the role of government is, and the impact of broader societal issues (e.g. poverty and inequality)
2. Placements: An evaluation of the effectiveness of placement provision, the impacts of poor provision and lack of stability on children, and the potentially negative role of the private sector within the residential care market
3. Social worker relationships with families: Relationships between social workers and families. Including low levels of contact time, attitudes to risk, and a perception of an adversarial framing to the relationship.
4. Practice models: Inconsistency or failure to adopt social work practice models. In particular, relating to safeguarding, handling trauma, mental health, and SEND.
5. Educational support and outcomes: Education's role in supporting the care system, poor educational outcomes, and support with post-18 transition and university applications.

6. The Family Justice system: Care proceeding and family courts. In particular, the negative experiences of families in these settings, lack of clarity, transparency, perceived lack of impartiality, and delays.
7. Foster and kinship carers: The status and role of foster and kinship carers. The lack of support, professional status, and voice for carers. The impact on children of poor placement stability.
8. Wider support services: The role of wider support services (in particular, mental health), their funding (or lack-of), their ability to work together cohesively (or lack-of), and the feeling of families of being passed through referrals.

This topic modelling was conducted using the Latent Dirichlet Allocation method using the 'topicmodels' package in R. This method presents collections of words which are commonly used together and can be used to discern common themes within large collections of text. After exploratory analysis the number of topics was set to 8, and the 'Gibbs' approach was used as the estimation method. Interpretation of themes was conducted by 9 raters conducting their assessment independently – there were high levels of consistency across all 8 topic areas, providing confidence in this assessment.

Thematic Analysis

All responses were also individually read and coded with relevant theme titles using an inductive coding strategy. This process helped provide additional confidence to the themes revealed through topic modelling and also revealed a number of interesting additional insights which have also fed into the Case for Change. This included:

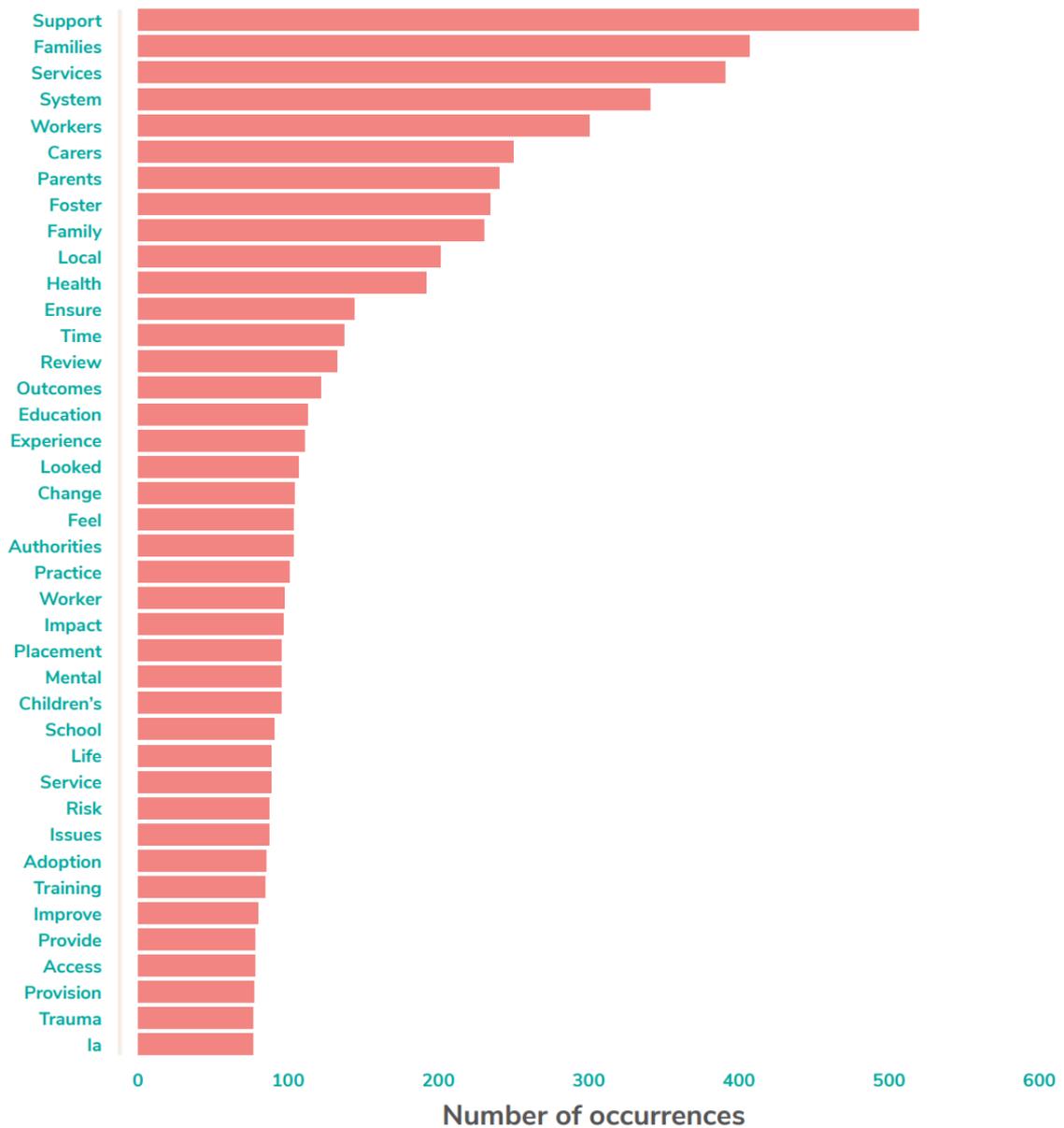
1. Reflections on why it has proven so difficult to improve the system, despite past identification of systemic problems.
2. The pervasive impact of instability on children, whether that be through instability of homes (often referred to as placements), relationships or workforce turnover.
3. The importance of focusing on supporting and strengthening families to resolve issues and strengthen families before problems escalate.
4. The issue of disproportionality within the system. Many respondents raised the fact that some groups of children are more likely to enter care, with Black children and some other ethnic groups and children with Special Educational Needs and Disabilities frequently mentioned. Poverty as an underlying driver of child protection concerns was also raised.
5. The importance of providing tailored support. This includes support for children with Special Educational Needs and Disabilities, but also how we account for wider impacts of trauma, including mental health.

Most Common Words

Finally, using the statistical software 'R', the most common words used by respondents when answering question 4 (what are the big questions we should be

asking as part of the review?) were identified. After removing stop words, this revealed that the top 5 words were: support, families, services, system and workers. Each of these words occurred over 300 times.

Figure 8: Top words used - analysis of responses to Call for Advice 'What questions should the review focus on?'





Section Three: Call for Evidence

Summary

A Call for Evidence was launched to identify the wealth of existing evidence and research to inform the review. The Call for Evidence was open between 1 and 30 March 2021 and was primarily aimed at seeking contributions from researchers and those delivering services which had been evaluated.

The review received 207 submissions³ from a range of respondents including from:

- Academics;
- Research community;
- Charitable sector;
- Local government;
- Central government;
- Health care sector;
- Social workers; and
- Those with care and lived experienced.

The review team considered all the responses received and the information provided informed the development of the Case for Change. Further details of how we reviewed the evidence with a summary of the key themes are outlined below. The evidence gathered will be an extremely valuable resource which the review team will continue to draw upon as we move through the next phase of the review.

Methodology

This Call for Evidence was an ask for relevant analysis and research from researchers and those delivering services which have been evaluated. This informed the review's Case for Change alongside other sources of evidence such as engagement.

It sought to understand:

- Where there is robust evidence and research about children's social care and connected public services, and how this should be interpreted;
- Where there are gaps in knowledge or conflicting views; and
- Where evidence supports changes in practice.

All responses to the Call for Evidence were recorded, and references to research were logged. Submissions and research referred to through the Call for Evidence

³ At the time of writing. Submissions to the Call for Evidence are still being sent to the review team, at the time of writing the Case for Change, all submissions provided through the Call for Evidence were read and considered.



were assigned to one or more of the five areas below (these corresponded to the chapters of the Case for Change):

- The state of the system (chapter 1);
- Family help (chapter 2);
- Intervening to keep children safe (chapter 3);
- Children in care (chapter 4); and
- System factors (chapter 5).

Members of the review team read and considered all Call for Evidence submissions. Whilst writing the Case for Change, research provided through the Call for Evidence which supported and countered arguments was considered. Sources which were considered particularly important have been directly referenced in the Case for Change, with its robustness being considered.

Call for Evidence questions

Here the responses to the following questions in the Call for Evidence have been summarised:

1. In which areas of children's social care do you think there is very robust research and evidence? Please provide this evidence where possible.
2. What do you think are the key findings from this research?
3. In which areas of children's social care do you think there are evidence gaps or conflicting evidence? Please provide this evidence where possible.
4. Do you know of any evidence, analysis or research that challenges current practices in children's social care? Please provide this evidence where possible

Information set out in this annex

A summary of the topics and issues respondents have raised through their Call for Evidence submissions is provided below. *This is not a summary of the review's interpretation of the evidence provided, or an assessment of the strength or robustness of this evidence.*

In this summary, the responses have *not* been weighted, this is only an overview of topics that were raised by respondents.

Summary of responses to the questions:

- 1. *In which areas of children's social care do you think there is very robust research and evidence? Please provide this evidence where possible.***
- 2. *What do you think are the key findings from this research?***

A summary of responses for questions 1 and 2 of the Call for Evidence are summarised below. Submissions emailed to the review team which were not broken down into the Call for Evidence questions are also summarised in this section. These

have been separated into themes, with the key points from submissions presented below.

Children interacting with children's social care:

- There are growing trends in child protection investigations and children separated from their parents, with the number of children in care rising since the early 1990s. There may also be large numbers of 'hidden' vulnerable children.
- Different typologies of children and specific groups of children were highlighted through the Call for Evidence:
 - Children with disabilities: these children and their families were identified as a distinct group, with different needs and levels of support required. Responsibility is split across multiple government departments and agencies, therefore children with complex disabilities often fall between services. Disabled children also have different experiences of care.
 - Infants and new-borns: these children are particularly vulnerable to abuse and neglect and are over-represented in the care system in comparison to rates in other age brackets. Care proceedings within a week of being born have increased in recent years, with wide regional differences.
 - Adolescents: teenagers who enter care later, have been in care from a young age, or are in care for reasons of abuse and neglect all have different experiences of care. There has been a growing number of adolescents coming into the family justice system, their needs and vulnerabilities are different to younger children. The risks of harm outside of the home increases for adolescents; the wider contextual factors to which risks are associated needs to be considered. Young people also are disproportionately affected by domestic abuse - in their own relationships and experiencing abuse in their household.
 - Unaccompanied asylum seeking children: evidence provided highlighted the specific needs and experiences of these children and considers their increased risk of abuse; trauma they have already faced; accessibility and quality of placements; children 'ageing out' of welfare support; the negative impact of the age assessment; limited resources; lack of specialist knowledge; being cared for by different local authorities; delays to education; access to good legal advice; a limited number of foster placements; discrimination; their early experiences of life in the UK; and foster carer and foster placement experiences.
 - Refugee and migrant children: issues highlighted include the care and support the receive needs to be based on their needs and best interests; local authority training, guidance and systems; issues facing families with no recourse to public funds; addressing mental health needs; and securing children's rights to stay in the UK beyond Brexit.
 - Children who are trafficked: evidence provided covered their vulnerabilities; social worker and specialist knowledge and expertise; accommodation; guardianship; access to mental health services; navigating different systems with competing priorities and concerns –

including criminal justice and immigrations systems; lack of data; lack of support services; funding; and multi-agency working.

- Other groups: these include children looked after who may be placed in permanent placements with a connected person overseas; LGBT+ children and young people in care; and missing children.

Families interacting with children's social care:

- Poverty: children living in poorest neighbourhoods are much more likely to be in care than children living in the most affluent neighbourhoods, and a steep social gradient exists. Poverty is the main driver of demand for services and the source of systematic inequalities in provision. Wider contextual factors should also be taken into account.
- Domestic abuse: domestic abuse of adult and child victims can be devastating and long lasting. Parents who are the victims of domestic abuse can feel they are being punished by the care system. The majority of children and young people supported by domestic abuse services are not known to children's social services.
- Recurrences: A significant number of women return to court having already experienced the removal of a child, many of these women have been in care themselves, and often had their first child in their teenage years.
- Fathers: fathers, particularly non-resident fathers, can be overlooked by social workers as a risk to their children. There is a lack of support for fathers and paternal relatives.

Racial disparities:

- Over and underrepresentation: there is both over and underrepresentation of some minority ethnic groups in the child protection and care systems.
- Black care-experience: views and experiences of those who are Black care experienced was provided.
- Muslim children in care: research understanding the journeys of Muslim children in the care system was provided.
- Roma children: evidence was submitted on Roma children, young people and families; their engagement with children services; and the challenges they face in the UK.
- Intersectionality: The different ways in which race, gender, age, sexuality, ability and class intersect to shape everyday experiences was highlighted - these dynamics shape lives.

Family help and early intervention:

- Early years: The earliest years of life are foundational to children's health, wellbeing and life chances; abuse at a young age causes long-term developmental and physical harm. Evidence was submitted on the unmet need for support for children with development disabilities in the early years, including barriers to accessing to support; long waiting lists; high-levels of unmet need; and a lack of access to family-directed services.
- Family help: interventions at the right time in early childhood can protect children and support their families to help them thrive. Preventative services

that identify needs at an early stage and provide support are likely to reduce needs from escalating and the demand for children requiring social care. Otherwise families will only present to social care when they are at breaking point. Families with children who are assessed but do not qualify as 'in need' are not offered early help. Some children who are referred for statutory help but did not receive it are then referred again the next year.

- Youth services: community-based provision (e.g. youth workers, youth centres and third sector projects) can strengthen families and support them to safeguard against extra-familial harm.
- Funding: While expenditure on late intervention services has been maintained or increased, spending on early and preventative interventions, such as Sure Start, has decreased.

Stability:

- Protective factor: Stability is a mediator of positive adult outcomes. Stability, security, quality attachment and a commitment to education can protect against offending behaviour.
- The Children's Commissioner's Stability Index: this shows the extent to which children experience multiple placement moves, changes of social workers and school moves.
- Relationships: placement instability reduces a child's opportunities to develop secure attachments. Relationships with people who care for and about children are the golden thread in children's lives. A positive relationship with a trusted adult over time is important to build resilience and to improve outcomes for children. A consistent, long-term relationship for children and young people in care can allow those who are vulnerable to abuse and exploitation to have an opportunity to talk to a trusted adult. Good quality, meaningful contact between children and their birth parents when they are first separated and throughout childhood can benefit children.
- Permanence: this term covers a complex set of aims and experiences that contribute to child and adult wellbeing. Different routes to permanence have shifted between seeking to return children safely to their families; seeking to ensure stability for children who remain in long term care; and securing exits from care in adoptive or kinship families. Evidence on rapid sorting of 'short stay' and 'long stay' children; typologies of children; returning home from care; Special Guardianship Orders; and adoption, foster care, and residential care as a route to permanence was provided.
- Schools: frequently provide improved stability as children can often be part of the school for multiple years and form relationships with staff.

Social and emotional health and wellbeing:

- Adverse Childhood Experiences (ACEs): Most children who come into the care system will have suffered multiple ACEs. ACEs can have a range of impacts on health, wellbeing, happiness, success, educational outcomes, building trusting relationships, and involvement in the criminal justice system. They are a major risk factor in a number of physical and mental health problems. The unaddressed impact of someone's ACEs may also impact their children. ACEs are associated with significant social disadvantage. If a child

enters care because the birth family cannot meet their needs, it is likely that they have experienced trauma. ACEs benefit from trauma informed practice. Trauma is not always understood and support for children and families can be non-existent.

- Abuse and neglect: evidence was provided on the impact of abuse and neglect, and how such abuse creates 'complex trauma' for children that can affect their development.
- Maternal mental health: during the perinatal period maternal mental health is important to the health, wellbeing and development of the unborn baby and parent's ability to provide consistent caregiving.
- Identity: is associated with the quality of care, attachments, background knowledge, how others respond, how children see themselves and opportunities to influence a child's own life.

Children and young people's experiences:

- Positive experiences: Relationships, stability and voice (ensuring children's voices are heard and given due weight in decisions) contribute to positive experiences and outcomes.
- Embedding views: of children and young people into services is a vital component of effective practice. Evidence was provided on children's views of their participation in child in care reviews and decision making.
- Meaningful participation: evidence was submitted on the effectiveness of Child Protection Conferences and Children in Need review meetings in improving participation in decision making.
- Children's experiences: Examples of studies examining children and young people's experience of care was provided.
- Siblings: separation from birth siblings can be traumatic, leaving children with a reduced support network.
- Other topics raised include: restraint; stigma; changing mindsets towards vulnerable children and young people; and care being tailored support to each child.

Children in care:

- Foster care: evidence provided includes:
 - Foster parents experience high-levels of compassion fatigue - a fostering system needs to recognise and address this.
 - There is a substantial number of children who are in long-term foster care arrangements, evidence was provided on how these are made successful.
 - The vast majority of independent fostering agencies (IFAs) are Ofsted rated Good or Outstanding, IFAs spend more on services than local authorities, however they also have children with more complex needs.
 - Other evidence provided included: best practice for foster care matching; delegated authority; allegations; whistleblowing; relationships; permanence; foster carer recruitment, training, retention, fees and employment status; assessment and planning; commissioning; improvements to the provision of foster care; and negative experiences of foster care.

- Adoption: evidence provided includes:
 - Adoption is one of the most developed permanence options.
 - The importance of supporting adoptive families to prevent crisis.
 - Children adopted have ongoing support needs, many of which are unmet.
 - Adoption is one route to permanence, it is not necessarily better than another.
 - Life story work is important for children's identity development and placement stability.
 - The removal of the consideration of the child's religious persuasion, racial origin, culture and language from the Adoption and Children Act (2002).
 - Ways in which services could be strengthened.
- Kinship care: evidence provided includes:
 - Kinship care is the most frequently used substitute care arrangement for children who are unable to live with parents in the UK, most are not known to the authorities. An increasing number of children are growing up in kinship care in England. If these children were not in kinship care, they would most likely be in kinship foster care.
 - Kinship carers are often vulnerable themselves; these carers and children being cared for may not be receiving the support they need.
 - There is wide variation across local authorities both in using kinship care placements and in the support offered.
 - There are inequalities for children in families in kinship care arrangements including: poverty, racial disparities, special educational needs and disabilities, and gender.
 - Outcomes for children in kinship care are better than those in other forms of care.
- Residential care: evidence provided includes:
 - Unlike most European countries, the proportion of children in residential care is low; it is similar in the four UK nations, Australia, Canada and the USA.
 - Residential care can be in the best interests of children to re-stabilise and repair damage from early years.
 - Ways in which services could be strengthened.
- Out of area placements: evidence provided pointed to an increase in out of area placements over recent years, and the that children's needs, wishes and feelings should be taken into account.
- Secure children's homes: evidence was provided on the number of children in secure; the needs and pathways of children in secure welfare placements; different approaches deployed; and the need for more evidence in this area.
- Care proceedings: proceedings have been affected by the introduction of the 26-week deadline in 2013; in recent years the number of adoption plans (Care and Placement Orders) has decreased; and the number of kinship placements (Special Guardianship Orders) has increased.
- Reunification: return to parents is the most common route out of care, yet children commonly re-enter care. Evidence provided suggests professionals describe approaches that are aligned with effective practice, however, families' experiences suggest this is not always achieved in practice. It is important for parents to receive the right type of support to help them address

the issues that led to a child entering care. Ways in which a return home from care could be improved were provided.

- Children's journeys: evidence was provided on children's 'stay' in care, durations of care, and chances of returning to their birth family.

Care leavers and their outcomes:

- Care leaver support: young people who leave care do not have the support they need to live independently, there are a number of areas which could be improved for care leavers, this includes: benefits (e.g. Job Seekers Allowance, Universal Credit, council tax exemptions); local authority housing; university accommodation; access to digital support; access to mental health services; support from Independent Visitors; and financial education. Care leavers are also at risk of criminal predators. Evidence was submitted on successful pathways to adulthood.
- Experience on leaving care: evidence was submitted on the views of care leavers of the care system. Leaving care provision has improved but remains a cliff-edge for many. Evidence was provided about young people experiencing difficulties accessing information about their leaving care offer; being unclear about the support that was available; and inconsistent advice from their local authority. Evidence was submitted on the improvement of record-keeping and the importance of such records, however some care leavers who have requested their care files on turning 18 find them heavily redacted. Remaining in placements until young people are ready to leave is associated with better outcomes. Evidence was also provided on Staying Put.
- Outcome groups: there are different outcome groups with different levels of resilience, such as 'moving on' groups, 'survivors group' and 'strugglers group' with young people moving between them.
- Youth justice: children in care and care-experienced children are much more likely to be cautioned or convicted of a crime, understanding their needs better and changes to the system should be considered. Those in care do not receive adequate support when in custody.
- Education: children who interact with children's social care have worse educational outcomes than those who don't. Underachievement is multi-faceted and includes pre-care. Children in care make better educational progress than children in need, when controlling for other factors, the care system – notably foster care – acts as a protective factor educationally. Children living with kinship carers make as much educational progress as those with unrelated carers.
- Higher Education: the year-on-year growth of care leavers accessing higher education is positive, however, progression into higher education for this group is still lower than their peers. Care leavers are also more likely to withdraw from their course.
- Not in education, employment or training: care leavers are more likely to be not in education, training or employment than the general population at age 19.
- Children in care: most children who need to enter care do as well or better than similar children who do not enter care.

Practice models and approaches:

- The review was provided with evidence on several areas of developing practice for children who interact with children’s social care and improving children’s experiences.
- Respondents raised the importance of working around the needs of the child; recognising the importance of the family in the child’s life; working with the family to bring about change; working together across organisations; and the importance of relationships and ‘professional love’.
- Some models and approaches are complicated and hard to do well. How they are put into practice, and the providing a good standard is key.
- Examples of learning from current practice, models and approaches shared through the call for evidence include⁴:
 - Achieving Change Together.
 - Addressing child welfare concerns - working with fathers.
 - Art-based interventions.
 - Assessment of Parental Capacity to Change, C-Change.
 - Attachment theory.
 - Child protection mediation.
 - Contextual Safeguarding.
 - Enhanced Case Management Model.
 - Family Drug and Alcohol Courts.
 - Family Group Conferencing.
 - Functional Family Therapy.
 - Hackney Model, Family Safeguarding.
 - Incredible Years.
 - Infant and Family Team model.
 - Intensive Family Preservation Services.
 - Learning from specialist residential education.
 - Lifelong Links.
 - Mockingbird extended family model.
 - Motivational interviewing.
 - Multi-Dimensional Fostering Treatment / Treatment Oregon Fostering.
 - Multi Systemic Therapy.
 - NICE guidance.
 - No Wrong Door.
 - One Front Door.
 - Parenting programmes.
 - Paving the Way.
 - Reclaiming Social Work.
 - Reflective practice.
 - Relationship-based service models.
 - Salford Strengthening Families.
 - Secure Base.
 - Signs of Safety.
 - Staying Close.
 - Stockport Family and Team around the School.
 - Strengthening Communities.

⁴ To note, this is a summary of responses to the Call for Evidence, the review has not assessed the robustness of evidence or their effectiveness, and is not endorsing or recommending these models or approaches. The submissions include some positive impacts of approaches and successful models, as well as a lack of evidence or flaws in evaluation methodologies for others.

- Strengthening Families.
- Strengthening Families, Protecting Children.
- Support care model.
- Systemic social work practice.
- Teaching Family Model.
- The National House Project.
- Therapeutic Child Care.
- Therapeutic Communities.
- Training for care experienced children to have in difficult conversations about care with adopters, foster carers and social workers.
- Trauma Informed Practice.
- Trauma Recovery Model.
- Triple P Parenting.
- Trove.
- Evidence was provided on the following services and people who are part of local authorities' internal reviewing and accountability mechanisms⁵:
 - Child Protection Conferences.
 - Children in Care review meetings.
 - Independent Reviewing Officers.
 - Independent Social Work Practices.
 - Independent Visitors.

Workforce:

- Good practice: there is great determination and positive change from social workers, foster carers, kinship carers and adopters; successful social work intervention often relies on the actions of other agencies, professions and carers.
- Complexity: child social work is complex regardless of the nature of the intervention required, which requires high quality thinking.
- Support: social workers need high quality support and reflective supervision to practice effectively and for their professional wellbeing and morale to be sustained.
- Impact of resource constraints: social work staffing and resourcing has an impact on children, young people and families, and can result in: children and young people's participation not being facilitated; children not knowing social workers enough to trust them; and children becoming invisible. Social workers often feel that they do not have the time, resources or emotional support to engage in these ways.
- Training: training of all key members of child service networks should prepare them for a future role, with high ethical and practical standards and with everyone having training on trauma informed practice. Attachment training and resources should be readily available and understood.
- Children's experiences: high turn-over can lead to vulnerable children having multiple social workers and promises to children being broken.
- Concerns: there are concerns around the social work workforce, including: workload pressures; retention; turnover; instability; well-being; and the

⁵ Submissions include evidence which both supports and/or criticises these services.

National Assessment Accreditation System. Social workers can find the child protection system oppressive.

Joined-up design and delivery:

- **Co-production:** this can improve service delivery; help people to feel valued and empowered; de-distribution of power; hold different parts of services to account; and can help to build resilience. Families have a large amount of knowledge and wisdom and can help to reform services.
- **Communities:** working with those who live and volunteer in local areas can build community resilience. The wider family and community of children in care are a significant untapped resource. We must value the contribution of black and minority ethnic families and their willingness to care for children from their community.
- **Multi-agency working:** everyone has a key part to play, evidence was provide on how to enable this and improve children's services. Joined up thinking is undermined by decreasing budgets and resources, and meeting targets. Multi-disciplinary assessments of families at the first point of contact is needed, building safety at the outset also needs a multi-disciplinary approach. 'Integrated' services referred to in adult social care need to be extended to children's services, it should embrace social care, health, education, youth services, youth employment, housing and the voluntary sector. The division between children's and adult social work is damaging and works against building relationships.
- **Schools:** are vital safeguarding partners with the local authority. Schools may exclude vulnerable children with complex trauma to prevent them from disrupting classes, skewing performance tables. Evidence was submitted on children in care moving schools; foster carers' experience of education and training; training for other professionals; communication between social services and schools; access to computers; opportunities to meet other children with care experience; and limited evidence on educational interventions. Schools can also build resilience.
- **Mental health services:** mental health provision for children in care and care leavers is more widely recognised but remains poor for many. Children and Adolescent Mental Health Services (CAMHS) teams are only able to accept referrals for children with diagnosable mental illness or those who are suicidal, leaving those with emotional or behavioural difficulties on long waiting lists.
- **Health visitors:** these are an important part of the solution to escalating rates of child safeguarding due to their universal reach into all families, however numbers have decreased over recent years.
- **Criminal justice system:** the care system can criminalise young people in care and abandon them when they enter the criminal justice system. The criminal justice system does not have sufficient knowledge of the needs of children looked after and care leavers.
- **Police:** are overstretched with funding for specialised units to safeguard children being compromised.
- **Data sharing:** comprehensive and timely data and information, and multi-agency working and data sharing are needed.

Delivery of services:

- Financial pressure: local authorities are under financial pressure and are facing a funding gap; the system has become increasingly geared towards managing demand. Austerity policies have had a disproportional effect on the most deprived local authorities. The difference in what local authorities spend on children's social services is not well understood, with wide variation. A lack of funding has a direct impact on depleted resources and services available to families; unmanageable social work caseloads; high turnover; and burnout.
- Screening and rationing: of referrals can have a knock-on effect on workforce stability. Re-referrals and repeat child protection plans are also more likely in deprived neighbourhoods and in authorities that undertake more screening and rationing to manage demand.
- Support: this is offered inconsistently, often of poor quality, and is withdrawn too quickly.
- Child protection: the system is often focussed on identifying risk rather than helping families; there is sometimes a breakdown in trust between families and children's social care.
- Risk adverse: there is a sense of concern and a culture of blame which has created an environment which is mistrusting and risk-adverse.
- Inspections: a large number of local authorities have children's services that are deemed Inadequate or Requires Improvement by Ofsted. Local authorities' concern with Ofsted ratings has systemic effects. Authorities with Inadequate Ofsted ratings also see rises in spending and agency worker rates in the years following an inspection.
- Local variation: at a local level there are wide variations in assessments; thresholds; interventions for all groups of vulnerable children and young people; rates of successful reunification; and spending.
- Commissioning and private provision: evidence was provided on local authority commissioning and provision of services, this included: profitability and debt of children social care providers; analysis of the administrative dataset on spend – section 251; sufficiency of placements available in the community for children on remand; the growth and consolidation of private provision; working conditions training and staffing ratios; suitability of independent and semi-independent accommodation; and profit put before needs.
- Data availability: there is a lack of data and research on racial inequalities in child welfare and child protection. We should be evaluating approaches earlier and gathering good evaluation data. There are evidence gaps around the reasons for rising numbers of children in care; reasons for poorer outcomes; the prevalence of mental health issues among children in care; research on children in care that directly includes views and experiences; and reunification.
- Other concerns: these include: processes being prioritised over outcomes leading to needs and risks not being identified; and the complaints process being out of date and difficult to manage.

The children's social care system, principles and system change:

- The Children's Act 1989: child and family provision legislated for by the Children's Act 1989 and guidance provide a sound basis for meeting welfare, participation, protection and identity needs of children in care.

- Implementation: getting system actors to change behaviour can be difficult, and the more they have to change the more difficult it is. References were made to implementation science. Achieving positive change may be difficult, system conditions, encouraging innovation, and focussing on outcomes for children and their families all need to be considered.
- System change: a fundamental reform of the system is needed - a paradigm shift towards a social model of child protection.

Covid-19:

- Remote hearings and conferences: respondents highlighted excellent social work practice designed to build relationships, however remote hearings and child protection conferences made it more difficult for parents to contribute and more difficult for them to understand what was happening. Remote hearings also reinforced feelings of exclusion.
- Isolation: during the pandemic care leavers and children in care felt more lonely and isolated.
- Positive outcomes: relationships with children and foster carers improved or remained unaffected during lockdown, with more quality time being spent together. Other positive outcomes for young people in care or with care experience were also reported.

Other responses to these questions included:

- Personal accounts of risk adverse practices destroying families and parents' lives.
- Personal accounts of experience as foster carers.
- Personal accounts of having a child with a disability.
- Parents of children with Ehlers-Danlos syndromes, and fabricated or induced illness.
- Abuse in care.
- Removal of support, e.g. Educational Maintenance Allowance.
- Other personal experiences.
- Allegations.
- Complaints about social workers and children's social services.

Summary of responses to the question:

3. In which areas of children's social care do you think there are evidence gaps or conflicting evidence? Please provide this evidence where possible.

A summary of responses for question 3 of the call for evidence is provided below.

Child and young people's perspectives and experiences:

- Experience of children and young people in care.
- Black, Asian and ethnic minority groups' experience of care.

- Experience of children and young people in care with a mental health need and/or with a psychiatric diagnosis.
- Children with special educational needs; how to support these children; how to better consult them; and a child in need due to risk vs due to a disability.
- Children with a parent with a learning disability; their experience; and the outcome of care proceedings.
- Transitional care that promotes mental health and wellbeing.
- Support for children and families with children who are adopted.
- Adopted children re-entering care.
- Supporting children in secure residential care.
- Sibling separation.
- Care journeys.
- Care leavers transition pathways.
- Lived experience of those who have left care (post 21 and 25 years old), including through an inequalities and intersectionalities lens.
- Experience and support for care leavers who become parents themselves.
- Care experienced girls/women in the youth justice and adult criminal justice system.
- Gaps in knowledge around: missing children; sexual exploitation of boys; girls in secure settings; LGBT+ children in secure settings; and older children in care.
- Specialist support for: child victims of trafficking; child refugees; looked after children in placements overseas; children arriving in the country having been adopted or placed for adoption; children in families with no recourse to public funds; unaccompanied asylum seeking children; and children who have experienced criminal and sexual exploitation.
- Consistent standards on how children and young people's voices are heard in decision making and how to make Article 12 of the UN Convention on the Rights of the Child a reality.
- Participatory research.

Support for families and carers:

- Kinship carers.
- Foster carers' perspectives.
- Lack of support on protection, risk and respect for foster carers, and the impact this has on them and children in care.
- Working with children and families when children enter residential care.
- Research on fathers and how to support them.

Impact and outcomes:

- Outcomes, including for different types of care.
- Longitudinal studies.
- Understanding root causes of poverty in adulthood.
- Impact of poverty on child welfare intervention.
- Children who return to the local authority from outside of the area and implications for stability.
- Impact of out of area placements.

- Effect of Covid-19 on a child.
- Impact of staff turnover.
- Impact of the attitudes of professionals on children in care.
- Impact of recent trends in care, e.g. semi-independent placements.
- Impact of spending.
- High cost of placements and poor outcomes (poor evidence of).

Risk factors:

- Poverty.
- Effects of domestic abuse / coercive control post separation.
- Alcohol and drugs in pregnancy resulting in neurodevelopment problems not receiving the care they need.
- Prevalence of Foetal Alcohol Spectrum Disorder.
- How trauma impacts childhood.
- Emotional abuse.
- Domestic abuse.
- Fabricated or induced illness.

Social work practice and practice models:

- Experience of social workers.
- Challenges of child social work.
- Social work practice and training.
- Thorough assessments and recording of information.
- Effectiveness of placement procedures.
- Involving children and families in identifying needs and planning support.
- Family Alcohol and Drugs Courts.
- Family group conferences.
- Independent Visitors provision.
- Theoretical approaches to therapeutic residential care.
- Therapeutic Communities for Children.

Delivery of services:

- Early intervention and preventative intervention.
- Kinship care.
- Accommodation options for young people in care.
- Secure children's homes for welfare.
- Placement breakdown.
- Reunification.
- 'Hierarchy' of placements before budget approval for high-cost options.
- Safeguarding partnership boards.
- Child protection process.

Multiagency working:

- Education.

- Adapting practice at schools (e.g. national curriculum, inspection criteria).
- Training for teachers and social workers.
- Access to mental health services, and the mental health of children and young people.
- Disabled and young people's services.
- Meeting the needs of children and young people in the criminal justice system.
- What an integrated children's services might look like.
- Information sharing.

System factors:

- Value for money provided by the public sector and determining what value for money is.
- Cost benefit analysis within the care system.
- The focus on performance statistics.
- How commissioning practice can be improved.
- Independent sector's financial arrangements.
- Joining up across government departments (e.g. domestic abuse and children's social care).
- Service delivery models.
- Comparing the four UK nations.

Data and evidence gaps:

- Racial disparities.
- Parental circumstances e.g. socio-economic background and demographic.
- Inequalities and intersectionalities.
- Health of children in care and leaving care.
- Workforce, training, skills and different parts of the system coming together to work effectively.
- Data to allow understanding of the causes of increases in child protection and welfare interventions.
- Data on children in care and care leavers with insecure migration status.
- Referral and screening processes.
- Interventions - taking into account structural disadvantage.
- Linking cost data to information about activity, needs and circumstances of children and outcomes achieved.
- Timescales for evaluations and innovation, including funding timescales.

Other responses to this question:

- The use of restraint.
- The impact of Covid-19.
- Empowerment of young people making the most of virtual communication.
- The state of properties for care leavers.
- Parental alienation and domestic abuse.

Summary of responses to the question:

4. Do you know of any evidence, analysis or research that challenges current practices in children's social care? Please provide this evidence where possible

Children and families:

- Disabled children: challenges in access to social care and support for children in their early years with special educational needs and disabilities.
- Disabled parents: the design and delivery of services and support for disabled parents and their children.
- Unaccompanied asylum seeking children: including racial disparities; failure of access to services; and better training and support for staff supporting this group.
- Empowering and involving children in decision making.
- Importance of supporting positive relationships for children who have experience of care.
- Managing contact between children with birth parents.
- Children being placed overseas.
- Lack of clarity and consistency around contact with children in care causes harm to children and mothers.
- Social work with single and non-residential fathers.

Harms / risk factors:

- Foetal Alcohol Spectrum Disorder.
- Challenging the evidence around the 'toxic trio'.
- Abuse and coercive control harming children, post-separation.
- Sexual exploitation is not being addressed in local areas, with significant challenges when young people reach 18 years old.

Children in care and carers:

- Kinship carers: including identification, assessment, and support.
- Foster carers: the emotional impact experienced by the child and foster carer of the end of a placement.
- Independent fostering agencies.
- Adoption: not being the only route to stability; adoption leading to better outcomes and greater stability.
- Complexity and variety of the task of residential care and unhelpful narrative around 'expensive' care and 'unit costs'.
- Unregulated care homes.
- Secure placements, including a lack of: integrated community support and effective diversion from secure; a pathway to support children's transition back to the community; therapeutic expertise/resources; career structure for staff; access to secure inpatient settings; and a consistent therapeutic delivery model.
- Pathways of incarcerated children in care.

- Youth offending teams: children in care receive worst service from these teams.

Care leavers:

- Outcomes for children in care and care leavers.
- The difference between the evidence of what contributes to good outcomes and promotes resilience, and what is happening in practice.
- More support for care leavers and the 'cliff edge' of access to services for children on reaching 18 years old.
- Variation in the level of financial support offered to young people entering higher education.
- Longer term mental health support for care leavers.

Practice/models/pilots:

- Changing view of what is 'best practice'.
- 'Professional love' – building trusting relationships.
- Learning from the Department for Education's Innovation Programme.
- More consistent support and adults children can build trust with in the long term.
- Cultural change training programme for children's social care staff.
- Learning from historic therapeutic communities for children.
- Against handcuffing or restraining children, moving towards non-violent de-escalation and mentoring.
- Contextual safeguarding.
- Full Independent Guardianship.
- Independent Visitors.
- Integrated therapeutic child care.
- NICE quality standards.
- No Wrong Door.
- Signs of Safety.
- Supported lodging placements for older children in the care system.
- The Lighthouse.
- Trauma informed practice.

System:

- A bureaucratic system (including role of social worker and model of commissioning).
- Decision making.
- Handling of referrals: including how they are completed, managed, administered.
- The need for multiagency and multidisciplinary responses for child trafficking.
- International comparisons of the role of the social worker and children's social care.
- Family court system failing children where domestic abuse is raised.

Other responses to this question:

- 
- Covid-19, being termed a ‘vulnerable’ child, and the positive impact of virtual home learning and virtual contact.
 - Complaints about children’s social care / social workers.
 - Personal experience.
 - Forced adoption.