

Adult Engagement Summary

Introduction

This engagement summary details the findings and methods of consultation the Independent Review of Children's Social Care has undertaken with adults who have lived experience of the children's social care system or who provide care for children. This includes:

- **Parents**
- **Birth Parents**
- **Care experienced parents**

Adults who care for children:

- **Kinship carers**
- **Foster carers**
- **Adopters**

The independent review of children's social care prioritised hearing from people with lived experience of the system, in addition to research, data, and evidence so that the recommendations can reflect the true picture of what needs to change.

This summary sets out what we have heard from adults, the themes that came through in the engagement activities and some of their suggestions for change. All of the evidence and testimony quoted in this report will be used to determine the Review's overall findings and recommendations. Where the quotes used here are verbatim from participants they are labelled, where they are taken from facilitators notes of conversations they are labelled as 'from notes'.

What have we learned?

This section will highlight what we have heard from different groups of adults with lived experience of children's social care including care experienced parents, parents, kinship and foster carers. Josh MacAlister, the chair of the review, and the team would like to thank all the adults that participated and shared their experiences in these engagement events. We recognise that it is not always easy to share personal accounts, especially when they involve the trauma that is detailed in this report. Everyone who took part in engagement events during the review has been offered access to support and advice from the NSPCC.



Introduction	1
What have we learned?	1
Parents	2
Kinship carers	11
Foster carers	12
Adopters	15
Working with children's social care	16
Solutions	17
About this summary	18

Some of the key issues highlighted are as follows:

Parents seeking help:

- Assessment rather than support
- Stigma attached to asking for help
- Parents of disabled children facing barriers to help

Issues facing families:

- Domestic abuse
- Poverty
- Care experience or childhood trauma
- Disability or learning difficulties

Parents and child protection:

- Assessments
- Recurrent removals of children
- Advocacy for parents
- Reunification with children





“Something else I wanted to highlight is the support given, if it is given, is it the right support? The right support at the early intervention is crucial to making relationships and not breaking them!” (Parent)

“Social services give early support and you feel free to speak freely then they use it against you.” (Parent)

Parents feel worried to ask for help and told us they often faced assessment when they did approach children’s social care. Some parents felt stigma attached to having children’s social care involvement.



“Once you’ve been touched by the children’s social care system it never leaves you. There’s stigma for your whole life and suspicion” (Parent)

“I completely agree regarding manifesting mental health issues. I believe I have more mental health issues now that I have to suppress from the sheer trauma of actually asking for help and thinking I was going to get support.” (Parent)

Many parents find it difficult working with children’s social care. When they were on the edge of care or had recurrent removals of children, they felt there was higher expectation and not enough support. “you’ve got 6 months to sort out everything” (parent) – it’s not long when you have complex issues that may include addiction issues, experience of domestic abuse, homelessness, illness, and childhood trauma.

The parents that spoke to the review team highlighted a number of reasons that families come into contact with children’s social care. These include:

- Disability or long term illness
- Addiction problems
- Domestic abuse
- Criminal convictions
- Poverty
- Being care experienced
- Immigration issues including no recourse to public funds
- Parent to a disabled child



Parents with SEND

Parents with special educational needs and disabilities highlighted the importance of advocates for parents in contact with children's social care. They told us they didn't understand the jargon and process of children's social care, that there was a lot of information to take on and this was not adjusted to meet their learning needs.



'Also parents who have SEND themselves are particularly vulnerable and very much unable to secure support it is far too easy to judge as parenting instead of supporting' [from notes]

"He [the social worker] took the time to explain things. He recognised I had a learning disability, and took the time and effort to write things down and explain things" (Parent)

"Felt spoken to like a child because of my learning disability and didn't feel like they listened to me or gave me enough time to make the changes asked. Making lots of demands and felt rushed." (Parent)

Parents that engaged with the review had both positive and negative experiences of working with social workers. Some had received help to understand the process and information was shared in an understandable way. Others had been expected to work it out for themselves and this resulted in further stress on the family.

Domestic abuse

Some parents told us about the impact of domestic abuse, how this impacts on them and the help they receive. Parents who were victims of domestic abuse struggled with the lack of support and understanding from children's social care and often felt they were blamed for the situation. They often felt that they had a lack of options and professionals had a lack of knowledge about domestic abuse. Sometimes the involvement with children's social care meant that the family situation deteriorated, with information being shared with the perpetrator or informed of accusations, other times they were given unrealistic targets to change in short periods of time.



"I couldn't leave the relationship – he was the only one who said I love you, they don't understand domestic abuse" (Parent)

"They're not tackling the perpetrator, there was no punishment for him. I was punished, every time I went back children's social care would say well, you're putting you and the children in danger. Basic care was good enough, but emotional care wasn't." (Parent)

"It felt that they wanted me to tick all of these boxes, but there wasn't any support to do this." (Parent)

She was forced to have children because of abuse, and it was a running joke that she had loads of children. No one thought it's because of abuse. She was sent on numerous parenting courses which did not help, and the domestic abuse was not picked up. [from notes]



“It was the injustice and power play that Social Services tend to do. I told them I’ve gone from one domestic violence relationship to enter another – it’s not physical but it’s coercive behaviour, and mental from children’s social care.” (Birth parent)

Many parents told the review team that social workers need better training about domestic abuse and how to support parents who find themselves in that situation. It is also clear that there are co-occurring challenges in families lives, often there are complexities that families need help with and may not disclose at first for example addiction, mental illness, financial issues, housing, and historic sexual abuse.

“On the surface they were lovely, they got us into a refuge then we got a new social worker and it went downhill quickly after that. They wanted me to move but the judge quashed it. Then tried it again and the judge said no. Then they found a placement for just my daughter and judge said no. But then I started using because of the stress of it.” (Birth parent)

Addiction

“I am a recovering addict, I was in drug services since 12 yrs of age but because I can’t tell them I couldn’t access help.” (Birth parent)

‘Support for birth parents once children are removed is non-existent. You’re not the local authority’s problem any longer and any help has to be sought by yourself.’ This means some parents turn to drink and drugs in desperation and to help numb the pain. [from notes]

One woman had her first child removed from her care due to substance abuse and trauma. When she found she was pregnant with her second child she asked her midwife for help. The social worker then got involved and didn’t help. It was the drug and alcohol service who helped. Children’s social care wanted to remove the child straight away. She asked for a new social worker and that didn’t happen. The drug services fought her corner. The woman was given an ultimatum by Children’s Social Care – choose between your unborn child or your child in care, you can’t have both. The woman chose to fight to keep her unborn baby. She feels that it’s unfair that she had to choose and her older child is now permanently in care [the mother is in recovery and has her youngest child living with her. [from notes]

Many parents with addiction problems felt judged and written off by children’s social care. Some had experienced children being removed permanently and met with the review team following recovery from that addiction and they were frustrated that, despite their recovery, they had no opportunity for reunification. Some parents told us that they were scared to tell children’s social care about their addiction for fear of children being permanently removed from their care. They told us how often they felt more supported by their substance misuse worker who promoted their engagement with addiction recovery programmes.



Experience of child removal

“I’m not sure the trauma leaves you - as parents we just have to crack on and be parents” (Birth parent)

‘Somebody to listen to me and the struggle, it’s not easy to cope with your children being removed.’ (Parent)

‘I had the children removed and then was just left.’ (Birth parent)

“I was very angry about when they removed my child at birth and he was whisked away to SCBU [special care baby unit] and under police guard, I was under police guard as well and I was sectioned as soon as they removed my child to try to make me look like a bad person and extend their separation time for me and my child.” (Parent)

‘All the effort is put into taking children out of the home and then it’s finished.’ (Parent)

Parents shared how they felt when children were removed from their care, how they struggled to cope with the loss and how there is a lack of support available for them. Many parents felt that they needed more support at this point. Mothers who had experienced multiple children being removed told us this support would have been invaluable for preventing further removal. We spoke to mothers through the support programmes aimed at providing help which had not been previously available to them.

Birth parents

Birth parents are defined as parents whose children have been adopted and therefore they are no longer legally the children’s parents. Permanent arrangements such as adoption have an impact on birth parents who may recover from the situation that led to the removal of their children and then need to cope with the severing of that relationship.

In domestic violence relationship for 14 years. I’m still trying to figure it out in my head 5 years on. Dealing with divorce, separation, police, the domestic violence. I was struggling to parent 5 children. I got ill. I had a minimum of 6 weeks to deal with all of that. There was a lot else going on as well. You have to pick yourself up from that. [From notes]

‘No one takes the time to explain what is happening to the children and young people and how they are settling in. Attachments should be allowed to be maintained.’ (Birth parent)

“They weren’t even going to give me time with my daughter. They gave me 40 mins to be with my daughter before the discharge planning meeting.” (Birth parent)

“I suffered child abuse growing up and with domestic violence too. Little understanding about that it wasn’t normal.” (Birth parent)

Many of the issues highlighted across the other sections of this report impact on birth parents, this includes the challenges around the system being too focused on investigation and assessment than on relationships and support, that parents didn’t always understand the system or the process they were part of, and that they are not supported with the loss of their child as there is a lack of post-removal support. Some parents who spoke to the review had children who had been adopted and then



went on to have more children who may have been removed or who they were able to parent. Finally, birth parents told us that they often found that the limited contact they were meant to have with their children, for example Letter box, didn't work.

“Once adopted the parents could move the child to a new country although it was an open adoption, there was very limited support to ensure the child could keep in contact with the birth family.” [from notes]



Care experienced parents

“No one ever congratulates you for becoming pregnant, the first thing that comes out of their mouth is negative.”
(Care experienced parent)

Parents who are care experienced themselves told us about their experiences with children's social care. The parents told us about their experience of stigma attached to being care experienced, this is felt even more by young parents. In some areas of the country we were told that care experienced parents were automatically assessed.

“The midwife asked my name, date of birth, and if I had any care experience. This made me feel quite uncomfortable, and this question shouldn't be the case.” (Care experienced parent)

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

“If you're a care leaver and you go on to have a child of your own you shouldn't be judged about your past and that you were in care” (Care experienced parent)

Parents told us there is a lack of early support for care leavers who are pregnant and become parents. The stigma of being a care leaver can often lead to professionals assuming that care experienced young people will not become effective parents. This can lead to unnecessary assessments,



and young parents not feeling supported. Some young parents who are still in care told us they experienced very traumatic interventions.

*“Going through the process is really harmful to my relationship with my partner, they also wanted to discuss his past.”
(Care experienced parent)*

“Semi independence was by far the worst years of my life. I was moved around 15 times in less than two years. This was after social services took my baby when I was still 16. I was given zero mental health support and I was a broken person. The response was to keep moving me around the country. I don't know how I survived.” (Care experienced parent)

Care experienced parents told us they often receive little support from the local authority. Some people described how they need help but none is available. When people leave care without a good social support network it can make becoming a parent challenging as they have little or no back up. We were told examples of needing the kind of support a grandparent might give for example babysitting for a few hours so parents could rest or attend appointments or work. Parents also told us that they wanted therapeutic support as often being a parent would trigger memories of their own childhood and their traumatic experiences.

*“This happened last year in lockdown they tried to take my child off me again, it didn't happen I refused to engage with the local authority and all it was – is because I was struggling at home, I specifically said to them, please can my child, can you lot help me to get my child into nursery during this lockdown because I'm struggling so much at home. I told them that I started drinking wine, I was drinking a bottle of wine or two a day – their first reaction was jump in, let's do an assessment, wanting to go down the routes of removing my child from me.”
(Care experienced parent)*

Some of the solutions suggested to the review were:

- **Less stigma from professionals**
- **Helping care experienced people prepare while they are pregnant**
- **Activities to meet with others who understand and have children**
- **Financial support for care experienced parents when needed**
- **More support to resolve previous trauma which will support parenting skills**
- **Better trained support workers**

“To be given the chance to be a parent, especially as we haven't done it before.” (Care experienced parent)

*“Listen to parents who have experienced the system. Many families are immediately known to need support not investigation so put a process in place for them...”
(Care experienced parent)*



Parent advocacy/complaints

Parents didn't feel that they had good access to satisfactory complaints processes or support to express their disagreement with decisions. They often felt prejudged or ignored, especially if they had a history of involvement with children's social care, a learning disability, or experience of the criminal justice system



"And also more like a framework on the process if you're not happy what you're supposed to do because I feel like some of these issues wouldn't have got so far if they allowed you to be more informed of the complaint process, how you are supposed to raise issues you have. If you think something is not right, what is a body that you can go to so you can raise your concerns – there is none of that." (Parent of child)

Would've handled things better if I had an advocate earlier - scared to ask for help. Thought asking for help was a weakness. Had opportunities for help but didn't take them. [from notes of a conversation with a parent with SEND]

'They said they had an appropriate cultural placement match. And I'd written a letter with routine, likes and dislikes I then go to contact, and she was with a white lady who didn't know how to do her hair. It wasn't the colour of her skin that I had a problem with but they lied, that was a problem. My daughter is going to have to be moved again to a cultural appropriate placement. She was with me for 3 years.' (Parent)

Parents who had had access to advocacy services told us that having an advocate is a great support. It was helpful to have someone on their side that they could talk to and knew would help them understand what was going on. Most other parents did not mention parental advocacy although their stories about a lack of voice and understanding the system indicate that it would have been helpful.

Family reunification

One area highlighted in the engagement with parents was reunification of families. This can happen during childhood or when a child leaves care. At both possible points parents recognised that they needed timely support to ensure that relationships were nurtured and the process was supported. The review was told that families need support to ensure the child returns to a stable and loving home, and the child can see the changes the parents have made. When this doesn't happen the reunification process is set up to fail.



'They still know me as an addict and only know me as that' (Parent)

'Then my oldest daughter came back to me after she started to have trouble in her foster placement. She'd been removed at 6 months and came back at 11 years old, I also had a 2 year old. I was set up to fail. She wasn't getting any support. She came to me and I got her into therapy, it was too little too late.' (Parent)

*"There's not enough follow up done, so I believe that if you remove a child from the home and they are then placed back at home there needs to be a settling in period where they are entitled to receive therapy and counselling"
(Care experienced parent)*

"The door to reunification should never be closed – we need to consider open adoption as the default – and birth parents should be reassessed at regular intervals to see whether contact or reunification can take place." (Parent)

"I was struck by the lack of help that families were offered especially when the child returns home. Should the family be supported?" (Parent)



Parents of disabled children

“Having a child with a disability is not an issue, it is the barriers that the system puts in place.” (Parent of disabled child)

Parents of disabled children highlighted how they felt asking for help, how they often the default response was to assess the family with a safeguarding approach rather than a supportive approach, and that having a disabled child in the family without adequate support has a huge impact on the family.

“we have parents and children are being assessed for section 47 or even based on a cp [child protection] plan just so that SS [social services] put more support in. This support should be in place as part of a child in need. Why do the parents and families have to go through the trauma of this when the support should be available regardless.” (Parent of disabled child)

“[Children’s social care should be] supporting our children and young people to be an active and valued part of the community’ (Parent of SEND child)

“There needs to be a massive change in the way families with a disabled/SEN cyp [children and young people] are regarded- not as poor parents and certainly not after special treatment, we just want support so our cyp can lead fulfilling lives in the same way as other children do.” (Parent of disabled child)

Parents told us that there is not enough funding available for support, which leads to difficulties accessing it and families needing to be at crisis point before action is taken. They would prefer more proactive support, or support at the time of need, as opposed to crisis support.

Parents also told us about disabled children in the care system, they told us that they are often in residential placements because some foster carers were unable to provide the right support and that it was important that there are enough quality placements for disabled children so that they do not live in unsuitable placements. They felt that disabled children in the care system are not supported to have their voices heard due to the lack of capacity of the workforce to meaningfully gather it.

Overall parents of disabled children highlighted how important it is for children’s social care, education and health to share responsibility and work together to meet the needs of disabled children. This was clear to them at the transition point between children’s services and adult social care. Parents told us that there are difficulties in sourcing adult social care support, that there can be a cliff-edge of care support due to adult services thresholds, and that there should be a longer pathway for transition.

Clearly there is an overlap between the SEND Review and the independent review of children’s social care in relation to support. To avoid replication of consultation our engagement activities focused more on children’s social care and the experience of asking for help. The review has shared the messages we’ve heard from families with the SEND Review.

“They have a multi-agency panel which makes a big difference. The SEND & CWD team run monthly drop-in sessions for families, and this helps build trust with families and supports good communications.” (Parent of disabled child)



Kinship carers

“Love is not enough & money is not enough. What is needed is an investment of time & support, understanding and direction. Clear guidance & information, advocacy for the families and strip away the different orders and routes in which determine the support needed.” (Kinship carer)

“Kinship is a spaghetti junction of issues” (Kinship carer)

Kinship carers told the review team about the lack of public awareness of kinship care, the complexity of different orders, how some are kinship foster carers, others have Special Guardianship orders and others are informal kinship carers.

At the heart of kinship care is the ability for a child to remain within the wider family and maintain loving relationships with their family. This is not without the challenges highlighted by kinship carers. Some kinship carers felt that children were forgotten about once they had moved into a kinship care arrangement which meant that they didn't get access to help for the abuse, neglect or trauma they had experienced and could mean a breakdown of the arrangement later in their lives. They also highlighted a lack of entitlement to support in education and uncertainty about the child emerging into adulthood.

‘Complete lack of information about what will happen to child in kinship care after the child turns 18’ (Kinship carer)

“If the carers, and children or young people had the support e.g., mental health to address the trauma. This is particularly important before the children and young people become teenagers to stop young people going into care.” (Kinship carer)

The main issues shared with the review were the implications of becoming a kinship carer not always being made transparent and that decisions are often made very quickly which means potential kinship carers have few informed choices and assessments are challenging. On becoming a kinship carer many told us that support they receive varies by local authority.

The impact of becoming a kinship carer includes:

- **Potentially damaging the relationship with the child's birth parents (who very often are the kinship carers own child or relative) and in some cases severing it completely.**
- **Lack of support for children in kinship arrangements compared to support offered to children in other forms of care.**
- **A lack of legal support when decisions are challenged by birth families.**
- **Different levels of support depending on the type of kinship placement/order.**
- **Postcode lottery of support for kinship carers.**
- **Impact on family finances, with kinship carers sometimes having to stop work or take on the financial support of a sibling group.**

“Stop professionals from diminishing kinship carers' position as parents. We need professionals to be aware of who kinship carers are and have their back when kinship carers are being challenged and blackmailed by birth families.” (Kinship carer)

“The assessment process was negative, there was a lot of turnovers of professionals which meant that the thinking / planning was not joined-up.” (Kinship carer)





'Consider cultural and ethnic identity as part of the planning process before children join kinship homes. Not doing that could have a negative impact on a child's ability to adjust and increase their vulnerability if they are not supported to explore and understand their identity.' (Kinship carer)

"Support for the kinship carer dropped after court proceedings, leading to difficulties with housing and income.' (Kinship carer)

" There is no structure, and no accountability to support kinship families, very much a postcode lottery, with this in mind, not only are families poorly supported but it also makes it difficult to support each other as a kinship community." (Kinship carer)

Foster carers



Foster carers reflected on their needs, the needs of the children they care for, and systemic issues. There were positive stories of having good relationships with social workers, local authorities and Independent Foster Agencies, as well as justified pride in the care and support they give to the children and young people in their homes.

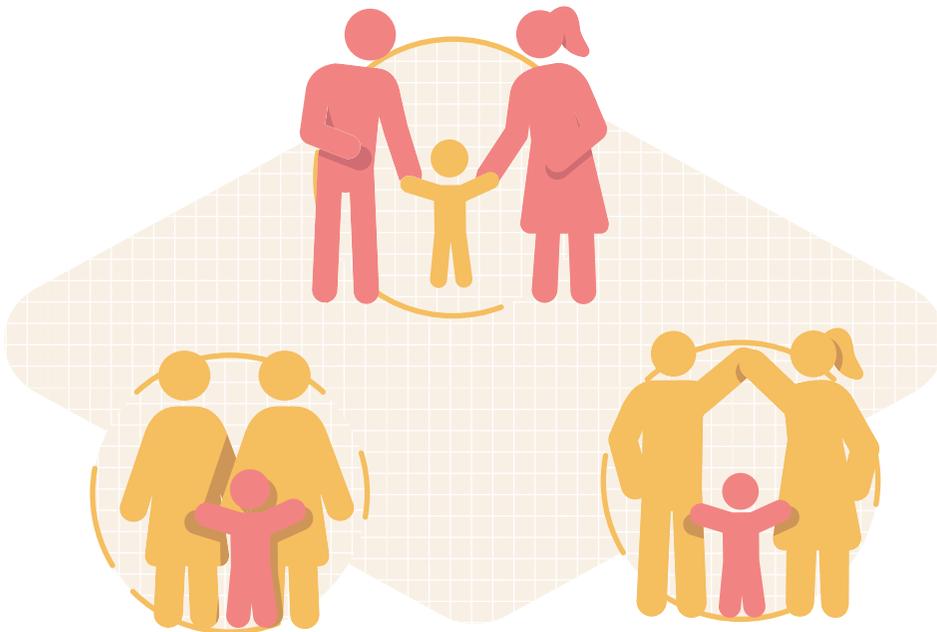
The needs of children and young people in their care:

Many foster carers recognised the holistic needs of children in their care, the support that would benefit them and the support that's missing at the moment. This included mental health support, education, and the processes around leaving care.

'The primary role of foster carers is to support the needs of children and young people, but they are spending a lot of time fighting the system to get the right support, the policies and procedures are not working currently.' (Foster carer)

'There needs to be wrap around mental health services from when the child or young person comes into care, a foster carer should be able to make referrals to mental health services. The referral system to CAMHS does not always work, and it can take up to two years to get the support needed.' (Foster carer)

'Staying Put needs looking at, this is inconsistent and it needs reviewing to ensure that this is working. Sometimes the pathway plan is not started until 6-months before the young people reach 18, meaning that the funding agreement is not in place until very late.' (Foster carer)



The foster carers we spoke to clearly wanted the best for the children in their care and recognised how the system around them did not always enable those needs to be met.

The needs of foster carers

Foster carers spoke about issues affecting them including recruitment, support, training, and relationships with social workers. Whilst some told us about positive experiences, feeling well supported with access to training and help, others highlighted issues with the support they receive, both for the care needs of children and the financial assistance they need. Many of the issues raised overlap with concerns we have heard in other parts of the children's social care system for example an unstable social work workforce, lack of understanding about disability, not enough black and ethnic minority foster carers and support in processes when there is an allegation of harm against them.

Foster carers recognised the importance of understanding the culture of children in their care, this is important given the ethnic disparities heard through the reviews engagement.

“Social workers are often quite good at working with you to make sure you understand how to support young people who are black” (Foster carer)

“We looked after a couple of young girls who were mixed race, aged about five. Although we only looked-after them during a fortnight – it was clear that their carers hadn't considered their personal needs e.g. hair and skin.” (Foster carer)

“We had a young person who was Pakistani, and the service had little knowledge about the child before he was placed with us. However, we were able to talk with the young persons grandparent about how best to support him and his dietary requirements.” (Foster carer)

The frequent changes of social workers impacts on foster carers and how supported they feel.

We've had many supervising social workers over the years, many of these have been agency and haven't provided a lot of support. This has made it difficult, and as a result been reflected in the support we've received. (Foster carer)

Foster carers look after children with different needs and recognise the need for extra support when needed. Sometimes this was available but often foster carers felt it was lacking.

There is a lack of support for respite carers when they are looking after children with disabilities and hidden disabilities. (Foster carer)

Many foster carers described how having delegated authority for children in their care would help create a typical family situation and save the delays in decisions that children often experience.

Foster carers who often know the child, and sometimes the family best, are not given the trust and respect that they need to work with the challenge. There is a massive risk-aversion in the system now, foster carers need more delegated authority when working with the young person. (Foster carer)

An important issue raised by foster carers was financial support and their allowance, some carers told us they receive less money when the needs of children are reduced. Some foster carers told us the financial difficulties they experience if a child is not living with them. Finally, we heard that some foster carers are discouraged from participating in Staying Put arrangements because of the reduction in financial support,



and many felt that the overall financial support is a key factor in the national shortage of foster carers.

We are not making it easy for people to become foster carers, workplace leave, minimum income without a placement, and general support from the local authority. (Foster carer)

For some foster carers, the deal (financial support) is not good enough, particularly if we want more people to come forward and foster care. How do foster carers earn an income when they do not have a child placed with them. (Foster carer)

If they do well with a child, they are penalised financially. If the children's needs reduce – they are given less money. (Foster carer)

The system places a value on turnover and not stability. If the child's needs are being met, the fee is expected to go down, and this is the same for staying-put arrangements – relationships are maintained but foster carers are paid much less. (Foster carer)

There needs to be unified approach across government department – housing health, tax, social care – how are foster carers supported by the system? (Foster carer)

Allegations made against foster carers by children are a very disruptive and a challenging time for everyone involved. Foster carers told us that more needs to be in place to improve the processes and resolve the issues as swiftly as possible.

The allegations are catastrophic for foster carers, and the children and young people e.g., placement moves, recruitment and retention of foster carers. There should be a national standard and process on allegations which is overseen by an independent body. (Foster carer)

The review also heard different opinions on foster carers being seen as professionals and how valued they felt.

We should be classed a professional, we work with the children 24/7, we are front line workers. We are not appreciated or treated as professionals. Foster carers often disclosed [excluded] from meetings and it's not fair. (Foster carer)

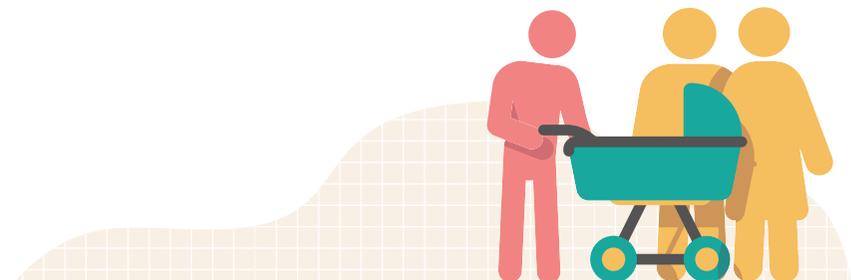
Greater recognition of the role of foster carers is needed by all of those in the profession.

Wider role

Some foster carers highlighted how they would be in a good position to support birth families, they felt that their skills could be used in a mentoring role as well as in supporting contact:

'Foster carers hold the key and have the expertise to work alongside birth families.' (Foster carer)

There isn't enough reference about contact, foster carers often support young people and the wider birth family. (Foster carer)



Adopters

Adopters engaged in activities across the review and shared their experiences with children's social care beyond the initial adoption process. Adopters told the review about the unknown needs of the children and some of the challenges they have faced as a family, often this included a lack of support for the family, lack of recognition of Foetal Alcohol Spectrum Disorder (FASD) or post traumatic stress disorder. The adoptive parents told us that they would like more post-adoption support and the ability to ask for help throughout childhood.

'It is entirely different to what we expected but we weren't naive.' (Adoptive parent)

Often parents told us that sometimes they just needed some help and support with parenting or with the additional needs that children may have. They felt that prospective adopters need more preparation to understand the potential needs of children so they have a better understanding of what children have experienced, and the impact this may have. They went on to say that adopted children may need emotional or mental health support in the future, to help come to terms with any early trauma.

Adopters talked about contact with birth families and how Letterbox contact does not always work. Some adoptive parents told us that they had found other ways to keep contact with birth parents, others reflected that letters weren't always getting through, and some felt that local authorities were unhelpful when birth parents did not respond. Overall, they felt that the system could be modernised to accommodate the growing number of birth families and children making contact over social media.

In one instance Letterbox contact failed, the birth parents' letters were not being sent through to the adopters, it transpired that they were being returned to the birth parent. Why hasn't the process been modernised? Could it be an app or website? The adopter ended up using an anonymised Facebook profile to establish and maintain this contact but that should not have to happen. [from notes]

The letters are censored, and content asked to be removed if the staff don't agree with it. The adopters felt they couldn't talk about bad behaviour – even though the birth parent could benefit from knowing about it because it may reflect on themselves, they couldn't report anything too positive, they weren't allowed to mention a holiday. [from notes]

These views reflect the frustration we heard from some birth parents about Letterbox contact.

'Letterbox not always adhered to even if it is ordered by the courts. It should also allow wider family members such as aunts, uncles and grandparents to letterbox contact too.' (Birth parent)

'Local authorities charge birth parents to be placed on a register which means they can be contacted through the LA by their child when they turn 18 years old. This is unfair and punitive.' (Birth parent)

Adoptive parents recognised that many children had experienced trauma and attachment difficulties. They wanted more support with this and for children's social care to recognise and provide help. This lack of support was often exacerbated by out of area adoption leading to disjointed support. The postcode lottery of support was really highlighted by out of area adoption or moving.



Working with children's social care

Some parents or foster carers had good relationships with social workers and other professionals. These were often characterised by stable, long-term working relationships, understanding and transparency. However a common theme amongst all adults about working with children's social care professionals were the instability of staff which translated into frequent changes in social workers. This meant that the adults concerned experienced different approaches, gaps in support, and needing to retell their story multiple times.

"We get a label thrown at us that doesn't always apply and isn't accurate but then the system forces it to stick onto us and that becomes set in stone to our detriment" (Parent)

'The assessment process was negative, there was a lot of turnovers of professionals which meant that the thinking / planning was not joined-up.' (Kinship carer)

The following aspects of working with children's social care were highlighted:

- **Staff turnover**
- **Transparent processes**
- **Having a voice in decisions**
- **Family contact time**
- **Postcode lottery**
- **Assessment rather than support**

Many of the adults expressed frustration when there were social worker changes as this meant that a new relationship needed to be established and their story told again.

Other common themes included the lack of transparency with complicated processes with parents telling us they were not always clear what was happening, some kinship carers felt similarly around the kinship or special guardianship processes. Other times, parents told us that they thought one thing was happening only to find out that something else entirely had been written in reports.

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

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

All groups of adults wanted a more trusting relationship with children's social care, to get the support they need rather than getting assessed or refused help. Parents wanted to have their voice heard in meetings and to receive advocacy when they struggle to get their view across. Foster carers wanted to be more involved in meetings and kinship carers wanted more transparency and support

Some people felt that there should not be a postcode lottery of accessing help or training. Parents experienced the effects of this when they moved or were moved and no longer able to get support, adopters and foster carers when they had children living away from their home local authority area, and kinship carers experienced it in the support and training they could access.



Solutions

Many participants highlighted a lack of knowledge and understanding of staff about culture and ethnicity and some disabilities, for example adopters highlighted that Foetal Alcohol Syndrome Disorder still needs better recognition and support. Black or ethnic minority parents felt that their culture or the culture of their children was not recognised and therefore the needs were not met when children were cared for outside of the family home. This included feedback from the Gypsy Roma Traveller community that showed their mistrust of children's social care, although they recognised that it was helpful to have support when disabled children needed it.

"I really don't like social services as always bad news and taking Traveller children away as they don't understand the culture"
(Traveller Parent)

"Not very helpful in any other apart only helping my family that have special needs" (Traveller parent)

Finally people wanted better support and coordination with family time across their different situations. Keeping relationships between children and their wider birth family was recognised as important and improvements to this needed whether that is in keeping contact when children live with kinship carers, foster carers or those who have been adopted.



Many of the participants had ideas for solutions to the problems they had identified and were able to share them during engagement activities. Below are some examples of what we were told.

'Advocacy should be offered for those with disabilities.' (Parent with a learning disability)

"Give families more time to make changes that are asked of us"
(Parent)

'And also more like a framework on the process if you're not happy what you're supposed to do because I feel like some of these issues wouldn't have got so far if they allowed you to be more informed of the complaint process, how you are supposed to raise issues you have. If you think something is not right, what is a body that you can go to so you can raise your concerns – there is none of that' (Parent)

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

"Fathers need encouragement to be involved as the system doesn't currently encourage this and often ignores father's valuable role." (Parent)





Training of social workers (and those working in the courts) needs to involve listening to the voice of lived experience. [from notes]

“I will also say the default system needs to adapt towards a more trauma informed and mental health/additional needs informed practice. We are dynamic and unique individuals and the rigidity and maladaptive structure of the system not evolving with the times quick enough often can exacerbate cases and situations and cause escalation indirectly” (Parent)

“There should be a national register of foster carers, this would allow them to work across different local authorities and there should be independent oversight.” (Foster carer)

“The needs of the children and young people need to be at the centre, and the decisions made should not be driven by driven by financial resources – especially, considering the long-term financial impact.” (Kinship carer)

carers outlined in this report we carried out extensive engagement [with children and young people](#) with lived experience of children’s social care and the children’s social care workforce.

Methods

A range of methods were used to engage adults with lived experience. These included:

- **public online meetings advertised through existing networks, social media and on our dedicated website**
- **An expression of interest form on the review website allowing people to be notified of engagement opportunities**
- **in-person visits to groups**
- **attendance at online meetings hosted by organisations**
- **one to one interviews with adults**
- **A Call for Ideas where people shared their ideas for change.**

We saw huge value in speaking to people through existing networks and organisations because they provided adults with safe spaces, with people they trusted and were able to tell their stories openly with the right support in place.

Since the review was launched in March 2021 we have used a variety of ways to hear from adults. The engagement sessions outlined here are one of the channels used by the review team and we have spoken to over 147 adults in this way. These adults had a range of lived experience, often having experienced a number of different aspects of the system. We met them in very small groups so that there was enough time and space to hear from each person meaningfully. We reached a wider group of adults through other activities such as [Bridge the Gap](#), in-person visits to organisations and deep

About this summary

From the start of the review, we prioritised listening to and engaging with a wide range of voices in order to build the best possible recommendations to achieve real change. Between March and May 2021 initial consultations with those with lived experience outlined the major themes and contributed to [The Case for Change](#). After we published the Case for Change in June 2021 engagement activities focused on asking whether the review had identified the correct issues, misunderstood or missed anything. The review team continued to meet with groups, in particular those who are underrepresented or seldom heard in consultations. In addition to the engagement with care experienced adults, parents and



dives in local authority areas. What we learned from those events are, or will be, captured in separate reports. During the engagement phase between June and November, members of the team attended 25 different workshops.

Questions asked:

The engagement activities were designed to meet the needs of the group. There was consistency in asking what needs to improve, what works well, and ideas for change or how contact with children's social care should be experienced in the future. Some of the questions we asked included:

- **What are the things you think children's social care needs to improve for children, their families and kinship carers or foster carers?**
- **What are the things you think children's social care currently does well for children, their families and kinship carers adults or foster carers?**
- **What are the things you think children's social care needs to improve for parents and families?**
- **What are the things you think children's social care currently does well for parents and families?**
- **How should the system behave, look and feel in the future?**
- **What could social services/children's social care do differently to support the Gypsy Roma Traveller community?**

Individual conversations followed a similar structure, with the participant leading the conversation within the boundaries of thinking about children's social care. This meant that participants could share as much or as little as they wished and draw links between other systems and issues that the review team may not have considered.

Approach to support:

All participants were made aware of the additional support available from the specially commissioned NSPCC helpline if they felt that they needed it. The review team also liaised with the hosting organisations to make sure the questions were appropriate and that they were able to support the participants if necessary. In many cases, especially with parents, the organisation checked in with the participant later that day, recognising that they often recounted upsetting situations that they may find upsetting afterwards. Participants were encouraged to talk about their experiences with children's social care rather than specific experiences or details of abuse to avoid retraumatization. Participation was voluntary and participants were informed that they were able to stop at any time, and how their comments would be used in the review.

Considerations:

Most of the engagement was via online meetings, this was both a limitation and an enabler in that it meant that people who wouldn't usually be able to travel could attend meetings. It also meant that the review team could attend meetings in different parts of the country in one day, therefore broadening our reach. However, this method may have excluded people with digital disadvantages such as limited access to the internet, or with devices that didn't allow them to participate fully. Other adults may have struggled to engage, and attempts to minimise this included going through trusted organisations who could support them or doing face to face engagement.

The people attending the sessions had often had problematic contact with children's social care and had received support to overcome those issues. It is recognised that there may be adults with more positive outcomes and views on their support, however the majority of engagement highlighted the issues people faced.

When arranging engagement activities, the timings were negotiated with the organisation, therefore the review team met with people at various times in the day and evenings, with some weekends too.



These engagement activities were hosted by organisations including but not limited to:

- **Adoption UK**
- **Become**
- **Birth Companions**
- **Drive Forward Foundation**
- **Family Rights Group**
- **Foster Carers Association**
- **Fostering Network**
- **Home for Good**
- **Homestart**
- **Kinship**
- **New Beginnings**
- **National Children's Bureau (NCB)**
- **National Network of Parent Carer Forums (NNPCF)**
- **NSPCC**
- **PAC-UK**
- **Pause**
- **Plymouth Parent Advocacy Project**
- **Pure Insight**

- **The Adolescent and Children's Trust (TACT) Foster Carers**
- **The Black Care Experience**
- **Trevi**
- **Women Out West**

We're very grateful to all of the individuals who took part and to the organisations who helped bring people together to share their stories and experience.

