

Workforce Engagement Summary

About this summary

This engagement summary details the findings and methods of consultation that the Independent Review of Children's Social Care has undertaken with the workforce. It was carried out following the [Case for Change](#) which was published in June 2021, and sets out what we have heard from the workforce, including:

- **Social workers**
- **Early help practitioners**
- **Health professionals**
- **Education professionals**
- **Volunteers**
- **Other professionals who work with children and families**
- **Organisations that employ or represent professionals who work with children and families.**

This summary sets out the themes that came through in the engagement activities and some of the suggestions put forward for change. It is divided into the following areas:

- **Working in the system**
- **Early help and prevention**
- **Child protection**
- **The care system**
- **Care Leavers**

At the end of the report there is information on the methods used to engage the workforce, our workforce engagement plans pre Case for Change, and the wider engagement activity of the review. Throughout this summary, we have included quotes from those who attended our engagement sessions, some of which have been amended for clarity e.g. acronyms have been defined and identifying information removed. These were taken from the notes of engagement sessions, from the chat function during online sessions, and written responses to surveys used for engagement purposes. They are used to illustrate the collective themes that were identified from the notes gathered.

The independent review of children's social care committed to hearing from the workforce, in addition to research, data, and evidence so that the review's recommendations can reflect the true picture of what needs to change. All of the evidence and testimonies in this report have been used to help determine the review's overall findings and recommendations.

Josh MacAlister, Chair of the Review, and the Review Team would like to thank all those that participated and provided feedback in these engagement events.



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Motivation

Professionals across the system told us that they had come to work in children's social care to help children and families and make a difference in their lives. However many found there were barriers to doing their work, including bureaucracy, stigma, low support, and underfunded services. Social workers and other professionals wanted the review to look at how to better fund services, reduce large caseloads and increase support for professionals, so they could deliver the best help to children and families.

Bureaucracy and capacity

A key topic raised by social workers was the inability to offer meaningful intervention and support to families due to the enormous bureaucratic and administrative tasks they were required to undertake. The social workers we spoke to recognised the need for detailed record-keeping to ensure that children and families understand their stories, but they felt that good decisions can be made and there should be a moratorium on the trend of increasing bureaucracy that has developed over the years to enable more direct work with those children and families. There were calls for more administrators and family support workers to provide business support to free up social workers' time. Social workers also spoke about the need for streamlining processes and employing smarter working like self-populating forms and the use of technology to reduce duplication of work.



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Less paperwork, meetings and less emails. Less recording on the systems, more business support officers that do the recording for the social worker so they can focus on seeing the families. Being able to spend more time with families and children will in turn reduce the risk aversion. (Social Worker)

We could streamline how much detail is recorded... What my young people appreciate is the time that I spent with them outside the review meetings. (Social Worker)

Increasing caseloads was another area raised as a major problem for professionals who called for lower caseloads and work pressures to allow them more time to work effectively with families and build trusting relationships. They also spoke about the impact of complex cases and crisis situations, and stated that caseloads need to be understood within this context.

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When caseloads are above 15 in my opinion no quality work can be done with young people or their families meaning the best possible outcomes cannot be achieved. (Social Worker)

Inspection and risk aversion

Local Authority staff saw Ofsted as the biggest driver of paperwork, creating a barrier to spending time with children and families. They also spoke about inspection as inconsistent, sometimes practice focused but they often felt Ofsted were reviewing the process, rather than the impact on the child. There were calls for inspections to better showcase the best of social work practice rather than driving blame-culture and generating more risk aversion in the sector. The professionals we spoke to stated the Ofsted ratings had a significant impact on recruitment and on the views of the courts and partner agencies in respect to the quality of social work practice.

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The influence Ofsted has is enormous, making practice more risk averse. (Social Worker - Practice Leader)

We don't put half of the time on what went right and increase that. We focus more on what went wrong and avoiding it next time. We need to think about learning in a different way and explaining it to others in a different way. Appreciate what we do, rather than what we haven't done (Social Worker)

It [inspections] creates a 'cover your back' attitude in a blame culture (Social Worker)

Stigma

Many of the professionals spoke about the stigma attached to social work creating barriers to meaningful engagement when working with children, families, and in communities. They felt the public perspective of the social worker role was to remove children and that more needs to be done to project a positive image of social work, by the government, Social Work England and the media. They thought that more needs to be done to raise awareness amongst the public of what statutory services can offer and to reassure parents and families that social workers first and foremost want to help.

The professionals also acknowledged the stigma experienced by children in care, particularly those in residential children's homes. They talked about inaccurate and unhelpful stereotypes that portray these children as naughty, and a poor representation of care in the media which demonises children in care. Some professionals thought more awareness and normalisation of the care system was needed.



Ethnic and racial disparities

A cross-cutting theme that was discussed as part of the review's engagement with professionals was ethnic and racial disparities, both for children, families and carers involved in the care system, and for professionals themselves.

Some social care professionals told us that the needs of Black, Asian and ethnic minority children are often an afterthought, and that it can be difficult getting white social workers to understand the children's different needs, particularly when it comes to the matching process for children entering care. Overall, professionals reported a lack of Black/Afro-Caribbean foster homes and a lack of cultural sensitivity regarding the needs of children and young people going into homes. We heard that the lack of available foster carers, means that many young people are often moved out of the area. Professionals spoke about the impact of cutting children off from their existing community support, and their support network which affects the lifelong links they are able to make. Ethnic and racial disparities were also spoken about in terms of the support given to children and families involved in the children's social care system. It was felt that there was insufficient advocacy and mentoring services.

Professionals told us that help is needed to ensure social workers, and other professionals, understand cultural differences and are better equipped to explain to families what they are doing and why. Practitioners told us that a few local areas had specialist cultural advisors or teams for children in care, particularly those in foster care. These services offered resources and services for Black, Asian and ethnic minority children and families, which were seen as helpful. However, it was mentioned that these things need to be embedded at the leadership level to be effective. The importance of a focus on cultural identity for children in care was highlighted, and practitioners thought that it should be a part of life story work.

*There needs to be a more diverse choice of foster placements to cater to children's cultural, physical, and emotional needs
(Social Worker)*

I might not know the cultural backgrounds of other ethnicities and I might research, but you need someone who is aware of those cultures. I think there should be a role, could be someone who knows, can represent and champion [the children] – perhaps attend the first Looked After Children review and make sure needs are being met. (Social Worker)

Social workers also spoke about ethnicity in the workplace context, with local authorities encouraging more discussions about bias, racism and broader practice in recent years. However, some practitioners did not feel there were safe spaces in offices to have those conversations. Others mentioned that these conversations need to continue and white social workers need to be able to have these conversations about being culturally competent. It was also raised that cultural competence needs to be discussed in a broader sense, acknowledging that there are lots of different cultures.

It's disheartening that from 1950 to 2021 nothing has changed. There is something that isn't filtered down... No management, leadership, no policy in place that puts the emphasis on any of this. We have a talk about it and then it dies off, and we go working around and around in circles and no progress is being made. (Social worker)



Retention and Development

We heard from social workers that one of the key problems in their profession is high turnover rates as a consequence of high caseloads, high stress, and a lack of mental health support for social workers. Social workers and other professionals spoke to us about the exhaustion and emotional fatigue felt in the profession, and that mental health support for professionals needed addressing to help reduce burnout, stress and absence from work.



We carry a lot of vicarious trauma, social workers need personal supervision and reflection rather than just case supervision. Targeted support. Independent Fostering Agencies have therapeutic support but that's dropped off since Covid-19. (Social Worker)

If I had a magic wand, I would look to better retain staff and get the right plan in place to transition children. Every complaint starts with 'I have a new social worker' (Local Authority staff)

We heard that retention was challenged by a lack of professional development that did not involve a move to management and therefore a move away from working directly with children and families.



Many managers want to stay in front line but also get the progressions and financial increase which is not possible without giving up frontline work (Social Worker)

Social work is a profession where the only way to progress is away from direct practice. We shouldn't stop working with families. (Social Worker)

Professionals also spoke of the need to have robust recruitment of social care staff who were suitably qualified to support young people. Whilst it was felt that recruitment was a big factor, some questioned

whether the qualifications required for some roles in social care needed to be so academic, and if potential future staff were being excluded as a result. This was in regard to residential care roles which requires a Level 3 diploma, but many practitioners felt that level of qualification is not necessary. It was also commented that the Level 3 diplomas are not fit for purpose or transferrable to other parts of the children's social care system, and there were calls for Ofsted to remove the level cap for degree apprenticeships and change the qualification requirements. They also called for adequate funding to employ staff with the right qualities and attributes for the profession.

Community based social work

There was discussion amongst professionals about the location of social workers, and where they would be best placed to support and safeguard families e.g. in community locations and schools. It was commented that there is a huge need for community support and interventions to help with therapeutic work, which falls to social workers due to a lack of community services.

Some professionals stated that models of practice need to change to be more community based, like in some other European countries. We were told about locality models that were seen as a strength and it was felt there should be a return to locality and community-based work. Having a wider community approach would contribute significantly to relationship building with children and families. Some professionals felt that the pilots of social workers based in schools were having a positive effect.



I value the opportunity to be more community based and have more community social work - joining communities in places they are e.g. in schools, estate. Part of sharing knowledge and ideas so we are genuinely part of the solution rather than leaping in once a problem. (Early Help Practitioner)



Legal framework

There was a feeling amongst the feedback that practice had moved a long way from the original definition of Child in Need and shifted significantly in judgements of what constitutes significant harm. They stated that risk of harm was not included in the original legislation.

Professionals felt that there was an overuse of section 17s and section 47s which made it difficult to separate child protection from wider work with a family. Investigations often happen part-way through the process of working with families and conversely, you need to build relationships before you can carry out the investigation process, which in turn can inform the future relationship.

So many section 47 assessments and section 17s that don't go anywhere. We're beginning to work in a different way and not doing processes for processes sake. We need to work with the family. We're doing a big piece of work around that with police in communities. (Local Authority Staff)

It was commented that the court process was considered too adversarial and that the Family Drug and Alcohol Courts take a less adversarial approach, which was seen as positive. Professionals went on to highlight that resources become more available following court action due to the local authority being forced to pay for them as part of the care plan (for example private therapy for parents). However, if this support was made available earlier through well provisioned services, it would lower the risk of escalation and save on the high cost of care proceedings.

Look at the main Acts (Housing, Children's etc) – this makes CSC [Children's Social Care] the last resort. If a young person is not safe in the community (e.g. no youth services) then social workers have to take the responsibility (as the Children's Act makes them

take the responsibility). The Housing Act could say no child should be homeless and then CSC wouldn't have to spend as much money on section 17 housing. The Children's Act looks at familial harm and times have changed. There are so many more layers around safeguarding now. (Local Authority Staff)

Some professionals called for consistency in respect to messages around support and protection, particularly concerning the Family Justice System. It was reported that children's services can often get caught in the middle resulting in criticism of their decision making processes and safeguarding policies.

It was commented that the review should disentangle the mix of legal statutes, and look at the legislation around Special Guardianship Orders (SGOs). It was felt that there had been too much pressure put on families to become SGO carers as it demonstrates long term commitment and a level of 'normality' for the child and family. However, it was stated that it also only provides financial support, if eligible, for 2 years before being reviewed and possibly withdrawn, thereafter leaving those special guardianship homes in financial difficulty. In many cases it is also said to slow down the process of accessing future support services for the child and that universal services are required to be sought like any other member of the public.

Funding

The majority of professionals that we spoke to thought that children's services are underfunded as a consequence of diminishing government funding for local authorities. They felt that resources were misplaced and called for more funding for preventative services which have been cut over the years. It was felt that it would be more effective to shift priority to the 90% of children and families who need preventative support, whilst recognising the need for higher intervention to protect the 10% at risk of harm.



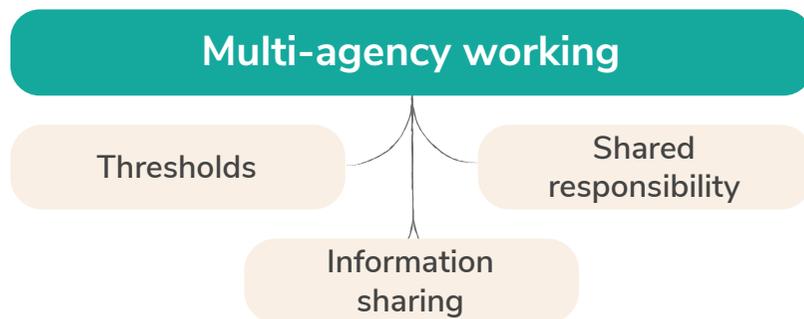
It was felt the funding streams for both government departments and local authorities are complex with strict restrictions on how money can be spent. Sometimes families just needed a small amount of funding to help with things like childcare, transport, food shopping etc. It was felt that children's health, schools, early help and social care all needed realistic, consistent and dependable funding for long term commissioning and planning.



Local authorities are underfunded. Other departments have shrunk and we have stayed broadly the same.
(Director of Children's Services)

Multi-agency working

Throughout the review's engagement, professionals recognised that agencies and services often work in silos, creating an uncoordinated response and negatively impacting the effectiveness of support and interventions for children and families. The diagram below highlights some of the issues professionals reported to grapple with as part of multi-agency working.



Professionals spoke about the need for better join up, particularly across the safeguarding partnerships, and the benefits this could have for families who struggle with the burden of multiple professionals in their lives.



In my experience, the families really struggle with the number of professionals they might encounter on a journey through children's services support. They may come in at early help level and have an assessment drawn up then they may step up to statutory level and have to forge a relationship with another professional, and then they go to the long term team and it's another, and then another when they step down. This can make things very difficult for the young people and their families in terms of who to trust and who they share information with. If they don't get along with one professional then the next professional will automatically have a difficult time trying to engage the family. (Local Authority Staff)

Thresholds

One of the biggest problems mentioned by professionals regarding multi-agency working was the different understandings of thresholds for referral and intervention. We heard that while thresholds were well understood by local authority staff, they were often not clear to partner agencies. Social care staff felt this led to inappropriate referrals, impacted the quality of information contained in referrals and affected professional relationships. It was felt that more direct training around referrals was needed, particularly for schools and health professionals. Another challenge that was mentioned was the perceived gatekeeping of services with high thresholds because of stretched resources and budgets across agencies.



We need a better understanding of thresholds and what it means to achieve outcomes for children and families. If we're not doing this as a collective, there are barriers, some professionals really get it and others are not so understanding.
(Local Authority Staff)



They also identified how reforms across government dovetail to meet the needs of children and families across the different agencies.

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One of the biggest tensions is the differing thresholds, delivery and availability and responsibility of the breadth of the multi-agency system. This was identified by Sir Alan Wood in his 2021 review of LSCPs. (Local Authority Staff)

Information sharing

A lack of information sharing between agencies was another key issue highlighted by professionals, and was attributed to incompatible information systems and the prevailing risk-aversion around data sharing. This was seen as creating a burden for professionals and families by generating a need for duplication in information gathering.

Local authority staff also saw difficulties in information sharing within children's social care, with differences in regional and local data sharing protocols. Some social workers told us their local systems had improved using new technologies which made sharing information easier and more efficient but that more could be done in this space.

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Social work local authorities don't even have joined up systems to check children's records - whereas at least police have their Police National Computer system and don't have to continually phone colleagues in other areas to get basic information. (Local Authority Staff)

Shared responsibility

Many of the social workers we spoke to felt that while social care should lead as a corporate parent, collaboration with other agencies is necessary for families. They said that currently children's services bear a lot of the tension and responsibility for elements beyond their control, and are held responsible for this while struggling to hold other agencies to account. They also felt that often other professionals push their anxieties about a child's safety onto children's services rather than discussing their concerns with a family, because of a lack of clear roles and responsibilities.

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The professional anxiety at Child Protection conferences from safeguarding partners means that they pressurise social workers to take a lead position to reduce anxieties. (Local Authority Staff)

This linked into discussions around a need for a shared culture concerning safeguarding, that focuses on children and families and recognises that supporting and safeguarding is the responsibility of all agencies not just children's social care. Within these discussions, professionals often highlighted that there should be more focus on who is best placed to help families rather than defaulting to a social worker, including volunteers in the community. Most professionals we spoke to included education as a key partner in supporting and safeguarding children and families.

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Government really needs to take the lead with very strong, clear messaging. Schools are the only organisations that see children every day, so they need to be clearly given a responsibility to report concerns, and clear passage to support from services, which is not long and bureaucratic for them. This would encourage Schools to take action. (Local Authority Staff)

You have your strapline that child's safety is everyone's responsibility, but it is only a strapline. (Local Authority Staff)



Suggestions to improve multi-agency working

The professionals we spoke to had numerous suggestions to improve multi-agency working, including greater clarity around roles and expectations, better communication, and a focus on building positive relationships with colleagues across agencies.

Ideas included:

- **Completing joint home visits**
- **Shared group supervisions**
- **Co-location of services**
- **Locality working**
- **Multi-agency networking**
- **Multi-agency training**
- **Improving staff retention for continuity of relationships**

Social workers in local authorities felt that lack of local join up stemmed from disjointed central government policy. It was suggested that more attention should be focused on pooling budgets and shared strategies, especially around universal services that can strengthen parenting and provide early help.

Specialist Services and Support

Many professionals raised the issue of waiting lists for Child and Adolescent Mental Health Service (CAMHS) with children and young people often waiting up to 18 months for support. This was considered too long given the nature of the children's needs. They also stated that

CAMHS thresholds are too high and that lower level services are needed to enable help before a crisis point is reached. It was felt that low-level mental health issues often quickly escalate, and a joined-up approach is needed to help children and parents manage their mental health needs.

The CAMHS offer is a continual area of concern - services other than Children's Social Care decide when they do not have a responsibility to contribute to plans for children, and leave families feeling un-helped (Social worker - Practice Leader)

Professionals also mentioned other key issues about mental health support in children's social care, including:

- **Increasing numbers of teenagers with no prior history going into Tier 4 acute general adolescent units, for inpatient mental health care.**
- **Mental health of parents not being diagnosed or properly treated**
- **The ongoing impact of Covid-19 on the ability of services to meet needs**

As well as mental health support, many professionals remarked on the austerity cuts to universal and targeted services across the board, including drug and alcohol rehabilitation, and domestic abuse refuge services. These were cited as very important preventative programmes that now vary significantly in capacity across the country. Professionals stated that specialist services were not being provided promptly enough and that social services were having to manage crises with both young people and parents. Timeframes were tight and some said they felt pressured into escalating plans when parents had not yet received intervention. Some called for a clearer understanding of services, particularly mental health, and of the pathways and availability of services. Some said that local authorities needed to become more trauma-informed.





It is difficult relying on the voluntary sector for drug and alcohol services because they struggle with funding then don't attend meetings. Also children's mental health services are under funded. We rely on specific child protection substance misuse work but they're voluntary and are struggling to get resourced. We rely on them and they are year to year trying to stay afloat. The same for lack of funding for domestic abuse services is a concern as domestic abuse is a factor in a majority of child protection cases. (Local Authority staff)

Speech, language and communication services for young people was another area that professionals stated had been affected, as well as therapeutic support for care leavers in dealing with childhood trauma-related mental health issues. Some spoke about the high speech, language and communication needs for young people in the criminal justice system.

Some professionals stated that there was a lack of specialist community paediatricians and that The Royal College of Paediatrics and Child Health's (RCPCH) plan 'Shape of the Future', would not help this as there will be fewer paediatricians available to do the work.

Early help and prevention

Throughout the review's engagement, professionals said that Early Help, should be delivered to families as early as possible and not be a 'bolt-on' to child protection services. We heard how early help should engage families before they reach crisis point. They said the system needed to be more solution-focused, rather than waiting for risks to escalate, and that processes and thresholds should be reviewed. It was felt that investment in a skilled early help workforce was crucial alongside having clear practice standards and expectations.

The Early Help and social work professionals we spoke to reported the need for a clear definition of what early help is for the children's social care workforce and other agencies, as over time it has become a catch-all, resulting in high referrals. It was suggested by Early Help practitioners that this also reflects the high level of professional anxiety from other agencies. They also spoke about case closure anxiety, where social workers step cases down from Child in Need to Early Help, because social workers feel the need to continue a level of monitoring and support 'just in case', thereby muddying the purpose of early help.

It was suggested by professionals across agencies that support and preventative services should be accessible in communities e.g. in shopping centres, parks, where children and families are. The professionals we spoke to stated that families needed to be part of the changes and fully involved in the process so they feel they are being worked with rather than done to. It was also commented that Early Help support is often provided across different agencies, including education, however some partners' contributions to early help and family support had reduced significantly during the Covid-19 pandemic due to resource and capacity pressures.



Being co-located in the community with our Early Help and Prevention teams also benefits the families living in our communities. Practitioners across the division enjoy the use of a shared language. (Local Authority staff)

Help and protection

Professionals that we spoke to talked about the need for more support for families. Some professionals did not think that enough could be done on a Child in Need (CiN) plan, or that enough resources were available to make them effective. It was felt that inappropriate resources were often being used that did not meet the needs of families. Professionals also reported that families have more support and help within Early Help than when they are on CiN plans, this was largely attributed to social workers having less time to work directly with families because of high caseloads.





CiN families say they don't benefit from as much support and feel an escalation is more likely than when the early intervention was helping them. (Local Authority staff)

It's a catch 22, families need more intervention than Early Help, but you put them on a Child in Need plan and they get less intervention and support because social workers have less capacity to do direct work. (Local Authority staff)

The family needs support and understanding, but often the response is removal and parents feel trapped and blamed. (Health professional)

When discussing child protection, some of the social care professionals thought that the way the system currently operates pushes more families into child protection processes than need be. Some social workers felt that the reasons for this are complex and have been influenced by public opinion and policy that has evolved when things have gone badly wrong, and that too much practice is currently process-driven rather than identifying with families what they need and providing that help.

Some of the professionals we spoke to thought the child protection conference process is not family-centred, places blame on parents, and leaves little time to reflect on the circumstances and needs of families and provide support. One suggestion was to change the set-up of the rooms for child protection conferences to make them more inviting such as sofas instead of desks and office chairs, and tea & coffee facilities etc. It was felt that the conferences should be supportive and not intimidating to families.

Professionals questioned whether child protection plans do enough to help families make positive changes, and when families' circumstances escalated to the edge of care, some social workers thought that pre-proceeding timelines were unfair to parents who needed more time to create change.

Some professionals thought it was worth looking into separating help and protection, to reprioritise support for families in the system but with

the consideration that more resources were needed for preventative work. Other professionals expressed concerns about separating the roles and felt that support and protection should be delivered effectively along a continuum, enabling children and families to move fluidly between the two. It was felt that creating a step change would not help families and would create siloed working and more risk. They also thought it could drive issues up the process rather than de-escalating them.

Domestic Abuse

Domestic abuse was a common factor in discussions about help for families. Professionals highlighted that it is difficult to coordinate interventions with the voluntary sector, further compounded by a lack of funding and capacity to respond to demand.

Professionals stated that in far too many domestic abuse cases, the onus was on the victim to protect the children in the home which was often challenging and complex, and could result in the children being taken into care.

Professionals recognised the difficult balance of criminal versus trauma informed intervention, which can be a long process and relies on engagement. The safety of children in the family was paramount and we were told about the impact on them and their development. Some professionals said that a clear consistent message was needed with the offer of support services for victims and perpetrators.



The social care workforce needs completely retraining in its approach to domestic abuse. Survivors' experiences are that they feel equally abused by the social care response as the perpetrator. For example, asking mothers under coercive control why they are not protecting children rather than focusing on the perpetrators. We need a perpetrator-focused response that has survivor therapeutic services at its heart. Changes to the whole paradigm is needed towards domestic violence. (Early Help Practitioner)



Harms from outside the home

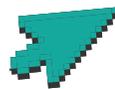
It was highlighted by professionals that the more prevalent harms from outside the home for children and young people were drugs and gang involvement; county lines and trafficking; weapons; child sexual exploitation (CSE) and child criminal exploitation (CCE). Professionals felt it is a challenge to respond in a way that helps to keep young people safe, because the system is set up in a way that makes it hard for social care professionals to reach young people with the resources provided. Some thought that more young people with no previous involvement with social services were getting drawn into exploitation, and that many young people were not being reported as missing due to relationship breakdowns with parents and/or siblings. The impact of Covid-19 was also felt to be huge.



I feel powerless to protect these teenagers, and feel all I can do is walk alongside them and do what I can to help them navigate impossible circumstances, where their needs seem to fall at the back of the queue in every domain. (Social Worker)

Young people defined by police as most at risk because of their involvement in criminal activity. When looking at the data and journey's of young people, the key age was around 8 or 9 when we tracked it back. (Local Authority staff)

To improve communication between county working, if a child moves county, a handover meeting should be held to ensure all case details are passed over, and a follow up held to ensure any worries raised have been heard. (Local Authority staff)



Online harm

The professionals we spoke to told us that social media played a significant role in the harms young people experience. Some felt it was probably the greatest current risk to teenagers. It was said that young people are at risk 24/7 due to technology and social media, and professionals often felt left behind in terms of the risks posed by new apps. Young people are overstimulated by the amount of information fed to them online, which impacts anxiety and other mental health conditions. They also said that parents and carers are not equipped to deal with this and need support. Some professionals found it difficult to understand online safeguarding and felt more guidance would be helpful.

Professionals called for more regulation around online harm and for young people, parents and carers to be better supported to help them understand how they are influenced by social media, as well as how to deal with it and reduce its impact on their health e.g. coping with online trolls, bullying, being drawn into unhealthy relationships, fake news, pornographic material, self confidence and self esteem issues, body image and identity development. Professionals also stated that young people required help in realising that social media does not always reflect reality.



It should be a legal responsibility for apps to monitor content and have age restrictions, this is disregarded and puts children at risk. (Local Authority staff)

I think we have to accept that the apps and the influencers will always be difficult to understand and we will always be chasing them. To me, the more important part is around how we educate parents, children and young people to manage these. Also how, as professionals and parents, we manage the situations when they do go wrong. I feel education has a key role to play. (Local Authority staff)



Peer to peer harm

Peer to peer harm was brought up by a number of professionals in discussions about harms outside of the home. Many of the professionals who spoke about this thought that a trauma informed approach to intervention was required. Some professionals felt they needed more expertise in assessing and providing interventions that are evidence based, funded by the local authority and accessible for the child. Building up skills in these types of harms was considered important to enable professionals to understand the complexities involved, build up healthy relationship work and enable effective decisions to be made for and with young people. This was seen as particularly important as often, the position of perpetrator and victim is not always clear cut, and can reverse or change. It was stressed that a trauma informed approach takes time and can be a long process which relies on engagement even during very difficult periods, which needs to be reflected in caseloads. This was considered very important to help reduce the risk of further harm in the future.

We need to assess both children, we need to have clear thresholds for levels of abuse between peers and we need to look at quicker services in respect of healthy relationship work. I think we need targeted training and guidance on how to manage peer on peer abuse in respect of criminal exploitation. (Local Authority staff)

Building strong relationships between young people and social care and other staff is the key to success. This includes the perpetrator and the victim although this is not always clear cut and roles often reverse or change. (Local Authority staff)

Some professionals called for more peer support groups for teenagers as well as support for parents. Some also talked about the importance of group work for professionals run by qualified specialists such as psychologists delivering clinical supervision to staff.

Safeguarding in Communities

Some of the professionals we engaged with said that safeguarding in communities was now much better understood as a result of models such as Contextual Safeguarding¹, but that Early Help needed to reach into areas using the contextual safeguarding model to reduce the risk of these harms. Some professionals stated that the contextual approach was dependent on join up with other agencies, particularly community police, in understanding local contexts with the most risk and community buy-in.

Some professionals talked about the need to get better at talking about the risks that teenagers experience. It was stated that understandably, parents did not have knowledge of contextual safeguarding or know how to support their child with it.

We have to get better at talking about the risks that teenagers experience. We need to do more with groups of young people rather than 1:1 so that the network maps are understood. Many teenagers say they're not exploited and don't recognise it. We need to see them collectively and not just as individuals to understand what's happening in that group. (Local Authority staff)

We need to help young people to understand the issues of interplay between power, choice and consent as many in school or within their community, if they are not attending school, do not recognise this issue as an issue for themselves. We need to really understand the communities we work in, and enable young people to understand the risks, in an age appropriate way, and to give them support to access healthy choices. (Local Authority staff)

1. Contextual safeguarding is an approach to safeguarding children where the risk is recognised as being in the community rather than in the family (Firmin & Knowles, 2020). It sees the environment of school, neighbourhoods and online as places that young people interact and can feature abuse and violence.



Community support

Community support for children and families is vital, and the professionals we spoke to emphasised the need for more of this. There are services in the community that families can access and it is important that both practitioners and parents/families are aware of these e.g. local church community services, youth clubs, parenting groups, childminders etc. It was felt that communities had a lot of information and knowledge to share and should genuinely form part of multi-agency working in developing solutions.

We have blanket universal help offered across family hubs, then the focus of targeted intervention is on step-down from Child in Need and Child Protection. We need to shift thinking amongst social workers so they enable families to access services in the community. (Early Help Practitioner)

Communities and community practice has been eroded over the last few decades, social workers are more and more separate from the families we work with - not just physically (e.g. community centres) but in everyday experience and recognition of the impact of poverty on everyday life. (Local Authority staff)

Some professionals commented on the funding and resourcing of the voluntary sector recognising that they often rely on the voluntary sector for services such as drug and alcohol support, domestic abuse services, and parenting programmes. Cuts and smaller budgets means that the voluntary sector are often struggles with funding and resourcing which can result in, restrictions on the volume of support available and the closure of services. Although statutory services rely on the support the voluntary sector provides, they are not always available when needed and often struggle year to year. Social workers working in a youth offending institution thought there was a significant link between cuts in community services over the last decade, including youth centres and activities for young people, and the increase in the seriousness of crimes being committed.

People who volunteer to support children, young people and families told us that there must be recognition of the important role volunteers play, and the value experienced volunteers can provide. They said that volunteers often have the focus of support and a longer term view of the situation, whereas professionals are often involved for a defined period of time. Volunteers are often able to provide long term relationships with less stigma attached than that of social workers. Professionals acknowledged the important role of volunteers and said it is important that volunteers have structured support and training.

We need to bring a load of local people together, create networks of support for young people. One of the things that is good about bringing people together, is there is always someone who has the resources and know-how who can pull in their support networks to provide support. Everyone benefits from this and volunteers leave knowing they have made a difference. (Volunteer)

Support for parents and families

The professionals we spoke to talked about the need for a more holistic approach to supporting parents and families, including support during pregnancy, help with managing difficult relationships, support for mental health and other unmet needs, long term therapeutic services and wrap around support for the whole family such as domestic abuse support, drug and alcohol misuse services. They mentioned the importance of more non-stigmatising support for care experienced parents, to stop intergenerational cycles of social care involvement and improve outcomes.

Professionals reported that parents often feel like they are not involved enough in the safeguarding process, and that professionals need to collaborate more with families including mapping exercises with families, use of reflective discussions, joint care planning and intervention, and the use of SMART plans that incorporate the views of children. Professionals also highlighted the need to maintain a supportive dialogue with families,



setting out clearly the next steps at each stage, and being open and flexible in their approach. It was stated that time is needed to explain procedures to families to help them to understand the process and ask questions. Social care professionals recognised that transparent and clear expectations should be shared with families from the very start of the process, and that the use of jargon should be avoided as much as possible with simple language used that can be understood by all.

We need to support parents sympathetically and practically, acknowledging that parenting is the hardest job in the world.
(Social Worker)

We need more investment in long term therapeutic services for parents who have experienced adverse childhood experiences with wrap-around services for the family and child whilst long term interventions are taking place, even if these are costly.
(Social Worker)

Need a more holistic approach to family support that also looks at support for parents and adults such as domestic abuse and drug and alcohol misuse services. Early Help can't look at issues facing children in isolation – helping parents is often a way of helping children. There should be a drive towards whole-family working with adult and child practitioners, to create integrated children's services.
(Director of Children's Services)

The professionals we spoke to also thought it was important that children and families were given the opportunity to access an advocate or additional practitioner to help them navigate the system and ensure their voice is heard. It was felt that some of the social care reports e.g. child protection conference reports were lengthy and could be difficult to comprehend, and having an intermediary to support children and families who knows and understands the system was considered a necessity.

The care system

Relationships

Across all the professionals' engagement activities it was clear there was agreement that children need love, time, patience and compassion and for this to be shown consistently. However, it was felt that this was difficult because of professional boundaries. We heard that there was a fear of using words like 'love' because the sector had become risk averse, which they said was understandable given the history of children's social care. However, it was felt that showing love could help improve outcomes later on.

It was thought that social pedagogy, which focuses on well-being, learning and growth, could have a role to play in teaching residential staff how to have confident, lifelong, loving and professional relationships with children in their care.. They said it could also help staff to reflect what love looks like and be transparent in their practice and allow love to grow. Staff recognised that it is sometimes awkward to talk about loving children where they were in the role of a professional.

Professionals thought it was important to teach children from a young age about healthy relationships, to make them aware of what abuse is and how to report it, but also how to make and keep relationships after they may have experienced problematic ones.

Professionals commented on the high turnover of social workers and the challenge of this for children and families. It was felt this impacted on the families relationships with professionals and could also cause difficult behaviour and a lack of attachment or trust with adults. Professionals reported the need for a consistent long term person in the life of the child who would not give up on them. They stated that a child needed to feel a sense of belonging, to be cared for and for someone to be on their side who is invested in their aspirations. Carers were needed that wanted to remain part of the young person's life and were willing for the child to become part of their family.



The volunteers we spoke to talked about the benefit of relationships with people from the community, who were not paid and had no agenda, and who saw children and young people as 'whole' individuals.

I think the best protective factor we can give our children in care, and children leaving care, is the opportunity to form a lasting relationship. This would preferably be with a consistent foster carer, but if not, with a professional such as a social worker or independent visitor who they can build a trusting relationship with. (Local Authority staff)

An example of a stable relationship could be with an Independent Visitor (IV). We heard that good IVs are able to build trust and reliability which helps support a young person to feel a sense of stability. They are able to become a constant in a child's life and with it being a unique role that is not paid, they have more freedom and are not focused on the reasons for the child being in care. Independent visitors said hugs should be encouraged.

Relationships between children and their birth families featured in the discussions with professionals. Some professionals did not like the language used in social care and suggested removing terms such as 'contact', 'respite', and 'give notice' and replace them with more appropriate language such as 'family time', 'short breaks' and 'moving home'. They recognised that it was important for the child to maintain links with their birth family, particularly as they move from care into adulthood, as this is when many children return to their birth families, so keeping the relationship was considered vital.

If still in regular contact with birth family members, then work to strengthen those relationships and consideration of any risk factors in the 2 years prior to reaching 18, will also be beneficial in helping young people renegotiate those family relationships that they will continue to manage post 18. (LA staff)

It was felt that wherever a child is living, it is important that carers should be available to give advice when a child needs it and ensure that milestones are recognised such as birthdays and religious/cultural occasions. The professionals we spoke to stated it was about being invested in the young person's life and going above and beyond. Being genuine and showing humanity was considered important as well as ensuring the child understood how they got to be where they were now.

It is very hard for someone who has experienced care to feel part of "normal" society, whatever that is. The quality of their future relationships and life depends on their care experience. (Volunteer)

Kinship care

The professionals we engaged with recognised the importance of kinship care, how it enables children to maintain relationships with family and of its benefits for children. They acknowledged that kinship carers often felt emotional pressure and had to make hard decisions about whether to say yes or no, without any financial support to keep the children in the family network. Some stated that social workers needed a better awareness of kinship care and the processes so that decisions can be better informed.

Professionals wanted to ensure kinship carers received the financial and practical support they needed. They called for a universal financial offer to counter the postcode lottery that currently exists across the country.

Some professionals stated that standards for kinship care were important to ensure good care. However, social workers discussed the inconsistencies and different requirements for kinship care compared to foster care. It was mentioned that at times kinship carers don't meet the standards of the fostering assessments, but professionals pointed out that this does not mean that they are not the best person to take care of their family member but instead points to flaws and inconsistencies



between the assessments. There was also a drive for post court order support that is government led and for every local authority to have a team specifically for kinship given their specific needs.

It was stated that guidance on how to be a kinship family was needed along with training (separate to fostering and adoption) to help kinship carers navigate the system. Some questioned whether kinship carers had the appropriate skills to deal with the complexity of needs and behaviours of the child, including therapeutic parenting. This was considered a requirement for kinship carers as well as the wider family network.

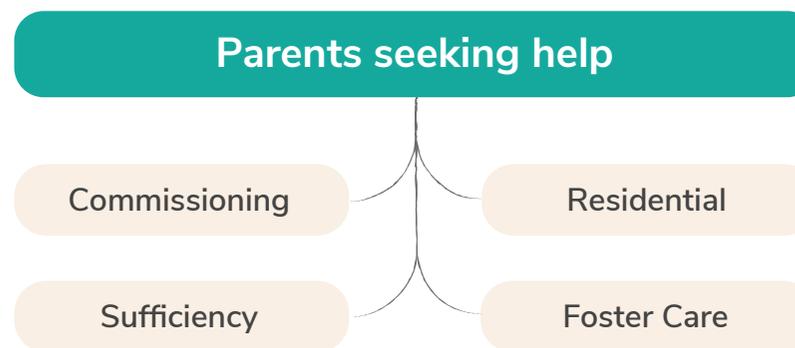
It was felt that support for children in kinship care should be in place from age 0-25 years so they are better supported beyond age 18. It was also felt that support should take place at the child's pace. Contact with birth parents was thought to be challenging for kinship carers and was raised as an issue that kinship carers need to manage. Careful consideration of this was said to be needed, particularly where there were risk factors associated with the parents.



Kinship care is a good placement for many children, it also carries with it many risks especially in terms of emotional harm due to continuing fractured family relationships. Having said this, those that have been assessed to care, research says they are doing a great job despite lack of resources. But that doesn't mean we should put through more carers or lower thresholds. It means we are getting assessments right. (Third sector Professional)

Support for Children in Care

Whilst ideally children are able to remain with someone in their family in the first instance, many become 'looked after' by the local authority and find themselves living in foster homes or residential homes. The diagram below highlights the themes identified in what professionals told us about finding the right homes for children and young people in care.



Homes for children

In discussions on where children in care live, professionals from the engagement sessions were frustrated that decisions were very often based on availability rather than what would best match the child's needs. Homes in this summary refers to where children live, including foster care, residential homes, and semi-independent living. It was felt that a more diverse choice of home types was required to cater for the child's cultural, physical, and emotional needs.

It was also raised that a lot of homes are out of the area and a significant distance away from the child's school and existing community support networks which can cause breakdowns. Some professionals attributed this to the lack of government funding for new residential homes and of a national shortage of foster homes. Social workers highlighted the importance of stability and how there is a need to make sure the match is right from the start rather than being pushed by availability, otherwise it is difficult to keep stability for the child especially as frequent home moves impacts on children feeling rejected and creating stable relationships.

Consistency of places that children live was considered very important and one professional commented that it could be the determining factor as to whether a young person in care ends up in custody. Some professionals talked of the barriers in terms of young people who are a potential risk to others as well as at risk themselves. Homes for children with these



behaviours were very difficult to find and could be extremely expensive. Children's homes were said to give up on these children resulting in them moving around a lot, which is very damaging. The turnover of staff was also raised resulting in a lack of focus on areas such as kinship care which is dependent on staff knowing families well and having trusting relationships.

The number and types of homes available was highlighted as being insufficient to meet the needs of children. It was commented that the Department for Education's (DfE) sufficiency strategy and task group should enforce, reward and incentivise providers to set up in certain areas to enable a balanced mix of homes in a variety of locations e.g. a good urban/rural mix, the right type of property, access to communities. It was suggested that this should be run by DfE with representation from the local authority and each provider type (e.g. voluntary, private, local authority). Some professionals suggested that the DfE should appoint a commissioner for placements and sufficiency. Ofsted's regulatory framework was also criticised in respect to the registration of new care homes. It was considered too lengthy, extremely prohibitive and in urgent need of review. It was stated that the places where new children's homes could be set up were not close to the communities where children in care came from.

Professionals also called for improvements to the C2 (residential institutions) and C3 (dwellings) planning processes for setting up new children's homes as they currently create additional cost, delays, safeguarding challenges and impact where children's homes can be opened. It was said that media coverage created by the planning processes often fuels discord with local communities based on negative and stigmatising stereotypes of looked after children and breaches safeguarding (i.e. potentially risky adults become aware of plans and target the homes/children). There was a call for a safer and quicker system.

Commissioning

The professionals we engaged with were keen to stop the largest care providers from monopolising the children's residential care market, as this was leading to a lack of choice for local authorities.

It was felt that commissioning needed to change as currently private providers can effectively charge whatever they want, due to a shortage of accommodation, and local authorities have no control over this. It was also reported that some private providers were blocking beds and charging for multiple beds e.g. some local authorities are paying for four beds for one child. There was also concern that unregulated providers are profiting from accommodating 16/17 year olds.

Professionals spoke about local authority placement options not being able to match demand, particularly for older children and keeping siblings together, thereby forcing local authorities to use outside agencies. It was felt that local authorities should invest more in their own residential care and that better liaison with neighbouring authorities was required.

It was also reported that local authority decision makers took far too long to make decisions on where children live, with plans often not made in advance resulting in availability issues. It was said that better plans could be made if sufficient notice was given about the changes to where children lived. These delays were said to cause real stress for young people and delay their progress.

Foster carers

Professionals recognise the essential care that foster carers provide for children and young people, therefore it is important that the system gets it right for them. Training is vital and provides important support to adults and children. Some of the professionals we engaged with spoke about the training received by foster carers which was described as generic and often done as an afterthought. They said not enough priority was given to the type of training foster carers needed.

Many of the professionals spoke about the insufficient number of foster homes which they said was a national issue. The number of foster carers was said to impact on the ability to match children with carers in a convenient location. This can mean that children are placed away from their social and support network. In addition to availability, local



authority staff across the country told us that the matching process is difficult to get right due to a lack of resources. It is important to have a robust recruitment process for foster carers to ensure they can meet the behavioural needs of the child. Other staff told the review that the voice of the child is vital in getting the right homes. Many professionals reported that the process of matching takes place under emergency circumstances which results in decisions being resource led and the wishes and voice of the child not being heard. Prioritising safety initially and the reactive, emergency situation means that it's difficult to find the right home the first time.

The lack of availability of homes is resulting in children being placed in unsuitable homes that do not last and which are ill equipped to manage the risks for vulnerable children. It was suggested that more specialist foster carers were required who were trained to support children and young people with complex needs such as exploited children, children with harmful sexual behaviour, children with mental health illness, and children in contact with the justice system. It was felt there was too much reliance on residential settings to take these children. Professionals also highlighted difficulty matching children and foster carers due to a lack of homes with spaces for siblings, teenagers and care leavers.

In respect to the fees and allowances of foster carers, the difference in pay between local authority foster carers and those based with an agency was raised as an issue. Retention payments to help recruit and retain more foster carers were also suggested. It was felt that more people may consider fostering if they could afford to do so. Professionals also acknowledged that foster carers are compensated less for children aged 16 and over and that this impacts on the ability of foster carers to take care leavers and offer Staying Put. There were calls for more financial support for foster carers, and more formal structured mentoring specifically tailored to meet foster carers' needs.

As a fostering assessor, I am very aware of the difficulty there is in recruitment of appropriate applicants. I will NOT accept just anyone though because I know we are desperate. There is no

point in this, as they will not be able to provide the placements required. We are so desperate for placements that matching does not take place, carers are feeling pressured into taking placements outside of their capabilities especially new carers without experience and then we are unable to retain them. (Local Authority staff)

In terms of foster care, in my experience the rewards do not tend to always outweigh the effort and work that foster carers put in. The incentive for "in house" foster carers is not really high enough to compete with agencies which I feel is why children are having to travel long distances to find the right homes for them. (Local Authority staff)

Residential Care

The professionals we engaged with said that residential care needed to offer love and stability and be committed to understanding the child's history, their experiences and how this may impact them in the future. They also said children should be offered a safe space to enable them to talk about their worries and experiences.

Many of the professionals stated that the Ofsted inspection framework for care providers was acting as a perverse incentive for them to end care arrangements. Care providers were so fearful of receiving an inadequate Ofsted rating that they refused to take children with complex needs and behaviours or end the child's place with them as soon as a problematic behaviour starts to show. This results in local authorities having to pay more for homes of foster care places that are further away.

Professionals said that children's homes should not always be treated as a last port of call. They said that they could be both a long term setting for children and also a short term setting e.g. for children who then move onto a foster home. Professionals also called for homes that actually resemble homes and not ones that look like offices or work environments.



There was a preference for smaller homes but more of them. Homes with lots of young people were considered intimidating for some children and had their own complexities.

There were also discussions about the need for residential care staff, especially those in secure children's homes, to be properly trained and remunerated to enable the profession to attract and retain staff who are committed to the role as a long term career. It was commented that at the moment staff often have a lack of training and work long hours for low pay which leads to retention and recruitment issues.

Some health professionals and those working within secure homes highlighted that the transition back into the community from secure settings needs to be improved. There is often a cut off of support that can leave care experienced young people isolated and vulnerable. A lack of safe and appropriate step down from secure settings including youth offending institutions in terms of accommodation was identified along with the availability of appropriate homes which staff have very little influence over.



The biggest difficulty is not trying to find a good placement (from a secure children's home) but to find any available placement. I don't have control over that. When we get together as a secure estate, we don't have a platform to have those conversations about residential providers and about stepping down, so we only do it on a case-by-case basis. (Health professional)

Specialist support for children in care

Health professionals felt that young people in care should have access to therapeutic care, however there is a lack of funding and availability of these services. They believe there is a postcode lottery of access and availability and some professionals felt there should be a national service for looked after children to overcome this. Local authority staff also agreed that more funding was needed for therapeutic services including play

therapy, counselling, and life story work. They drew comparisons with Sweden/Switzerland models of support where therapeutic interventions are driven by family needs rather than cost.

Professionals stated that local authorities should consider how they can provide reciprocal services to children placed in authorities out of area, such as access to CAMHS out of area, and housing out of area.

Some professionals thought it would be in the council's long-term interests to invest in a number of small scale children's homes across their county. They said this should include access to all types of provision, including in-house education, health and mental health services, substance misuse.

School/Education

Professionals discussed the flexibility of the education system and whether it could be more creative in supporting vulnerable children at risk of harm, children on a Child Protection Plan or those in care. School is usually able to provide a stable and nurturing environment which is vital for children especially those in contact with children's social care.

School exclusions, both fixed term and permanent were highlighted as a problem. It was felt that there is often a range of underlying complex behaviours for children who are excluded, and that these children see exclusion as punishment that removes them from another place of stability. It was also reported that children involved with social services as teenagers were frequently excluded from school at primary age. Some professionals felt that preventative work to stop children from being excluded should be a priority for education professionals. It was stated that schools need to recognise the importance of understanding patterns and trends in a child's behaviour and how being proactive in addressing these issues can help improve a child's life. However, a lack of resources was acknowledged as a challenge for schools.

A few professionals mentioned Pupil Referral Units (PRUs) and how children attending them were some of the most at risk children in the country, particularly from exploitation. Some professionals said that



PRUs were an obvious location for exploiters to target these children. One suggestion for change was for alternative provision that is supportive and inclusive for children, and for children and families to be better listened to and understood at fair access panels.



Often schools feel they have no other alternatives. We need a whole culture change around how we view, treat and recognise 'challenging' children as those in need of extra, love, attention and care, and not being pushed further out of social groups until they find ones where they feel they belong even if the groups do them harm. (Local Authority staff)

Government policy over a number of years has increased school discretion to exclude children and reduced the council's ability to challenge this (Local Authority staff)

Schools have lost additional staff who would be able to lead early help plans, loss of teaching assistants, loss of protected time for senior leadership and Designated Safeguarding Leads. This has had a huge impact on schools' capacity as a result of austerity. (Local Authority staff)

From an education perspective, we become greatly concerned when any young person is excluded from school or has a level of interrupted school attendance. Our weekly SEN [Special Educational Needs] priority panel looks at young people who are at risk of interrupted education for any reason, and those young people who are socially linked, and we track and work hard to actively support young people back into education by working with them and their parents. I have recently completed a piece of work looking at some of our most riskiest and vulnerable young people who regularly drop out of education. Historically they were known to children's social services for a limited period, possibly due to Child Protection or Child in Need purposes, multiple school exclusions and often a late diagnosis and then a late Education, Health and Care Plan. (Local Authority staff)



Care Leavers

Transition from care was another area that was reported as varying greatly. Some local authorities were reported to start the transition process from age 16, whilst others did not start the process until just before the child's 18th birthday, which was considered by professionals to be far too late. Some professionals raised the issue of budgets and unequal access to services. It was felt that some uniformity was needed across local authorities on how young people leaving care are supported.

Many professionals called for the age limit of support for all care leavers to increase to age 25 to avoid a cliff edge at age 18. It was also suggested that support beyond age 18 should be tailored to individual needs regardless of age. Social workers and Personal Advisors (PA) also highlighted the difficulties in transitioning young people to adult services because of high thresholds in adult social care.



Support needs to be aimed at stage and not age - just because they are turning 18, doesn't mean they are prepared with the right skills and knowledge. (Local Authority staff)





Brain development doesn't stop until the age of 25 yet we are often asking young people with added trauma to make (often difficult) decisions. (Local Authority staff)

Regarding children in foster care, professionals spoke to us about Staying Put and how varied arrangements are across the country. Professionals and volunteers thought more Staying Put arrangements should be facilitated and funded to give young people the opportunities to have post-care support and maintain their support networks. However, some practitioners said that assumptions should not be made about foster carers and/or young people's decisions regarding Staying Put as it may not necessarily be in the young person's best interest.



There is variation in what Staying Put looks like. Arrangements vary between local authorities in what young people can and can't access and what foster carers can and can't do. It feels like we are always on the back foot. We try to be proactive and make plans earlier but then the local authority says we don't do it that way, so it's difficult to do any planning. (Fostering support staff)

There should be more on Staying Put but we should look at regulations as the funding doesn't follow (Social Worker)

Professionals spoke about the lack of meaningful support for care leavers and suggested that there should also be support available for care experienced people to dip into, even if that is an advice line. They also suggested that care leavers should have a physical base/centre they can visit to meet their personal adviser, other care experienced young people, and seek advice if they need it. There were also calls from Independent Visitor volunteers to extend the statutory provision of Independent Visitors to post-18, so that young people in receipt of after-care services were still entitled to support from their Independent Visitors.

Further/Higher Education

It was reported by educational professionals we engaged with that restrictive support mechanisms for further and higher education often discriminate against care leavers who do not follow the typical education route. It was said that care leavers often go to university later than young people who have not been in care, or they start at the typical age of 18, drop out but return at a later date. This is often attributed to dealing with childhood traumas and navigating the leaving care pathways. Those bursaries with age restrictions, and/or those targeting people taking up higher education for the first time, were not considered accessible to care leavers.

The professionals in this area also stated that care leavers needed information about going to university and what it involves e.g. costs, support available, and ensuring care leavers know their rights. It was also felt that hardship funds should prioritise those without parental support to enable universities to respond quickly to care leavers' problems when they arise. It was noted that some universities were now choosing to provide student accommodation free of charge, all year around, to care leavers which alleviates the challenges of term-time only contracts for those without families to return to.

Some professionals highlighted that choosing a university away from home can lead to a care leaver losing their services and entitlements, including their place on the housing register or their current social housing, which they cannot reclaim after graduating. This was reported as a significant disincentive to care leavers considering higher education, and can put them in greater hardship when they graduate.



We should ensure the children are able to reach their full potential, and that there is appropriate support in place to enable them to find work or go onto further and higher education (Local Authority staff)



Availability of dedicated specialist support for care leavers [in further and higher education] is imperative to help them manage the transition and navigate complex processes (for example, getting financial support), advocate on their behalf and provide emotional support. (Education professional)

About this summary

Methods

Since the review was announced on 15th January 2021 (and formally began work on 1st March) we have met with local authority staff including social work and early help family welfare teams, managers and leaders, as well as other professionals working with, and supporting children, young people and families and the organisations that employ or represent them.

This engagement included workshops, surveys, focus groups, and one-to-one conversations. You can see our [‘workforce engagement plan’](#) that was published in May 2021 for more information. The What Works Centre for Children’s Social Care also carried out [‘regular social worker polls’](#) for the review to better understand the views of social workers on key topics. In addition to that, we received more than 200 submissions from children’s social care workers in response to our Call for Advice.

The review also opened an online feedback form to capture feedback and views on the review’s [‘Case for Change’](#) which was published in June 2021. The feedback was invaluable in shaping our thinking and is reflected in our [‘Case for Change Feedback’](#) summary.

On 4th November 2021, we launched a [‘Call for Ideas’](#) which ran for six weeks until 15th December 2021. The Call for Ideas was open to anyone who wanted to share their thoughts about how to improve children’s social care and inform the review’s final recommendations. Almost 600 people or organisations shared just under 1000 ideas and solutions with us which we will publish alongside our final report in Spring 2022.

In addition to the engagement with the workforce outlined in this report, we carried out extensive engagement [with children and young people](#) with lived experience of children’s social care and also with care experienced adults, parents and carers. Also, from August to October

Housing

Housing is a basic need that impacts on families and care leavers. When it goes wrong it can have far reaching consequences, affecting relationships, mental health, education and employment. The need for supportive housing for teenagers aged 16/17 with therapeutic input was also raised.

The professionals we engaged with told us that care leavers needed somewhere to live as their first priority. They said the government should push for this with all local authorities. A supply of rental properties is needed that understand the needs of care experienced young people.

Care leavers really need somewhere to live before they can do anything else. Government should be pushing all local authorities to make sure young people have accommodation. (Local Authority staff)

Professionals also spoke of significant issues resettling care experienced young people on release from prison. Some spoke about instances where young people were not provided with housing by their local authority until the day of release, with some young people accommodated in caravans and other unsuitable accommodation, especially during the pandemic. It was also highlighted that there are instances where young people are placed in the same communities where they had previously committed crimes, and that without a support network around them they were vulnerable to exploitation.

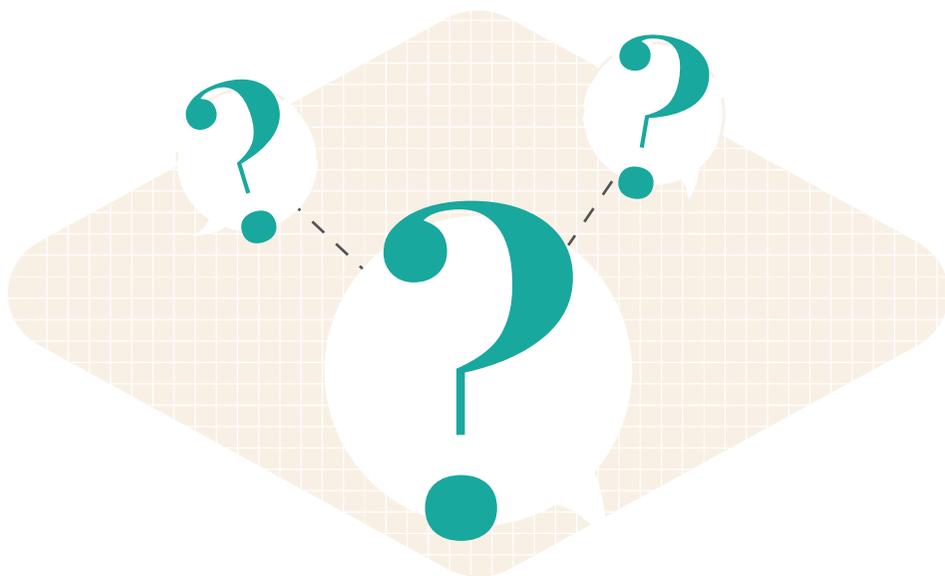


2021, we hosted a series of events called '[Bridge the Gap](#)', which brought people together from many different backgrounds, both lived experience and professionals, in the same virtual room to think about potential solutions to the problems in children's social care.

We are very grateful to all those who took part in this engagement.

Questions asked

The engagement activities were designed to meet the needs of the workforce. 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. For a full list of the questions asked to each group of professionals please see Appendix 1.



Appendix 1: Questions asked to each group

Workforce

1. What makes for a working culture that promotes high quality social work and retains experienced and skilled staff?
2. How do we free up social workers to spend more time in direct practice with children and families and reduce risk aversion?

Family support and statutory protection

1. How are decisions made regarding early help vs. child in need and are these effective in addressing families' needs?
2. Is the balance between family support and statutory protection right? Is a system which undertakes both support for families and child protection impeded in its ability to do both well?
3. How can we enable, empower and encourage communities to step-up and support families who need it?

Harms outside the home

1. What are the main harms you see facing teenagers and how do you effectively manage those harms?
2. How do we fill the accountability gap in order to take effective action to keep young people safe from risks of harms outside the home?.



Multi-agency

1. From your experience, what are the barriers to good multi-agency working?
2. What do you think would help overcome those barriers to strengthen partnerships?.

Care leavers



1. What could be done to improve transition points for care leavers?
2. What are the main challenges care leavers face when accessing education?

Kinship care and SGOs

1. What can we do to support and grow kinship care?
2. Can you tell us about support that you have seen work well for kinship carers?
3. What were the barriers in implementing those and how were they overcome?

Lifelong relationships

1. How can care help to build loving lifelong relationships as the norm?
2. What do you think is included in the role of an independent visitor?
3. Is there anything else you think should be included in that role?.

Right homes, right place, right support

1. How do you decide what a good home for a child would be?
2. Do you feel that foster carers are given the training and skills that they need?
3. Do you think the matching process ensures homes are appropriate for the needs of children?
4. When children's needs change how do we ensure homes are still appropriate?
5. What can we do for the children who are in care and leaving care now to give them the support they need?
6. Do you feel that your training gave you the skills you needed? (for residential staff)

References

Firmin, C., & Knowles, R. (2020). The legal and policy framework for Contextual Safeguarding approaches. Contextual Safeguarding. <https://contextualsafeguarding.org.uk/wp-content/uploads/2020/10/CS-Legal-Briefing-2020-FINAL-1-1.pdf>

