

TWO

A revolution in Family Help

Introduction

“My mum was a young mum, so I feel like maybe, if someone tried to support her, instead of just taking her kids off her, it could have been different.”
- Care experienced young person

There needs to be a fundamental shift in the way children’s social care responds to families who need help. Away from overlapping professionals in a fragmented and complicated process of assessing, referring and monitoring families, towards a simplified service that is more responsive, respectful, and effective in helping families. A shift from remote services to ones which build deep relationships with families and the communities they live in. Achieving this shift is central to improving the lives of children and families, identifying risks early and preventing problems needlessly escalating for families until less dignified and more costly intervention is required later.

When we channel our efforts and resources into getting alongside families and providing help, it helps children. More help for families means more children staying safely at home, doing better at school, being physically and emotionally healthy, and ultimately achieving their potential.¹⁶ Our failure to invest in this is one of the greatest public service weaknesses and the costs of this are now better understood.

In the review’s Case for Change, we set out the problems facing families who need help and support. Spending on help has reduced significantly in recent years, and the system has become overwhelmingly focused on crisis management and more costly late stage intervention. The current assessment heavy model of children’s social care can create more pressure and stress within a family, which exacerbates the very issues that require addressing. The support that exists often lacks evidence and is not tailored to families’ needs, whether this is domestic abuse or material deprivation. The underpinning evidence that supports this problem analysis is set out in the “A Revolution in Family Help” recommendation annex.

A central recommendation of this review is to bring together the work currently undertaken at targeted early help¹⁷ and the work undertaken at section 17, to form a new single offer of Family Help. This will reclaim the original intention of the Children Act 1989 and provide children and families the support they need, keeping more families together and helping children to thrive. We have developed a definition of Family Help, which we have consulted upon over the course of the review.¹⁸

16 Evidence for the improved outcomes that Family Help can achieve are referenced later in this chapter.

17 Throughout this chapter, we refer to “targeted early help”. This is because early help is a broad term, with some work spanning into universal services at much lower levels of need. Whilst there is not one common definition for the term “targeted early help”, in literature and across local threshold documents, the provision of “early help” tends to be split into two categories: early help which is led by a single agency and is usually delivered within universal services at lower levels of need; and multi-agency early help which is more intensive to serve children and families with multiple and complex needs. For example, in their rapid review of early help, the National Children’s Bureau refers to the need to understand the distinction between early help which uses more universal provision, operating on a public health model, and targeted early help which manages complex needs through casework (Edwards et al., 2021). In using “targeted early help”, we are referring to this latter category of work with children and families. In the absence of standard nationally collected data at early help, we use ADCS’s estimate of the number of cases open to early help as our best available proxy measure (ADCS 2021a). Based on this, we estimate there are roughly 200,000 children who are in receipt of targeted early help.

18 An original definition was published in the Case for Change, and we published a summary of feedback we received following publication of the document, available here: <https://childrensocialcare.independent-review.uk/wp-content/uploads/2021/10/Case-for-Change-Feedback-Publication-18.10.pdf>. Since then, we have engaged widely to refine this definition and also sought to make it shorter, more precise and to reflect the final recommendation. (The independent review of children’s social care. 2021b)



A definition of Family Help

“Family Help” is the support that aims to improve children’s lives through supporting the family unit and strengthening family relationships, to enable children to thrive and keep families together, helping them to provide the safe, nurturing environments that children need. Realising the rights of families is often the surest way to securing children’s own rights, which include the right to a family life.

Family Help should be built in partnership with the families and communities it serves. It should start from the mindset that all families may need help at times, and that this does not necessarily mean that there is a child protection issue, whilst also being equipped to recognise when children might be at risk of significant harm.

Family Help should be high quality and evidence led, whilst being grounded in the context of family life and flexible enough to meet children and families’ needs. It should be delivered by skilled professionals from a range of disciplines who have the time and capability to build trusting and supportive relationships. It should build on families’ strengths, drawing on the wider relationships that families have. It should also draw on the potential for support and advice from within local communities, including family hubs, schools and voluntary organisations.

Family Help should be available to any family facing significant challenges that could pose a threat to providing their child with a loving, stable, safe family life. This ranges from families who currently receive targeted early help to those who are on a child in need or child protection plan. This extends to (but is not limited to) teenagers, children with disabilities, young carers, parents who have had a child removed (including to support reunification), adopters and kinship carers.

Family Help should seek to understand and respond to the whole range of challenges that children and families face, and bring in and coordinate wider services and partners to support families and avoid them falling between services.

Support should be offered at the level a family needs in order for them to function well with the aim, where possible, of avoiding ongoing service involvement. It should build on a wider offer of support and early intervention in communities that is available to all families.

Families, professionals and others told us they liked this definition but wanted to know what it would look like in practice for them, and so we have also developed an example of how the Family Help model we are recommending could work based on a fictional local authority area.

Family Help

What could it look and feel like on the ground?

An urban local authority in the Midlands has an overall population size of 300,000. 90,000 are children, making up 30% of the population. In certain parts of the local authority¹⁹ it is estimated that 45% of children are living in poverty.

Family Help is delivered by ten neighbourhood teams who each serve around 30,000 people, which means the teams know the schools, nurseries, neighbourhood police officers, GPs, health visitors, community groups, and others in their area well. The local authority decided the footprint in consultation with the community and their partners.

One of the neighbourhood teams is in a suburb at the edge of the city. From looking at their data and intelligence, they estimate that around 1,500 children are likely to be eligible for Family Help, roughly 680 families. Through talking to families and partners and looking at data, they identify the key problems facing families. These include high levels of domestic abuse and substance misuse within families, and anti-social behaviour and peer-on-peer violence amongst older children focused around a local parade of shops near the school.

The multidisciplinary Family Help Team is shaped to meet the needs of these families and children. The team is based out of universal services which are accessible across the community - including a family hub, two secondary schools, a primary school and a youth club.

Families in the area can be signposted or just turn up to any one of these places to talk about anything they are worried about. The team hosts outreach sessions, such as coffee mornings, to raise awareness of the service in the community, which helps to destigmatise accessing support. Families will either receive advice about wider services in the area which can help them if they do not need more intensive support, or have a conversation with the Family Help Team if they do. The service has gained a reputation for being genuinely helpful, and families who have been supported also recommend the service to others.

Families with more serious problems get a key worker, who gets to know them and sticks with them to navigate and coordinate the help on offer through the Family Help Team, community and commissioned services. This might be a family support worker, a youth worker, a social worker or another practitioner depending on who is best suited to help them. Social workers have oversight of all of the cases and do group and individual supervision with workers to help them think about the help families need or what to do if problems are getting worse. Social workers are trained in intensive interventions so they can do the work with families themselves, like Functional Family Therapy to work with young people involved in serious anti-social behaviour and/or substance misuse.

¹⁹ This example is based on a fictional local authority area and is intended to illustrate what help might be available to families in implementing Family Help.



There are a range of other specialists in the local Family Help Team who can provide help, including a domestic abuse practitioner who works with victims of abuse, and a probation officer who works with perpetrators of abuse to assess risk and help them to recognise and change their behaviour. A substance misuse practitioner helps parents to access local drug and alcohol programmes and monitor treatment. Benefit advisers help families to manage their finances, consolidate problem debt and claim benefits they're entitled to. Any key worker is also empowered to utilise a devolved budget to help a family and address material deprivation.

A youth worker, social worker and safer schools officer work across the local secondary schools, and have been working with a group of pupils to stop peer-on-peer abuse. There are specialist workers in disability who help parents get access to the support they need.

Family Help workers are trained to recognise where there is increased risk. In these situations an Expert Child Protection Practitioner will co-work with a Family Help worker and make key decisions. If child protection processes are in place they will continue this role alongside a social worker from the Family Help Service (see Chapter Three for more information about how this would work). Families are asked for their feedback on services and whether they were helpful, and the local authority uses this feedback to keep improving their service.

There are already places in the country where features of this work are happening (see our profiles on Camden, Wolverhampton and Hertfordshire as examples on page 51, page 52, and page 53). These places have the vision, leadership and resources to help families, however it is not the norm across the country. Bringing about a revolution in Family Help will require national government, local authorities, partner agencies and communities to drive and sustain a significant culture change. It will require investment, an amended statutory framework, national direction, a commitment to learning, workforce development and more. If we achieve this, the results will be significant for children and families.

This chapter sets out the actions needed to achieve a revolution in Family Help:

- *reclaim the original intention of section 17 of the Children Act 1989 as a broad flexible "Family Help" category.*
- *a clearer national definition of eligibility for support and a non-stigmatising way for families to access help*
- *multidisciplinary neighbourhood Family Help Teams based in community settings that families know and trust*
- *national direction on the outcomes, objectives and the best evidenced approaches that Family Help should use*
- *targeted funding, combined with improved accountability for local authorities and partners*

2.1 Reclaim the original intention of section 17 as a broad, flexible “Family Help” category

“There’s not enough emphasis on relationship building. If you’re going to be a longer-term figure – remember social services can be there for anything from a couple of weeks to a couple of years – so the social worker you are assigned should be trying to build an active rapport with you so that there is a level of trust, there is a level of transparency because not every interaction is going to be positive but if you know who you’re talking to there shouldn’t be an issue.” - Parent with experience of children’s social care

Section 17 of the Children Act 1989 was bold and reforming legislation which gave local authorities a general duty to “safeguard and promote the welfare” of children who are unlikely to reach or maintain “a reasonable standard of health or development” without support, and of children who are disabled.²⁰ Support is offered on a voluntary basis to families and the Act is explicit that, wherever possible, local authorities should “promote the upbringing of children by their families”. This duty was designed to be flexible, enabling local authorities to determine both how they provide this help and who they determine to be in need of support.

A combination of inadequate resources, and a lack of clarity about the purpose of work, meant the original intention of section 17 to promote children’s welfare, alongside safeguarding, was never realised (Cooper, 2021; Research in Practice, 2022). Over the years, this work has become increasingly inflexible and “safeguarding” (itself an imprecise term) has become the shorthand for “safeguard and promote the welfare of children”.²¹ Over time, early help has been introduced as an additional category, to intervene before children need support at section 17. As local resources have become more constrained, early help is doing more and more work with families that need a lot of help, with often only the highest levels of need where there are serious problems being managed under section 17, and less support available for families with lower levels of need.²²

Throughout the review, we have heard lots of enthusiasm for work done at early help and calls to expand and formalise it. We agree there are many positive features of early help, particularly the focus on help over assessment; the flexible, non-stigmatising support provided; and the way it can make use of a wider multidisciplinary workforce and the community. However, we believe the use of targeted early help for work that previously would have been done by children’s social care is a sticking plaster, covering up the cracks that have formed through our failure to achieve the original intentions of section 17 of the Children Act 1989. By adding an additional service

20 Children Act 1989 section 17 (1) reads: “It shall be the general duty of every local authority (in addition to the other duties imposed on them by this Part) - (a) to safeguard and promote the welfare of children within their area who are in need; and (b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children’s needs.” Section 17 (10) sets out: “For the purposes of this Part a child shall be taken to be in need if - (a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part; (b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or (c) he is disabled, and “family”, in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.”

21 An example of this is “safeguarding partners” who have a statutory duty to “safeguard and promote the welfare of children”. We specifically address this question about their function in Chapter Eight.

22 See the “A Revolution in Family Help” recommendation annex for more detail about the introduction of early help and evidence about its increased use for work previously done at section 17.



category, we have added another jenga block to the tower, making the system more complicated to navigate and therefore less effective. This usually means delays and a handover point for families when they “step up to child in need” or “step down to early help”, with yet another set of professionals undertaking further assessments of the difficulties parents themselves often understand all too well. Throughout the review, parents have told us repeatedly of the frustration of being passed between different services and social workers, and the difficulty of building new relationships (The independent review of children’s social care, 2022b).

This separation means that resources are spent gatekeeping and assessing against thresholds which could be spent helping families. Local systems with the highest levels of demand spend even more time rationing resources as opposed to providing help (Hood et al, 2020). The Child Safeguarding Practice Review Panel has told us that transitions between plans, including from early help to child in need and vice versa, can be points of risk as a result of changes in level of support and oversight of what is happening to children, and they cite failure to deal with changing levels of risk as one of the key themes of serious incidents (Child Safeguarding Practice Review Panel, 2021b).

We must reset the system and build a new Family Help approach, combining work currently done at targeted early help and work done under child in need. This will take us back to the original intentions of section 17 of the Children Act 1989, and genuinely fulfil its intention of safeguarding and promoting the welfare of children within their families. Whilst the overall duty defined in section 17 is the right one, the work can most plainly be described as “Family Help”, emphasising both the whole family nature of the work and its focus on meeting need through support. *Working Together* should be amended throughout to reflect this and the principles set out in this chapter.

How this single category of Family Help is set out should be based on minimising handovers and assessment for families, and maximising support. Local Family Help Teams should stick with families from the point at which it is decided they need an additional level of help, and other workers (for example, as we describe in the next chapter, Expert Child Protection Practitioners) should come alongside when needed, building on these existing relationships rather than breaking them at a handover point. Help should be dynamic and designed to meet children’s and families’ needs both at the lower end of need and as more intensive support is needed, including after proceedings to enable reunification.

We have estimated the cohort of children who would receive Family Help to be just over half a million children at any one time. This figure is based on children who are currently on child in need plans, child protection plans and open to targeted early help²³, with a 5% increase (roughly 12,000 more families) to accommodate cohorts who might not currently be eligible for help (for example, parents who have had their children removed). However, as we set out in the next section, there should be flexibility in how this is applied.

Recommendation: *A new umbrella of “Family Help” should combine work currently done at targeted early help and section 17, ending handovers and bringing the flexible, non-stigmatising approach at early help to a wider group of families.*

23 This figure is based on ADCS’s estimate of the number of cases open to early help (ADCS, 2021a). In the absence of standard nationally collected data at early help, this is our best available proxy measure for the number of children and families who are subject to “targeted early help” (see page 30 describing our use of this term) because the number is based on cases open to local authority early help provision only, and not cases that may be open to partner agencies (ADCS, 2021a). Whilst this data is not perfect, it is the best data available to the review.

2.2 Access to help should be consistent, transparent and avoid stigmatising families

There should be a clear and transparent pathway that helps families to understand how they access support. The diagram below illustrates how a family's journey into Family Help could work in practice, including where there is a child protection concern (which is covered in more detail in Chapter Three).

Family Help pathway

Family, friends or a professional think a family need extra support

Front Door

- Experienced workers offer advice to families and professionals working with families
- Assess what support families need
- Identify if there are concerns about a child's safety, leading to multi-agency information checks with Expert Child Protection Practitioner involved in decision

Child can be supported by universal and community services

Universal and community family support

- Well coordinated services should support families and meet their needs early
- This would include Family Hubs, health visitors, school nurses, community groups and others

Underpinning legislation: Section 10 Children Act 2004

Child is eligible for Family Help

Family Help

- Multidisciplinary Family Help Teams provide additional tailored support to families
- Support based in universal and community settings
- Other universal and community services provided

Underpinning legislation: Section 17 Children Act 1989

Risk of significant harm identified

Child Protection

- Case is co-worked by an Expert Child Protection Practitioner to make key decisions
- Family Help and universal and community services provided

Underpinning legislation: Section 47 Children Act 1989



Greater consistency and transparency about eligibility for Family Help

Families ought to know that if they need support, or if a professional recognises they do, then they have a place they can go to ask for help and it should be clear what help is available to them. There is currently a lack of common understanding of the meaning of “reasonable standard of health or development” described in section 17, making it unclear if areas are meeting what is expected (Cooper, 2021). The scope of early help work is also poorly defined (Edwards et al., 2021). Local thresholds differ between areas and prescribe different levels of intervention or support for children with very similar needs, or who are facing very similar risks (Clements & National Children’s Bureau, 2018). A review of case files undertaken for the review found considerable variation in the reasons for child in need plans being used, including inconsistency in the level of risk included at child in need (What Works Centre for Children’s Social Care, 2022b). We hear frequently that thresholds for support (both at section 17 and early help) are very high. This point has particularly been raised by families of disabled children.

“Families struggle to get section 17s due to no ‘safeguarding’ issues ... By not providing support initially families are ending up in crisis.” - Parent

“[We] need a lower threshold for help so they don’t have to be in crisis point to get some help.” - Parent

We have carefully considered the case for setting eligibility for Family Help nationally to drive greater consistency. The root causes of high and uneven thresholds are in a large part down to the level of need and levels of resources available locally. These factors combine to drive practice decisions and so, on its own, setting eligibility nationally is not the solution to making help available consistently for families. We have concluded, however, that alongside additional investment (described later in the chapter) it would benefit both families and professionals to have a more consistent understanding of when Family Help should be offered, reflecting evidence about what factors are most likely to impact a child reaching a “reasonable standard of health or development”. This would give more confidence in how additional investment would be targeted and enable a more consistent understanding of both the purpose and the success of Family Help.

Eligibility for Family Help should be set out in a sufficient level of detail to give a common understanding, based around the principle of families facing significant challenges that could pose a threat to providing their child with a loving, stable, safe family life. A national definition should also reference specific groups of children and families who might need extra help, including those already covered in existing legislation and guidance²⁴, as well as additional groups where the evidence is clear they would specifically benefit from support.

A national definition must also be sufficiently flexible to enable professional judgement in conversation with families about how they would be best helped. Concepts of “reasonable standard of health or development”, “family stress” or “neglect” need to be applied by skilled

24 This includes anyone who “is disabled and has specific additional needs; has special educational needs (whether or not they have a statutory Education, Health and Care Plan); is a young carer; is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups; is frequently missing/goes missing from care or from home; is at risk of modern slavery, trafficking or exploitation; is at risk of being radicalised or exploited; is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse; is misusing drugs or alcohol themselves; has returned home to their family from care; is a privately fostered child; or has a parent/carer in custody” (Department for Education, 2018b)

professionals who understand the children and families they serve. The Munro review correctly identified the problems that come from an overly standardised framework that curtails professional judgement (Munro, 2011).

There must also be sufficient flexibility in how professionals provide help and use resources at Family Help, without necessarily needing to individually assess eligibility for support. A local authority should be able to choose to use resources put aside for Family Help to target support within a location or towards a population, building on what is available in universal provision. For example, we know that in the 10% most deprived communities, children are around ten times more likely to be on a child protection plan or in care compared to the least deprived 10% (Bywaters et al., 2020). Family Help Teams in these areas might choose to target parenting support towards all the parents in a school, rather than assessing each family individually, and this community level work should be encouraged.

Recommendation: *Eligibility for Family Help should be set out in a sufficient level of detail nationally to give a more consistent understanding of who should receive Family Help, whilst giving enough flexibility to enable professional judgement and empower Family Help Teams to respond flexibly to families' needs.*

A non-stigmatising front door where mechanical referrals and assessments are replaced with tailored conversations

“Family nurse practitioners provide a positive early help programme of pregnancy support - you shouldn't have to go through MASH to access this” - Bridge the Gap participant

Family Help should have a non-stigmatising “front door” where parents or professionals can ask for help and understand clearly what is available. More national direction about eligibility for help should help parents and professionals understand whether they are eligible for social care support, but how the front door to services operates is also important.

Professionals from partner agencies have told us that where reports are bounced back without explanation, it can lead them to make repeated referrals to the front door to ring the alarm louder to be heard, which in turn impacts children's services ability to effectively deal with need (The independent review of children's social care, 2022c). We have also heard about families asking for help directly then being refused support without understanding why this decision has been made (The independent review of children's social care, 2022b). Families and professionals have told us that the way the front door to services is presented as focused on protection (for example asking them to report “concerns about a child”) means asking for help implies that there are concerns about a child's safety when this may not be the case (The independent review of children's social care, 2022c).

Mechanical and process-led referral pathways need to be replaced with quality conversations between Family Help, universal services and families. This approach has been taken in the Leeds Family Valued model, which is being rolled out to other local authorities (see box below).



Families should be able to come forward to have a conversation about something they are worried about. These conversations might result in the practitioner telling a parent that they are actually doing well or supporting them to use their own networks or wider services, including accessing universal and community support services. The front door should be designed in a way that makes it clear that support can be requested without there necessarily being child protection concerns.

Darlington

Redesigning of their “front door”

Darlington is one of the areas that the review visited as part of our local deep dives. They have implemented the Leeds Family Valued model and, as part of this, transformed their “front door” in March 2020 to reduce the number of transfer points for families by directing them to the help they need as quickly as possible. The Children’s Initial Advice Team (CIAT), a new integrated service, engages directly with both members of the public and professionals to provide information and advice so that families receive the right services at the right time, including referring to more intensive support where appropriate.

Through this approach, children and families benefit from fewer delay in receiving help and less time is spent being assessed. Having direct conversations with social workers at the front door helps partners become more effective and confident in their decision making about how best to help families. Children and families are now more likely to receive the most appropriate intervention at first contact, meaning they are better supported which is demonstrated through the reduction in number of re-referrals in Darlington.

Where assessments take place at Family Help, they should be experienced by families as a helpful conversation to decide what help they might need, rather than a lengthy procedure or investigation.

Making this a reality means more flexibility in how assessments at Family Help are undertaken, so that they are tailored to meet the needs of families. *Working Together* should emphasise the use of much more light touch approaches to assessment where needs might be less complex (as is currently done in early help), moving towards help being given as quickly as possible. Assessments should be flexible and tailored to the family’s individual problem. This is particularly important for families of disabled children where we have heard time and again from both social workers and families that one size fits all assessments are overly intrusive for families, are not tailored enough to the needs of families, and do not align well with the framework for adult social care (The independent review of children’s social care, 2022b; The independent review of children’s social care, 2022c). Equally, when situations are more complex or risky, a more thorough assessment should take place alongside a family receiving help.

Whilst assessments do need to be timely for families, the Munro review’s conclusions were correct in pointing out that the existence of timescales for assessment sends the wrong message

about the role of assessment as a single, time-limited action (Munro, 2011). Alongside the Munro review, the Department for Education (DfE) granted flexibilities to eight local authorities in how they undertake assessment (including timescales). An evaluation of three of the pilot local authorities found practitioners and managers welcomed the flexibilities, and felt they enabled them to assess according to need (and that all three areas put in place their own procedures to guard against delay) (Munro et al., 2014).²⁵ Based on this, timescales for assessment should be removed from *Working Together* and taken out of statutory data collections - replaced by a more useful set of measures that should be developed as part of the suggested review of overall system data (see Chapter Eight). The system should be preoccupied with improving family outcomes. However, where a child is experiencing or is at risk of significant harm, a section 47 enquiry should be initiated and here timescales should apply.

Access to high quality universal and community services to meet families' needs where they are not severe enough for Family Help support

If, after an initial conversation, families are not eligible for Family Help, they should have access to high quality universal and community services. This includes universal support available in family hubs, health visiting, school nurses, and other forms of targeted support outside of children's social care, such as from Mental Health Support Teams within schools and support from community organisations.

Family Help support will be aimed at the cohort of families who receive targeted early help. However, area's wider early help offers generally go beyond this and include support for families with lower levels of need, led by professionals within universal services. This wider offer of support should continue and should be closely linked to Family Help Teams, so they are coordinated, accessible to families, and can meet needs earlier. Family hubs in particular offer an important universal access point to support for families, and will be critical to providing support both to families who are eligible for universal support (and might additionally be receiving a more intensive offer through Family Help), as well as families who have lower levels of need but still need help.

Local authorities already have a duty to coordinate support locally - section 10 of the Children Act 2004 places a duty on local authorities to promote cooperation between the authority and partners to improve the wellbeing of children.

Recommendation: *Local Family Help Teams should be designed in a way that enables families and practitioners to have a conversation about their concerns rather than relying on mechanical referrals. If families are not eligible for Family Help, support should be available in universal and community services and the front door to Family Help should be equipped to link families to this support.*

25 The evaluations also found that two of the local authorities set an internal notional limit on timescales and that "there was some evidence of gravitation back towards 'timescale management', rather than promotion of professional judgement, following a reduction in the number of social workers with skill and experience in this area of practice", whereas one local authority was able to make a more noticeable shift to their practice. This shows that flexibilities are an important part of achieving change, but not on their own enough, and need to be supported by the review's wider recommendations to improve the system.



2.3 How Family Help should be delivered

“Social services just keep sending you on the same course, I’ve been on it three times and it obviously doesn’t help. ... The courses they send you on ...none of it changes or is fitted to your needs and circumstances.” - Care experienced parent

The core asset of Family Help will be supportive, non-stigmatising relationships, alongside skilled and well attuned support that responds to families’ needs. The specific help available in each area will need to be highly tailored. However, through the review’s evidence gathering, we have identified four core features of Family Help that should be common to all areas and should be promoted through the National Children’s Social Care Framework, which is discussed in more detail in Chapter Eight.

1. Family help should use a multidisciplinary workforce with the time, skills and autonomy to give children and families the support they need

Family Help Teams should bring in a wider workforce to ‘case hold’ and directly support families, including family support workers, youth workers, therapists, probation officers and others alongside social workers. Social workers should supervise all work with families, in more or less depth depending on the complexity and risk of the situation facing the family. The focus should be on the most appropriate lead professional building direct relationships with families and doing skilled work. As well as a core group of professionals who would sit within a Family Help Team and hold cases, Family Help Teams would need to work closely with a wider group of practitioners who support families to coordinate the support they provide - including teachers, early years practitioners, GPs and school nurses, amongst others.

Early help cases are already generally held by a wider group of practitioners, and by making greater use of group and reflective supervision led by a qualified social worker, this would support better management of risk.²⁶ There are also promising examples of using the wider family support workforce to be the ‘key worker’ for families at child in need. An evaluation of Project Crewe, which used family support workers to hold lower risk child in need cases, found that families were visited three times more frequently, were offered more personalised flexible support, and concluded that Family Practitioners can generate positive outcomes for families (Heal et al., 2017). Children on a child protection plan would continue to be held by a qualified social worker in the Family Help Team and co-worked by an Expert Child Protection Practitioner who is responsible for making key decisions (discussed in more detail in the next chapter).

By bringing different professionals together into one Family Help Team, we can cut out unnecessary referrals, relationship breaks between services, enable smaller caseloads and, combined with less bureaucracy, give families more help and time with skilled professionals. Social workers will make best use of their skills - either by working directly with families intensively, or supporting others to be effective and being managers of Family Help Teams.

²⁶ Reflective supervision is also crucial to improving the relational work with families to build trust, increase knowledge, and make better decisions (Wilkins et al., 2018).

The evidence for multidisciplinary approaches to providing support for families is compelling.²⁷ For example, the Family Safeguarding Model, first developed in Hertfordshire and now being rolled out to a wider group of local authorities, has successfully increased the number of children who can safely live at home, improved family feedback and reduced call outs to police - with the integration of workers who support parents as part of the model viewed as the foremost part of this success (Rodger et al., 2020).

The National Children's Social Care Framework will set guidance on the best ways of configuring new multidisciplinary Family Help Teams, and more evidence on the types of disciplines these teams could include is within the "A Revolution in Family Help" recommendation annex.

Enabling teams to be structured this way will require changes to guidance and inspection. Currently *Working Together* frequently refers to social workers undertaking child in need work, and local authorities have told us there is no clarity about whether cases can be held by a mixed workforce. Therefore, this guidance should be updated to make clear that cases at Family Help can be held by a wider workforce, whilst emphasising the specific skills and role of social workers within Family Help.

Making multidisciplinary teams work will also require proper support to the whole workforce delivering Family Help, particularly family support workers. As part of our recommendations in Chapter Seven to support the wider children's social care workforce, we recommend measures to improve support and training for family support workers.

Key to this model working will be workers having autonomy to make decisions and having control of devolved budgets. Across our deep dives, social workers told us a consistent frustration is getting sign off to provide families with resources (The independent review of children's social care, 2022c). Pilots of devolved budgets similarly found that they could be useful to support families and build relationships, but social workers were not confident using them, with a contributing factor being the organisational cultures they work in (Westlake et al., 2020; Westlake et al., 2022). The National Children's Social Care Framework should provide models of delegated decision making to workers, for instance around levels of delegated budgets to support families.

2. Family Help should harness the power of community

A step change will be needed in how Family Help Teams harness the resources of communities. Communities can provide the organic, responsive help that services simply cannot. Whether it is a classmate's parent stepping in to look after a child after school to give the parents some space, a friend or family member at the end of the phone when things get difficult, or support provided by a local voluntary group. It is too easy for services to crowd out, rather than enable, this support.

There is a challenge for professionals in recognising and unleashing the full potential of the informal and invaluable relationships that the community and voluntary sector has with families. There are examples of areas and organisations who do this well already. Camden Council use Family Group Conferences in early help to bring in support from wider networks. Love Barrow

27 An evaluation looking at features of successful projects in the first round of the DfE Innovation Programme identified a multi-disciplinary skill set as one of seven features of effective practice. Other features have also informed our proposed model: using a clear, strengths-based practice framework; using systemic approaches to social work practice; enabling staff to do skilled direct work; undertaking group case discussion; high intensity and consistency of practitioner; and having a whole family focus. <https://innovationcsc.dev.bbdtest.co.uk/wp-content/uploads/2018/03/3.-Seven-features-of-practice-and-seven-outcomes.pdf>



Families (LBF) - founded in 2014 in Barrow-in-Furness - was developed in collaboration with local families who have faced challenges, harnessing their knowledge and experience to create a community based service which responds to local needs. Their community TimeBank also works to build social capital, with participants able to exchange their assets and skill sets and connect with others locally.²⁸ Pure Insight, referenced in Chapter Six, enrolls volunteers to support those in and leaving care, and the Family by Family initiative (see box below) pulls on the community to provide support for families in need. The work of Safe Families²⁹ and Home for Good³⁰ are also good examples of this type of support for families. Peer-to-peer support often has the added bonus of being non-judgemental. Working with someone who is 'like you' and who may have faced similar problems brings down a lot of barriers for families who may feel scared of accessing help from the state.

Harnessing the power of communities will require building on capabilities in neighbourhoods and communities to effectively meet families' needs; this requires a different way of working which may feel unnatural for children's social care but should form an exciting new frontier for delivering help for families.³¹ Wider reforms captured in this chapter - including measurements of parental engagement, interrogating the quality of service design, and more locally-based Family Help Teams - should propel this.

This work cannot be peripheral and needs to move into the core of Family Help. It should be an explicit objective as part of providing Family Help in the National Children's Social Care Framework. This also aligns with the ambition of the government's Levelling Up agenda of restoring a sense of community and empowering local communities.

Family by Family

Peer support for families

One project the review has visited is Family by Family, in Stoke-on-Trent, which connects "sharing families" (volunteers) who have been through tough times to support families who are currently in the same situation. Families are brought together in "link ups" and work towards goals of the family's choice. The project is underpinned by a set of clear principles that place importance on choice, relationships and working from a place of strength rather than deficit. The families are supported by a knowledgeable team of family and children's coaches to support change that participants want to see. The project uses a whole family approach, recognising the vital role that children play in creating change in family units as role models, leaders and changemakers. The project is a blend of strengths based and community development approaches combined with a clear service model incorporating social work practice that enables change for families.

28 Love Barrow Families - <https://www.lovebarrowfamilies.co.uk/about-us/our-model/>

29 <https://safefamilies.uk/>

30 <https://www.homeforgood.org.uk/>

31 New Local made similar conclusions on this in their report "From Tiny Acorns" (Tjoa, 2019)

It seeks not to replace statutory services but to recognise the gifts, talents and strengths that already exist within families to prevent crises from happening and to improve outcomes. The approach was developed by The Australian Centre for Social Innovation (TACSI) and is now being delivered in Stoke-on-Trent, delivered by Shared Lives Plus. This project is seeing improved outcomes that include increasing confidence, improving wellbeing and reducing social isolation.

👏 | **“It’s helped our family to shine”**- Stuart

3. Family Help Teams should be visible and embedded within neighbourhoods

“Patch-based social work” is not a new phenomena - it was promoted as a model in the Barclay Report of Social Work in 1982 (Glasby, 2005); there was a strong emphasis on a community based service in Lord Seebohm’s 1968 report (Secretary of State for the Home Department et al., 1968); and it is employed in some local authorities. Rooting Family Help Teams in a defined area means they can get to know families, community groups, schools and others, and make more responsive decisions.³²

Family Help Teams should be embedded in community venues, like family hubs, schools and health settings. Through our engagement, we have heard in too many places that social workers are remote and removed from the communities they serve. Research shows that families receiving support through universal services and within their communities, can reduce stigma and help families in need of support be identified earlier (Early Intervention Foundation, 2019). A recent DfE pilot placing social workers in schools has shown the benefits of bringing social care closer to communities, building better relationships with children, families and with partners, including reducing the number of section 47 enquiries undertaken and child in need plans in some areas (Westlake et al., 2020).

Local areas should decide the most suitable neighbourhood footprint and community setting to base Family Help Teams in consultation with their communities. For example, they might choose to use the Integrated Care Systems (ICS) neighbourhood level footprint of 30-50,000 people. The Spending Review announcement of investment into rolling out and improving family hubs in 75 areas across the country could provide an opportunity for areas to locate their Family Help services in these community settings.³³ Decisions about significant harm should remain at local authority level to ensure consistency (this is explained in more detail in Chapter Three).

Testing a more radical local delivery model

The response described so far involves local authorities organising the delivery of their services across a neighbourhood model, with services embedded in communities and professional autonomy granted to these teams. This in itself would be a significant change in how services are delivered.

32 A similar logic model for this approach applies in neighbourhood policing, which has been more thoroughly evaluated and has been found to reduce public perceptions of disorder, increase trust and confidence in the police, and increase the perceived legitimacy of the police (Colover & Quinton, 2018).

33 For more details see: <https://www.gov.uk/government/news/infants-children-and-families-to-benefit-from-boost-in-support>



However, alongside this, the government should test a more radical model of devolution of power to neighbourhoods through piloting “Family Help Practices”. These would involve the Director of Children’s Services delegating operational responsibility for individual geographic areas to a Family Help director with their own budget, delegated decision making and the freedom to work with communities from the ground up to design and build services. The front door to services and child protection decisions would remain with the local authority and Family Help Practices would need to be included in inspection. This would help to build an understanding of whether improved outcomes can be achieved through greater awareness and responsiveness to local need, and through more community level ownership of these services. Interested local authorities should be invited to come forward to test this model as part of the overall implementation of the broader reforms to Family Help, and results evaluated to see if this model could be rolled out further in future. Any pilots should be not-for-profit community based models.³⁴

4. Family Help should take a population health management approach and respond with investment in the best evidenced approaches

The exact help on offer in each area should be determined based on the needs of children and families, and resources in individual areas. This should start with conversations and feedback from families about their experiences of services, combined with a data driven analysis of local needs to understand how best to deploy resources (for instance, who should form part of a multidisciplinary team). This should build on work that is already done through Joint Strategic Needs Assessments, making sure this data is turned into insight.

At present, capability is limited to do this successfully, especially when compared to population health management approaches that are growing in use in the NHS - for example, using data to understand who is most likely to end up in A&E.³⁵ Even building direct links between those leading neighbourhood level Family Help Teams and the headteachers, community leaders and GPs in an area would add a level of insight to the understanding of child and family needs that is not available at the moment. The quality of needs assessment undertaken by each neighbourhood level service should become an important new part of a revised Ofsted inspection.

This population needs assessment should drive the design of multidisciplinary local Family Help Teams so that services are tailored to families’ needs. To help areas to think more about how different types of support can respond to different needs, we have worked with the Early Intervention Foundation to bring together the best evidenced interventions for different needs - this is published alongside the review (Early Intervention Foundation, 2022b).

Recommendation: *Family Help should be delivered by multidisciplinary teams, embedded in neighbourhoods, harnessing the power of community assets and tailored to local needs.*

34 A model with some similarities was piloted in 2010 with mixed results (Stanley et al., 2012). Benefits included more opportunities for direct work, small integrated teams offering more personalised services. However there were issues in implementation, including consultation of children who were affected. Lessons from these pilots should be learnt in designing the approach to Family Help Practices.

35 See for example: <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/phm>

2.4 The big shift to Family Help: the case for investment

All of the system changes proposed in this review will not make a difference and will not be possible without the resources to invest in rebalancing the system towards help. This is the right thing to do for children and families and it will also have tangible financial benefits for government. We have now reached the point where the evidence for substantial investment in Family Help services is compelling and comprehensive.

Improving outcomes for children and families

The lifetime outcomes of children in need (most of whom never enter care) are not dissimilar to children who do enter care. For example:

- in the year of exams, children in need were around 50% less likely to achieve a strong pass in their English and Maths GCSEs. Pupils who were in need at some point in the four years leading up to exams were 25-50% less likely to achieve a strong pass (Department for Education, 2019)
- pupils who were in need between 2012/13 and 2017/18 were three times as likely to have an unauthorised absence, and almost three times as likely to have been persistently absent (Department for Education, 2019)
- children who are in need are around three and half times more likely to be excluded than those who aren't (Department for Education, 2019)
- 32% of children between the ages of 12 and 16 who had been cautioned or sentenced for an offence between 2011/12-2017/18 were children in need (Department for Education & Ministry of Justice, 2022)
- 64% of children who were both cautioned or sentenced for a serious violence offence and known to children's social care were recorded as a child in need before their first serious violence offence (Department for Education & Ministry of Justice, 2022)
- 78% of those cautioned or sentenced for 11-14 offences had been a child in need (Department for Education & Ministry of Justice, 2022)

The annual cost of adverse outcomes of children who have needed a social worker (excluding children in care) is £14 billion per year (Alma Economics, 2021).

Support for children and families when they are struggling can make a significant difference to helping children do better in school, be healthy and avoid them becoming involved in crime. As an example, the Supporting Families Programme evaluation achieved a 38% reduction in likelihood of juvenile custodial sentences; 15% reduction in likelihood of juvenile convictions;



25% reduction of adult custodial sentences; and 11% reduction in proportion of adults claiming Jobseeker's Allowance (Ministry of Housing Communities & Local Government, 2019).³⁶

Keeping more children safely with their families and reducing the need for future social care support

Every child who enters care who could have remained safely at home with the right support, comes with a significant human cost of breaking family bonds and disrupting childhoods. There is also a significant financial cost. The provision of public services for those who enter care are valued at £70,900 per year, compared to £26,900 for children who need a social worker (The independent review of children's social care, 2021).

We can slip into seeing the purpose of social care as rescuing children from their families and communities, without a real plan for what to do next. For some children there is no alternative to care - this is especially the case for unaccompanied children but also for others where the risk of significant harm is imminent and swift - and decisive action is needed to either temporarily or permanently remove the child from a dangerous situation. In these circumstances care must be, and at times is, a positive and transformational lifeline for children. However, for a significant number of children more support can help them stay with their families. Every child who is supported to remain safely with their family provides an immeasurable lifelong benefit to those children, with the consequence that more resources are available to invest in helping more children and families.

Research from the DfE showed that of children who entered care in 2019/20, 43% had previously had at least one previous child in need plan, rising up to 71% for certain age groups (Fitzsimons et al., 2022). This suggests there was a point where families' needs were identified and intervention could have helped. Evidence is strong and growing that well targeted spending on help can enable children to stay safely at home. The Supporting Families Programme saw a 32% reduction in the likelihood of children entering care (Ministry of Housing Communities & Local Government, 2019). Evaluations of three whole system transformation models, being rolled out as part of the Strengthening Families, Protecting Children Programme, have found reductions in the number of children entering or in care (Lushey et al., 2017; P. Mason et al., 2017; Rodger et al., 2020).

The Early Intervention Foundation has also highlighted a selection of well evidenced interventions for families with higher levels of need and on the edge of care including: Generation PMTO (Parent Management Training Oregon model), Parent-Child Interaction Therapy (PCIT), Child First and Multisystemic Therapy (particularly the Building Stronger Families version) (Early Intervention Foundation, 2022b). The other evidence based programmes they have identified would help to strengthen local Family Help services, where commissioned in response to a good understanding of local need.

36 There are further examples. The National Children's Bureau's rapid review of evidence of early help highlights a range of programmes and service design which impact a wider set of outcomes for children and families, from families experiencing improvements in relationships, self-esteem and emotional wellbeing in Shropshire; to improved levels of resilience in Essex; to positive impacts on parents' mental wellbeing, parenting behaviours and perceived parental efficacy in using the Triple P, Incredible Years, and Strengthening Families, Strengthening Communities parenting intervention programmes (Edwards et al., 2021). Evaluation of the Family Nurse Partnership programme in the UK was found to improve levels of school readiness and attainment at Key Stage 1 (Robling et al., 2021). Specialist programmes directed towards parents who have had their children removed also demonstrate positive outcomes across a range of need - for example, an evaluation of the Pause Programme showed an increase in mothers' level of wellbeing, increase in their engagement with education or training, and reduction of drug and alcohol consumption in some groups (Boddy et al., 2020; McCracken et al., 2017).

Evaluating the impact of spending not tied to individual or manualised programmes is more difficult. Community development and general family support are less amenable to randomised control trial level evaluation (Edwards et al., 2021). However, this does not mean that spending on more general family support is not effective. One study found that reduced overall spending on preventative and family services is associated with rising rates of 16-17 year olds entering care (but not 1-4 year olds) (Bennett et al., 2021).

Promoting reunification

Family Help can support families to reunify where children have entered care. Increases in the overall numbers of children in care in recent years have been partly driven by a reduction in children successfully returning to their families (Fitzsimons et al., 2022). In a future system where we support families early, and children only enter care where it is genuinely in their best interests and not because the right alternative is not available, we might expect fewer reunifications. However, in the short-term, increasing successful reunification that does not subsequently break down should be a goal that both Family Help and care achieve together.

A rapid review of evidence undertaken for the review found examples of different interventions which can increase the chances of successful reunification, including more stable reunification reported for families under Family Drug and Alcohol Courts. Barriers to support for successful reunification include a lack of resources directed towards the socio-economic circumstances of families, and not enough support for parents with substance misuse issues - both of which will be improved under the Family Help offer (Hood et al, 2022). The recommendations explored in Chapter Four, that would introduce Family Network Plans as an alternative to care, would also support reunification, looking beyond parents to identify loving family networks for children.

NSPCC Infant and Family Team

Intensive support for reunification

The NSPCC London 'Infant and Family Team' provides an assessment and 9–15 month treatment programme for infants and young children aged 0-5 years who are in foster care because of abuse or neglect. The multidisciplinary team supports the child, their birth families, and foster carers, to protect and promote infant mental health. It works towards the reunification of children to the safe care of their birth parents, wherever possible. The programme's focus on attachment, placement stability, and an open, collaborative approach to case management sets a precedent for improved accuracy of decision making about a child's future.

Very young children are particularly vulnerable to abuse and neglect, and trauma can have a profoundly negative effect on their development. The Infant and Family Team model prioritises intervening early to improve infant mental health, while giving birth parents the opportunity to demonstrate their capacity for change, and ensuring foster carers receive specialist support to give children the best possible care.



Practitioners assess the child's social and emotional needs, the quality of their relationships with their caregivers, and the birth parents' health and wellbeing. A bespoke treatment plan, which focuses on the parent-child relationship, informs case planning and permanence procedures for the child. The team makes recommendations to the family court regarding the potential for a child to return home, or the need for permanent care arrangements.

The programme is based upon the New Orleans Intervention Model, developed by Professor Charles Zeanah and a team at Tulane University, Louisiana, in the late 1990s (Baginsky et al., 2017).

Ending repeat and intergenerational cycles of care

Help can also break repeat cycles of care for mothers and fathers. One in four mothers who have been through care proceedings will enter into a second set of care proceedings within seven years, and 60% of these will happen in short succession of one another (Broadhurst et al., 2017). Mothers who return to court within five years of previous section 31 care proceedings make up approximately 20% of parents in the public care system (Harwin et al., 2018). More than one in ten fathers experience a return to court within five years of their first proceedings (a likely underestimate as fathers are not registered in 20% of court proceedings) (Philip et al., 2021). The majority of this cohort have experienced much higher than average levels of adversity in childhood, and the experience of having their child removed can further compound these problems with isolation and stigma that follows removal (Broadhurst & Mason, 2017; Broadhurst et al., 2017). The evidence for post-removal support on a range of outcomes is strong - including significant reductions in unplanned pregnancies, yet it is still not a universally available offer.³⁷

Government's collective failure to support care experienced parents is a particular failure of corporate parenting. Research has shown that 40% of mothers who have had more than one child removed spent time in care as a child (Broadhurst et al., 2017). Care experienced parents have told the review that they feel they are not supported to parent their child, and instead they feel they are specifically targeted and stigmatised for safeguarding concerns (The independent review of children's social care, 2022b).

“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

Including parents who have had children removed and care experienced parents in the eligibility for Family Help will start to address these gaps in support. Care experienced parents should be offered non-stigmatising support focused on helping them to succeed as a parent, rather than assuming there is a child protection concern.

As well as reducing needs at the point where they are acute, investment in help also stops needs escalating at lower levels. Controlling for other variables, for every £20 increase per child in non-

³⁷ An evaluation of the Pause Programme showed an increase in mothers' level of wellbeing, increase in their engagement with education or training, and reduction of drug and alcohol consumption in some groups (Boddy et al., 2020; McCracken et al., 2017). A recent mapping of services for parents who have experienced recurrent care proceedings found that 49 local authorities did not have these services, and in 30 it was unknown whether they did or not (C. Mason & Wilkinson, 2021).

safeguarding spending in a previous year, there was an average reduction of almost 2.5 children in need the following year within local authorities between 2010/11-2018/19 (Webb, 2021).³⁸

Reducing the occurrence of significant harm

Family Help should also help to reduce the number of children who experience significant harm. Incidents of the most significant harm often involve the challenges that Family Help will address. Parental mental ill-health (28%), drug (24%) and alcohol (18%) use, and domestic abuse (42%) regularly feature in incidents where a child is seriously harmed or dies (Child Safeguarding Practice Review Panel, 2021b). Domestic abuse has been shown to feature strongly in cases of non-accidental injury in children under one (Child Safeguarding Practice Review Panel, 2021d). Alongside this, six in ten children who were on a child protection plan in 2017 were in need at least one year later (Fitzsimons et al. 2022). This suggests children's social care is not intervening or creating lasting change in families at the highest level of need and more significant help is required.

More details on how help and protection work alongside each other are set out in Chapter Three. At its most basic, providing multidisciplinary, non-stigmatising support to families should bring positive change to families and free up social work capacity to identify the small number of cases where children continue to be at risk of harm. Alongside this, the presence of a Family Help worker who sticks with and knows the family; a multidisciplinary team containing different expertise who understand risk; and supervision of Family Help cases by social workers, makes it much more likely risks and patterns of non-engagement will be identified, understood and responded to decisively at this part of the system.

Countering the impact of deprivation and boosting children's opportunities

Local authorities are not on an equal footing when it comes to their ability to invest in help, especially those local authorities with high levels of need; lower financial reserves; lower income from council tax and business rates; and high pressures in other public services.

There is strong evidence that deprivation and other contextual and demographic factors within a local area explain the variation between local areas in the numbers of children entering care (as well as the numbers of child in need and child protection).³⁹ However, levels of investment that authorities make and their practice approach also make a difference. For example, a study in Wales found that the values and other responses of workers were significant in the management of cases, with areas with positive values about birth families correlated with lower care rates (Forrester et al., 2021). Furthermore, whilst poverty and other contextual factors are the main drivers of variation, the odds of a child being in care change substantially from one local authority to the next. That is, the local authority a child happens to live in can still have a large impact on

38 Based on average reductions in spending on these services, this equates to an additional 8 to 20 children in need per 10,000 for each year of the decade - around 8,750-24,400 children in total per year - than would be expected had spending remained at 2010/11 levels. These figures are based on further discussion with Calum Webb based on his research.

39 See for example research by Bywaters et al. (2020), Bennett et al (2021) and the Department for Education (Fitzsimons et al., 2022). The National Audit analysis was somewhat contradictory to these other studies, but it did not use child level data (National Audit Office, 2019). Given this and the triangulation amongst these other results there is now a consensus around the primary importance of structural and contextual factors, such as deprivation, in explaining variation between local areas in the numbers of children entering care.



their chances of entering care, even after structural factors such as deprivation levels have been controlled for. For instance, modelling suggests children will face a 24% difference in their chances of being in care if moved between a local authority with lower than expected rates of children in care to one with higher than expected rates (Fitzsimons et al., 2022)⁴⁰. Local authorities can have a decisive impact on whether children in more deprived areas are able to stay with their families.

More work should now be done to explore the factors that correlate with areas having lower than expected numbers of children in care, after contextual factors have been controlled for. For example, within the 20% of local authorities that have lowest levels of children in care relative to expectations based on their structural factors, 41% are from London. By comparison, not one of the 20% of local authorities with the highest relative levels of children in care (than would be expected based on structural factors) are in London.⁴¹ Our hypothesis is that this is at least in part due to London authorities having higher council tax and business rates revenues, enabling them to invest to counter the impacts of deprivation. This in turn suggests that enabling high deprivation, low resource areas around the country to invest in Family Help, alongside a focus on working with families, could be a way to achieve the government's Levelling Up ambition in a profound way - enabling children to grow up with the foundations of safety, stability and love, regardless of where they live.

Rebalancing systems in action

The case studies below exemplify core parts of the model we have described in this chapter, combining investment with work focused on help and rooted in communities and show the benefits of investing in help.

Camden

Supporting community based approaches

The review visited Camden as part of our local deep dives. Camden has some of the highest levels of deprivation in the country. In recent years, the service has transformed how they support families to keep children safely at home. Supported by strong financial reserves and investment by the then Troubled Families Programme, Camden Council launched its initial five year Resilient Families Programme (2014-2019) with an ambition to focus on: what families need to be resilient; giving support in the right way, at the right time; and empowering families to improve their own situation. Camden has a Family Advisory Board to learn from the experiences of people in the community and co-produce services. For example, "Camden Conversations" was a family led child protection enquiry, using a participatory approach to involve family members centrally in the design, implementation and recommendations in how the service worked.

40 This analysis completed by the Department of Education uses random effects to represent all local authority specific factors (such as policy and practice) which impact activity rates over and above the structural factors controlled for. The spread of these random effects around the mean are calculated and then the likelihood of entering care is compared for local authorities who lie within one standard deviation of each other. Assuming a normal distribution of random effect one would expect 68% of the observations would lie within 1 standard deviation of the mean. This means that this represents local authorities with relatively standard non-extreme results which would not usually be considered to be outliers. There is a possibility that the random effects would be different if we had data on additional variables. For more information on this reference see Fitzsimons et al., 2022.

41 This is based on additional analysis by The independent review of children's social care based on the results of Fitzsimons et al. (2022).

Camden has been able to maintain its investment in early intervention and prevention, and has continuously spent a significant proportion of their children's services budget on early help and family support services: since 2015/16, Camden has had a high level of spend per child on family support services, spending on average 42% of their total children's services budget on early help and family support services, and in 2020/21 had the third highest spend per capita in this area.⁴² The reforms have focused on the importance of strong relationships between social workers, family support workers and families - with investment enabling lower case loads. A large part of the support offer is delivered through community services who work to the same practice framework, ensuring there is a common approach to providing support whilst also enabling work with families to be completed close to their communities.

Between 2014 and 2021, Camden's investment into help and support in partnership with families has seen a reduction in children referred for statutory social care, from 522 to 280 per 10,000 children, and a reduction of rates of children in need from 500 children per 10,000 to 356 - indicating that families' needs are being met at a lower level (Department for Education, 2021d). There has also been a reduction in children in care by 48% between 2012 and 2021 (Department for Education, 2021b).

Wolverhampton

Championing locality working

The review also visited Wolverhampton as part of our local deep dives. In 2016, the City of Wolverhampton Council adopted a restorative practice model for social work which emphasises the importance of building effective relationships with families – working with them rather than doing things to them, to help families make sustainable change.

In 2018, their Early Intervention Service merged with the Child in Need and Child Protection Service to become the Strengthening Families Service. There are eight locality-based Hubs which provide continuity to children and families at all levels, from early help to specialist support. Professionals in the Hubs include Strengthening Families workers who hold early intervention cases and social workers who hold child in need and child protection cases, as well as wider professionals including health visitors, police, and benefit advisors.

Wolverhampton also has Intensive Family Support teams which cover all localities. This team does not hold cases but is in place to provide support primarily to child protection cases. In addition, Wolverhampton has a multidisciplinary intensive support team, Power2, which works with young people aged 16-25. Similarly, this team does not hold cases but delivers high-intensity relationships based work.

42 Calculations are based on the review's definition of "safeguarding" and "non-safeguarding" spend based on DfE's S251 spend lines. "Safeguarding spend" includes lines: 3.1.11 Total children looked after and 3.3.4 Total safeguarding children and young people's services. "Non-safeguarding spend" includes lines: 3.0.5 Total Sure Start children's centres and other spend on children under 5; 3.2.1 Other children and family services; 3.4.6 Total family support services; and 3.5.3 Total services for young people.



Wolverhampton has increased the budget for their targeted family support through their Strengthening Families service from £7.3 million in 2014/15 to £11 million in 2021/22 - uplifting the Strengthening Families budget from 14% of their total children's services budget to 21% - and have held their spend on children and young people in care relatively stable from 2016/17.⁴³

Increases in investment have seen a corresponding reduction in the number of children receiving statutory support in Wolverhampton between 2016 and 2021.

Rates of referrals to children's social services have decreased incrementally since 2017, from 1,009 children per 10,000 to 450 in 2021. From 2017, rates of children in need decreased until being held steady from 2019 below rates of statistical neighbours. In 2021, Wolverhampton's rate of children in need was 358 per 10,000 compared to an average of 399 for its statistical neighbours (Department for Education, 2021d).

Since 2015, rates of children in care have fallen by 36% from 135 per 10,000 to 86 in 2021 - falling below rates of its statistical neighbours in 2021 (Department for Education, 2021b).

Hertfordshire

Multidisciplinary working to support families

Hertfordshire County Council developed and implemented its Family Safeguarding Model under round one of DfE's Children's Social Care Innovation Programme in 2015. The model provides a whole-family approach to child protection, providing direct help and support for families from different professionals working as one team, with the aim of keeping more children safely at home with their families. The model is built around a recognition that the bulk of families that children's services work with have complex issues that require support, with parental alcohol and drug use, domestic abuse and mental health issues being particularly prevalent.

The model aims to allow workers to spend more time working with families, increase the skills and knowledge of workers, and provide an inter-professional whole family response that allows parent and child issues to be addressed effectively.

There are four primary elements to the Family Safeguarding Model, including multidisciplinary Family Safeguarding teams; Motivational Interviewing as a practice model; a structured workbook approach to assessing parent's capacity for change; and an outcomes-based performance framework with a set of indicators across the partnership of agencies involved in delivering the model.

43 Calculations based on City of Wolverhampton Council's internal budget (unpublished).

In 2020, evaluation of the model found that the break-even point of delivering the model - where the cumulative savings generated by the model exceeds the cost of delivery - was eight months in Hertfordshire, as a result of the model's impact on rates of children in care and child protection plans (Rodger et al., 2020).

Rates of referrals to children's social care in Hertfordshire have been on a downward trajectory since 2014, falling each year until 2021, and held consistently below statistical neighbours throughout. From 2014, rates of child protection plans have fallen by 64% from 44 per 10,000 children to 16 in 2021 (Department for Education, 2021d).

Rates of children in care in Hertfordshire have been held relatively stable since 2017, falling below statistical neighbours in 2014 and remaining well below since, and remaining below the rate of children in care prior to the implementation of Family Safeguarding. (Department for Education, 2021b).

2.5 A programme of investment and reform to deliver our vision

Dedicated funding for Family Help

Based on analysis of local authorities who have rebalanced spending, it is clear that greater upfront investment is needed to deliver this revolution in Family Help. The government made the welcome announcement of an additional £200 million for the Supporting Families programme in the 2021 Spending Review. But we now need to be much more ambitious if we are to achieve this vision for Family Help. Roughly £2 billion more is needed over the next five years to achieve this transformation. Assuming this investment is made, by 2030, this will leave a legacy of the system spending over £1 billion more every year on Family Help than it does today, using resources that would have previously have been spent on later crisis intervention.⁴⁴ Funding should be distributed according to deprivation and available resources to enable the largest amount of resources to go to the areas who have the greatest need (in Chapter Eight we make broader recommendations about how overall children's social care funding can be rebalanced to better meet different area's needs).

This funding would be part of the review's proposed *Relationships Protect* change programme set out in Chapter One, with additional investment tied to local authorities delivering the National Children's Social Care Framework and specific objectives and outcomes that have been set out throughout this chapter.

⁴⁴ The £2 billion figure refers to the amount of investment local authorities will need over five years to invest in increased help. Beyond the five years, this will generate savings from more children staying with their families and not entering care, which will enable them to spend a greater total figure on helping families. We estimate that with this investment they will be able to spend roughly £1 billion additional funding on help each year in the long term. Further details on the review's costings are in Chapter Nine and the corresponding annex and the Alma economics technical report.



Making this investment, we would expect to see approximately 17,000 more children remaining safely with their families by 2031/32, and savings of £517 million in care costs over the next five years (see more detail in the "A Revolution in Family Help" recommendation annex). This figure is based on an evidence based analysis. This is an achievable proposition for supporting more children safely within their families. The funding that is freed up, both by this investment and wider reforms, can be used to rebalance spending by local authorities towards help, creating a virtuous cycle and placing local authority children's social care funding on a more sustainable footing.

Aligning national funding

In increasing investment in Family Help, government should also take this opportunity to better align and integrate some of the different funding pots that currently exist to support this work nationally. At a minimum, the Supporting Families Programme and the Reducing Parental Conflict programme should be brought into the Family Help stream of funding. This will both increase the overall investment in help and give a more aligned national government direction. This also aligns with the ambition of the Levelling Up White Paper which sets out plans to streamline the funding landscape across government in recognition of the inefficiencies, decision making complexity and reporting burdens created by numerous funding pots. In Chapter Seven, we say more about improving overall government alignment across children's social care policy.

Increasing partner contributions

At a local level, increased investment should also be used to leverage more investment from partners. Across the review we have seen examples of pooled budgets between local authorities, Clinical Commissioning Groups (CCGs) and others to deliver help for families (as well as in other areas, such as care for children with complex needs). To support this across the review's recommendations, in Chapter Eight we recommend that a proportion of funding for reform to areas should only be made available if partners also provide a contribution towards efforts.

Maintaining a long term shift to investment

In the longer term, once the review's reform programme ends, a dedicated ring-fenced grant for Family Help spending will be required to lock in the system reset that has been achieved. We have seen historically that when funding becomes more constrained, many local authorities have pulled resources away from help and towards more acute services. As with the Public Health Grant where there is a similar situation of savings falling to the NHS and wider public sector, ring-fencing provides protection, ensuring funding is used for prevention, but with flexibility to enable areas to tailor how they deliver services.⁴⁵ Without a ring-fenced Family Help Grant, there is a high chance that this whole reform programme will result in a temporary rather than a lasting shift. The same pressures that exert themselves on local government today will reappear and children's services will return to focusing on demand management at the edge of care, and miss the opportunity to achieve sustained and positive change for children and their families.

⁴⁵ The Public Health Grant to local authorities was originally intended to be temporary when it was introduced in 2013/14, however almost ten years later remains following concerns that if it was removed disinvestment would occur. See for example: <https://publications.parliament.uk/pa/cm201415/cmselect/cmpubacc/893/893.pdf> and <https://www.nao.org.uk/wp-content/uploads/2014/12/Public-health-england%E2%80%99s-grant-to-local-authorities.pdf>

Local government and children's social care will not be the sole beneficiary of these improved outcomes; justice, education, and the health service will feel the benefit of investment in Family Help too. There is therefore a strong case for different national government departments to contribute to this funding nationally.

Recommendation: Government should make an investment of roughly £2 billion in supporting local authorities, alongside their partners, to implement the proposed transformation in Family Help. National government pots of funding should be mainstreamed into this funding stream and local partners should be incentivised to contribute. Once transformation is complete, the government should ring-fence funding for Family Help to ensure rebalanced investment is sustained.

2.6 Governance and accountability

The size of the proposed investment in help would demand robust governance and accountability to ensure it translates into change for families. This should be done as part of the review's proposed *Relationships Protect* programme.

Defining outcomes and objectives for help

First, it is important to clearly define the specific outcomes and objectives that an investment in help is aiming to improve. Much of children's social care activity lacks clarity about the change it is aiming to achieve.⁴⁶ The updated Supporting Families outcomes framework⁴⁷ provides a good model of the results Family Help should be delivering. These outcomes should be captured, alongside those focused on other parts of the system, as part of National Children's Social Care Framework. Measures of success and learning, supported by a reimagined child in need data collection, should be quantified through the review's proposed balanced scorecard to aid learning (detailed in Chapter Eight).

The National Children's Social Care Framework would also set objectives for the key features of how help should be delivered - i.e. that it should be rooted in neighbourhoods, multidisciplinary, and targeted to the needs of a population. Practice guides would point to the best available evidence for how to deliver this. For example, pointing to the most effective interventions for different needs (building on the Early Intervention Foundation's report published alongside the review) and effective means of family engagement. Areas should demonstrate they are implementing these key features of Family Help as a requirement for receiving additional funding.

46 The Children Act 1989 does not define this, although the Welfare Checklist in section 1 of the Children Act offers some indication (for instance, reference to "physical, emotional and educational needs").

47 The updated Supporting Families Framework has moved from six headline criteria to ten headline outcomes and will come into effect from 3 October 2022 (Department for Levelling Up, Housing and Communities, 2022b).



Recommendation: As part of the National Children’s Social Care Framework, the government should define outcomes, objectives, indicators of success and the most effective models for delivering help. Funding should be conditional on meeting the goals of the Framework.

Making Family Help truly multidisciplinary and boosting the contributions of partners

Local authorities should have overall leadership of the delivery of these reforms, with the role of the Director of Children’s Services (DCS) to oversee the coordination and delivery of Family Help as the primary holders of the section 17 duty and local leaders for children in need of help and protection. The core additional funding we are suggesting for Family Help Teams will go to local authorities to hire the multidisciplinary workers they need to deliver the model we are suggesting.

However, these reforms cannot be successful without the full participation of education, health, the police and other partner services - making sure the Family Help offer is well aligned with and supported by strong universal and community services locally. Moreover, partners will need to support multidisciplinary teams to work in practice, for example by freeing up staff who can be seconded into these teams. In the short term, cross partner contributions to Family Help Teams should be overseen nationally by the National Reform Board and locally by safeguarding partnerships (more information about our proposals to strengthen these and the role of DCSs are set out in Chapter Eight).

However, in the long term, we think a more permanent arrangement may be required to make multi disciplinary teams a reality. As an example, youth offending teams, which are an example of a multidisciplinary model that has become mainstream, are set out in legislation. Requiring the existence of Family Help Teams and setting expectations about partnership contributions in legislation could give these reforms staying power, though the legislation should be less prescriptive than that used for youth offending teams.⁴⁸

Beyond establishing multidisciplinary teams, there is huge scope for partnerships to go further to support improved Family Help, for example when budgets and services are brought together and integrated allowing decisions to be taken in the round about what is right for children. This is why we have recommended above that partners are incentivised to provide a contribution towards reforms.

Whilst safeguarding partnerships will be the main governance vehicle for Family Help, it is also important that the goals and objectives are considered in other arrangements. The Integration White Paper for health and social care introduces the concept of place based arrangements centred around a single person accountable for shared outcomes in each place or local area. It will be important that the outcomes for children set out for Family Help also

⁴⁸ Youth Offending Teams (YOTs) differ in some ways from our proposed Family Help Teams. YOTs are multi-agency as well as multidisciplinary (i.e. members represent their respective agencies as well as bringing the skill set of a different discipline), whereas in our proposed model the core feature is that members of the team have the right skills to provide families with support (and so local authorities may choose to directly employ workers). Given workforce challenges it might prove better to set out in legislation partners contributions to teams. This question should be tested through implementation.

feature in these local place boards, and that in turn safeguarding partner arrangements have a read across to the goals of local place boards. Governance of Family Help arrangements will also need to align with the proposed local multi-agency panels proposed in the SEND and AP Green Paper.

Recommendation: *Alongside recommendations to strengthen multi-agency partnerships and the role of the Director of Children's Services, government should consider legislating to put the existence of multi-disciplinary Family Help Teams on a statutory footing.*

Improving the role of inspection as an enabler of better help

Ofsted will also have a critical role in supporting and holding areas to account for delivering an improved Family Help service. Our full recommendations for inspection are set out in Chapter Eight. A revised Ofsted framework should focus on the quality and proportionality of interventions used with families. This would mean looking at the quality of help received by families, how risk has been understood and balanced, looking back at the journey of children that have escalated to see if opportunities for help were missed, and assessing how effectively Family Help Teams engage families (including focusing on the father, as well as wider members of the family who could provide support). They should also interrogate population needs assessments and how effectively services respond to those needs, and the ability of leaders to delegate freedoms to front-line practitioners and make best use of the resources of different disciplines within help.

Recommendation: *Ofsted inspections should reinforce a focus on families receiving high quality, evidence based help that enables children to thrive and stay safely at home.*

2.7 How Family Help will support children and families with different needs and address disparities

In implementing Family Help and carrying out population needs assessments, local authorities should pay specific attention to how recommendations and ultimately their Family Help offer can support different groups of children and families, including children with disabilities, teenagers, families in poverty and ethnic minority families.



Children with Special Educational Needs and Disabilities

There are around 1.3 million disabled young people aged 0-19 in the UK (Department for Work and Pensions, 2022). Disabled children are recognised as children in need in the Children Act 1989, but only those who are assessed as requiring services are included in data collections (Department for Education, 2020b). In 2020/21, 10% of children in need assessments reported a child's learning disability and 5% reported a child's physical disability as a factor that contributed to them being in need - increasing by 22% and 5% respectively since 2017/18 (Department for Education, 2021j).⁴⁹ Throughout the review, we have heard consistently from families of disabled children about their struggle to access support and their frustration navigating services (The independent review of children's social care, 2022b). Disabled children are also more likely to be re-referred to children's social care than other children (Troncoso, 2017).

The review's broader recommendations on Family Help, if properly implemented, will provide a step change in how disabled children and their families experience children's social care - reducing the stigma of asking for help; increasing the intensity of support provided for families; setting clearer more transparent eligibility for support; and reducing the number of handovers families experience between services.

However, whilst disabled children will benefit from the overall improvements to Family Help suggested by the review (as well as wider improvements to commissioning and workforce skills, which will also benefit disabled children), their needs can also differ from other children supported by social care and so require specific consideration. Whilst the review has been underway, the government has been looking at the support for children with Special Educational Needs and Disabilities (SEND) and in alternative provision (AP) and has recently published a Green Paper consulting on major changes to these systems.⁵⁰ In responding to the independent review of children's social care and taking forward the proposals in the SEND and AP Green Paper, it is critical that the government looks at the interplay between both sets of recommendations to make sure they align, and that families and disabled children are engaged about how they are implemented. Through our work speaking to children, families and professionals who support disabled children, we have also identified several areas where specific change is needed.

First, we need to make it clearer and more transparent for families what support is available to them where their children have different levels of need. The SEND and AP Green Paper proposes to more clearly define the statutory requirement for social care input into Education, Health and Care (EHC) assessments. In setting National SEND Standards for care, government should make sure this aligns with the review's proposals on Family Help. The Green Paper also proposed to explore opportunities to streamline the EHC and social care assessment processes - we agree with this proposal, which fits with the review's overall ambition that assessments should be more flexible and tailored to different families' needs (for example encouraging local authorities to tailor their assessments for disabled children).

49 This and following data points related to factors at the end of child in need assessments are calculated relative to the yearly total for episodes with an assessment factor.

50 The independent review of children's social care terms of reference state: "The review will give due regard to the SEND Review, which will consider the main questions relevant to children with special educational needs and disability." https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952624/terms_of_reference_independent_childrens_social_care_review.pdf

An important part of making it clearer for families what support will be provided will be looking at the outdated legal framework for the social care of disabled children. At present there is a patchwork of duties that sit between the Children Act 1989, the Chronically Sick and Disabled Persons Act 1970, and the Children and Families Act 2014; outdated definitions that exist in some legislation; and poor alignment with the Care Act 2014. All of this works together to make it hard for families and professionals to understand what support they should receive. We therefore recommend that the Law Commission undertakes a review of children's social care disability legislation to bring more coherence to the existing patchwork of legislation. Government should work with parent carer forums and SEND stakeholders to inform the scope of the review.

Second, we need to improve disabled children's experiences of transitions into adult services, an issue that has been raised frequently with the review (The independent review of children's social care, 2022b; The independent review of children's social care, 2022c). Adult services need to support planning well in advance of transitions. Age 0-25 disabled children's teams are an area of positive practice that we have seen in some local authorities and should be promoted. In defining a consistent national format and process for EHCPs, the government should ensure that local authorities complete and record in good time how children will transition to adult social care services.

Third, we need to improve the strategic integration of children's social care with the SEND system. One way of achieving this is through the Designated Social Care Officer, which is currently being piloted within 30 local authorities to help join up social care and other partners. The SEND and AP Green Paper proposes this is strongly encouraged through the SEND Code of Practice. This is a positive step forward and the government should continue to consider how it can embed this role.

Recommendation: *Government should ensure alignment in how the proposals in the SEND and Alternative Provision Green Paper and this review are implemented. The government should ask the Law Commission to review the current patchwork of legislation that exists to support disabled children and their families.*

Support for teenagers

Teenagers are the largest growing cohort in both child protection and care. From 2010 to 2021, the number of children in care aged 10-15 years has increased by 26%, and the number of children in care aged 16 and over has increased by 37% (Department for Education, 2021b). Over the same period, the number of children aged 16 and over on a child protection plan increased by 240% and by 52% for 10-15 year olds (Department for Education, 2021j). For teenagers, the most prevalent factor at assessment is the child's mental health. From the age of 12, there is a sharp increase in child alcohol and drug misuse, child sexual exploitation, trafficking, gangs, missing children, socially unacceptable behaviour and self harm (Fitzsimons et al., 2022). When older children enter care they are more likely to remain in care long term compared to the youngest entrants (Neil et al., 2019).



Historically children's social care has been geared towards younger children and harms coming from family or inside the home. As a result, responses to teenagers' needs by children's social care are often weak. A study of 841 cases in one local authority found that all cases referred due to serious youth violence or gang-related behaviour were closed without assessment (Lloyd & Firmin, 2020). Social care is also often failing to identify or respond effectively to neglect in older children (Ofsted, 2018).

Part of the reason for teenagers entering care is the current child protection response to extra familial harms, which is discussed in more detail in Chapter Three. However, the foundation of keeping more teenagers safely with their families is in providing the right early support. Given the differing needs of teenagers, this suggests that the support needed is likely to be different, including making better use of child mental health support, youth workers, and peer interventions. These are likely to be quite different to the types of support offered to families with young children. The youth work workforce has been particularly affected by funding cuts over the past decade, and so rebuilding (and rethinking) this capacity both at a universal level and within Family Help is critical to the success of better supporting this group of young people (Research in Practice, 2022; YMCA, 2020). Providing a national definition of eligibility for Family Help will also provide an opportunity to ensure areas are consistently identifying teenagers who require support.

Delivering Family Help to families and teenagers will need specific consideration. Features of Family Help, such as a robust population needs assessment to identify where teenagers are in need of help, services designed around that identification of need, delivery of evidence based interventions, and a focus on improved outcomes and positive feedback from families as a measure of effective services, will help to build a tailored response.

Addressing poverty in Family Help

The chances of children in poverty living safely in their family and community are significantly lower than for their wealthier peers. Poverty creates stress in its own right as well as making families less resilient to other shocks and struggles (Bywaters et al., 2016). Children who live in the most deprived 10% of small neighbourhoods in the UK are ten times more likely to be in care or on a child protection plan than children in the least deprived 10% (Bywaters et al., 2020).

In the education system, there is a wide understanding at both a public and policy making level of the injustices of educational inequalities linked to deprivation; we need a similar acknowledgement and determination to address the child welfare inequalities present in the children's social care system. In pursuing the Levelling Up agenda, it is critical that government gives the same weight to deprivation and its relationship with children's social care outcomes as it has given to its impact on skills, educational attainment and health outcomes.

Rates of child poverty, effectiveness of benefits, and availability of wider universal services are intertwined with the need for children's social care services. The delivery of Family Help must directly respond to deprivation by improving the material conditions of families where it is affecting their ability to parent (something that is already specifically set out in section 17). This would include:

- income maximisation (e.g. building in routine benefits checks, money and debt advice and advocacy for all families)

- devolved budgets to social workers to provide direct support to families. Across our deep dive visits, we were struck by the consistency with which social workers told us about very stringent, bureaucratic sign offs to spend even small amounts of money on providing families with practical support (The independent review of children's social care, 2022c)
- linking families to other sources of assistance e.g. advice about insulation, heating, loans, housing rights, charities, food banks, clothes banks, and where relevant faith groups

Social work and family support worker training also needs to specifically consider how to work with deprived families in a broader sense, including ensuring workers understand how to address and be sensitive to the non-material aspects of poverty (like shame, stigma and stress), and that social workers can engage sympathetically with families and understand the links between poverty and other dimensions of family life, such as impact on relationships and mental health. Crucially, supervision and professional development for social workers should challenge conflated and confused ideas about poverty, neglect and maltreatment.

Later in the report we discuss how, at a system level, the resources that local areas receive need to fully take into account deprivation to ensure that they have the resources to respond to need.

Addressing ethnic disparities in who gets help

Alongside socio-economic inequality, racial inequalities are amongst the most pronounced disparities in children's social care. In England, children from Black and from some Mixed ethnic groups are more likely to be in care, and children of South Asian heritage are less likely (Bywaters et al., 2019). Nearly a third of social workers reported witnessing racism directed towards families by colleagues or managers in a recent survey (What Works Centre for Children's Social Care et al., 2022). Through the review, we have tried to probe why some children are more likely to enter care by analysing data and speaking to young people, families, social workers and directors of children's services. This research is captured in a separate annex published alongside the review.

We heard from both families and professionals that understanding of different cultural norms around family shapes the response from children's social care (The independent review of children's social care, 2022a; The independent review of children's social care, 2022b). We also heard that sometimes suspicion exists within communities and can be a barrier.

“**Social workers do not always understand and respect the cultural differences of families, and this can prevent them from understanding the needs of young people and families and working with them effectively.**” - Parent

“**I think social services has been always a “No” for Travellers. Every time the social services have been involved in Travellers something bad happens**” - Parent

“**There was little understanding and awareness of different communities' ethnic minorities cultures and family dynamics which had negative impacts on me**” - Young person

“**The local authority know families really well - but the vision of family tends to be White and middle class. [This] Doesn't work with people that have different cultural norms around the idea of family.**” - Director of Children's Services



There is also evidence suggesting that the system may be failing to address the needs of different groups of children before they escalate. For example, research by the Department for Education has found that, of those children who entered care, 65% and 62% of White and Mixed children respectively had previously been on a child protection plan compared to 39% and 36% for Black and Asian children respectively. Even whilst this raises concerns of the efficacy of plans in preventing escalation for those who do receive intervention, this also suggests that certain groups may be less likely to receive any form of help and support from the local authority before escalating in the system compared to others (Ahmed, James, et al., 2022). This concern is further reinforced by wider research which found that Black and Mixed heritage boys are less likely than their peers to have been referred to early help services when they were younger. It was also found that Black and Mixed heritage boys who have been referred to Child and Adolescent Mental Health Services (CAMHS) at a young age, have not always received the support they needed prior to them coming into contact with the criminal justice system (HM Inspectorate of Probation, 2021).

Bringing services closer to communities through a population health management approach, co-design of services, and understanding family engagement should all help to address this. Our recommendation on reforming safeguarding partners, discussed in Chapter Eight, will also require the wider partnerships to understand disparities in how their services respond to need. In bringing in the resources of communities, local authorities should pay particular attention to small community groups who know their communities well.

The evaluation of the *See, Hear, Respond* project - set-up during COVID-19 to bring together national and community based charities to support vulnerable families - identified that smaller community organisations tended to be more successful in identifying, engaging and working with children and young people from ethnic minority communities during the project's implementation (Barnardo's, 2021). Broader recommendations that focus on supporting the workforce, including through the Early Career Framework, should include a focus on cultural competence for social workers.

There is still more to do to build evidence in this area. The Early Intervention Foundation, Race Equality Foundation and Action for Children have identified challenges in relation to how ethnic minority communities interact with family support services - an area which needs to be understood in more detail to ensure support for families addresses the disparities described above.⁵¹ This should be a priority area for future research and is included in a broader list of evidence gaps within the National Children's Social Care Framework recommendation annex.

51 The Early Intervention Foundation, Race Equality Foundation and Action for Children launched a survey, *SpeakOut*, to hear from young people and parents from ethnic minority families in England to understand more about how help is accessed and if the support available is right: <https://speakout.family/about/>. Findings from the survey will be published soon.



Madalena

Shining a spotlight on families' experiences

The review has worked with Policy Lab to better understand the experiences of children and parents who are currently, or have recently been, subject to child in need and child protection plans, by undertaking research using ethnographic methods to develop a Spotlight on Families. Madalena took part in this research and this is her story.

Madalena is in her thirties and lives with her two children: a baby and a preschooler. Their violent father is not allowed contact with the three of them. Madalena works with special needs children, running after school and holiday programmes. Her home is just five minutes away from her mother.

How it all started

When Madalena was pregnant with her first child, children's social care quickly got in contact and put in place a child protection plan. She's not sure who referred her, but it could have been the police as David, the baby's father, had a violent past. Madalena and her ex-partner were in a relationship at this point and children's social care wanted to risk assess him, but he resisted - despite multiple attempts. It was clear that the referral was about David's violent behaviour and a need to safeguard the baby. But the actions, the plan, the involvement was all her responsibility.

“Back then, our relationship was bad, worse. They had good reason to be concerned.”

The child protection plans

At the start, Madalena found the involvement from children's social care hard. But she thought she had to work with them to keep her children. Over the past five years, Madalena has had four plans. The pattern is: there is an incident with David, a child protection plan is put in place and then it's deescalated to child in need, before coming off the plan. Then another incident would occur, which would start the cycle again.

The main requirement in all the plans has been for Madalena to stay away from David. She thinks this demand is fair but support does not really follow. She attended courses on Domestic Violence and Child Abuse, both of which she found useless. She would have preferred to be



provided early on with one-to-one counselling to understand David's violent or narcissistic traits and why she should leave him. Other requirements included taking her daughter to an eye test, dental care and a health check - all of which Madalena complied with despite finding some pointless. The optician said he couldn't do an eye test on such a young child. And Madalena thought the high BMI of her daughter was due to both parents being tall rather than a health issue.

“They hold your life in their hands... you have to do what they say”

It's all on the mum

Madalena recognises that children's social care had to be involved because her ex-partner was violent and she made a mistake in going back to him. But she has found the experience draining and much of it unnecessary. The conference meetings were very intimidating at first and she felt unsupported.

She found it really frustrating that David had to do nothing, while she had to deal with children's social care throughout the whole process. She is expected to stay away from him, but feels no-one is telling him to stay away from her and the children.

She sometimes saw him waiting at a nearby bus stop and was once moved near his friends, who found out where she was living. Children's social care worked with a housing association to move the family three times, to get them away from David. Madalena is tired of moving and hopes it won't happen again.

“I go through all this because he's done wrong. Maybe they should be sending the police around to his house everyday saying: 'You need to stay away from her'. They put a lot on the mother.”

Children's social care taking over her therapy

Madalena has a behaviour disorder and was seeing a therapist prior to her first child's birth. But with the child protection plan, the therapist started attending conference meetings and the therapy changed. She felt the therapist seemed more concerned with addressing the plan than with her behaviour disorder. Since the birth of her second child, Madalena has stopped seeing the therapist as she no longer finds it helpful.

“A lot of the work [therapy] changed to be around social services and their dad... so I didn't even feel like I had the help from her that I needed.”

The power of the social workers

Madalena had two or three different social workers for each of the four plans. She found the frequency of change exhausting and feels social workers are not committed to families. New social workers read notes and believe they can understand complex situations, but she feels they don't.

Madalena has felt threatened by the amount of power that social workers hold. At the start, she used to worry that she would have her children taken away from her. Over time, she developed a good relationship with children's social care and did not feel threatened anymore.

“**I used to worry that I'd go and pick up my daughter from school and she wouldn't be there... it got me panicked.**”

The future

Madalena currently has no involvement from children's social care and she hopes not to again. But she doesn't feel very hopeful of this. Madalena states that in the final report from children's social care she was informed that her daughter's school is 'keeping an eye' on her.

She finds this stressful as her children are young and there are many years of interacting with the school ahead. She knows that if the school reports anything, children's social care will be back in her life. She also knows that if David comes over and she phones the police as instructed, it's likely she will be back on the child protection plan for at least three months and then child in need for another three months.

“**It's going fine for now [avoiding the children's father] but then it's like [me] calling the police [if he comes by] and what does that mean? Oh social services are back...**”

