

Local deep dives

May 2022



**The independent review
of children's social care**

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Introduction

An important part of the review's evidence gathering has been our local deep dives. Over the course of the review, we have worked with ten local areas from across England to help ensure our recommendations were based on the challenges for partners of delivering children's social care. The purpose of the work was not to judge the quality of services, but to understand how the system is currently working and identify broad themes, challenges and learning from across local areas. The review team visited deep dive areas for between two and three days and spoke to people from across the system including frontline social workers and early help workers, senior leaders in the local authority, and professionals from across health, education, police and the community sectors. We also spoke to care experienced children, young adults and parents who had lived experience of involvement with children's services. In two areas we carried out our 'Spotlight on Families' work following the lives of families with a social worker. Speaking to over 1,100 people from every region of England we got a real sense of how services work in a local area and an understanding of interdependencies between different parts of the system.

The review is extremely grateful to the ten areas who participated and generously supported our work with their time and spoke candidly to us about their experiences whilst delivering busy services. This report captures the main themes from our visits, but the impact of the work goes far beyond this in informing our understanding of the system and developing recommendations.

This report also gives examples of practice that we saw across our visits, some of which feature in the main review report - these are not intended to be definitive judgements of "best practice" but rather examples of work the review felt would be useful to share and helpfully illustrated wider points made by the review.

Local Authorities and Methodology

Local authority selection

We chose our deep dive areas by selecting ten local authorities that aimed to capture a broad range of characteristics, with one local authority from each English region. We used a sample frame with national data and information which included: population projections, ethnic diversity, deprivation, rural and urban areas, spend on children's services (per capita), local authority type (i.e. county council or unitary authority), the rate of children starting to be looked after and Ofsted rating. Local authorities were then contacted and asked to participate in the work. Where local authorities did not wish to participate in the work the review asked a different local authorities from the same region to



achieve the best possible spread of areas.

The 10 local authorities chosen and some of the characteristics considered are listed below:

Local authority Name	Region	Local authority type	Deprivation percentile¹ (0-20% lowest, 80-100% highest)	Ofsted rating at time of visit
Bath and North East Somerset	South West	Unitary Authority	0-20%	Good
Camden	Inner London	London Borough	40-60%	Good
Cumbria	North West	County Council	40-60%	Requires Improvement
Darlington	North East	Unitary Authority	40-60%	Requires Improvement
Enfield	Outer London	London Borough	60-80%	Good
North Lincolnshire	Yorkshire and the Humber	Unitary Authority	40-60%	Outstanding
Nottinghamshire	East Midlands	County Council	20-40%	Good
Peterborough	East of England	Unitary Authority	60-80%	Good
Southampton	South East	Unitary Authority	60-80%	Requires Improvement
Wolverhampton	West Midlands	Metropolitan District	80-100%	Good

The findings from the process are presented anonymously in this report with the exception of case studies.

¹ Based on latest published data (Ministry of Housing, Communities and Local Government, 2019).



Approach

Once local authorities were selected the work had three distinct phases:

- 1) Local authorities provided the review team with local policies, information, and data before the visits.
- 2) The review team visited the local authorities and met with a broad range of people to understand how their children's social care services operated. Meetings were held as 1:1s and roundtables and were conducted as a semi-structured interview. In eight local authorities the review carried out a three day visit and looked at the whole local system, in the two local authorities participating in the 'Spotlight on Families' to reduce the burden on them, visits were two days and focused on support provided to children and families and not children in care. A copy of the meeting suggestions sent to local authorities in advance of the visits is annexed below. Local authorities were encouraged to make adaptations to this to best fit and represent their own delivery context.
- 3) We shared findings back with local authorities to ensure that they were accurate and captured any missed detail before writing up this final report.

There were limitations to the work:

- the small sample size means that the content of this report is not representative of all local authorities in England - this was the largest sample size the review could undertake with the resources available
- this report is written to highlight the main areas of learning from the visits across a diverse range of local areas – this means that findings set out in this report are not always representative of all local areas we visited
- there are some areas where we did not achieve a spread across different characteristics. For example, we were not able to secure a local authority that had children's services judged as inadequate by Ofsted to participate in the work. We have however engaged with authorities rated as inadequate by Ofsted through our workforce engagement and some of the authorities we visited were previously rated as inadequate
- local authorities had to agree to participating, which introduced a greater risk and probability of selection bias and a desire to present services in a positive light
- due to the complexity of organising the visits and participant's availability the attendees and structure of meetings and roundtables had small variations across local authorities
- review team members used a semi-structured interview format, this means conversations were not identical between areas and information between areas is not directly comparable
- whilst the review met with children in care, care leavers and families across many areas local authorities determined which groups they could easily bring together and so we did not get a fully representative sample of the experience people had of children's services in each area.
- we balanced the need to cover a broad range of topics with probing topics in sufficient depth



Help, protection and alternatives to care

Early help services

We spoke to a broad range of people and organisations to understand early help in local areas. This included early help workers, voluntary and community organisations and charities providing services, social workers, and leaders in the system such as health, police, education, broader local authority services and lead members. Early help was an area of strategic focus across all of the areas visited with local strategies reviewed for each area.

There were different approaches to delivering early help:

- some local authorities placed a greater focus on community development and involvement in service design and delivery, seeking to work through local organisations and charities to carry out their family help work
- others focused on locality-based services aiming to place services close to communities and build networks with them
- some areas were bringing large, outsourced services such as children's centres back in-house whilst others continued to deliver significant parts of their early help offer through a commissioned service

Camden

providing community-based early help

In recent years Camden Council has transformed how it supports 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.

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.

The reforms have focused on the importance of strong relationships between social workers, family support workers and families - with investment enabling lower caseloads. 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 2021a). There has also been a reduction in the rate of looked after children by 48% between 2012 and 2021 (Department for Education 2021b).

Early help was understood by all participants as being a very broad term from universal to very intensive support services. One early help strategy said:

“Early Help is not a service in a conventional sense. It is a philosophy of how we can utilise all the resources available in families, communities and the voluntary sector and public bodies to provide timely and effective support when it is needed.”

Most local areas had two tiers of early help: universal and community services (often commissioned by the local authority or other partners) and targeted family support. Examples of services available in the first tier included: Health visitors, community police officers and drug and alcohol services. The second tier tended to have local authority employed workers acting as the lead professional for the family and coordinating a team around the family. Some local authorities also had intensive family support teams as part of their early help service that worked on more complex and high risk cases.

There was significant divergence in spend on early help services across the different local authorities. All areas relied on funding from the Department for Levelling Up, Homes and Communities' (DLUHC) Supporting Families programme to fund a diverse range of early help services and highlighted the challenge of providing early help with reductions to local authority funding. Feedback from areas was generally that Supporting Families was viewed positively, enabling them to have a dedicated portion of funding for providing family support. The time limited nature of funding was described as a barrier to long term planning.



Participants tended to think that their early help services were effective when families were open to them, however there was a consistent theme across many areas that the availability of these services was not sufficient to meet the level of need in the area. In some areas participants highlighted that families were not being identified or helped early enough meaning that many families entering statutory services had not received early help. Participants thought that families experienced a reactive service response as a result. They tended to think this was, in part, due to historic funding reductions and high caseloads. Areas where participants thought that the early help offer was comparatively good tended to have received more consistent funding with a focus on delivering in community settings and through community organisations based on local need and developing a strong sense of place.

Focus groups across all local authorities identified important gaps in services. Particular areas of unmet need given were:

- Domestic abuse support, including perpetrator programmes
- Youth services
- Child and adult mental health and wellbeing services
- Services for children with SEND
- Housing

Social workers and leaders tended to say that staff working in early help had a good level of skill and experience, and we heard that in some areas they had capacity to provide more practical support than statutory social workers who had significant administrative responsibilities. Participants from a number of areas told us that this could result in families receiving less support when their needs were greater, and they moved from early help to child in need. One example provided on a visit was where a youth early help team was able to see a young person and their family three times a week and when the risks escalated and it became child in need this changed to monthly visits.

Access routes to early help tended to differ from statutory services. Early help in all local authorities could be accessed via the general front door to services and also as a “step-down” from child in need. Some local authorities did not require early help cases to go through the Multi-Agency Safeguarding Hub (MASH) but had early help panels or access teams, these tended to also accept referrals directly from agencies and families. All local authorities asked partner agencies to complete Early Help Assessments. Perceptions of these varied between areas. Schools were generally the main agency completing these and often told us that they saw early help assessments as a bureaucratic barrier to providing help for children. Local authority leaders explained that they did not expect a lengthy assessment but rather a clear setting out of the issues, as it was important to have a record of the challenges facing a family and what work had been attempted previously. One local authority we spoke to described adapting the assessment to be less burdensome and process focused.



Co-working between early help and statutory social work tended to be limited to completing targeted pieces of work. This was particularly used in complex cases and on the edge of care. That said, coworking did not tend to happen for most child in need and child protection cases and some local authorities explained this was due to the additional resource it would require. Participants in some local areas told us that step-up and step-down process were not always clear, there were examples of how areas tried to overcome barriers, for example where both early help and child in need services met daily to discuss cases that may move between services. This was viewed positively by early help workers who felt more included and valued as a result.

We spoke to a broad range of community services who saw their role as materially different to the local authority. Services included those commissioned by the local authorities, large national charities and smaller community services such as local neighbourhood centres. Community services told us their non-statutory status meant they could build better relationships with children and families as parents were often wary of social care.

The working relationship between community services and local authorities varied. Community services consistently highlighted the challenge of short-term and insecure funding although also thought that local authorities were hampered by national funding. They also named challenges with communication, for instance not being updated about whether a child had a social worker or key safeguarding events. Services found the turnover of social workers also affected working relationships negatively. There were examples of local authorities committing significant resources to maintaining good relationships with community services such as developing local partnership groups to offer services advice and support, providing long-term funding at risk (without guarantee of their own future funding streams) and providing training to ensure that there was a coherent local approach to working with families. Smaller and unitary local authorities tended to find this easier and felt that their scale allowed them to build stronger relationships with community services.

Community and commissioned services noted that some factors affected how many families accessed their services. These included:

- **Their physical accessibility to children and families** – this was particularly the case in rural areas with poor public transport but could also be in urban areas where services for young people were in an area that families or young people would not feel comfortable. Workers also told us they found it difficult to find neutral spaces to meet families and could be forced to hold meetings within the office, which did not provide the right environment
- **parent engagement** - many noted that attendance for parents is voluntary and due to limited resources families needed to proactively engage or attend sessions to remain open to the service
- **awareness of services** - some organisations thought that social workers were not fully aware of their services or made inappropriate referrals, they thought this was often down to the high turnover and caseloads in social services



Agencies such as schools and police felt that accessible early help was key to effective partner working. For instance, schools often felt that that without a sufficient local early help service and with perceived high thresholds for statutory services they couldn't access support for children and were managing risks on their own. Where participants thought they were tied into more comprehensive early help services they described their relationship with children's services as easier.

The front door and entry into the children's social care

'If you lose control of your front door, you lose control of the service'

Senior Leader in one local authority

Participants were clear that a well-functioning front door was crucial to the whole system working well. Making sure that risk and need were properly identified so that only relevant cases were being passed onto social workers for assessment or section 47 inquiries meant that social care did not become 'overwhelmed' and was able to meaningfully respond to children and families.

Local authorities had different front door setups to assess and respond to contacts and referrals. All local authorities we visited had a single front door which included a Multi-Agency Safeguarding Hub (MASH). Front door models included:

- A single MASH which takes all contacts and referrals
- An initial triage team that transfers cases to the relevant next step depending on the level of risk and need (such as a family advice line, early help triage, or the MASH)
- An Initial Advice Team which receives calls about whether a referral is needed and then passes this onto social care if necessary
- A single point of contact that provides advice to professionals or members of the public. Where there are concerns, cases are transferred to an Integrated Multi Agency Partnership where partners from health, police and education are co-located

Not all local authorities used a MASH for all contacts with examples of initial advice lines and alternative routes to access early help. Participants from one local authority with a different setup said they wanted to focus from simply 'managing risk' to meeting the needs of families. Whilst a full-time MASH was in place for most areas this was not universal, for instance one area convened the MASH three times a week. Another local authority told us they were looking to implement a front door to services aside from the MASH, to give a route for families where there were no concerns about harm (e.g., families of disabled children) to access services.



Darlington

a redesigned front door

Darlington Borough Council 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, engage in conversations with both members of the public and professionals who are worried 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 reduced 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.

There was a large variation in the rates of contacts and referrals that Local Authorities received. Within local authorities there was then variation between the rates of referrals between different partners.

The front-door was a key point of interaction between social care and its partner agencies.

- **Assessments, referrals and access to children’s services was often a point of tension at the operational level.** Frontline social workers regularly identified risk aversion as a factor behind high levels of contacts. Other named factors included agencies not understanding the local thresholds, services such as police automatically making referrals when a child was present and a lack of community services and early support for families ahead of making a referral. Other agencies and particularly schools often thought that thresholds were too high and local authority criticism or poor communication about referrals made them feel dismissed. Agencies described looking at local area threshold documents and writing referrals that fitted those criteria in order for children to access services. Other areas had high levels of referrals from services including the police and health.
- **A shared understanding of thresholds with partner agencies was key to a well-functioning front door.** Some local authorities had built a more shared understanding with partners. This resulted in partners making less contacts and referrals but more of these being converted to assessments.
- **Good relationships and trust between partner agencies were important.** Serious incidents and poor Ofsted judgement drove risk-aversion with increased activity across the system and less trust from agencies. Senior leaders said that the effects of these incidents took a long time to manage.



- **Other agencies also named the importance of a comprehensive early help offer in order to reduce the level of contacts and referrals they made for statutory services.** One school described having to ‘figure out what to do’ on their own before the local authority had made investments in early help.

Social work assessments and section 47 inquiries

There was wide variation between the social work assessments and section 47 inquiries across the areas we visited. There was also a wide range in the conversion of assessments to either child in need or child protection plans.

Participants named a number of factors that impacted the rates of assessment, section 47 inquiries and statutory intervention in an area:

- differing local authority thresholds and approach to risk
- partner agencies’ approach to risk
- the level of early help available
- increasing levels of risk and harm to children which were linked to increasing poverty

In all parts of the system, including partner agencies, participants described the anxiety they felt when a child was in a risky situation. Social workers described the feeling of anxiety and pressure when working with a risky situation and the feeling that they needed to respond in some way. In one local authority a social worker described that this could result in a ‘battle between managers’ on whether a case needed to escalate in the fear that there may be a serious incident in the future. One local authority highlighted that clear accountability and management oversight with high support and high challenge were important to managing this anxiety.

Some local authorities had taken concerted action to reduce levels of assessment and section 47 inquiries. A social worker from one local authority described that a move to ensure that all relevant agencies (beyond just health and police) attended a strategy discussion was a real positive and it helped them be more reflective and manage the ‘state of panic’ they initially felt when responding to a worrying incident. They also said the setup meant all relevant information was shared and they properly considered whether the necessary support could be provided on a child in need plan.

Areas had different timescales and approaches to assessment. Some of the local authorities we visited placed shorter timescales for assessments than the national requirements. For example, one local area carried out ‘proportionate assessments’ which lasted ten days and had one visit to decide whether the case needed intervention, at this point assessments could be extended to that statutory limit of 45 days. Frontline social workers often thought that strict deadlines were unhelpful at times and led to rushed work and overly procedural approaches. Participants from some local authorities described how they aimed to make assessments part of the intervention for families by



ensuring that support was available as soon as they entered the service (for example one local authority had an intensive family support service embedded in their assessment team). Other social workers reflected that whilst this might be the intention caseloads and the demands of the role meant that it was very difficult to provide meaningful support at assessment.

Local areas had organised their teams completing assessments differently. Some of these models were designed to reduce handovers between workers.

- Assessment teams - hold cases after transfer from the front door and take them to the end of an assessment or Initial Child Protection Conference. In large local authorities these tended to cover different geographic areas.
- A single team that carries out assessments, section 47 inquiries and then holds the case at child in need or child protection until it is closed or a child becomes looked after.
- A brief intervention team that carried out the majority of assessments and held cases if they thought they would be closed in 6 months, otherwise the case is passed onto a longer-term intervention team. The longer-term intervention team undertook assessments in the minority of cases where it was clear from the beginning that long-term work would likely be necessary.

Child in need and child protection

There was a significant variation in the levels at which child in need and child protection plans were used across local authorities. Participants thought there were a number of factors that played into this including:

- the level of risk a child is in
- local authority thresholds and their approach to risk
- child and parental engagement

The general offer of support tended to remain the same for families regardless of whether they were at child in need or child protection (although with more regular visits from a worker at child protection).

Some local authorities had services which they prioritised for complex cases which were often at child protection, such as Family Group Conferencing and more intensive support services. Intensive services would generally co-work a case (but not as a case holder) and had the capacity to carry out multiple visits a week and some had availability 24 hours a day, 7 days a week. These intensive services were often targeted at children on the edge of care.

When asking participants whether child protection cases should have access to more services than child in need many did not think this was a good idea. They felt that support should be available regardless of the level of risk and this would incentivise plans to be escalated. This was particularly the case in local authorities with a strong focus on working with families at the lowest safe level. Practitioners thought that child protection did provide a clearer plan and more accountability for other agencies and families which could improve a child's outcomes.



Social workers felt they had very limited ability to access financial support for families. Participants from one local authority described their autonomy to do this at 0/10. Managers tended to agree that social workers should be able to access a certain level of financial support easily however overspends on s.17 often led to tightening up processes. Examples of approval required included:

- Team managers approving anything above £30 and head of service signing off anything over £2,500.
- Team managers not being able to approve a £2 bus fare.

All local authorities structured their services so that child in need and child protection cases were held in the same team and there weren't handovers if a case moved between these categories. Long-term teams were often locality based. One local authority split their safeguarding services, with one working with children under 13 and the other working with teenagers. When speaking to social workers about their role some were unclear about their role with families and some described feeling like their work mainly consisted of referring families and coordinating other services rather than working with them directly.

Some Local Authorities had developed multi-disciplinary services. One local authority we visited used the Family Safeguarding Model with multidisciplinary teams - this was universally seen as positive. Another local authority had mental health practitioners embedded in their team which they found helpful for supervision and directly working with families. Another local authority had locality-based teams with other agencies working in the same location; these included early help workers, police, health visitors, and benefit advisors.

Peterborough

Family Safeguarding teams

Family Safeguarding is a model of system change where specialist adult practitioners are embedded within Family Safeguarding Teams of Social Workers.

The intervention is focussed on engaging with families in a strengths-based way, producing meaningful change through Motivational Interviewing. This model of intervention is designed to harness motivation and enhance readiness for change and is predicated on working in partnership with parents as well as direct engagement with children and young people.

The six Family Safeguarding Teams in Peterborough City Council are made up of a Team Manager, Senior Practitioner, Social Workers and Child Practitioners working in partnership with Adult Workers from Mental Health, Drug and Alcohol Recovery and Domestic Abuse and Perpetrator Workers.

Bringing together this shared expertise has enabled Family Safeguarding to



grow from strength to strength since its implementation in 2017, providing more timely intervention, targeted at the most effective point to achieve the greatest possible change and to reach evidence-based conclusions about the most meaningful care plans for children. Family Safeguarding is now embedded in Peterborough thanks to close working relationships with partner agencies and a confident workforce based on shared learning resulting in improved outcomes for children and families.

In practice, this means delivering a personalised service to the presenting needs of the family without delay. The model captures information held by partner agencies involved and allows effective targeting and prioritisation of work, ensuring the greatest risk areas are addressed so as not to overwhelm families whilst also maintaining safety as the highest priority for children. Teams retain responsibility for children and families throughout intervention ensuring consistency. Family Safeguarding creates a space to review plans and actions with the family and regular Family Safeguarding Group Supervision provides a consistent space for teams, based in one location, to share and reflect on collective perspectives. This makes for a richer meaningful discussion to reflect, analyse and develop targeted plans to promote improved outcomes for children and families.

Family feedback is consistent in that families welcome the joint approach, reducing the need to tell their story to numerous professionals and knowing what is said is shared and utilised in the targeted support for the family.

The positive feedback from families is supported in the evidence in improved performance in Peterborough. Since the introduction of Family Safeguarding, there has been a 67% reduction in the number of children subject to Child Protection Plans and a 56% reduction in children coming into care compared to 2016 (the year before the model was implemented). When still required, there has also been much more timely use of the Public Law Outline utilising the multi-disciplinary team approach, and this has led to 25% fewer children and families becoming subject to care proceedings. These positive impacts for the Local Authority have also been reflected in the wider partnership network, notably around engagement with services, reduced episodes of relapse in drug and alcohol services, and general re referrals to services for families.

Extra familial harms

Participants from all the areas we visited highlighted an increase in cases of extra familial harm. More urban areas tended to see this as a longer-term trend whilst more rural areas saw the increase as more recent and rapid. The local geography was seen as an important factor in the prevalence and type of child exploitation - for instance close proximity to major cities was seen as a factor in increased county line activity. Children's homes that were used as out-of-area placements were identified as places where exploitation occurred. Participants highlighted overrepresentation of different groups, particularly for Black and Mixed ethnic groups in areas with diverse populations. Boys tended



to be overrepresented in child criminal exploitation (CCE) whilst girls were overrepresented in child sexual exploitation (CSE).

Every local area had formed different organisational responses to harms that happen outside of the home often overseen by a sub-group of the Safeguarding Partnership. These included:

- cases undergoing a specific risk assessment with a threshold for oversight from a central team such as a Missing Exploitation and Trafficked Hub (MET Hub) or an exploitation coordinator. These services facilitated information sharing and, in some cases, developed an 'exploitation plan' (seven local authorities)
- a specialist team which holds cases where harm happens outside of the home and is multidisciplinary (i.e. including a social worker, youth worker and teacher) (one local authority)
- a specialist multidisciplinary service which does not case hold but co-works the most complex cases with a social worker and with the consent of the family (roles included, police, psychologists, youth workers, social workers, drug and alcohol workers, speech and language therapists) (two local authorities)
- a service that holds all adolescent cases (13 years old and above) but are not specialist exploitation teams (two local authorities)
- one local authority had a system to identify young people at risk early on and find the best professional to provide early help. They told us that bringing together partner information following a police incident this reduced safeguarding referrals that lead to no further action from 80% to 35%

Alongside this some local authorities had commissioned services including youth services that were available to support cases with a referral (more detail in the next section). One other local authority was in the process of setting up a multidisciplinary team which would case hold and would integrate the Youth Offending Service.

Enfield

multi-disciplinary Adolescent Safeguarding Teams

Enfield Council's Adolescent Safeguarding Teams and a Contextual Safeguarding Unit were developed in 2021 following a review of the offer to young people at risk of exploitation.

This identified a need to respond to young people's needs in a holistic way rather than with different teams located across services. Bringing together our Child Sexual Exploitation Team, Edge of Care Team and Missing Children Coordinator means that support to young people can be coordinated much more consistently and young people's outcomes improved. The teams are multi-disciplinary and include youth workers and an advisory teacher to improve education outcomes for the young people.

Each case worker works with a maximum of 12 young people enabling them to work more intensively with the family, using approaches such as the



FAMILY model for intervention. Work with families includes the use of Virtual Reality (VR) tools with parents and carers helping them to understand extra familial harm to young people and to develop strategies that reduce or disrupt risk.

An example of this work is the 'trauma informed exploitation workshop for parents co-facilitated by children's services and the Pupil Referral Unit which included videos to generate discussion on grooming and exploitation. Following this one mother requested follow-up one-to-one sessions to get more understanding, and then a session with her 13 year old child, where they were both supported to acknowledge ongoing exploitation. Following this the mother is now engaging with professionals and is playing an integral role in keeping her son safe.

Enfield has seen a year-on-year increase of young people being identified as being at risk of exploitation and since being established the Adolescent Safeguarding Team have worked with 58% of them. The impact of having a multi-disciplinary team has led to an improvement in young people's attendance at school, more young people who were at risk of suspension or permanent exclusion remaining in school as well as earlier identification and a timelier response to young people's mental health needs.

All Local Authorities had a MACE (missing and child exploitation meeting) function which provided a forum for multi-agency information sharing and strategic approaches to tackling exploitation. Local authorities often also had additional panels to coordinate multi-agency work such as a Pre-MACE (or MACE-triage) or other more operationally focused meetings. Front-line participants from one local authority provided examples of other meetings that used to manage cases and share information about extra familial harms: harmful sexual behaviours panels, child protection conferences, child in need reviews, youth justice case management meetings, and missing meetings. On the whole front-line participants found information sharing and planning forums were seen as helpful however at times participants found the number of them confusing. For instance, a police officer explained that the number of services and multi-agency meetings made it hard for officers to know where to make referrals resulting in frequent MASH referrals. We were also told about the importance of involving schools in these discussions.

Participants often thought that whilst the identification of harm had improved, there was not enough resources to reduce the risk young people faced. Some participants thought that additional risk assessments and exploitation plans alongside social work assessments and plans were overly bureaucratic. Specialist multi-disciplinary services were generally seen as effective and reduced the need for multiple-referrals and services due to their integrated design. Those that did not hold cases saw this as a strength as they did not have to follow specific statutory procedures and were more flexible as a result. Participants also commented that it could be difficult to engage families and young people due to the stigma associated with their involvement. Participants generally described the need for a more flexible approach to



working with harm outside of the home. This included making the most of pre-existing relationships with the young person who often won't engage with social workers.

Participants from most of the local areas did not think there was enough early and targeted youth intervention. Good early intervention youth services were very positively regarded in the areas they were available. They were seen to be flexible to children's needs and able to carry out more intensive work than statutory services. In one local authority they noted that the service was very good but was not available to children if the case escalated and was allocated to a social worker. Other local authorities had youth workers coworking cases and during COVID-19 one local authority found youth workers had been particularly effective supporting families at the edge of care. Where there wasn't enough early help, practitioners thought that children could "*bounce in and out of services*". Alongside this some local authorities had designed specific services to support children at risk of exploitation filling gaps where there were gaps in wider support such as mental health services.

Participants from all areas thought that the current statutory framework is ineffective at responding to harms outside of the home.

- local authorities had different approaches on whether to hold cases at child in need or child protection
- cases were often held at child in need as it was felt that child protection had a negative impact on the relationship with parents as it was daunting and carried a lot of stigma
- the use of section 47 inquiries was different across local authorities. Some local authorities tried not to use section 47 saying they were ineffective and had a negative impact on parents but recognised that at times they 'can't avoid' an investigation due to the severity of the risk
- the fact that social workers often have to classify child protection cases under the category of neglect was seen as unhelpful
- some participants described that the standard social work assessment did not work effectively for extrafamilial harms particularly where the young person did not want to engage - workers might need to work beyond statutory timescales to engage and build a relationship with a child or young person
- participants from some local authorities described sometimes getting "*stuck in a rut*" of having multiple strategy discussions and section 47 inquiries on the same case which distracted from intervention and did not have meaningful outcomes
- all areas described visiting young people more frequently when they were held on a child in need plan

Two areas we spoke to were using different approaches to holding and managing these cases.

- one local authority held all cases where there were no concerns about the parents on child in need but held community risk management meetings with an independent chair to ensure that the case had the oversight and multi-agency coordination of a child protection plan
- another local authority described using a similar multi-agency meeting



instead of a child protection conference and focused on ensuring that the right people were around the table (for instance a community safety police officer rather than from the child abuse investigation team)

There were differing views on who held responsibility for a case. In one area social workers thought that responsibility for a child was unclear but some social workers thought they held responsibility. The police in this area identified that at times officers did not see a role for themselves after making a referral and that this needed to change. In another area the police saw their role as leading when there was a crime. In another, participants described that social care tended to take a lead on CSE and youth justice lead on CCE, and that there were sometimes partnership meetings between youth offending services and social care to decide who held case responsibility. Some participants said that they wanted greater integration between youth justice and social care - for instance with the ability to share assessments. Participants named the length and complexity of the AssetPlus assessment used by the Youth Offending Service.

We regularly heard that national policy made alignment at the local level difficult. This was particularly the case with Department for Education, Ministry of Justice and the Home Office policy. For instance, participants described finding it difficult to know whether to prioritise, social care, youth justice and community safety legislation and guidance which often contradict. They also highlighted challenges in accessing case information in youth justice systems, and that it was difficult to link up services where a child had moved between police services and local authorities. The National Referral Mechanism was largely seen as ineffective and was described by one participant as 'not fit for purpose.' Two areas we visited were piloting the devolved decision making model and saw the impact of this as positive.

There were different approaches to transitional safeguarding when children turned 18. One area with a specific service for harms outside of the home were able to continue to hold cases for children who turned 18 up to 25 years old. Some areas held meetings with adult social care and services to arrange a hand-over. In other areas participants did not think there was much support available for those that turned 18 and said that they didn't see the point of assessing older teenagers as they would not be able to access services.

Children with disabilities

We covered services for children with disabilities on eight visits. **All of the local authorities had a specialist children with disabilities service and there were a number of different delivery models:**

- a separate 0-18 service which works with a family from assessment, at child in need and child protection and children in care.
- a separate 0-25 service which integrates child and adult social care, and works with a family from assessment, at child in need and child protection and children in care.



- a 0-25 service which is co-commissioned by the Clinical Commissioning Group (CCG) and local authority providing integration between statutory social work and health- services

Southampton

co-commissioned children with complex disabilities team

Southampton City Council has a well-established, integrated service for children with disabilities. There was broad consensus by participants that this was a good and effective service. The team is a specialist integrated service for children with complex disabilities commissioned by Southampton City Council and Southampton City Clinical Commissioning Group. It recently moved to sit within the SEND service. The aim of this is to provide integration across both statutory social work and health-based offers, and participants felt it had promoted strong coordination removing organisational barriers and challenges.

The service's multi-disciplinary team has provided high quality and support for children. Good-quality and specific assessments identify children's needs, resulting in targeted interventions to meet these needs. The service uses imaginative approaches to working alongside children to gain their views and understand their day-to-day experiences. The offer for Southampton children and families has recently been expanded to include lower-level disability needs, through the Children and Learning Service's Destination 22 improvement programme and service redesign.

Some teams could only be accessed through the children's social care front door whilst others took referrals directly. Some participants thought that the main front door often had a safeguarding focus and alternative entry routes were important. One local authority was reviewing whether there should be an alternative entry route outside of the MASH.

Transitions where children turned 18 were an important part of the service design and some local authorities had a 0-25 service. That said participants in one local authority with such a service still thought there was a drop off in the package of support available once a child turned 18 (for instance moving to adult mental health services). Services that ran to 18 had a transition process where a case was handed over to adult services. Participants in one local authority thought that this was generally robust but at times was not started early enough to help prepare a young person for independence and line up the necessary support. They thought this issue was exacerbated by increasing numbers of older children entering the system for the first time often with a late autism diagnosis.

Alongside specialist children with disabilities teams all local authorities had short breaks provision. There were also educational psychology and occupational therapy services. Some areas had specialist targeted and expert support based in a day centre or respite provision. Access to short breaks, both



in terms of funding and being able to commission specialist placements was seen as important across local authorities.

Nearly all participants thought that there was increasing need for disability services. Participants from one local authority reported that the number of under-fives with an Educational Health and Care Plan increased by 13% between 2019 and 2020. Participants from across all the local authorities said there was a notable increase in children with autism. This included an increase in very high-needs and high-risk cases which often resulted in children requiring a tier four Children and Adolescent Mental Health Services (CAMHS) bed.

Most participants thought that there was not enough support available for children with lower levels of need. Participants said that specific early help services for children with disabilities were lacking meaning that families received more generic support which may not meet a child's behavioural, social or emotional needs. Participants from one local authority said that families were often sign-posted rather than provided support. Participants from another local authority said that there were not enough services for families to use all of their short-breaks allowance.

Most local authorities had a more specific and targeted offer for children with higher needs. For instance, one local authority had seven-day-a-week service for disabled children with specialist support from a range of professionals. Another local authority had a specialist respite centre with therapeutic support. These services were seen as highly valuable and effective however were not available to most young people.

Supporting children with autism and complex behaviours was seen as an area of acute and growing need. Local authorities described long waits for children to be assessed and receive an autism diagnosis. Most areas described the challenge of children who had both behavioural and mental health needs with neither mental health nor children's social care feeling equipped to manage the case. We heard from CAMHS practitioners that they did not think CAMHS was necessarily the right service for these children whilst social workers often felt that the level of need (such as self-harm and attempted suicide) required mental health input. Some participants identified that this tension was partly due to tight resources for both organisations. Participants from some areas described working together to agree a joint approach to these cases, and some participants called for more national coordination and commissioning of tier four CAMHS placements.

Generally, when assessing families, the local authority would use a standard section 17 assessment rather than one tailored to children with disabilities. This was seen as challenging by some participants as they felt the "*one size fits all approach*" did not work well for families of disabled children. Social workers from a local authority that uses Signs of Safety noted that it required them to write a 'danger statement' on the assessment which was often not well received by parents. This local authority explained that they had previously had a separate assessment for disabled children but that Ofsted had



said that it needed to be standardised. They now have an additional section to the assessment that largely replicates adult social care assessments which social workers said felt duplicative. Some local authorities explained that they tried not to use section 17 assessments where possible, and they explained to parents that it was not necessary to access their short breaks provision. Instead, they would use a specific assessment to assess the needs of the child.

Child in need plans for disabled children were used differently to safeguarding cases. One participant described that child in need cases in the disability team could be “*short breaks child in need*” where a package of support was provided but little additional work was done and “*true child in need*” where there were more complex parenting or safeguarding issues. Participants from different local authorities described how low-risk child in need cases would be visited and reviewed less frequently than those with safeguarding concerns, and some did not have a specific social worker holding the case but would be reallocated when an assessment was required. Most local authority disability teams continued to hold a case where there were safeguarding concerns and would take cases through to court and if a child was in care. A minority of local authorities co-worked these with the safeguarding team.

The majority of areas had a joint-commissioning panel where the local authority and health agreed funding on a case-by-case basis for complex cases. Participants from one area had sought to reduce the delays this could cause by allowing children and families to access provision before the split of funding was agreed - this was agreed to be a positive step by participants. However front-line social workers in another area perceived health to be very reluctant to pay for bespoke services and that meant that children were often using more generic already commissioned services that did not meet their needs.

Some areas had developed different approaches which made the process of agreeing shared funding easier. In one local authority there was a pooled health and social care budget for the panel that decided on access to services for complex cases. This was viewed very positively by health, social care and education professionals we spoke to. It was however noted that increased demand was creating budgetary pressures, this could bring more strain to relationships and particularly where a child’s needs were more clearly attributable to one partner’s than others. One area had developed an entirely co-commissioned and integrated health and social care service for children with complex needs which made funding support for these children much simpler.

Children entering care

The local authorities we visited had significant variation in the number and rate of children entering care through public law proceedings. When discussing what drove these differences participants named a number of factors:

- the level of deprivation and its associated factors in the local area was



- seen as the primary factor
- the sufficiency and quality of early help and community services available in the area
- the availability of intensive edge of care services were seen as important to avoiding care
- participants from some areas thought lower caseloads, a no-blame culture and multi-disciplinary team meant risk could be held at a lower level
- participants described how historic events where risk was missed in an area could lead to lower thresholds. A participant described different 'waves' of issues impacting an area's capacity to hold risk
- participants thought that other agencies could put pressure on social workers to enter into proceedings
- participants from some areas thought that lawyers would advise pre-proceedings or proceedings if the threshold was met, regardless of whether this made sense for the case

All local authorities had a form of legal gateway panel or individual legal planning meetings to decide whether to start pre-proceedings or care proceedings although there were differences in their focus. These all tended to involve a social worker or manager presenting a case to lawyers and senior leaders in children's social care. Some local authorities described how they often decided not to enter into pre-proceedings or proceedings and that they saw this as crucial in ensuring that senior leadership were also happy to hold risk, and this wasn't purely a decision for team managers. Other local authorities described how the focus was on doing everything possible to avoid a legal gateway panel and as such there was rarely any dispute about whether a case should progress into the legal arena. One area described the meeting as a place for healthy debate with a broad range of perspectives considered but with a focus on working at the lowest possible level of intervention, participants in other areas described it more as a legal meeting to decide whether threshold was met.

Pre proceedings were described by all areas as a last chance for families to make changes and avoid care. Activities completed in pre-proceedings included carrying out assessments (such as parenting assessments) and providing targeted support. There were examples of imaginative and intensive work carried out at this stage to avoid care, but participants also thought that often cases were already at crisis point and so the required changes were not always achievable. The availability of intensive support services was seen as key. Pre-proceedings tended to have senior management oversight - for instance in one local authority there was a 'Care Pathway meeting' chaired by the Assistant Director and with local authority lawyers present.

Participants named a few specific challenges with the pre-proceedings process. These were:

- the legal aid available to families not being sufficient
- when families did not instruct a solicitor
- that the legislative framework could be overwhelming for families with both Public Law Outline and child protection processes happening in



tandem. Practitioners said they received feedback from families that they are confused by the multiple meetings and they have a limited time to make changes

Bath and North East Somerset

Fostering Families: supporting family networks as an alternative to care

Fostering Families is a new provision which aims to provide vulnerable families with an emotionally invested Fostering Families carer to provide support long term support and safety so that children can remain at home.

Fostering Families support can include respite care and daily visiting for new parents, support with establishing routines and responding to challenging behaviour. They also help support and develop key life-skills such as cooking meals, managing appointments and bills, keeping the home clean and accessing support and activities in the community.

Fostering Families carers benefit from individualized allowances, and activity-based provision. They have support from their supervising social worker an out of hours services, and support groups.

Fostering Families uses a theoretical foundation and value base including principles and assessment methods from the Dynamic Maturational Model of Attachment and Adaptation (DMM), such as the Adult Attachment Interview (AAI). This is utilised in both the assessment of the carer and the family in need of support, providing rich and valuable information about matching and potential vulnerabilities in the relationship between carers and families.

Fostering Families service has approved four sets of Fostering Families carers. Three are matched with families one of which has been for 4 months. We can see that there are tangible benefits with the initial goals identified by the family beginning to be achieved.

Childrens Guardians' caseloads were thought to be too high. Participants from local authorities highlighted that children's guardians were often unable to meet children and families enough to build a good relationship and come to an informed opinion. They highlighted how much influence the guardian had in proceedings. The majority of participants including the judiciary thought this was largely driven by their workload. The judges we spoke to said the Guardian's role was crucial in informing their decisions.

Judges were of the opinion that local authorities very rarely came to court too early but that at times the necessary work had not been done with families. In contrast local authorities described frustration when judges requested new versions and updates to assessments that had been completed in pre-proceedings which led to further delay. They noted that this was often due to backlogs in the courts which were exacerbated by covid meaning that assessments were out of date. Social workers also raised concerns about the



quality of assessments by independent social workers requested by the court. There were mixed opinions across the areas we visited about the effectiveness of Local Family Justice Boards and their ability to tackle local family justice issues. Judges felt that it often depended on the individuals involved and some did not think their observer status was helpful. Family Drug and Alcohol Courts were available in two areas we visited - they were both seen as very effective services although the number of cases suitable for this approach were limited.

A number of local areas had developed post-removal support services for parents and found it effective. There were different models of delivery including using pause and developing in-house services.

Cumbria

PAUSE – supporting mothers who have had a child removed

Cumbria County Council has introduced a very successful PAUSE programme in 2017 which works with women who have experienced or who are at risk of repeated pregnancies that result in children needing to be removed from their care. Many of the women have experienced trauma and loss including violent and abusive relationships, issues with mental health, drug and alcohol addiction, housing, and financial issues.

To date PAUSE Cumbria has supported 97 women to take a pause to take control of their lives, through intensive relational based support and interventions. Committed practitioners provide practical, therapeutic, and behavioural support. They are non-judgemental supporting women to help themselves by building trusting relationships to help break destructive cycles and find new ways to overcome their problems.

Cumbria Pause has significantly improved women's lives. Examples include:

- none of the women who have completed the programmes have returned to the family court with another child
- all women are registered with a GP and have had access to Sexual Health advice and interventions
- all women who have completed the programme are having contact with some or all their children. 71% reported a positive or very positive relationship with their children, a significant increase from 29% at the beginning of the programme, and five women are having written contact with their adopted child for the first time
- the number of women who reported feeling unsafe most or all the time in their property fell by 30% over the course of the programme to just over 10%
- ten women have accessed further education, two women are in paid employment and one is in voluntary work
- all women have been supported to access appropriate benefits and some have seen significant financial back payments



- 67% of women accessed mental health services when part of the programme, this was 11% prior to joining

Women who have used the Cumbria PAUSE service have also made their voices heard at national and regional levels including, improving Letterbox Contact and contributing to a Maternal Mental Health Report in Liverpool. One woman is on the National Advisory Board for PAUSE.

Kinship care & Reunification

Social workers and managers generally saw kinship care as a very important option and as preferable to a child entering care. This was an area of strategic focus for a number of local authorities who were carrying out reviews and introducing kinship strategies.

Participants thought that early identification of kinship carers was crucial. Nearly all local authorities had a Family Group Conference (FGC) offer which was seen as the main way of identifying potential kinship carers. One local authority used family solutions approach in their practice which included early 'family solution meetings' instead of an FGC. Participants thought that FGCs often occurred too late in the process, and some local authorities had responded to this by offering an FGC to all families at the initial child protection conference. Participants highlighted the challenges of involving family and asking about potential alternative carers early on as this could be experienced as stigmatising by a parent and give the false impression that they were looking to remove the child. FGC coordinators we spoke to explained that they did not make this a focus of the session (particularly before pre-proceedings) but rather asked the wider family and friends how they would support to overcome challenges.

The majority of local authorities completed viability assessments once a case entered pre-proceedings. Participants from one local authority described completing viability assessments earlier than this. Participants in two local authorities thought that there were too many positive viability assessments that resulted in a negative kinship assessment. Participants in kinship teams thought that this was due to viability assessments being too short.

Participants generally thought that the assessment requirements for kinship carers were too high. Participants generally thought that kinship carers should not be assessed to the same standards as "professional foster carers". They noted that the assessments could be overly intrusive on family members, for instance carrying out financial and DBS checks. Participants thought the strict criteria - such as a child not being able to share a room - were unnecessary for kinship arrangements and could be a barrier to placements that would be in the child's best interests. Participants who carried out full connected-persons assessments described for kinship carers described having some "leniency" to reflect that family members may have a more complex and



challenging history. Participants often thought that 12 weeks was not enough time to complete an assessment leading to reduced quality.

Participants highlighted difficulties with how kinship assessments were handled in the family court. All areas described cases being delayed due to potential kinship carers coming forward in proceedings. Some participants thought that judges were overly keen to assess all possible kinship carers and this could lead to unnecessary delays. Equally others thought that judges and guardians are risk averse and are less likely to support kinship care.

There was a wide variation in support for kinship carers across the areas we visited. Provision ranged from a Kinship Team with psychological, financial and peer support to one family help worker supporting all special guardians in the area. Areas of support discussed included:

- **financial support** - All local authorities had some financial support for Special Guardianship Orders (SGO) however this varied. For instance, in some cases it was means-tested and in others it was until a child was 16. Participants thought that finances often were a barrier to kinship arrangements and pushed families to becoming kinship foster carers
- **training** - local authorities tended to offer special guardians training through either the Regional Adoption Agency or their in-house foster care training. Some participants highlighted challenges of getting special guardians to attend this training, particularly when they were out of area
- **emotional and therapeutic support** - this was often limited to accessing the Adoption Support Fund. Participants tended to highlight this as an area of unmet need - particularly when young people were impacted by delayed trauma. Where available, specialist services were highly valued
- **contact** - came up as a consistent challenge in focus groups. Some local authorities used FGCs to support arranging contact plans and one local authority provided contact support for three months after an order was granted
- **legal support** - participants highlighted a lack of legal support for potential special guardians, some local authorities provided a limited offer of a few hours
- **housing** - was named as a consistent challenge driven by very limited housing stock - a minority of local authorities had or were working on a separate housing pathway for kinship carers

Participants thought that a higher level of support for kinship foster carers incentivised this over special guardianship. Participants named that families would get the foster care allowance which was more generous than an SGO allowance. Participants also thought that kinship foster carers valued the additional support of a supervising social worker which was not available for special guardians.

The focus on reunification varied across areas where it was considered at each looked after child review, in other areas local authorities expected parents to request contact and an assessment in order to start the process. A number of local authorities used the NSPCC reunification



framework and found this helpful. We were told that a number of factors were named as important when considering reunification.

- **concerns of children being exposed to risk in the family network** - and the need to show that this was mitigated
- **good contact with the child was important** in order to assess the feasibility of reunification
- **listening to the voice of the child was seen as really important.**
- **planning and support are crucial to effective reunification** - Participants thought that the availability of support varied but in areas where it was available parents generally engaged with this

Children in care and care leavers

Homes for children

All local areas identified commissioning homes for children as a significant challenge. This was particularly the case for children with complex needs where placements were very expensive. Local authorities described how one high needs placement could significantly negatively impact their budget. This was the case for all areas but was particularly prevalent in smaller authorities with smaller financial reserves.

All areas told us matching children to a suitable home was a challenge. Participants described having to work creatively to effectively match children with local authority homes. They also thought that Independent Fostering Agencies (IFAs) tended to want to agree matching decisions and arrange retainers quickly. All participants said how challenging it was to find homes for children in an emergency at short notice or for children with complex needs. One participant described approaching up to 70 foster carers and 50-60 residential homes when trying to find a home for one child. We were told that challenges in matching children often resulted in out of area placements.

All local authorities relied on both inhouse foster carers and IFAs. Local authority staff generally thought the training for in-house foster carers was very good. Some social workers raised concerns about the quality of foster carers from IFAs thinking that they had less rigorous training and assessment processes. There was general consensus that not enough local authority and IFA foster carers were trained and had the skills to care for children with complex needs often resulting from complex trauma.

Participants were generally concerned about the quality of residential care homes. They consistently felt that the quality of staff in residential homes was not good enough - they highlighted that staff only had to be working towards a qualification rather than actually have one, and when the two-year limit to qualify ran out they could simply move to another home and the “*clock started again*”. They also highlighted that there were no specifications of what constituted a “*therapeutic placement*” and that these often did not meet the needs of children. All participants thought that need outstripped supply which



meant that providers had the power to “*pick and choose*” children and were also too quick to “*give up on children*” if they didn’t think a placement was working. They also identified that a fear of a poor Ofsted judgement drove this behaviour, with care homes not wanting to look after children with multiple and complex needs. Some local authorities had in-house residential provision and there were moves to increase this in a number of areas often through a long-term partnership with a not-for-profit organisation. Front-line participants tended to think the quality of inhouse provision was higher.

All areas relied on unregulated accommodation to some extent. This was generally seen as an undesirable necessity due to the lack of suitable placements for young people. Participants described this accommodation as often being inappropriate and one person said children ‘*were leaving worse than when they came in.*’ Some local authorities said they actively managed unregulated provision to help ensure it was a good enough standard.

There was variation in the stability of placements for children. Factors participants identified as impacting on stability were:

- a proactive approach to supporting placements at an early stage rather than waiting until it was close to breaking down
- the availability of a specialist local authority team which included mental health support and practical support
- the availability of respite care for foster carers
- the level of private providers who were thought to be more likely to give notice on children

Participants described the tension of ensuring children had stable placements whilst recognising that this was not the sole measure of a child’s happiness. They described sometimes having to make the decision between a placement that was good enough or moving to one that might be better. Young people from Children in Care Councils we spoke to told us that continuity of relationships with carers (and social workers) was one of their most important things to them.

Local authorities had different approaches to interacting with the placement market. Examples included entering a consortium contract with 14 different local authorities to procure IFAs, developing more inhouse residential provision. Some local authorities thought local recruitment of foster carers was important as people wanted to support their own communities and it helped develop a sense of place. They generally thought that these efforts had a positive impact but were not enough to curb increasing costs.

Nottinghamshire

innovative approaches to commissioning homes for children

Nottinghamshire County, Derby City, Derbyshire County and Nottingham City Councils, known collectively as ‘D2N2’ are working together on sub-regional commissioning in a number of areas of children’s services commissioning including of children’s placements in fostering and residential care led by Nottinghamshire. The approach has been based on



developing the provider services market within a defined geographical footprint, which keeps children close to home, and with the four authorities having a population size that give economies of scale and also allows direct commissioning of more specialist provision which might otherwise need to sell its services to other parties limiting availability.

They are currently working to explore jointly with Integrated Care Systems (ICS) and NHS collaboratives how to meet the needs of children with significant mental or emotional health difficulties where an inpatient option is not considered the best option. If successful this could also provide options to improve discharge from Tier 4 CAMHS beds. Nottinghamshire have also developed a framework for commissioning to help interact with the market, have used block contracting and partnered with a not-for-profit partner to provide residential placements and options to expand this work across the D2N2 network are underway. They are also in the process of building or buying new children's homes either to be operated directly by the authority or by commissioned partners.

Whilst the cost of care has risen, particularly in residential care, over recent years the level of rise and average price compared to similar authorities has remained lower and placement availability, whilst still a challenge, has been positively impacted by a growing provider base in the local area. Stability of placements has remained good despite the pressures of the pandemic and the growing complexity of children's needs and this is one element promoting better outcomes for children in care.

Support and lifelong relationships for children in care

All participants said that good professional relationships with children were crucial but workforce stability critically affected this. Young people we spoke to named outstanding social workers and Personal Advisors (PAs) who went above and beyond what was expected of them, but we also heard about how frequent changes of social worker and infrequent visits were common. Professionals often highlighted that the level of turnover of social workers impacted the stability of relationships with professionals. Some participants highlighted that the most stable professional relationship children experienced was with their independent reviewing officer, who might only see them at review meetings. Many other professionals on visits mentioned that there tended to be more workforce stability in Children in Care than safeguarding teams. One local authority we visited had exceptionally high levels of workforce stability with only four agency social workers which allowed long-term workers to retain important relationships with children.

All participants thought that siblings should ideally be placed together however they noted challenges largely due to the limited capacity of carers. Some social workers talked about the risks of treating siblings as a single entity rather than considering what was best for each child. Participants in one area told us that limited resources made sibling contact difficult with



children often being placed in different local authorities. Young people we spoke to highlighted how they wanted more contact with siblings and friends.

Contact with parents was seen as important but participants felt this had to be balanced with a number of factors. Participants thought that contact was primarily driven by the care plan agreed in court. However, this could be altered later to respond to changes in the situation. Participants from different areas identified several factors that could impact the level of contact. These included:

- whether contact would be safe for the child if the parents were attending and engaging with the child
- if it was deemed to disrupt or make a child less likely to invest in their new placement
- if parents disagreed why the child was in care and made this clear to the child
- needing to balance the resources that go into facilitating contact and the benefit to the child
- social workers told us that some foster carers could be less willing to facilitate contact and found relationships with parents difficult

All local areas supported and promoted children staying put recognising this to be in the best interest of a child. This included discussing the option with children at an early stage so they knew it was an option and a clear part of their future. That said some participants noted that the success of staying put was undermined by a lack of financial support for these long-term relationships. They felt this often resulted in young people moving to semi-independent accommodation at 18.

Young people told us of the importance of nonprofessional relationships and a few local authorities were working to develop these. Participants from across areas spoke about encouraging young people to take part in community activities such as sports clubs to build a network of friends and supporters. There were also examples of local authorities supporting relationships with previous foster carers in cases where a child had been adopted or moved in a planned way. One local authority had introduced Lifelong Links and described this as “*amazing*” and “*an eye opener*” to start thinking about links they would not have considered. North Lincolnshire County Council had developed their own model to help children develop lifelong non-professional relationships.

North Lincolnshire

You Say Who –lifelong relationships for children in care

In North Lincolnshire a key focus for children in care is placed upon actively building and maintaining important connections and relationships, whether this be with parents, family members, friends, or other significant relationships. This is in recognition that where it is not possible for children to remain within or return to their own family networks, they need to experience stability, experience positive relationships with trusted adults and achieve their potential. To achieve this, the North Lincolnshire County



Council 'You Say Who' model was launched in 2018, which enables children in care and care leavers to identify, build and continue their relationships with those who are important to them.

The You Say Who is a model that is actively applied to every child in care. The model is directly linked to the local authority's child in care review process, to ensure that all young people are supported through the model, when the time is right for them. It is reviewed at children in care reviews, and agreement reached to begin the specific work to actively 'family find' and 'reconnect' young people with previous relationships, or develop new relationships, and ensure that all young people have an identified 'team' around them and supporting them.

This model also supported their work in embedding the NSPCC reunification practice framework into care planning. Since the implementation of You Say Who, there has been 114 children leave care and either return home to parents and their extended family members (77 children returned to their parents and 37 to their family members) between October 2018 and October 2021. The 114 children leaving care includes those children who were the subject of ongoing legal proceedings, as well as those who previously had a care plan of long-term care. Out of the 114, 110 children have remained with family.

Children leaving care

Local authorities have designed their leaving care services so PAs started to work with a young person before they turned 18. This was done by combining the In Care and Care Leavers team, with young people getting a PA at around 16 and the social worker stopping their role at 18.

PAs saw their roles as materially different from a social worker with additional flexibility allowing for a different relationship with young people. PAs often felt they were well equipped to support care leavers in practical ways (leisure passes, training opportunities etc.) and provide emotional support with regular contact. That said PAs from some areas highlighted complex issues that they didn't feel equipped to manage such as immigration cases and young people with disabilities. They felt that the role needed more training and status when managing this work.

We heard examples of good practice in supporting care leavers, including the use of move-on housing and supportive accommodation for young people. That said there were some areas of challenge named by participants working with care leavers:

- **it is difficult to support care leavers who have been living out of area.** It was felt that children had developed an identity and were connected to the area they were living in but were not able to receive the support provided by their local authority. Care leavers in one area told us they felt frustration about there not being a reciprocal arrangement to



have priority access to social housing. Participants thought this challenge was particularly the case for UASC who were often in semi-independent placements

- **mental health support was seen as a big gap in services for children leaving care.** One local authority had a dedicated CAMHS service one day per week which was very positively received by young people
- **suitable accommodation was often lacking in some local authorities with limited resources to address this.** Access to tester flats were highlighted in a few areas. Accommodation in one local authority was thought to be inappropriate as it was supported housing with unsafe adults present and in a contextually unsafe part of town. Other issues including the local authority not acting as a guarantor and also not providing accommodation when a child went to university meaning they couldn't return to their community during holidays

Systems, leadership and context

Political and corporate context

On the whole local politicians were seen as being supportive of improving children's services, however political instability could have a negative impact. Most senior leaders and politicians felt that all parties were supportive of children's services and saw the value of investing it. However, it was also recognised that children's services often used a significant proportion of local authority resources. Some areas had secure political support and a consistent vision either through very stable local politics or cross-party commitment to a way of delivering children's services. This was seen as crucial by social care leaders to develop a more sustainable long-term strategy. Service leaders in local authorities with short election cycles and political instability highlighted how this could inhibit long-term planning as shared a view that children's services are not ordinarily an electorally important topic. Equally important structural changes such as consolidating children's centres were difficult due to their symbolic value in local wards. One local authority described how political instability had led to yearly changes in priorities and direction with short term investment across all services in the council. They felt that achieving cross party support to deliver a long-term strategic plan was difficult.

Lead members of councils saw themselves as ultimately responsible for the quality of a service and took particular responsibility for their role as a corporate parent. They primarily kept up to date through regular meetings with senior officials, chairing certain meetings and attending events with children and parents. They felt that political accountability was important in ensuring that progress was made, and some felt that services could get worse when this was lacking.



Corporate local authority-wide buy-in to children's services was seen as crucial. Participants noted that this could be difficult when children's services budgets were often growing (albeit often as a result of overspend) and other services were facing cuts. Some local authorities felt that they had managed to deliver buy in and important factors included:

- a level of matrix management across the directors so that they all understood each other's responsibilities and services
- creating a 'relational approach' across a local authority where services understood each other and their impact on demand for other services.
- clearly placing children and families at the centre of the policy agenda with Chief Executive support and regularly highlighting how this could positively affect other local authority services
- smaller unitary local authorities thought their scale made it easier to build good working relationships across the organisation and develop a strong sense of place

Safeguarding partnerships & multi-agency working

Participants from across the statutory safeguarding partners thought that the new arrangements were positive. Police and health particularly tended to think that they had a meaningful role and a clearer voice and felt there was shared accountability. The small group was described as 'intimate' and allowed for meaningful conversations. Participants from across areas also told us how constructive challenge took place at this level.

A few local areas combined their adult safeguarding board with their safeguarding partnerships. On the whole this was seen as positively reducing bureaucracy. That said, one participant told us that the broad scope meant it could be difficult to get the right people at the table which led to a proliferation of meetings.

Key factors for effective safeguarding partnerships were through to be:

- ensuring there is clarity and the ability to align resources to have an impact
- strong personal relationships at a senior level, with long-term and trusted leaders

Identified challenges for safeguarding partnerships included:

- **complicated overlapping footprints which meant that agencies had to get used to different approaches, focuses and thresholds.** For instance, some local authorities thought that the police focused on their more urban areas, and police and health often found that processes and thresholds varied across the local authorities in their footprint
- **organisations naturally had different focuses which could be difficult to resolve.** This was attributed to poorly aligned national policy and governance in some situations. For instance, local authorities thought that police responses to harms outside the home were sometimes too punitive, however participants from the police noted that they were measured in 'protection not prevention'
- **ensuring the right level of representation on boards** – there were



concerns around delegation, particularly for police who would often cover multiple local authorities

- **health reflected that they were a large, complicated organisation** which made it hard for other partners to understand
- **the introduction of Integrated Care Systems** which may detract from a sense of place-based working and also appeared to have a limited safeguarding focus
- **shared funding particularly in the context of tight budgets and in areas without a clear lead agency** - this was particularly notable for children whose needs were both behavioural and health based

Many local authorities had other multi-agency boards that sat alongside the safeguarding partnership. These included:

- Integrated Children's Trusts which included a broader range of agencies
- Corporate Parenting Boards
- Health and Wellbeing Boards.
- Community Safety Partnerships
- Safeguarding Partners often had sub-groups focusing on different key areas and chaired by the most relevant organisation
- some larger local authorities had local partnership forums that supported service delivery of a locality footprint

The relationship with education partners were a key factor to success, and (with some exceptions) generally proved challenging. As described above there were particular tensions in relation to referrals made and responses from the front-door - an example of this was one participant wrongly thinking that 75% of contacts to the safeguarding hub resulted in no further action when in fact it was 43%. Some schools felt criticised for making referrals which created anxiety around the process. Some areas did manage to create better relationships with schools through a number of initiatives:

- **pilots of social workers in schools were seen to be highly effective** in building shared understanding between children's social care and schools
- **meaningful and consistent engagement by the local authority with schools** for instance there was an example of a joint enterprise between the local authority and its schools to improve the quality of education across the council, with support from the local authority including regular meetings, training and advice to Designated Safeguarding Leads
- **an easy to navigate front door with an initial advice line** rather than requiring written referrals
- **a good early help offer with active school involvement** so they did felt supported when working with vulnerable children

Locally specific factors also played an important role. Local authorities with higher numbers of maintained schools tended to tell us they have better relationships whilst local authorities described finding it very hard to engage with Multi Academy Trusts. Equally smaller local authorities tended to think it was easier to maintain positive working relationships with their areas.



Operational multi-agency working was improved by integrated teams and services and workforce stability. Integrated teams including the MASH were seen as key to positive relationships at a working level. Also processes that brought professionals from different agencies - such as coordinated responses to harms outside of the home - were thought to also help. Social worker turnover was consistently named as a key blocker to effective working relationships by partners. This was particularly the case in safeguarding teams with partners often reporting better relationships with children in care and disability services where there tended to be a more stable workforce.

Information sharing was identified as a key challenge across local areas. The MASH was identified as an example of good practice with clearer expectations on information sharing and a culture of trust being developed. One police officer noted that this meant that the police were less risk-averse in sharing information and historically there had been a fear that sharing information without consent or a justifiable reason would be against the law and in some situations could lead to dismissal. In a few areas partner agencies had limited access to the local authority case management system. This was seen as very helpful as professionals could find out whether there was social care involvement with a child, identify involved professionals, and access limited information about the reasons for this.

Finances and commissioning

All Local Areas highlighted significant funding pressures. One local authority spent 70% of its overall budget on adult's and children's services which led to reduced spending on other services to meet needs locally. Other local authorities highlighted, services with large overspends, which meant some local authorities had to draw on their reserves or reallocate funds from services.

The rising costs of placements for children in care was a significant financial pressure. One local authority explained that the number of children with high needs requiring specialist joint-funded placements had doubled in recent years but demand for provision meant costs have tripled. Increased demand for residential provision was also a significant driver of costs, where the budget has grown from £750,000 in 2016/17 to £4.1 million in 2020/21.

Agency staff also put significant pressure on local authorities - one local authority had around 50% of their workforce employed as agency staff. Some senior leaders thought that working for an agency was now seen as a career choice with higher levels of pay. One local authority explained how the pressure to maintain their workforce meant they had to break a regional memorandum of understanding in order to secure staff. Agency workers were also seen to have a higher turnover rate impacting the effectiveness and efficiency of services more generally.



All local authorities said how cuts to local authority funding had significantly impacted their ability to provide services. This was exacerbated by a succession of one year spending reviews which made it very difficult for local authorities to plan future budgets.

All local authorities relied heavily on Supporting Families funding, particularly to deliver their early help services. All local authorities were concerned that its status as an innovation fund would mean that it would be stopped, and services would have to be cut (one local authority funded 50-70% of their early help offer through Supporting Families). This lack of certainty was exacerbated by the yearly funding settlements. One local authority with comparatively high financial reserves had budgeted to cover one year of Supporting Families. This meant that if it was removed unexpectedly, they would be able to plan what services they could continue to deliver. Most local authorities did not have this capacity. There were also criticisms of the payment by results model which were thought to lead to a short-term view with the focus on the immediate impact and data required to secure funding, rather than results and outcomes for families.

This reduction in local authority funding meant services had to rely on multiple fragmented and short-term funds. These were said to take a large amount of resource to secure and had limited ability to create sustainable change. Examples of different funding streams and challenges with them included:

- **Department for Education's Holiday Activities and Food Programme and the Department for Work and Pensions' Covid Local Support Grant** were seen as overlapping and created unhelpful double funding
- **participating in pilots run by What Works for Children's Social Care.** One local authority participating in the social workers in schools project told us the funding for this was only for a year and was staffed by some of the best social workers from the child in need/child protection team. The short-term agreement meant they couldn't backfill those positions and so had to bring agency workers into the Child in need/child protection team. This was felt to be a real pressure by managers. Local areas also described the challenge of recruiting staff within the required time once funding had been improved
- **the Public Health Grant** - often incorporated in the local authority into the early help budget. Participants described a lack of certainty of the value of the grants until the last minute
- **the Youth Endowment Fund** was described as taking a long time to communicate whether bids were successful with little feedback

Local authorities also described maximising their own revenue raising powers but noted these funding streams were not secure. A number of the local authorities had increased council tax by the maximum amount permitted each year however this often did not cover general inflation. Covid also impacted revenue due to reduced income from business rates.



In this context local authority finance leads described a need to save in the immediate term making it difficult to justify spending on non-statutory services. One local authority explained how funding for children's centres fell from £7 million to £1 million over the last ten years. A participant from another local authority explained how it was hard to make the case for investing in early help as there was limited evidence of returns on investment. They gave the example of post removal support which they understood was a crucial and effective service but noted that the way that data is collected and valued meant that from a purely financial perspective the return was not as high as you'd expect because very young children are often adopted rather than entering into local authority care. Whilst it was accepted that returns on early help investments may only be realised years down the line, management budgets are very much focused on the immediate pressures of the next financial year.

These short-term approaches have negative impacts on the wider system. One local authority had added £8 million to the 2021/22 budget yet they were still predicted to have an £8 million overspend. We were told this is an annual recurring pattern of inconsistent investment, but with increased budgets overall and rising overspends that was echoed in other local authorities. Funding had been consistently topped up from the reserves but not always in an outcome-based way. As the spend on placements for looked after children and the overall demand for children's services increased the local authority was described as being 'caught on a hamster wheel', driven by demand and by the need to balance budgets rather than a clear strategic approach. In this local authority a wholesale service redesign was well underway at the time of the review team's visit, with significant council investment to tackle demand and need in a more evidence-based and planned way. One of the main drivers for the redesign was the high numbers of children coming into care in an unplanned way, sometimes requiring high-cost placements.

Despite this there were examples of where consistent funding had led to better results and stable budgets. One local authority described developing a medium-term financial strategy in 2013 using Supporting Families funding. They described their model as not necessarily 'invest to save' but rather more like 'invest to contain'. Spending in the social work end of the system has not been cut but rather it has not increased. The focus was on securing two-year budgets and on funding need rather than 'statutory' and 'non-statutory' services. One impact of this was lower than expected care rates. It meant that the Children's Services department was not regularly asking for additional money which would require re-allocation of finances from other areas of the council. This stability allowed senior leaders to 'think big thoughts' and shape their services.

Wolverhampton *investing in locality working*

The City of Wolverhampton Council 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.

Over this period they reformed how they delivered their services. In 2016, they 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 8 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 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.

Increases in investment and service reform has 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 2021a).

Since 2015, rates of children looked after 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).

Participants described different methods for identifying needs in the community to inform service commissioning. These included:

- through intelligence gained from locality-based working and drawing links with partners, communities and schools to understand local needs.
- using data from the MASH and on drivers of re-referrals and demographics
- embedding commissioners in delivery teams to understand the needs of users (one local authority)
- using the public health Joint Strategic Needs Assessment



We heard from commissioned services that short term and insecure budgets affected their ability to deliver services. There were some examples of local authorities changing their commissioning to help with this:

- two local authorities described taking a long-term approach to commissioning services for instance funding an advocacy service over seven years, and also investing in small charities to help them grow and fill a need
- one local authority had a joint commissioning unit with the CCG
- one local authority had a pooled budget with the CCG to fund high-needs placements
- one local authority had simplified the commissioning process for services, by providing one application form and then internally deciding how to fund this

Leadership

Stable leadership at a senior level was seen as key to the delivery of a good service. Leadership at director and assistant director level was seen as relatively stable across the ten local authorities we visited; however, it was acknowledged this wasn't the case in all local authorities. One local authority we visited had had six Directors of Children's Services in ten years. This had meant that there were changing priorities and constant new initiatives impacting on the morale of frontline staff.

All levels of management were seen as crucial to running a strong service. Service managers were seen as crucial to the day-to-day operation of a service whilst also having responsibility for strategic aims of the local authority. Equally team managers were highly influential on the practice of the frontline social workers they managed.

Impact of inspection & regulation

Local authorities all saw the role of Ofsted as necessary and it recognised it helped secure political, corporate and financial investment into children's services. Local authorities thought that Ofsted's Inspecting Local Authority Children's Services inspection framework (ILACS) was an improvement on its predecessor, the Single Inspection Framework (SIF). One local authority told us they appreciated the new approach of more regular meetings and offering useful feedback to local authorities. Senior leaders thought that Ofsted was important in ensuring that local politicians and the local authority invested in children's services. One local authority described how a historic inadequate rating had led to a real focus across the authority's senior officers and elected members on improving the service. That said all participants also identified negative consequences on moral, workforce stability and partner relationships following a poor Ofsted inspection.



Participants thought that Ofsted focused too much on case audits and data rather than the quality of practice or strategic management of the service. There was a common view that the case audits used by Ofsted were too process focused and could not capture the quality of practice, decisions made or the relationships with children and families - for instance checking whether a chronology was up to date but not considering how the social worker interacted with a child. We were also told that Ofsted sometimes did not analyse local data effectively - for instance raising concerns about how a certain care population had doubled, when in fact it had increased from two children to four. One senior leader said they thought that this approach did not look at larger strategic issues of how a system was run.

Participants thought that Ofsted inspection influenced behaviour:

- leaders from all areas thought it led to increased recording and bureaucracy
- some leaders thought that it impacted local authority practice audits which had to focus on recording and process which detracted from practice and learning
- preparing for Ofsted was seen to take a lot of work – whilst some accepted this as inevitable most thought it distracted from the delivery of a service
- some participants thought that Ofsted had a single practice model and felt that this approach inhibited less risk-averse practice and they were concerned that decisions to manage cases at the lowest possible level and use innovative practice to support children in the community

Local authorities did not think that statutory data returns were always helpful.

Social workers did not think data was the primary driver of their behaviours but it was described by some as being “*in the back of their minds*”. Managers and service leaders commented that whilst not the only factor, data collections, particularly to inform Ofsted inspections, did have an influence when making decisions about how their service operates. Participants in one local authority described how there were expectations on social workers to reach KPIs. It was felt that the administrative burden of this often fell on social workers. Other local authorities noted that mandatory returns were not the best use of data, one local authority told us that the ChAT (Children’s Services Analysis Tool) was more effective in supporting strategic decision making.² Participants named some issues with specific information required nationally:

- 15 days between a section 47 and a child protection conference was not seen to be the most effective measure of child safety
- stability stats for children in care were negatively affected when reunification or a move to kinship care was achieved
- out of area placement stats did not capture when this happened to support kinship care

² The ChAT uses Annex A data that local authorities already collect for Ofsted, to enable them to generate usable and real time data outputs that aids decision making. More information can be found on the Data to Insight website - <https://www.datatoinsight.org/tools>



Workforce and social work practice

Workforce sufficiency and stability

A stable workforce was seen as crucial to delivering a high-quality service. We heard from children and families, and other agencies how important consistent relationships are to create change.

The geography of a local authority had an impact on the ability to recruit and retain staff. Some rural areas described significant challenges of recruiting and retaining social workers, particularly in cases where they were not close to a large town or transport links were not good. Local authorities in more urban settings described the challenge of having multiple local authorities around them making it very easy for their staff to move to another employer. This was exacerbated when neighbouring local authorities had better Ofsted ratings and more resources.

Generally recruiting newly qualified staff was seen as easier but there were concerns about quality and retention. Local authorities were very positive about 'home grown' approaches to training social workers, such as Step Up, Frontline and their own apprenticeship programmes. Managers told us that university educated social workers often did not have enough practice experience and skills when applying for jobs. One local authority was only being able to fill three of the eight newly qualified posts on their Social Work Academy as they did not think the standard of applicants was high enough. One local authority explained that they worked closely with their local university to influence the teaching and start shaping practitioners at this stage. Participants tended to think the local ASYE offer was good but that the nationally prescribed portfolio was overly bureaucratic. Local authorities also identified the challenge of retaining newly qualified staff stating there was a 'high attrition rate'.

Recruiting experienced workers was seen as a particular challenge. Local authorities described competing against each other to recruit staff, and challenges retaining them when other areas were making competitive offers with incentives to move. Staff moving to agency social work with higher pay was also seen as a challenge. Poor retention of these workers was seen to have a knock-on effect on the service with more newly qualified staff that needed more support. Social workers also said that they carried a lot of additional work when covering for colleagues that had left or were on long-term sick leave.

Retention was seen as a particularly significant challenge for local authorities despite incentives for workers to stay on. Front-line participants highlighted the importance of manageable caseloads, a supportive working environment and potential career development to improved retention. Local authorities provided incentives for social workers to stay on with mixed success. One local authority offered a one month paid sabbatical for social workers who



remained in post for three years after their ASYE as well as retention payments for teams experiencing high turnover. Local authorities also had non-managerial career progression options, for instance through Social Work Consultant roles - practitioners in these roles tended to provide a level of supervision and support to newer staff and were highly valued across areas. Participants from both within local authorities and partner agencies recognised the particular pressures of front-line child protection work and we regularly heard that children in care and children with disabilities teams had more stable teams.

Workload

We were told consistently that social care practitioners were working well outside of their contracted hours to complete their work, driven by high levels of bureaucracy and caseloads. For example, one participant told us that they were “*constantly working in the fast lane*” and unable to do their job well because they were always reacting. Social workers explained that this meant they weren’t able to do direct work and provide meaningful support which is why they joined the profession.

Participants also highlighted a lack of business support. Participants from one local authority explained that administrative staff had been reduced significantly following budget restrictions in 2016/17 and that this had increased workloads and led to higher staff turnover. Another local authority had recently introduced administrative support, participants said that whilst it was valuable but all the time freed up was quickly filled with other tasks and they still felt like they were working at full capacity.

Participants said that high workloads impacted the quality of their practice and time spent with families. Across all levels it was felt that when staff were overworked, they could not use their full skillset. They also thought that it led to reduced time to think about cases creatively and use professional judgement as they automatically followed process instead. One participant noted that they carried out less direct work with children and instead ended up making more referrals.

“Sometimes I’m encouraged to do direct work with families, sometimes I’m encouraged to outsource it - sometimes it’s helpful but sometimes I think it’s about reducing work so I can take on more cases.” Front-line social worker

Auditing and internal accountability

All local authorities had auditing activity in place to understand the quality of work. The approach taken to this work had a big effect on how staff viewed its usefulness. Local authorities that took a less risk-averse approach said auditing was crucial to ensuring they weren’t missing risk. Local authorities also used data such as re-referral rates to measure the effectiveness



of their service.

Individual case audits were seen as helpful but some participants questioned whether they had a wider impact on the service. Most local authorities required managers and senior practitioners to complete a number of case audits every month. Front-line practitioners had a range of opinions on how useful these were, in some local authorities they thought that it was done in a constructive way that helped them learn for instance with collaborative audits - however some participants found the process daunting and found criticism discouraging. Managers in some local authorities questioned whether individual audits had wider impacts on the service. Other participants thought that they could be more focused on practice - for instance observing a visit - or that managers should be doing more frontline practice to get a good understanding of what was happening.

Some local authorities had developed ways for audits to feed into wider change. One local authority we visited told us that their auditing process included quarterly practice weeks which take a deep dive into a specific service area. Another local authority said that audits feed into a monthly reflective report that is discussed at a meeting with managers across services. This meeting focused on learning and practice and was open to all social workers. Local authorities also valued contributing and having access to audits from other agencies in the safeguarding partnership.

All local authorities used panels to make decisions and oversee work. Examples of these panels included legal gateway panels, entry to care panels, permanence panels and long-term matching panels. Views on the effectiveness and value of panels were mixed, some participants saw it as an additional oversight mechanism that could be bureaucratic and didn't always add value, however others felt the panels were invaluable in helping them make the best use of resources and stopping cases from drifting. Leaders in one local authority noted how it was an important way of holding and sharing risk with individual social workers on difficult decisions such as whether or not to initiate care proceedings.

“*We’ve got panels galore.*” Social worker

There were mixed opinions about the value of Independent Reviewing Officers (IROs) and child protection chairs. Participants on the whole were positive about the role of child protection chairs in providing another opinion on a case and providing a level of scrutiny to other agencies. Participants thought that they could provide a check and challenge to thinking. At times, however, practitioners thought that child protection chairs could be risk averse, and that there were inconsistencies with different thresholds for child protection between them. It was reported that IROs often had more consistent relationships with children than social workers, this was particularly where there was a high level of workforce turnover. That said, IROs did not have frequent direct contact with children. That said social workers also told us that at times they felt like they



were under 'criticism from different angles' when attending child protection conferences and looked after children reviews. At times they felt that their stretched capacity to complete work was not sufficiently recognised and there was not enough acknowledgement of pieces of good practice they had done.

Professional autonomy and bureaucracy

Social workers tended to see themselves as having high autonomy in relation to day-to-day practice but they did not have the time to develop these skills. Social workers felt that they had high levels of autonomy when visiting families but that their ability to do direct work was limited by resource capacity leading to them making referrals and not developing their own skills. One participant said:

“Sometimes co-working and bringing in people with specialist knowledge helps, but I find that work interesting. I like that work, if all I’m doing is making referrals what skills am I using or developing? It might be the right thing, but it doesn’t give you good stuff to do.” Front-line social worker

Case-holding social workers thought they had less autonomy when it came to making decisions about cases. This tended to be done with managers and always with their signoff. Some local authorities described how they supported professionals to make decisions but with support and oversight. Front-line social workers often thought this was the case - more experienced social workers tended to feel their professional judgement was respected whilst some newly qualified staff felt they didn't have a voice to challenge managers' decisions

Participants from all areas described significant levels of recording and administrative work. Participants made estimates of spending between 60-90% of their time completing administrative tasks, with examples of two to three days of back-to-back paperwork. Participants regularly described completing this work out of working hours. There were three main reasons identified for high levels of paperwork:

- **a compliance approach driven by auditing and inspection** - social workers in some local authorities felt that there was a cultural view that 'if something isn't recorded, it didn't happen'. It was thought that performance metrics (such as overdue visits), audits and Ofsted inspection all drove this attitude
- **risk aversion and anxiety that something would go wrong** - was described as a reason for over-recording. Managers explained how they encouraged front-line staff to record more concisely but fears that something 'went wrong' meant that social workers wanted to record all the details of their work with a family. Social workers explained that it was important to 'cover themselves' if something like this happened
- **social workers didn't have the skills and experience to record concisely** - managers thought this was particularly the case with newly qualified social workers who weren't able to identify the most relevant information and capture it concisely



Poor IT systems increased administrative burdens on staff across the local authorities we visited. Participants regularly described having to duplicate form filling and recording as systems did not copy-over information or pre-populate forms. Introductions of new IT systems were seen as a particular challenge for staff who weren't used to them, and staff explained that they could spend a lot of time supporting colleagues with this. Staff also highlighted how the systems required them to fill out irrelevant sections such as drug and alcohol use when this wasn't a concern for the family.

Supervision

Local authorities had different supervision models including:

- monthly supervision for each case and a minimum of monthly well-being conversation
- weekly group systemic supervision and monthly individual supervision
- individual supervision, practice forums and case reflections with partner agencies
- supervision with an embedded mental health professional

Participants reported a range in the frequency and quality of supervision with a tendency to focus on task management. Participants in some areas said that the frequency of supervision varied between teams with workloads often getting in the way of more regular supervision. Participants also felt that high workloads meant that supervision became more focused on task-management and 'ticking boxes' with managers giving instructions rather than coaching the social worker on their decision making. Social workers tended to find group supervision, multi-agency supervision and supervision with a mental health professional to be helpful in considering cases more differently.

Participants from all areas highlighted the value of informal supervision. They explained that this was crucial to making them feel supported and to manage issues as they arose. Whilst some thought that remote working had made this more difficult it was generally still seen as an area of strength.



Bibliography

Department for Education. (2021a). Characteristics of children in need, Reporting Year 2021. <https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need/2021>

Department for Education. (2021b). Children looked after in England including adoptions, Reporting Year 2021. <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2021>

Ministry of Housing, Communities and Local Government (2019). *English indices of deprivation 2019*. <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019?msckid=f1b57a14d05211ec95ce368d50955f98>



Annex 1 – Deep dive meeting suggestions

Thematic roundtables

Meeting	Attendees
First meeting Orientation discussion to talk through the services structure and local context	Please send whoever would be suitable for this. Potentially service managers.
Balancing help and protection	Assessment and safeguarding social workers, early help workers including Supporting Families workers, Child Protection Conference Chair
Entry into care	Social workers responsible for pre-proceedings and court work, Head of Legal for children's services, edge of care team, any other relevant decision makers.
Homes for children in care and commissioning Relationships for children in care	Children in care social workers, supervising social workers, placement commissioners, IROs, local authority children's homes registered managers (if any), independent visitors (if possible).
Care leavers	Personal Assistants, children in care social workers (particularly if in a transition/older child team), supported accommodation providers.
Kinship care	Safeguarding/court team social workers, family group conference chairs, specialist workers (i.e. kinship assessors), LA lawyers.
Teenagers and extra-familial harms	Safeguarding and/or looked after children social workers and any specialist teams, alternative provision staff, youth offending team workers, police, local youth services, Violence Reduction Unit if in your area
Bureaucracy and social work careers	Two roundtables: (1) social workers, administrative assistants. (2) service managers
Children with complex needs and disabilities	Children with disabilities team social workers, assessment/safeguarding/looked after children social workers, CAMHS, SEND education, Educational Psychologist,



	third sector SEND services
Family support services	Third sector services such as domestic abuse services, drug and alcohol services, mental health charities. Community based programmes or networks that support families, i.e. community and faith groups.
Finance and service management discussion	Family support commissioners, head of finance, heads of service.
Schools and education	Virtual School Head Head teachers or DSLs - probably 2-3, would be good to get a mix of LA and academy Person in local authority with responsibility for attendance and exclusions

One to one and small group interviews

Attendees	Topics
Director of Children's Services and Assistant Director/Practice Leader	All topics
Lead member and chief executive	All topics
Police officer with delegated responsibility for safeguarding partnership and a Child Abuse and Investigation Team officer	All topics
LA social work middle managers	All topics
Wider Local Authority leaders such as Director of Public Health, Director of Housing, Director of Adult Services	Wider support available in the local area.
District family judge, local family judge and magistrate	All topics
Chief executive and/or Chief Operating Officer of the CCG and health senior leadership (i.e. CAMHS lead)	All topics



Lived experience sessions

Children in care council
Care leaver's forum
Any parent representatives' group (such as parent champions, peer advocates etc).

