

ONE

Reset children's social care

Introduction

Our first task as a society is to care for our children. This task is so fundamental that if we do not get it right, then we struggle to get anything else right. This is self-evident in outcomes data. It hits home when we hear the human stories of lives lived isolated, unfulfilled or cut short. This review has conservatively assessed these adverse outcomes as costing England £23 billion per year (The independent review of children's social care, 2021a).

What we often overlook is that this first task starts with family. We are all born into one. Family is core to the human condition. For most of us, family carries us, shapes us, sustains us and helps us navigate the world. Family, and parents in particular, are often the most lasting and meaningful source of love and safety for children. But family life is not always easy or smooth. Raising children is hard, but tougher still when parents are caught in abusive relationships, struggling with their own mental health, or fighting an addiction. This can often be on top of being short of money or being stuck in a cramped damp home.

It is often connectedness – our relationships – that hold solutions for families overcoming adversity. Wider family, friends and neighbours can be the ballast when parents are struggling to raise their children, affirming that it really does “take a village to raise a child”. So much of children’s care takes place in these informal relationships, away from professionals.

1.1 The purpose of children’s social care

Children’s social care exists to enable children to grow up in loving, safe and stable families and where this is not possible, for care to provide the same foundations for a good life.

Realising the rights of families is often the surest way to securing children’s own rights, which include their right to a family life. Help for families should be offered in partnership. Raising children can be difficult, and this is exacerbated by conditions of adversity. It is normal for all parents to need help, from wider family, friends, the community and sometimes from the state. This help should be available, responsive and free from stigma. When there is a risk of significant harm to children, services should be clear about concerns, compassionate in their response and decisive in their actions.

Where children cannot live with their birth parents, the state should support wider family networks to care for these children instead. Where those networks are not strong or safe enough, care from the state should surround children with loving, stable and safe relationships so that they can flourish.

A central aim of care should be to strengthen lifelong relationships. The care experience should help to heal trauma, realise identity and achieve potential. When children are taken into care, birth families must be supported with this loss and responsibility should be taken across services to break cycles that are often repeated.



1.2 The problem: a failure to recognise relationships and the strength of families

“We are only allowed an hour and half [with our siblings...] but supervised and other people get six hours and it is really hard when everyone around you brags about their family and it hurts. We don't get contact with parents at the same time. I don't get to see my step siblings because they are not biological, but they are a big part of my family.” - Young person in care

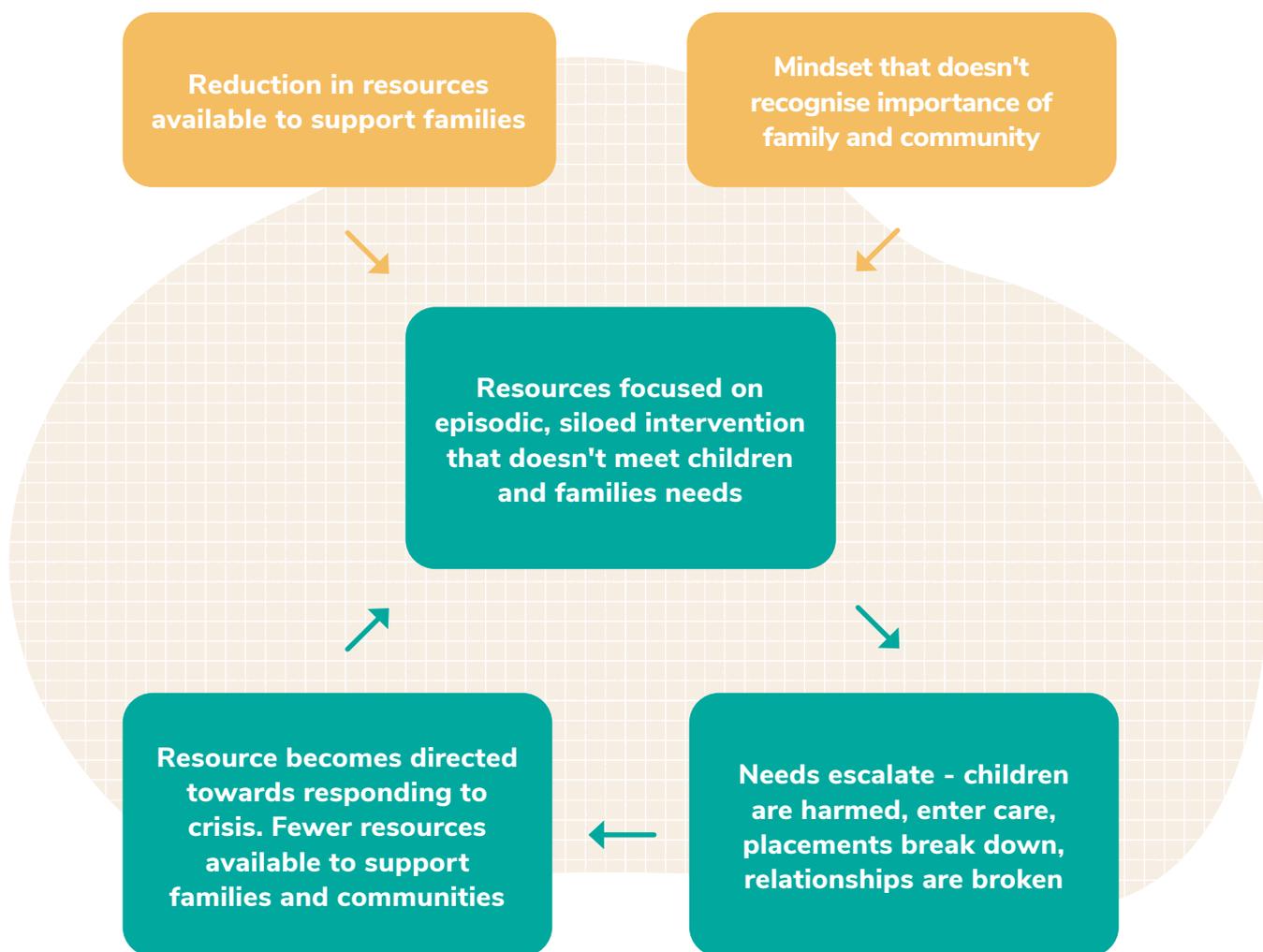
Despite the hard work of many thousands of dedicated professionals, by almost every indicator children's social care is under extreme stress: with more resources being used to investigate families, and less to help them; more children in care often far away from their brothers, sisters, wider family and friends; and social workers leaving the profession.¹¹ These problems are set out in detail in the review's Case for Change, published in June 2021. Without major change these problems will continue to get worse with a devastating cost to individuals, and to our society.

Families are complex, intimate and relational, and these are features that public services struggle to work with. Like so many services, children's social care is wired to manage risk, respond to episodic need, and gatekeep access to services. While relationships are rich and organic, children's social care can be rigid and linear. Services are often completely disconnected from the relationships around families that could ultimately offer the solutions. Scarce resources, reactive crisis management and a mindset that does not recognise the importance of family and community are all part of what is keeping services from meeting the needs of families, especially when it comes to considering children's need for connection and love.

This gap between what children and families need and what services offer is seen in every corner of children's social care. Because harms sometimes come from families and communities, we find it hard to allow family and community to also be part of the answer. We are not curious enough about why families face challenges. We can slip into seeing the purpose of social care as rescuing children from their families and communities, without a real plan for what to do next. We sometimes try to replace organic bonds and relationships with professionals and services. All of this results in siloed, sporadic interventions in children and families' lives, where resources become dedicated to assessing, referring and convening meetings of professionals to talk about children without enough attention on the people around children who love them.

This approach is not only ineffective but also expensive and so as resources have become more scarce, the system has started to spiral out of control. Despite a lot of busyness, problems go unaddressed, more children are unable to live with their families, and more are moved to a home that cannot meet their needs. This whirlwind of activity often ends with young people leaving care with no loving relationships to provide the foundation of a good life. This in turn means there are even fewer resources remaining to provide support - and so the spiral escalates.

11 Assessments following a referral have risen by 14% since 2014/15, section 47 enquiries have increased by 123% since 2010 and child protection conferences have increased by 65% since 2010. Gross spending on non-safeguarding children's services decreased by 38% in real terms between 2012/13 and 2020/21 (Department for Education, 2021k). NB. The review defines 'non-safeguarding children's services' as s251 spend lines 3.0.5 'Total Sure Start Children's Centres and other spend on children under 5', 3.2.1 'Other Children and Family Services', 3.4.6 'Total Family Support Services', and 3.5.3 'Total Services for young people'. In 2020, 37% of residential placements were greater than 20 miles from home (Department for Education, 2021b). As of 2020 nearly 12,000 children in care (15% of all children in care) were not living with at least one of their siblings (Kenyon & Forde, 2020).



1.3 Towards a solution

What is to be done? This review was commissioned by government as a “once-in-a-generation opportunity to reform systems and services” for children and families. Our response is a broad and bold plan to reset children’s social care, so that at every stage services get alongside the people who care about a child, from parents to neighbours to foster carers, in order to enable them to provide the safety, stability and love children need.

This reset means a revolution in the help we offer families experiencing acute stress, where families will get responsive and intensive support from people who will stick with them and have the skills, time and resources to achieve lasting change for children. Communities will be encouraged to participate in strengthening families and supported to open their hearts and homes to care for children. This reset will mean a focused and decisive response to danger for



children, where key decisions about potential harm are made by only the most experienced. It means backing wider family networks to care for children when it is safe. When care is the right option for children, this reset means reimagining the types of homes and relationships they need. It means recognising the unique experience of having been a child in care and nurturing the foundations for a good life for the care experienced community: to be loved, excel in education, have a good home, have purposeful work and be healthy.

Above all, it means having the courage to radically change the current system and build something better together.

Achieving this reset across a big and messy system like children's social care will mean breaking a cycle of escalating need and crisis intervention, and forming a new virtuous cycle. It will mean a shift from spending our money and efforts on reacting to crises and instead rebalancing resources to back those who care for and love children. A new cycle that will see us wrapping practical support around families, helping them establish connections with others and sticking with them in the toughest times. A shift from accepting the high costs of burnt out foster carers, and instead investing in these carers to stick with children. Breaking out of a cycle of poor job satisfaction and high turnover for social workers, to a new cycle where they have the time, tools and trust to stick with families and make a difference.

To ensure this system continually evolves to meet the needs of the individual child, parents and the collective care population, it will be designed to listen and respond to what matters to them via advocacy and representation. Inspection will be realigned to focus on the health of relationships.

This report has echoes from messages given by other reviews into parts of children's social care over the last 30 years. The review has tried to learn from these previous attempts to reform children's social care and it borrows from the best of previous improvements to the system. There are recommendations made that relate to finishing work started decades ago, revisiting ideas tested but set aside, and keeping commitments that were made but have not yet been met.

This report, and the reform plan it outlines, is something that every reader has a part to play in delivering. And some of it can be done now. Citizens, public servants, local councillors, government ministers and business leaders will find a direct call to action in these pages. Some of the recommendations will require national action by government that will take years, but many can be acted upon today.

Together, the changes we recommend would mean 30,000 more children living safely and thriving with their families by 2032-33 compared to the current trajectory. A lasting shift that will make lifelong loving relationships the obsession of the care system, and a recognition in society of what we owe to those who have been in care. A legacy of a financially sustainable system that keeps getting better. Most importantly of all, the results of these reforms will be better lives for children and families.

We are confident that this ambitious plan can be achieved because we are not starting from scratch. Green shoots, and in some cases small trees, are already out there illustrating the horizon of the future system. These local approaches, which are referenced throughout the report, are too often at the margins, developed despite not because of the system, and they need to be brought to the centre.

1.4 Principles and approach

Throughout the review we have grappled with two related dilemmas.

- How do we have a system that achieves the benefits of local delivery for children and families, without having unacceptable levels of variation in the support children and families in different areas receive?
- How do we promote autonomy for those working with children and families to make the right decisions, whilst still having the essential checks and balances?

There are choices over how to settle these dilemmas. The conventional response is to reach for traditional top down rules, structures, guidance and targets, hoping to guarantee a minimum standard that children and families can expect. As becomes evident when reviewing the various laws and guidance that exist around children's homes later in the report, whilst these approaches can give clarity, they risk building a system that is inflexible in meeting the real life needs of children.

The fragmentation and complexity this results in, can undermine the ability of professionals to take responsibility for helping families and protecting children. Over-reliance on this formula of central prescription, performance targets and managerialism (characterised as New Public Management¹²) when applied to complex systems, often leads to waste and perverse incentives (Hood & Dixon, 2015; Munro, 2011). It can create the illusion of improvement without delivering change on the ground.

Alternative approaches push for autonomy for local systems, focused on minimal rules and creating systems that enable learning and improvement.¹³ This set of behaviours is the right ambition, but when parts of the system are so fragile, a lack of direction could result in things getting worse, therefore undermining reforms before they have a chance to work.

The review therefore believes that reform needs to help the system move from a reliance on new public management methods over time, towards a system with greater freedom and responsibility, setting a clear national direction about change but not repeating the mistakes of the past with compliance led processes.

The goal of our reform programme - *Relationships Protect* - is to leave a legacy of a self improving system, within which actors have high levels of freedom and responsibility. We propose six principles of reform, which are the building blocks that flow throughout the report, and are set out in more detail in Chapter Nine.

12 New public management was defined as a concept in the early 1990s and is characterised by a command and control approach to setting targets, monitoring performance and handing over power to a small number of senior managers.

13 This was the approach taken by the Munro review in 2011, which made 15 recommendations to government, several focused on increasing autonomy and social worker capability. This approach is also captured by "human learning systems": see for example: <https://www.humanlearning.systems/>



1. Clear objectives are needed for children's social care and this should come from national government

At present, national government involvement in children's social care is generally uneven, with some parts of the system highly devolved (for example the help available to families or extra familial harms), whilst others have very significant levels of national intervention (for example adoption). National government has a unique and vital role in setting out the goals and values for children's social care, in consultation with all of those affected by the system, stemming from a national democratic mandate.

National government will need to set out in one place the overall outcomes and objectives the system should be achieving for children and families, as well as the best evidenced ways of achieving them and indicators for learning and improvement. This is why the review recommends a National Children's Social Care Framework.

Direction through this Framework would have an important role in the *Relationships Protect* reform programme. Resources should be linked, making sure investment translates to improvements for families. This approach of setting national system goals alongside funding to achieve reform is one that has been used widely - from the *Quality Protects* programme which reformed children's social care in the 1990s and 2000s, through to the NHS Long Term Plan.

2. Decisions and delivery should happen as close as possible to families, except where there is a compelling case for setting rules or acting at greater scale

Decisions about how nationally set objectives are implemented should happen as close to communities and families as possible. This means focusing money, attention and power as close to families and their communities as possible, to build on and facilitate their strengths and capabilities. We need to flip on its head the status quo where children and families are made to fit the system, rather than the system working to meet their needs.

This means backing local authorities and their partners to deliver the vast majority of children's social care, and making it non-negotiable to involve children and families in how they design and deliver it. It also means changing rules and requirements that set out how systems should deliver where they contradict this principle.

Across the review there are a number of places where we have identified rules that we think get in the way of local areas deciding what is best for families, for example some of the rules that exist about how child in need plans are managed.

This does not, however, mean that there should be no rules or that delivery should be left exclusively to local authorities. In high performing systems a smaller number of rules become even more important, and where a system is more fragile national intervention may have an important role. Examples of this include multi-agency accountability, the care market and agency social work, where the nature and intractability of these problems means we think the case has been made for national action. In each of these cases we have held a high bar, and applied the principle that national government should only step in when a problem cannot be solved by those closest to it.

3. Greater transparency, new mechanisms for learning and better inspection and intervention should improve performance

Our confidence to devolve decisions about how children's social care is delivered to local areas, requires there being sufficient transparency about how it is working for children and families. This is all the more important for the children and families who are too often voiceless in national policy and politics, too often only coming to the public's attention through a serious incident and then quickly forgotten.

This is why national direction should be accompanied by indicators focused on understanding child and family experiences of services. Alongside this, improved inspection should better reflect what we want to see in children's social care. There should be mechanisms locally, regionally and nationally to consider system performance and translate this into a cycle of improvement. For example, more regular forums and more challenging dialogue on how eligibility for Family Help is being applied, or how different judicial orders are being made.

When learning does not work, action must be taken to ensure children and families get the services they deserve and so we also make recommendations to strengthen national interventions when local authority or partner contributions are persistently not good enough.

4. Empower a highly skilled and knowledgeable workforce to create change with children and families

The entire approach advocated by this review is reliant upon an empowered workforce. The recommendations set out by this review depend upon well supported, confident and trusted practitioners who have the knowledge and skills to meet the needs of children and families. This is why we recommend an investment of £253 million over four years in the professional development of social workers, new national pay scales, routes to build expertise and remain in practice, more flexible working, and action to reduce bureaucracy, so that social workers are backed to spend their time doing what they do best - creating change with children and families.

Empowering social workers also means that managers, leaders, academics, inspectors and policy makers need to be more firmly rooted in the realities of practice. Social work registration should therefore come with a requirement to continue spending time doing direct work regardless of where you are in the hierarchy. The wider workforce around children and families also needs to be supported and empowered to transform children's social care, and recommendations are made for family support workers and residential care workers.

5. Design services around children and families with better multi-agency working

Children and families' experiences should be at the heart of these reforms. At the moment they are too often missing from considerations about how the national government designs and delivers policy. We make a number of recommendations to improve national government alignment across the review (whether it is the number of plans a child has or the number of different overlapping funding streams local areas deal with). Beyond national government this is also about local governance and accountability and we propose strengthening local multi-agency arrangements and adding education as a safeguarding partner.



6. Investment linked to reform

Finally, the system must have the resources to deliver change. Given the current funding challenges, reform will require a period of “double running” where government is funding both the current system and a new system where we invest in helping families, supporting alternatives to care, and bring onstream better homes for children in care closer to a family environment. It will also require areas to think about how they can spend the resources they already have better. In the longer term, government needs to ensure that the amount of funding for children’s social care and how it is distributed reflects needs, including taking into full account the impact of demographic changes and wider government policies.

1.5 Acknowledging the wider context

Children’s social care functions within a wider context of the welfare state, as well as structural, ethical and societal factors. Throughout the review’s evidence gathering, a range of issues have been identified that are relevant to our findings and the future of children’s social care, even though they sit outside the scope of this review. Each of the factors discussed below has a significant impact on the effort and resources needed to uphold children’s rights and keep children within a loving, safe and stable family network. The impact of many of these factors has become heightened and intensified in the context of COVID-19.

- Poverty and inequality:** Children who live in the most deprived 10% of neighbourhoods are ten times more likely to be looked after or on a child protection plan, than children in the least deprived 10% of areas (Bywaters et al., 2020). Deprivation is a contributory causal factor in child abuse and neglect and a growing body of research is strengthening the evidence of this relationship, including poverty being closely interconnected with wider factors associated with child abuse and neglect, such as poor parental mental health and domestic abuse (Bywaters & Skinner, 2022; Bywaters et al., 2016). The review has previously called for a widespread recognition and understanding of these child welfare inequalities (The independent review of children’s social care, 2021b). Throughout this report, we discuss how children’s social care can better respond to poverty and inequality - whether it is how we give practitioners confidence to respond to the ways in which it plays a role in families needing social care support or how we fund local areas. However, the underlying problem that in 2019/20, 4.3 million children were growing up in poverty must be comprehensively addressed.¹⁴
- Pressures in family support and other services:** Children’s social care picks up the needs of families which universal and other services cannot address. Therefore, getting the right support for families through universal services and, wherever possible, addressing issues before they escalate is critical. However, we know that many of these services are facing pressures. For example, the health visitor workforce is under strain with only 9% of health visitors in England reporting that they have the recommended caseload of 250 or fewer children under five years old, and one in four report being accountable for over 750 children

¹⁴ This figure is based on relative poverty after housing costs. (Department for Work and Pensions, 2021).

(Institute of Health Visiting, 2021). Wider welfare services supporting families can also be difficult for families to access and work with. Where families need help with housing, there are long waiting lists for homes in the social rented sector in all local authorities. As of March 2021, 1.19 million households in England were on waiting lists for social housing, whilst 42% of households who got a new social housing in 2019/20 waited for more than a year for their home (Department for Levelling Up, Housing and Communities, 2021a; Department for Levelling Up, Housing and Communities, 2021b).

- **New and emerging threats:** the ubiquity of internet enabled devices amongst children is enabling the rapid evolution of threats that children are facing. Children's social care and the police are struggling to keep in step with technological changes and keep children safe online and from abuse outside the family. Online exploitation facilitated through end-to-end encryption and county lines activity are examples of changes in threats to children that we must respond to. We are also seeing significant increases in online peer-on-peer abuse and a growing prevalence in sexual exploitation of young people (NSPCC, 2021). Around one in ten children aged 13 to 15 years reported receiving a sexual message in 2019/2020, with girls significantly more likely to report such messages (Office for National Statistics, 2021d).
- **Domestic abuse:** The impact of domestic abuse on families has been central to a huge number of the testimonies we have heard during the review. Violence between parents remains the most common factor identified at the end of assessment for children in need (Department for Education, 2021a). The most recent prevalence estimates suggest 5.5% of adults experienced domestic abuse in the year ending March 2020 (Office for National Statistics, 2021b), though this is likely to be an underestimate. Demand for domestic abuse services exceeds available supply. In 2019/20, fewer than 50% of refuge vacancies posted on a central directory could accommodate a victim with two children (Birchall et al., 2021). The statutory duty for local authorities to provide support to victims in safe accommodation included in the Domestic Abuse Act 2021 should help, but gaps in community provision remain in areas where 70% of victims access support (Domestic Abuse Commissioner, 2021). There is poor evidence of what works to support children who are at risk of, currently experiencing or who have experienced, domestic abuse, as well as what is effective in tackling perpetrators (Ofsted, 2017; Early Intervention Foundation, 2021b).
- **Mental health:** One in four adults experience mental health issues each year (Mental Health Taskforce to the NHS in England, 2016). In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017 (Public Health England 2021). Yet 70-75% of people with a diagnosable mental illness receive no treatment at all (Davies, 2014). Whilst supporting better mental health for children in care, care experienced adults and families that have involvement with social care is within the remit of this review, we are yet to see significant benefit of major investment in wider mental health services for adults and children. Spend per head on children and young people's mental health services varies significantly between Clinical Commissioning Groups (soon to be Integrated Care Boards) (Royal College of Psychiatrists, 2017). Given that access to services is rightly based on clinical need, there is a limit to how much a review of children's social care can affect the way the NHS operates. We see the outcomes of poor mental health acutely, and as a factor in family breakdown, premature deaths and poor outcomes for people with care experience (Ofsted et al., 2020).



- **Substance misuse:** Dame Carol Black's review of drugs found that funding for substance misuse treatment fell by 14% on average between 2014/15 and 2017/18, with some local authorities cutting budgets by as much as 40% (Black, 2020). Substance misuse is also strongly linked to deprivation, with 56% of people in treatment for crack and/or opiates living in areas ranked in the 30% most deprived areas in England (Office for Health Improvement & Disparities, 2021). Alongside our proposals to reform Family Help, including the use of multidisciplinary teams, the review agrees with the conclusions of Dame Carol Black's work, including the need to focus on rebuilding services and driving prevention.
- **Immigration and asylum:** Whilst finding homes for unaccompanied asylum seeking children is the responsibility of the children's social care system, the asylum system is complex and makes a difficult process harder for young people. It is estimated that one in every ten children in care and more than 10,000 young care leavers in England have potential unresolved immigration or citizenship issues (South London Refugee Association & Coram Children's Legal Centre, 2021). Home Office delays significantly disadvantage non-British children because of a loss of entitlements to housing, education, and employment for care leavers. This insecurity and imposed sanctions risk pushing young people towards exploitation to survive. Families who have no recourse to public funds, and who are unable to claim benefits or work because of their immigration status, are also supported by local authorities through child in need status. Families with no recourse to public funds face particular challenges in accessing support from children's social care, with the proportion of referrals received for these families resulting in services being provided under section 17 varying widely (Dickson et al., 2020; Jolly, 2019).

While this review is wide ranging it does have boundaries. However, given that many of these contextual factors will be driving families towards children's social care, it is important to set them out clearly up front and to note that without wider action, reforms to children's social care risk treating the symptoms and not the cause.

In developing our recommendations, we have actively considered these factors and have ensured our recommendations take account of them. **Government must also explicitly recognise these factors and understand how they drive the need (and therefore the cost) for children's social care up or down and, ultimately, have a wider plan to address them.**