Independent review of children's social care: call for evidence.

Evidence for system reform needed to address the socio-economic drivers of demand and reduce inequalities in child welfare provision.

Introduction

This joint submission has been compiled by a group of university researchers whose work has addressed similar themes and issues, with a common concern being the relationship between children's social care services, socio-economic factors such as poverty and deprivation, and avoidable inequalities in child welfare interventions.

Evidence is submitted by:

Professor Rick Hood, Kingston University and St. George's, University of London
Professor Brid Featherstone, University of Huddersfield
Professor Paul Bywaters, University of Huddersfield
Professor Anna Gupta, Royal Holloway University of London
Professor Andy Bilson, University of Central Lancashire
Professor Kate Morris, University of Sheffield
Dr. Calum Webb, University of Sheffield

A note on evidence

The need for system reform is bound up with the wide scope of the Review, which acknowledges the connection between all aspects of what is now known as children's social care, including Early Help, but also the importance of universal services for children and families and indeed the general social conditions in which families live. Rather than focusing on interventions in one part of children's social care, or at one point in time, we have sought to bring together evidence about the complex interplay of policy and practice, an analysis that encompasses the last decade of austerity and beyond. We see this type of evidence synthesis as complementing others concerned more with questions of clinical effectiveness, whose scope is necessarily narrower than the broader questions addressed here. An effective intervention requires an effective system to work properly, and it is evidence about how the system is working that we would like to bring to the Review's attention.

Recommendations for reform

In order to highlight the implications of the evidence gathered below, we have structured our submission is on the basis of six key recommendations for reform:

1. Redesign services to address the social context of demand.
2. Sustained investment in community-based prevention.

3. Align services to what matters to children and families.
4. Co-produce services with children, families and communities
5. Rethink the narrative of adoption as the 'gold standard' for out-of-home care.
6. Rethink the current grading system for local authority inspections.

Redesign services to address the social context of demand

CSC services are struggling to address the social context of demand. Rates of CP interventions have increased significantly over the past decade, mainly due to the widening boundaries of professionally substantiated neglect and emotional abuse (Bilson *et al.*, 2017; Featherstone *et al.*, 2018b; Hood *et al.*, 2019a; Department for Education, 2020). There has been a fundamental shift in spending on children's services as LAs have sought to maintain core statutory services and accommodate the cost of a rising care population (ADCS, 2018, 2021; Action for Children *et al.*, 2017; Kelly *et al.*, 2018; Thomas, 2018). While expenditure on what has been termed 'late intervention' has been maintained or even increased during this period (Action for Children *et al.*, 2017), spending on early and preventative interventions, such as Sure Start and young people's services, has seen significant cuts – estimated by the IFS to be around 60% in real terms between 2010-17 (Kelly *et al.*, 2018). Despite efforts by many LAs to invest in integrated early help in recent years, the impact of funding cuts continues to be widely reported (ADCS, 2021). As a result, a system whose statutory underpinning emphasises the duty to support children to live and thrive in their birth families and home communities has become out of kilter, preoccupied with, and overwhelmed by, the regulatory activities of surveillance, investigation and protection.

Recent studies have found: a steep social gradient in referrals to CSC and in subsequent interventions (Bywaters, 2020; Hood *et al.*, 2020a); over-representation of some minority ethnic groups in the child protection (CP) and care systems (Webb *et al.*, 2020); disproportionate targeting of low-income neighbourhoods in otherwise affluent local authorities (Hood and Goldacre, 2021); professional practice that often does not assess or address families' material circumstances (Morris *et al.*, 2018b; Mason *et al.*, 2020). Referrals to CSC include over a fifth of all children under five (Bilson and Martin, 2017), who are much more likely to be from poor families (Bilson *et al.*, 2017) and are increasingly likely to be subject to CP investigations and interventions (Hood *et al.*, 2019a). It is estimated that in the most deprived 20% of neighbourhoods in England almost one child in two will have been referred to CSC by the age of five (Bilson and Martin, 2017; Bywaters, 2020).

Deprivation is the main single driver of demand for services (Hood *et al.*, 2016a) and the source of systematic inequalities in provision (Bywaters *et al.*, 2020). Internationally there is increasing consensus that families' socio-economic circumstances are not a background issue but should be viewed as a key causal factor in child wellbeing generally and in the emergence of child maltreatment (Drake and Jonson-Reid, 2014; Bywaters *et al.*, 2016; Esposito *et al.*, 2017; Bunting *et al.*, 2018; Kim and Drake, 2018; Ainsworth *et al.*, 2020; Conrad-Hiebner and Byram, 2020). Despite this, poverty, poor housing, and deprivation more broadly have rarely been the focus of CSC policy and sector innovation in England. Instead, there has been a reliance on individualised interventions which in the current context serves to magnify social divisions and inequalities (Bywaters, 2020; Bywaters et al., 2020; Hood and Goldacre, 2021). We hope the review will initiate a fundamental change in thinking about the overall purpose of CSC, with a view to:

1. creating a framework of cross-departmental policies to address the major social problems which impact on children's wellbeing and healthy development.
2. Promoting a reorientation of social care services towards supporting children, families and communities and sustaining relationships rather than identifying risk; and

3. restricting the focus on child protection to the relatively small number of cases where damage to children is evident and serious.

Alongside these strategic aims should be explicit policy objectives such as achieving a long-term reduction in the care population and reducing inequalities in child welfare similar to those aiming to close the gap in outcomes for education and health.

Investment in community-based prevention

Over the past decade, central government austerity policies have disproportionately affected the most deprived local authorities, which were more reliant on public investment and have seen the biggest cuts to their budgets (O'Hara, 2015; Hastings *et al.*, 2017; Webb and Bywaters, 2018; May *et al.*, 2020). Austerity has had a disproportionate impact on women (Pearson, 2019), on families living in poverty (Hastings *et al.*, 2017), on people with disabilities and mental health problems (Cummins, 2018; Ryan, 2020), on survivors of domestic abuse (Sanders-McDonagh and Neville, 2017), and on families with children (Craddock, 2017; MacDonald, 2018; Pearson, 2019). There has been an increase in financial hardship and material poverty, as evidenced by the explosion in use of food banks over this period (Lambie-Mumford and Green, 2017). All these factors are known to be drivers of demand for child welfare services (Hood *et al.*, 2020b). All have been exacerbated by the current pandemic (Ahmed *et al.*, 2020; Bradbury-Jones and Isham, 2020; Clark and Nickels, 2020; Pandit, 2020; Patel *et al.*, 2020; Teo and Griffiths, 2020). The overlooking of social care in the 2021 Budget (Booth *et al.*, 2021) may signal further cuts in real terms to the local government grant in the post-pandemic period. The unintended consequences might well overwhelm child protection services and the care system by ratchetting up the vicious circle of cuts to prevention leading to the increasing use of high-cost late intervention.

A decade of austerity has already prompted huge cuts to community-based services and a refocusing of statutory services on CP (Parton, 2014). Numbers of children's centres have declined steadily, with surveys estimating that 15-30% have been closed since 2009 (Smith *et al.*, 2018). The remaining services are more thinly spread, often no longer 'in pram-pushing distance' of the families they serve, and their focus has changed to providing targeted services to referred families with high levels of need. What is termed 'Early Help' is shifting towards targeted casework with children who have complex needs, arguably similar to the work being done by CIN teams a decade ago (Hood *et al.*, 2020a). Youth services have been similarly affected with a £1b cut in annual expenditure in the past decade (YMCA, 2020). In statutory services, there has been a progressive shift towards late intervention (Action for Children *et al.*, 2017; Hood *et al.*, 2019a) and an investigative turn in CP practice (Bilson *et al.*, 2017). It is a system under huge pressure (ADCS, 2018, 2021) with little capacity to deal with a surge in demand (Hood *et al.*, 2020b). Evidence is also starting to emerge that disproportionate targeting of poor families in relation to child neglect is ineffective and is associated with higher levels of re-referrals and repeat CP plans (Hood and Goldacre, 2021).

We do not believe these issues can be resolved through social work practice models, corporate restructures, predictive analytics, or other 'single loop' solutions designed to produce a more efficient status quo. The evidence shows that more fundamental reform of the system is needed, a paradigm shift towards a social model of child protection (Featherstone *et al.*, 2018c). The hollowing out of universal and broad-based preventative services for children and young people has gone too far. Its knock-on effects are putting the financial viability of some local authorities at risk, particularly in the current climate. Not only would forcing LAs to make further cuts in this area potentially be

disastrous, but there is also a fiscal as well as moral case for heavy reinvestment in such services, which should be ringfenced to prevent it being funnelled into the CP and care system. Evidence to support this argument can be found in work due to be published later this year, which demonstrates that greater investment in family support and Early Help is associated with lower rates of statutory interventions in subsequent years (Bennett *et al.*, under review; Webb, under review) and can also help to reduce the social gradient of provision (Scourfield *et al.*, in press). These papers are available in their pre-published form from the authors if the review wishes to consider them.

Align services to what matters to children and families

A recent newspaper article by the Chief Social Worker (Dugan, 2021) has acknowledged that too many children are being taken into care under the current system, one of the consequences of the policy shift towards late intervention. The policy has had huge collateral consequences for families and communities (Broadhurst and Mason, 2017; Thomas, 2018; Broadhurst and Mason, 2020). It has also put local authorities (LAs) under enormous financial pressure (ADCS, 2018). Even before the Covid-19 pandemic deepened their financial crisis (Billingham, 2020), councils were issuing stark warnings about the unsustainable costs of a rising care population (Turner, 2019). As a result, the system has become increasingly geared towards managing demand in an effort to stem the tide of CP interventions and care proceedings (Hood *et al.*, 2019a). It does this through a series of tiers and thresholds, only some of which have a legislative underpinning. Most of them serve the purpose of triage, assessment and investigation, and are designed to ensure that statutory services are only delivered to families who meet the threshold for intervention. Emerging evidence (Hood *et al.*, 2020a) suggests that the number of these layers has increased in recent years, with some LAs routing calls through an initial point of contact (IPOC) and subsequently through a multi-agency safeguarding hub (MASH) before accepting any referrals.

While gearing services to manage demand is understandable in some respects, there is little evidence that it works well. Screening and rationing have done little to stem the tide of admissions to care and have had a knock-on effect on workforce stability (Hood et al., 2019), further adding to pressure on budgets through the higher cost of agency workers (ADCS, 2018). Moreover, the emphasis on triage, assessment and investigation has made services more stigmatising, bureaucratic and inaccessible, far from the support that children and families might actually want or need. They also make systematic inequalities worse: new analysis of the national CSC datasets has showed that the social gradient of provision increases progressively with each statutory threshold (Hood and Goldacre, 2021). Despite the introduction of solution-focused practice models (Baginsky *et al.*, 2017), CP remains an adversarial and risk-focused enterprise, disproportionately targeting families living in poverty, so that the rhetoric of partnership, strengths and relationships sits uneasily with the experience of most families at the sharp end of intervention (Featherstone *et al.*, 2018c; Clapton, undated).

In contrast, there is evidence that redesigning services to focus on what matters to children and their families, rather than on organisational priorities such as managing demand, can lead to substantial benefits for the quality of practice (e.g. the amount of time social workers have to spend directly working with families) as well as outcomes for families (e.g. the length of time it takes for families to get a service that addresses their needs) (Gibson and O'Donovan, 2014). Such improvements have an additional benefit in terms of addressing 'failure demand', or demand that arises because of a failure to do something, or do something right, for the person receiving a service (Seddon, 2008). Currently, between a fifth and a quarter of all referrals concern families that had a prior referral less than 12 months ago. Re-referrals as well as repeat CP plans are more likely in

deprived neighbourhoods (Hood and Goldacre, 2021) as well as in LAs that undertake more screening and rationing to manage demand (Hood et al., 2019). Taken as a whole, the evidence suggests that refocusing services on helping families with what matters to them, rather than on exclusively targeting risk factors for abuse and neglect, should eventually reduce demand for late intervention, and therefore costs, easing the burden on services and families alike.

Co-produce services with families and communities

An important principle of listening to families and ensuring they receive the right kind of support at the right time is to co-produce services alongside them (Vincent, 2015; Connolly *et al.*, 2017). The implementation of relationship-based and solution-focused practice models, and the consideration given to organisational restructuring of CSC, may indicate an underlying desire to rethink the welfare paternalism that still underpins many of our social services (Cottam, 2018). However, unless such intentions are backed up with true redistribution of power and resources, from institutions to people and their communities, change will only be superficial and will fail to bridge the currently wide gap between the service and the citizen. In particular, the intersections of gender, race and class – as well as many other overlapping elements of social identity – are poorly understood within central government, and by public servants whose social context and life experiences are very different from those affected by their decisions.

In the field of CSC, research by Morris *et al.* (2018a) with families who had extensive experience of multiple services documented high levels of need and shame-inducing encounters. However, the study also identified families as the source of a great deal of knowledge and wisdom about their needs and also about service design. The findings highlighted possibilities for people with complex life challenges to engage in genuine partnership with social work and social care agencies that have historically been associated with stigma and shame rather than co-production. In a similar vein, a project called 'Camden Conversations' commissioned by the London Borough of Camden's Local Safeguarding Children Board (Camden LSCB, 2019), took a participatory research approach with parents with lived experience of child protection services. Parents were trained and supported as peer researchers to interview other parents, social workers and managers about how to make the child protection system more humane and effective. The project found fear to be a dominant feature of both parents' and professionals' experiences, and also that there was much congruence in the views of parents and of professionals about what an effective child protection system should look like. A need to recognise power imbalances and the difficulties for parents to effectively participate in child protection conferences and other processes was highlighted, and provision of advocacy for parents a recommendation. The co-production process demonstrated the importance of dialogue and opening up possibilities for greater parent participation in practice and service development.

Over the past few years, Featherstone and Morris have led a RiP 'Change Project' focused on domestic abuse and child protection (Ferguson *et al.*, 2019a). Over thirty local authorities and agencies were represented and the work of the group reinforced the analysis that existing approaches reproduce inequalities and are routinely experienced by women and men as alienating and unhelpful. All participants stressed the need for significant change. The difficulties in embedding change were apparent, along with the need for a nuanced understanding of domestic abuse and the impact of intersecting inequalities. Existing approaches were robustly critiqued and a call made for reimaging our approach to domestic abuse and violence in the context of child protection. Outputs and resources produced by the project will be available during the second part of 2021.

Rethink the narrative of adoption as the 'gold standard' of out-of-home care

Bilson and Bywaters (2020) found that the number of children who entered state care in England, between 2007 and 2017, before they were a week old, was 44% higher than shown by previous research if children 'voluntarily' placed in care are included. In 25 local authorities an average of one child in every 100 live births was separated from its parents in the first week in life, with very few ever being reunited. Increases in rates were associated with two factors: levels of deprivation and local authorities whose performance was graded inadequate or needing improvement by Ofsted. Far from acting as a form of prevention, with lower proportions of older children entering care, where local authorities undertake very early removal from parents the opposite is the case. This points to a possible spiral of failure as a high proportion of parents who have been in care themselves risk losing their children at birth. Bilson and Bywaters (2020) also found that the growth in numbers and proportions of children entering care in the first week of life is a key driver of adoption rates. Over the last decades successive UK governments have promoted the use of adoption for children entering state care. The model of adoption that is most common in England, Scotland and Wales involves little or no direct contact post adoption between birth families and adopted children and young people.

Challenges to the promotion of adoption, particularly post 2010 where it seemed to be considered as the gold standard in terms of permanence, have come from a very wide range of constituencies including the judiciary, researchers and the Council of Europe (Featherstone and Gupta, 2020). The closed nature of most adoptions too has been a source of concern for senior members of the judiciary (McFarlane, 2018) as well as researchers with extensive experience of researching adoption (Beek and Neil, 2020) In 2016, The British Association of Social Workers (BASW) commissioned an enquiry into the role of the social worker in adoption, with a focus on ethics and human rights (Featherstone *et al.*, 2018a). The study explored the perspectives of adopted people, birth parents, adoptive parents and professionals. It found disquiet among all those experiencing services as well as among professionals about policy makers' promotion of adoption in a policy context where so much support for birth families has been hollowed out as a result of austerity. The enquiry's recommendations stressed the importance of ensuring that a level playing field was available for all families so that children were not being removed from their families and communities because of the inadequacy of economic and supports available to them.

The enquiry's findings also exposed growing unease and concern among stakeholders about what was considered to be a 'happy ever after' narrative promoted by policy makers in relation to adoption – a narrative that was completely at odds with the experiences of many. Adopted people, including those who considered their adoptions to have been successful, highlighted the lifelong challenges in relation to identity and a sense of belonging. Of particular concern were the stories from birth mothers who had experienced domestic abuse. The themes from their accounts echo those in the research literature more widely (Featherstone *et al.*, 2018c; Ferguson *et al.*, 2019a) and highlight the problems with a 'one size fits all' approach that has characterised practice in this area. A high-challenge, low-support approach to those experiencing domestic abuse mean that mothers often experienced services as punitive and unhelpful. The stark nature of the closed model of adoption was experienced as particularly unfair by those who felt they were punished for experiencing domestic abuse. Moreover, separation was often the only strategy proposed with few resources offered to support couples or family work and inadequate resources available to change the behaviours of those harming.

Later research by Bilson and Munro (2019) showed wide variations in adoption rates between local authorities and that where there was a large increase in the rate of children adopted before the age of 5 in 20 local authorities. This was associated with large increases in child protection investigations and other social work activity not explainable by the levels of deprivation in these authorities. Earlier research had already showed that the third of local authorities making highest use of adoption also had a 10% increase in children in care, whilst among low users of adoption the numbers in care fell (Bilson, 2017, 2018). In other words, the policy of promoting adoption is not reducing numbers in care but rather the reverse. Although rates of children leaving care to be adopted started to fall from 2014, the number of children aged from 0 to 17 who were adopted from care is still growing (Bilson and Munro, 2019). These increases are alongside the growing number of children in care.

Overall, we would argue that promoting adoption as an unequivocal success story for out-of-home care is increasingly at odds with the evidence and should be reconsidered.

Rethink the current grading system for Ofsted inspections

Outside of Ofsted's own reporting (e.g. Ofsted, 2018, 2019a), surprisingly little research has been done into Ofsted and its statutory remit as the inspectorate for CSC. Nonetheless, the available literature does reinforce how important and influential its activities are within the sector (Munro, 2014; Jones, 2015; Craven and Tooley, 2016; Hood *et al.*, 2016b; Ferguson *et al.*, 2019b; Hood *et al.*, 2019b; Wilkins and Antonopoulou, 2019; Hood and Goldacre, under review). We would suggest that any proposals made by the Review should both reflect and be informed by Ofsted's role in judging standards and shaping the performance of LAs. The current grading system is a crucial part of this role.

Ofsted's implementation review of the current inspection framework, the ILACS (Ofsted, 2019a), includes an independent report by Ferguson et al. (2019). They discuss feedback from agencies on changes such as short inspections, observations of direct practice, and the awarding of performance grades. They found agencies to be very preoccupied with the outcome of an inspection: 'the grade Ofsted issues, the perceived meaning of this label, and its potential consequences, resulted in high levels of anxiety for staff at all levels in the LAs' (Ferguson et al., 2019: 58). Short inspections, introduced with the ILACS, were particularly stressful 'when there is evidence that suggests a service has deteriorated and no longer appears to be Good'. Although these were findings from an early stage of implementation, they are significant because part of the intention of the ILACS was to adopt a more proportionate and risk-based approach to inspection (Ofsted, 2019b). Compared to its predecessor, the Single Inspection Framework (SIF), judgements under the first two years of the ILACS were much more generous, with three times as many outstanding judgements awarded than in the whole of the previous three years under the SIF (Hood and Goldacre, forthcoming).

LAs' preoccupation with Ofsted ratings, and particularly the fear of receiving an inadequate judgement, has significant systemic effects. For organisations, there are severe penalties for being judged inadequate. Alongside rigorous performance improvement measures, often accompanied by managerial and organisational churn (Jones, 2015), some LAs may be effectively stripped of operational control over CSC. Accountability pressures sometimes reach the inspectorate itself when it is perceived as having issued the wrong judgement, as happened during the crisis that engulfed the sector following the tragic death of Peter Connelly in Haringey (Jones, 2014), and a few years later with exposure of the disastrous handling of concerns about child sexual exploitation (CSE) in Rotherham (Jay, 2014). Deprived LAs with the heaviest demand pressures are in a particularly

difficult position since they have been disproportionately affected by cuts to the central grant under austerity (Webb and Bywaters, 2018). This makes harder for more deprived LAs to deliver the same standard of provision as less deprived areas, who are likely to get a better rating (Wilkins and Antonopoulou, 2019).

There is also evidence that institutional anxiety about inspection ratings has a direct impact on rates of intervention and other performance measures. A recent study by Hood and Goldacre (under review) found a short-term spike in rates of statutory provision during the year of an inspection, which was particularly steep for CP interventions in LAs judged inadequate. This spike was not connected to Ofsted recommendations (Hood *et al.*, 2019b). Inadequate LAs also saw a rise in spending and agency worker rates that persisted in the years following an inspection. In contrast, LAs receiving a good or outstanding judgement saw a reduction in intervention rates in the year after an inspection and had a more stable workforce. In other words, regardless of pre-existing problems there is a significant knock-on effect to the inspection judgement itself, which is positive for LAs with a good outcome and negative for those with a bad outcome. Such consequences hinder the ability of LAs to recover from an inadequate judgement, even while they are under pressure to do so.

Although the current ILACS framework has sought to develop a more proportionate approach to inspection, the institutional context remains one of rising demand, budgetary constraints, and anxiety about regulatory failure. With demand set to rise still more in the wake of the Covid-19 pandemic, and financial constraints likely to tighten further, the sector continues to face a highly challenging regulatory context. We would argue for a hiatus in the current grading system, while the inspectorate continues to assist LAs who are in difficulties in the post-pandemic period. This will hopefully allow time for the sector to agree a new approach to monitoring standards that will have a less volatile impact on performance.

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