

The SAFER Initiative

A case study in applying research to social enterprise: Creating impact

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Abstract

The SAFER Initiative is a newly established social enterprise venture, providing support around the child protection & safeguarding referral and assessment process. This fulfils a social need whilst creating a forum for our research findings to have direct impact. The Initiative focuses on professionals covered by s.11 Children Act 2004 who have a duty to refer families for social work assessment where there are child protection or safeguarding concerns, and support for the families who are referred and assessed. The Initiative is piloting bespoke training for professionals who may need to refer families for social work assessment, coupled with *pro bono* advice and support for families undergoing referral and assessment. The initiative is designed to fill a gap in existing social support provision at the early stages of the Public Law Outline 2014 (PLO). The need for high quality and appropriate interventions and support during this stage of the PLO is frequently overlooked on the grounds that these processes are not litigious. As they are intended to promote child welfare and provide family support, they are assumed to be *de facto*, helpful. Research findings challenge this, identifying a need for refocusing in relation to training for professionals, coupled with independent family support for referred families. This paper describes the evolution of the social enterprise Initiative which addresses both issues, starting with the theoretical and conceptual research, the 'proof of concept' in using the research findings to identify a social need, the idea to address the need by applying the research findings to a practical project, the business justification for the project and the challenge of establishing partners and start-up funding.

Keywords

Applied research, social enterprise, child protection, safeguarding, schools, family support, SAFER Initiative

¹ Goodlab's series of events showcases examples of applied research, enterprise or partnerships that have delivered impact and public benefit, demonstrating how they've been achieved and what's been delivered as a result. Goodlab South West is a UWE and UoB backed project to showcase, support and explore successful partnerships and research between HEIs and organisations that deliver social impact.

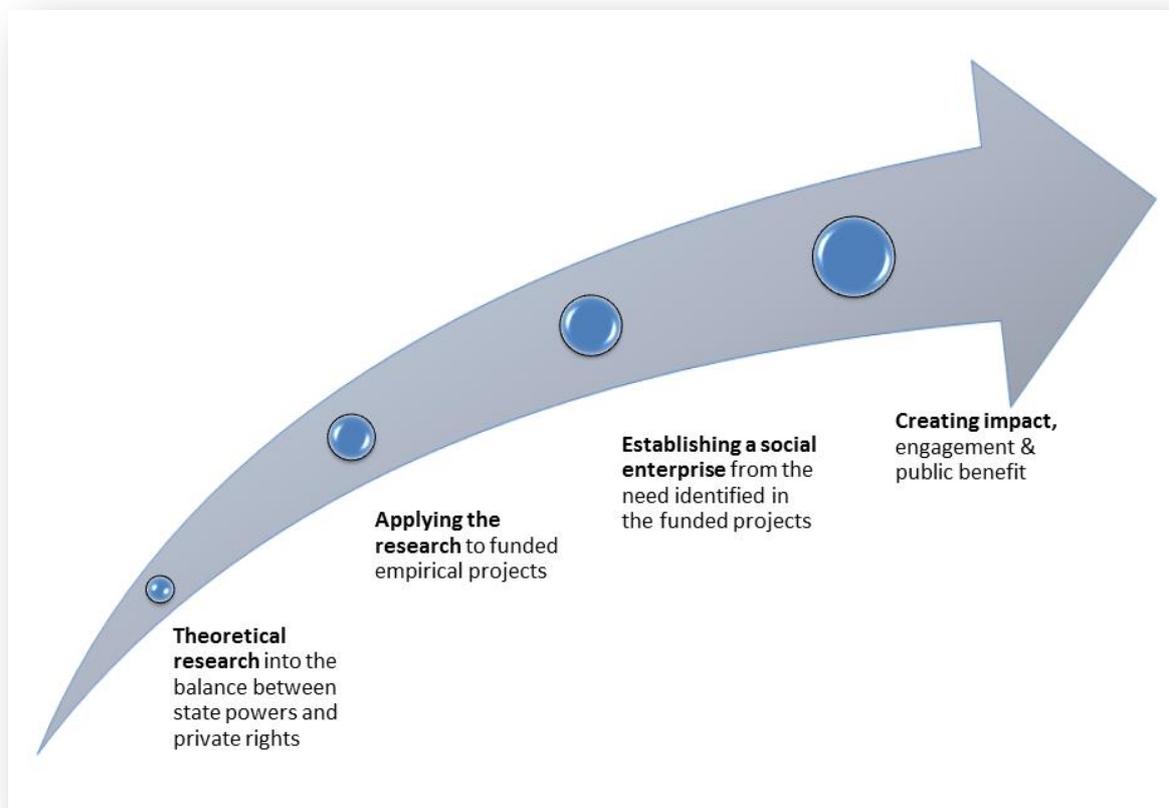
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Introduction

This paper describes the application of our theoretical research to a social problem: the question of how suspected child abuse is detected and investigated without undue harm to families caught in the referral process. The translation of our theoretical work into funded projects and a social enterprise initiative creates opportunities to bring research into the 'real world', making a direct impact. The stages can be described in the following terms:

The Research to Impact Pathway



Our social enterprise is the SAFER Initiative.⁴ The Initiative fulfils two social needs:

1. To provide credible, research led and affordable training to organisations with a responsibility to report suspected child protection and safeguarding issues to Children's Social Care Departments;⁵ and
2. To use the income generated from providing the training to support families who have been reported and who face assessment.

The Initiative is the result of a number of linked research projects we have undertaken to investigate aspects of child protection and safeguarding law, policy and practice.⁶ The focus of our research is the pre-litigation stages of social work intervention, covered by the Public Law Outline 2014 (PLO). The law in this area is best described as a category of public law.⁷ Although generally dominated by welfare discourse, all processes of safeguarding and child protection must be enabled by operation of law as they may concern coercive or non-consensual state interference with the rights and freedoms of individuals. Alongside the welfarist discourse there are important power relations and rights narratives. To take account of this, our work is grounded in law, but takes account of interdisciplinary research and perspectives. This approach enables theoretical, empirical and practical critique of the system of laws, policy and practice known as 'child protection' and 'safeguarding'.

⁴ Support After Family Education Referrals

⁵ This duty arises under the provisions of s.11 Children Act 2004. Children's Social Care Departments investigate suspected significant harm to children under s.47 Children Act 1989, and the need for family services under s.17 Children Act 1989.

⁶ The theoretical work was first tested in a doctorate, edited for publication as a monograph and used as a basis for projects funded by a UWE Early Career Researcher Grant, and an ESRC transformative research grant and associated working paper: Devine, L. (2012) *Policing parents: A deconstructive examination of schematic state interference into private life with special reference to assessment of families deriving from the state's duty to 'safeguard' children under the provisions of the Children Acts 1989 and 2004* PhD, University of Birmingham; Devine, L. (2015) *State powers and private rights in child protection and safeguarding assessments: Policing parents* UK: Routledge. ISBN 9781315767048 [In Press]; Devine, L. & Parker, S. (2015) *Safer Children? Investigating the translation of child protection & safeguarding training for schools into Children's Social Care referrals* ECRG Final Project Report, UWE; *Rethinking child protection strategy: evaluating research findings and numeric data to challenge whether current intervention strategy is justified* (ESRC grant number ES/M000990/1 for £202,487); Devine, L. and Parker, S. (2015) *Rethinking child protection strategy: Learning from trends* ESRC Project Working Paper. Centre for Legal Research, University of the West of England, Online at: <http://eprints.uwe.ac.uk/25258/>, [Accessed 20 April 2015]

⁷ The relevant area of law is public family law, governing interaction between state powers and duties, and the rights and responsibilities of individuals and families in matters relating to the family and family members.

In recent years there has been a drift towards increasing referral of families to Children's Social Care.⁸ Legislation has increased the circumstances where professionals are under a legal duty to 'safeguard' children, interpreted in the statutory guidance as *inter alia* a mandatory reporting duty on certain organisations and people working within them.⁹ A number of high profile tragic deaths of children as a result of child abuse have raised public awareness of the problem of serious maltreatment of children.¹⁰ Government inquiries respond to these cases by recommending increased information sharing and referral of concerns.¹¹

Advertising campaigns have informed the public that there is a high level of undetected child abuse in society which is everybody's responsibility to find and report.¹² These campaigns highlight the importance of reliable research in relation to intervention policies as the studies on which the campaigns rely are at best indicative, but raise public anxiety about child abuse, encouraging them to make donations and report suspected abuse.¹³ Additionally, cases brought in the courts

⁸ Devine, L. & Parker, S. (2015) *Rethinking Child Protection Strategy: Learning from Trends* Working Paper, Centre for Legal Research, University of the West of England, Online at: <http://eprints.uwe.ac.uk/25258/>, [Accessed 20 April 2015]

⁹ Department for Education (2015) *Working Together to Safeguard Children* HMSO, London

¹⁰ Notable high profile tragedies leading to government inquiries influencing policy change are: Victoria Climbié, Peter Connolly, Khyra Ishaq and Daniel Pelka.

¹¹ See for example the inquiries relating to the children who died *Ibid*: Department of Health (2003) *The Victoria Climbié Inquiry - Report of an Inquiry by Lord Laming*, January 2003, CM 5730, HMSO, Online at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273183/5730.pdf, [Accessed 20 April 2015]; Lord Laming (2009) *The Protection of Children in England: A Progress Report*, HC 330, March 2009, TSO, London, ISBN: 9780102958928, Online at:

<http://webarchive.nationalarchives.gov.uk/20100408095957/http://www.dcsf.gov.uk/everychildmatters/download/?id=5884>, [Accessed 20 April 2015]; Radford, J. (2010) *Serious Case Review Under Chapter VIII 'Working Together to Safeguard Children' In respect of the Death of a Child Case Number 14*, 26th April 2010, Birmingham Safeguarding Children Board; Lock, R. (September 2013) Coventry Safeguarding Children Board Final Overview Report of Serious Case Review re Daniel Pelka, Online at:

<http://www.coventrylscb.org.uk/files/SCR/FINAL%20Overview%20Report%20%20DP%20130913%20Publication%20version.pdf>, [Accessed 20 April 2015]

¹² Most notably the NSPCC's campaign 'Child Abuse must Stop, Full Stop' campaign which encouraged the public to make a small monthly donation to the NSPCC to help stop child abuse

¹³ The prevalence numbers in Cawson, P., Wattam, C., Brooker, S. and Kelly, G. (2000) *Child maltreatment in the United Kingdom: a study of the prevalence of child abuse and neglect*, NSPCC, London; and Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., Collishaw, S. (2011) *Child abuse and neglect in the UK today*, September 2011, NSPCC Website, Online at: <http://www.nspcc.org.uk/preventing-abuse/research-and-resources/child-abuse-and-neglect-in-the-uk-today/>, [Accessed 20 April 2015] use a sample of retrospective self-reporting of childhood experience, matched against the NSPCC's opinion how the reports should be categorised. The resultant findings of abuse do not represent reported cases, are not agreed with by the research participants and should not be taken to be representative of the general population. The reports provide valuable research data, but the conclusions drawn about prevalence should, we suggest, be treated with caution.

have created precedents allowing children to claim damages in cases of under-intervention but infrequently in respect of over-interventions.¹⁴ Adults are barred from claiming damages in respect of any damage they suffer as a result of the state processes of intervention, even if a concern is later shown to be unwarranted.¹⁵ The rationale is so as not to deter professionals from acting on their concerns.

The cumulative result of these factors has created significant pressures towards the exercise of state power at an increasingly low threshold of concern. There is no corresponding framework of rights and remedies to protect families (including children, adults or both) from the harms that can be caused from the interventions themselves. Our research found that many referrals are initiated either as a fear or as a risk averse response rather than firmly evidenced concerns.¹⁶ This may be justified if it leads to increased detection and prevention of child abuse however our research on referral trend data covering the last 22 years shows a dramatic increase in referrals but no corresponding identification of child abuse.¹⁷ The harm to families caught in the glare of investigation is well documented, and whilst this may be justified in cases where there is a reasonable suspicion of significant harm to a child,¹⁸ research findings consistently show that families where no significant harm is

¹⁴ *X and Others (Minors) v Bedfordshire County Council* [1995] 2 AC 663 which became *Z and Others v United Kingdom* [1995] 2 AC 663 1108 [2001] 2 FCR 246 and (2002) 34 EHRR 3 in the ECtHR established a cause of action in relation to claims for damages by children in cases of under-intervention. However, *D v East Berkshire Community NHS Trust & Another; MAK & Another v Dewsbury Healthcare NHS Trust; RK & Another v Oldham NHS Trust & Another* [2003] EWCA Civ 1151 established that although children who suffer harm as a consequence of negligent over-intervention do have a duty of care owed to them, there were cogent reasons of public policy for concluding that where child welfare decisions were being taken no common law duty of care should be owed to the parents.

¹⁵ See *Ibid*. Parents have limited remedy if there has been a procedural breach under Article 8 HRA 1998 and limited remedies in defamation if malice can be shown. See for example *AD and OD v United Kingdom* (Application No 28680/06) [2010] ECHR 340 W v Westminster City Council and Anca Marks and James Thomas [2004] EWHC 2866 respectively.

¹⁶ Devine, L. & Parker, S. (2015) *Safer Children? Investigating the translation of child protection & safeguarding training for schools into Children's Social Care referrals*, ECRG Final Project Report, UWE.

¹⁷ Devine, L. and Parker, S. (2015) *Rethinking child protection strategy: Learning from trends*, ESRC Project Working Paper, Centre for Legal Research, University of the West of England, Online at: <http://eprints.uwe.ac.uk/25258/>, [Accessed 20 April 2015]

¹⁸ The threshold test of 'reasonable suspicion of significant harm' is the enabling phrase in s.47 Children Act 1989. The 'significant harm' must be either happening now or likely to happen in the future.

identified may be seriously harmed as a result of the interventions.¹⁹ There is little support for families in this position.²⁰

The underpinning theoretical and applied research

The research underpinning the SAFER Initiative originates with theoretical doctoral research,²¹ currently being edited for publication as a monograph, *Policing Parents*.²² This work draws together the legal framework of duties, rights and responsibilities on the state and individuals in the relation to child protection and safeguarding referrals and assessments. S.11 Children Act 2004 places a responsibility on agencies connected with child education, health, criminal justice and welfare provision to 'safeguard' children. The statutory guidance *Working Together to Safeguard*

¹⁹ Research findings from jurisdictions which operate a selective provision report severe distress and shock as a response to assessment. There are many studies which support this finding from academic and government sources, for example Butler-Sloss, E. (1988) *Report of the inquiry into child abuse in Cleveland 1987*, Presented to Parliament by the Secretary of State for Social Services by Command of Her Majesty, July, 1988, HMSO, London; Schultz, L. G. (1989) One hundred cases of unfounded child sexual abuse: A survey and recommendations, *Issues in Child Abuse Accusations* 1(1) pp. 29-38 at page 37; Richardson, D. (1990) The Effects of a False Allegation of Child Sexual Abuse on an Intact Middle Class Family, *Issues in Child Abuse Accusations* Volume 2, 1990, Online at: http://www.ipt-forensics.com/journal/volume2/j2_4_7.htm, [Accessed 20 April 2015]; Luza, S. & Ortiz, E. (1991) 'The Dynamic of Shame in Interactions Between Child Protective Services and Families Falsely Accused of Child Abuse' *Issues in Child Abuse Accusations*, Volume 3, pp. 108-123 at p.108, Online at: http://www.ipt-forensics.com/journal/volume3/j3_2_5.htm, [Accessed 20 April 2015]; Wakefield, H. & Underwager, R. (1994) The alleged child victim and real victims of sexual misuse, in Krivacska, J. & Money, J. (eds.) (1994) *The Handbook of Forensic Sexology*, Amherst, Prometheus Books, NY, Online at: <http://www.ipt-forensics.com/library/alleged.htm>, [Accessed 20 April 2015]; Prosser, J. (1995) A Case Study of a UK Family Wrongly Accused of Child Abuse, *Issues in Child Abuse Accusations* Volume 7, pp. 1-12 at p.10, Online at: http://www.ipt-forensics.com/journal/volume7/j7_3_2.htm, [Accessed 20 April 2015]; Dale, P, Green, R and Fellows, R (2005) *Child protection assessment following serious injuries to infants: fine judgments*. NSPCC/Wiley series, Chichester. Research has identified false positive cases where families were investigated following an allegation that they had harmed their children as causing 'great suffering' notably Jones, D. P. H. (2001) Spotlight on practice: editorial—false positives in the field of child maltreatment, *Child Abuse & Neglect* 25 pp.1395–1396. The effects of an investigation were described as 'system abuse syndrome' following an ethnographic case study involving families who had sought help from Parents gainst Injustice (PAIN) Prosser, J. & Lewis, I. (1992) *Child abuse investigations: The families' perspective*, Parents Against INjustice, 3 Riverside Business Park, Stansted, Essex CM24 8PL, United Kingdom at p.20.

²⁰ Organisations such as the Family Rights Group <http://www.frg.org.uk/> provide support and advice for families. Their approach is representative of support organisations as they advocate parental compliance on the grounds that case law shows this to be the most successful way to stop the escalation of intervention.

²¹ Devine, L. (2012) *Policing parents: a deconstructive examination of schematic state interference into private life with special reference to assessment of families deriving from the state's duty to 'safeguard' children under the provisions of the Children Acts 1989 and 2004*. PhD, University of Birmingham, Online at: <http://eprints.uwe.ac.uk/24398/>, [Accessed 20 April 2015]

²² Devine, L. (2015) *State powers and private rights in child protection and safeguarding assessments: Policing parents*. UK: Routledge. ISBN 9781315767048 [In Press]

Children sets out that part of this duty includes reporting suspected child abuse to Children's Social Care Departments.

Our underpinning theoretical work led to a number of projects which applied the theoretical insights to investigate particular aspects of the child protection and safeguarding system. In 2012 we received a UWE Early Career Researcher Grant to run a project called Safer Children? ²³ This project investigated child protection and safeguarding training in schools, and examined how the training translates into referrals. The purpose of this research was to gain practical insights into how the concept of having a duty to safeguard is understood and responded to following training. Safer Children? identified the source, funding and quality of the training that is available to education professionals and its effect on the way in which professionals understand their duty to report concerns and respond to it. This is the first research into this question that has been undertaken since the duty under s.11 was enacted. The findings of the research enabled us to make suggestions for improvements in practice to start the SAFER Initiative, ²⁴ and to gain a major ESRC funding grant for the project 'Rethinking child protection strategy: evaluating research findings and numeric data to challenge whether current intervention strategy is justified'. ²⁵

When we conceived Safer Children? we assumed that training was provided to schools free of charge by local authorities. It is not, and we suggest this constitutes a major gap in policy implementation as it creates a financial burden on school budgets. ²⁶ The national cost is high, but it does not appear as a national issue of concern as the cost of the training is borne at a local level. It is consequently a 'hidden cost'. We also identified that training is unregulated and provided by profit making private providers who do not require any accreditation or qualification. We concluded that the content of the representative training package Safer Children?

²³ *Safer Children? Translating the duty to safeguard children into child protection referrals: Evaluating Training Effectiveness and Outcomes in an Education Setting*, funded by a UWE Early Career Researcher Grant, 2012 (£15,224)

²⁴ Funded by an UnLtd/HEFCE of £3,000 to start and pilot the project.

²⁵ ESRC transformative grant number ES/M000990/1 (£202,487), *Rethinking Child Protection Strategy: evaluating research findings and numeric data to challenge whether current intervention policy is justified*.

²⁶ The source of the budget used may differ depending upon the constitution of the school, but the funding is either paid for out of an individual budget (for example if the school is an academy) or from the local authority budget (if the school is a local authority school)

investigated was unsatisfactory in meeting the needs of the staff, or staying within the boundaries of what the law intended.²⁷ It was biased towards over-referral, and trained users to refer in circumstances, and on uncertain grounds that go way beyond those required by law.²⁸ Interviews with teachers showed that following the training, despite a desire to promote child welfare and to protect children, staff remained confused and unsure about what to do and in what circumstances they should make a referral.²⁹ This seemed counter-productive: the legal safeguards and boundaries intended by the separation in the Children Act 1989 between ss.17 and 47 were eroded, whilst Children's Social Care Departments were progressively overloaded with low threshold cases which have been shown to cause harm to families. An overloaded social work department may be in a position where a serious case is missed and the very children the system most intended to help do not receive the help they need.

We carried out interviews with teachers who had undertaken the training in order to evaluate their knowledge about safeguarding referrals against research informed, benchmark criteria to establish the teacher's level of basic knowledge. Our findings highlighted the willingness of teachers to learn and be informed, but that the training was inadequate, misleading and wrong on many measures. We found that in addition to the tendency towards over-referral, there was a lack of appreciation of the consequences of referrals for families who may be in need of support to cope with the next steps, particularly when the concern triggering the referral was unfounded.³⁰

Although professionals are generally receptive to training (as distinct from education, which implies a level of critique), the training they receive is not enabling them to exercise good judgment, or to evaluate whether or not they are being instructed to

²⁷ We selected a training package which is nationally used, and includes uptake by a large number of schools and high profile organisations who work with children. It is representative of the privately provided training packages available to schools in England.

²⁸ There is a drift towards referral based on the theory of 'signs of abuse' which is being translated across disciplines as a 'must do list' professionals must follow. Our research showed that not only is this leaving professionals confused, but the theory is based on very uncertain research foundations and even proponents of risk-based referrals warn of the high rate of false positive outcomes (the number in studies amounts to over 97%; the key study is found in Browne, K. and Saqi, S. 'Approaches to Screening for Child Abuse and Neglect' in Browne, K. *et al* (1988) *Early Prediction and Prevention of Child Abuse*, Wiley, Chichester, pp.57-85, at p.57

²⁹ Devine, L. & Parker, S. (2015) *Safer Children? Investigating the translation of child protection & safeguarding training for schools into Children's Social Care referrals* ECRG Final Project Report, UWE

³⁰ *Ibid*

refer in appropriate or clear circumstances. Although this approach to training may stem from an assumption this will increase protection for children, findings from research and government reports suggest otherwise.³¹ Not only does this policy have the potential to overload Children's Services Departments, but it advocates the abdication of responsibility for any critical sifting in terms of what really should constitute referring a child.³² It also causes unnecessary stress for the large number of families needlessly referred, including the children,³³ and increases the social care budget.³⁴ The only beneficiaries of this policy drive are those using the concept of child protection and safeguarding as a means of generating profit.

Child protection and safeguarding training packages are used by schools as a way to fulfil their statutory duty. Consequently, schools have no option but to buy the available training, largely supplied by a lucrative and unregulated private industry. We concluded the training packages may be contributing to confusion about the legal rights and responsibilities of education providers, and of families. This has resulted in vulnerable educators and vulnerable families: teachers are unsure of the legal boundaries of their responsibilities, and families are increasingly caught up in social work assessments in increasingly wide circumstances.³⁵

³¹ See Devine, L. & Parker, S. (2015) *Rethinking Child Protection Strategy: Learning from Trends* Working Paper, Centre for Legal Research, UWE, Online at: <http://eprints.uwe.ac.uk/25258/>, [Accessed 20 April 2015]. The increase in referrals and assessments has not led to a statistically significant increase in the identification of child abuse.

³² This is evidenced by the large proportion of annual notifications to Children's Services Departments which are not accepted as referrals as they are considered too low level to require a response. Of those that are accepted as referrals and the family assessed, the vast majority do not identify any evidence of significant harm to a child as required under s.47 Children Act 1989 for non-consensual statutory intervention to occur. It is more likely the outcome would be either 'no further action' or an identification of some support need under s.17 Children Act 1989. A full breakdown of the statistics is found in Devine, L. & Parker, S. (2015) *Rethinking Child Protection Strategy: Learning from Trends* Working Paper, Centre for Legal Research, UWE, Online at: <http://eprints.uwe.ac.uk/25258/>, [Accessed 20 April 2015]

³³ *Ibid*, n.19

³⁴ For example Wrennall reports that in the UK the 'Total gross expenditure on children in care in 2007-08 was £2.19 billion' and that in 'the US, the Child Protection expenditure is estimated to be \$11.2 billion', (1998 figures); Wrennall, L (2010) 'Surveillance and Child Protection: De-mystifying the Trojan Horse' *Surveillance and Society* 7(3/4) 304-324, p.309

³⁵ The successive versions of government statutory guidance document have interpreted the legislation in a way that contributes to the increase in referrals. See: Department of Health and Social Security (1986) *Child Abuse: Working Together – Draft Guidelines*, HMSO, London; Department of Health (1989) *Working Together Under the Children Act 1989: A Guide to Arrangements for Inter-Agency Co-Operation for the Protection of Children from Abuse*, HMSO, London; Department of Health (1990) *Working Together to Safeguard Children*, HMSO, London; Department of Health, Home Office, Department for Education and Employment (1999) *Working Together to Safeguard Children*, HMSO, London; Department of Health (1999) *Working Together under the Children Act 1989: A*

At the end of Safer Children? we offered to continue to work with the school and formalised a Knowledge Transfer Partnership (KTP). We also made an application for a major funding grant from the ESRC to research the operation of the whole of England's child protection and safeguarding system in our project 'Rethinking Child Protection Strategy'. This project involves four major areas of interest, looking at: referral trends, risk assessment theory and practice, public inquiry and serious case review findings, and a cost/benefit analysis of the system. We designed this project to conduct a major review of the impact of the referral and family assessment system. However, as we had already identified from Safer Children? a need for change to occur at an earlier stage than the referral itself we took the opportunity to establish a social enterprise initiative to address this need to operate in tandem with Rethinking Child Protection Strategy. This strategy will strengthen both projects: our ESRC funded research will inform our social enterprise Initiative and the experience, networking activities and feedback we receive from our Initiative will inform our research with 'real world' input.

Linking the research to social enterprise

The decision to set up the SAFER Initiative was taken after careful consideration. Many investigations into areas of law consider the interface between legal and moral responsibility. The extent to which the two coincide is debated at a theoretical level but not generally translated into ways for researchers to bring their research into a project providing direct social benefit. Creating a strategy to do this in a way that could become self-supporting was challenging.

We could see that increasingly, research findings were consistently showing that the gap between the desire of professionals working with children to protect them from harm, and the lack of detailed knowledge of the law and welfare issues involved was

Guide to Arrangements for Inter-Agency Co-Operation for the Protection of Children from Abuse, HMSO, London; Department of Health (2010a) *Working Together to Safeguard Children*, March 2010, HMSO, London; Department of Health (2010b) *Working Together to Safeguard Children*, April 2010, HMSO, London; Department for Education; Department for Education (2013) *Working Together to Safeguard Children*, HMSO, London; Department for Education (2014) SFR43/2014, *Characteristics of children in need in England, 2013-14*, issued 29 October 2014, HMSO, London; Department for Education (2015) *Working Together to Safeguard Children* HMSO, London.

creating a barrier to effective practice.³⁶ Having identified this, the next logical step was to start up a social enterprise to provide high quality, research led training to inform professionals' response to their duty under s.11. As there is a tendency towards over-referral, and given the evidence of harm to referred families we felt there was also a responsibility to provide support and meaningful help for families in this position.

We had also seen that a professional who refers a child to Children's Social Care does not have a compatible role with post referral support for the family to help them to bring the process they have initiated to an end in a safe manner. This is, conversely the aim of the process.³⁷ The situation is best described as one of competing interests, pulling in opposite directions with families caught in the resultant policing/welfare dual purpose assessment. The need to address this dichotomy is embedded in the aims of the SAFER Initiative. We saw the referral process as operating in a way that pulled in the opposite direction from the notion of family support. The SAFER Initiative aims to change dynamics and outcomes, where improved professional understanding of their responsibilities and the consequences of them are embedded into practice. The offer of independent support to families enables a common aim to be achieved on both sides; that of safe, functional families.

The SAFER Initiative: addressing a social need

SAFER is an acronym for 'Support After Family Education Referrals'. We may change the acronym to SAFA (Support After Family Assessment & referral) but the idea is the same for both: the name had to conceptualise the idea that it is important not just to aim to improve child safety by making referrals, but to improve child and family safety by supporting the family at the point of an incredibly stressful life event.

³⁶ Devine, L. & Parker, S. (2015) *Safer Children? Investigating the translation of child protection & safeguarding training for schools into Children's Social Care referrals ECRG Final Project Report*, UWE

³⁷ The Public Law Outline 2014 (practice direction 12A) predicated a form of partnership working between parents and social workers in the earlier stages which is designed around parental compliance to prevent assessment from escalating into a s.31 Children Act 1989 care order application. There is an assumption that the social worker intervention operates in a supportive manner as described in s.17 Children Act 1989 until litigation starts. The PLO flowchart is available online at: http://www.familylaw.co.uk/system/uploads/attachments/0008/5157/PLO_Flowchart.pdf [Accessed 20 April 2015]

The Initiative is at the pilot stage having received a start-up grant from UnLtd for £3,000 to pilot the project and receive feedback from our KTP. The Initiative operates on simple principles:

1. It fills a gap in the provision of affordable quality, research led training for schools and their staff; and
2. It fills a gap in the provision of *pro-bono* advice and support for families referred to social services following safeguarding concerns about their child.

The revenue stream from the first aim of the Initiative will fund the second, making the Initiative able to be self-financing within a relatively short space of time. The cost of the training will be significantly less than private providers are charging, with the associated cost saving to public funds. By removing private profit, leveraging the use of credible child protection and safeguarding research and using the sale proceeds to provide family support, we aim to provide a mutually beneficial scenario for schools and families while meeting the educator's legal obligations.

In order for the initiative to be viable we needed to identify the extent of the communities of interest which our project will serve. This was important in terms of justifying that there was a social need, and also to create a business plan to demonstrate the scale of the income generating community. We concluded that from the point of its national launch and external web profile which will follow the pilot stage, the project is projected to generate sufficient income (by selling the training to schools at just above cost) to operate. We calculated that we could provide better training to schools at around 50% of the current cost to them.

Initially we will aim at building our client base locally, but aim to expand nationally. Nationally there are 16,788 primary and 3,329 secondary state funded schools.³⁸ The income generating training is more than capable of financing the pro-bono and

³⁸ DfE (2014) Statistics: Schools, pupils and their characteristics: January 2014, National tables 2e & 2f. Online at: <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2014>, [Accessed 8 December 2014]

support side of the initiative³⁹. Schools will be aware the money they pay for the training will be put to a social enterprise use to improve family welfare.

At inception, the Initiative involved Dr Lauren Devine (executive director), Stephen Parker (executive co-director), a local Academy (the Academy) & Board of Governors (Knowledge Transfer Partners (KTPs) who will pilot the project and provide feedback) and UWE students (who will be involved in setting up the training package, and providing *pro-bono* advice and support for families). The way in which the initiative is organised provides mutually beneficial working relationships for everyone involved: for us as researchers we gain increased impact from our work, and are able to use our research to fulfil a valuable social function. The Academy & Board of Governors gain the benefit of the training free of charge in return for their involvement and feedback. They also gain the benefits of a KTP in relation to our expertise and input in relation to their responsibilities for child protection and safeguarding.

Involving students provides several benefits: students who participate benefit from being able to add this experience to their CVs and increase their employability and knowledge. This is particularly relevant for law students who intend to continue to practice law, particularly in Public Family Law, a growth area for practice. The UWE Futures Award is linked to the initiative so participating students gain credits towards their Award. The tradition of involvement of law students in *pro-bono* initiatives is well established as an educational and social model for mutual benefit in legal higher education.

Creating Impact

The impact possibilities from the SAFER Initiative are considerable. The delivery of research backed training enabling more informed referrals is of general benefit to society. There is significant benefit to individual families who receive support independent from government. The financial cost to society via individual school budgets could also be significantly reduced.

³⁹ Detailed costings and a business plan were produced prior to the start-up funding application to UnLtd.

In addition to the wide public benefit, the organisations and individuals who are involved with the SAFER Initiative will gain skills and expertise in a sensitive and socially relevant area. The involvement of a local Academy and its Governing Body creates a mutually beneficial KTP, enables them to reduce their training budget whilst increasing their confidence in their child protection and safeguarding training.

The impact in relation to the *pro-bono* and support provided to families is arguably where impact with the highest social value can be achieved, but is also the least quantifiable. There is ample research documenting the severe harm to families that is caused by referral to Children's Social Care. This harm can range from social isolation, stigmatisation, severe stress and health problems, trauma for children and their parents and long term distrust of professionals.⁴⁰ There is some support available to families via charities and support organisations but this is generally focussed on the later stages of the PLO once a s.31 Application is threatened or has been applied for. Our focus is on the earlier stages.

The key impact of our work is to provide a means of using our research for direct social benefit. We are trialling a model which demonstrates how research can be directly applied in a practical way to reduce the financial cost of a welfare system, whilst providing support to a disadvantaged section of society. In the medium to long term, as our research develops we aim to influence policy in respect of how the child protection and safeguarding system operates at these early stages. Whilst we work on our longer term policy recommendations, the social enterprise strategy provides a means of creating more immediate social benefit from research findings.

We recognise that the current situation has arisen largely as a result of policy and legislative responses to serious cases of child abuse, representing an incremental shift towards increased referrals, earlier intervention and support as a pro-active means of intervention to reduce child abuse. We agree with the aim of supporting families, but question the referral and assessment process as a progressive response to families' support needs. The service rationing model that operates in England and other Anglo-American jurisdictions is not the dominant model in many European countries which offer universal, non-assessed support on a much wider

⁴⁰ *Ibid*, n.19

basis.⁴¹ We argue this is a fairer and less invasive manner of supporting families that is more genuinely grounded in concern for social welfare. We suggest that placing assessment at such an early stage has counter-productive and harmful effects, including stigmatisation, trauma, financial cost, and the furthering of a surveillance agenda which is not aligned with welfare considerations. The enabling Children Act 1989 intended only consensual interventions where support was needed, keeping ss.17 and 47 separate. The original aim of s.17 was not to cause significant stress and distress to families in a manner more easily understood in the context of s.47.

Given the sensitivity of the subject area, the biggest challenge to the Initiative will be working in an area that carries a high level of stigma towards referred families. We hope to be part of a culture change in this regard. It is no longer the case that referred families should be considered to be suspected of child abuse as a default position: a very small proportion of referred children are found to have suffered abuse.⁴² The other major challenge to the Initiative in its critical early stages will be to ensure the ongoing support of UWE and our partnership so that we can invest the necessary time and effort.

Conclusions

The SAFER Initiative will be piloted throughout the academic year 2015-2016. An application for follow on funding will be made to launch the project locally, then nationally. The Initiative is designed to be self-supporting from the end of this stage as we will have the training package written, tested and launched. We have established links with a large number of relevant organisations who can help publicise the Initiative, a social media presence, and a research profile to ensure the Initiative has credibility.

Although the enterprise is projected to be able to support itself and grow within one year of the national launch we will explore other avenues of funding so that we can

⁴¹ Devine, L. (2015) 'Considering social work assessment of families' *Journal of Social Welfare & Family Law*, 37 (1). pp. 70-83 at p. 78-80, Online at: <http://dx.doi.org/10.1080/09649069.2015.998005>, [Accessed 20 April 2015]

⁴² Statistical data can be found in Devine, L. and Parker, S. (2015) *Rethinking child protection strategy: Learning from trends* ESRC Project Working Paper, Centre for Legal Research, University of the West of England, Online at: <http://eprints.uwe.ac.uk/25258/>, [Accessed 20 April 2015]

grow as an organisation.⁴³ We envisage developing the organisation with a hub and spoke framework, with UWE as the hub and partner universities operating spokes. If we can achieve this there is potential for the Initiative to demonstrate the possibilities for translating theoretical research into a social enterprise delivering measurable social benefit.

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⁴³ There are 75 schools in Bath and North East Somerset: Projected annual revenue would be £22,000 for an operating cost of £5,000 in year 1 rising to £58,500 revenue and £5,850 operating costs in year 2 based on adding City of Bristol's additional 125 schools. If expanded to the whole of England then numbers become: 20,117 schools, giving revenue of £5,861,500 revenue, £586,150 operating costs and a surplus of £5,275,350 per annum.

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Safer Children? Translating the duty to safeguard children into child protection referrals: Evaluating Training Effectiveness and Outcomes in an Education Setting (UWE Early Career Researcher Grant for £15,224)

Rethinking child protection strategy: evaluating research findings and numeric data to challenge whether current intervention strategy is justified (ESRC grant number ES/M000990/1 for £202,487);