Rethinking Child Protection Strategy: The SAFER Initiative

Integrating law, practice & social enterprise into effective safeguarding training and a post-referral family support initiative

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Abstract

This paper presents the results of funded research, undertaken to gain insight into how the duty to safeguard is understood and responded to in secondary schools. The aim of the research was to identify how effectively teachers, as non-experts in child protection and safeguarding, are trained to respond to their duty under s.11 Children Act 2004 to safeguard children. Our findings enabled us to make suggestion for improvements in practice, gain further funding to start an innovative social enterprise initiative, the SAFER Initiative, and secure a major ESRC funding grant to investigate safeguarding and child protection policy and strategy in England. 4 Our paper describes the source, funding and quality of the training that is available to education professionals. We carried out interviews with teachers who had undertaken the training to evaluate their knowledge about safeguarding referrals against benchmark criteria. Our findings highlighted the lack of research informed, reliable training. We found that high profile child fatalities and resultant serious case reviews have led to a tendency towards over-referral as opposed to under-referral. We also identified a lack of understanding of the consequences of referrals for families who may be in need of support to cope with the next steps. We therefore established the SAFER Initiative which is funded to run as a pilot project this year to provide high quality, university backed expert safeguarding and child protection training for schools, coupled with pro-bono help and support for families who have been referred to Children’s Social Care.

Keywords

Safeguarding, child protection, referrals, family support, child protection training, SAFER Initiative, ESRC, Rethinking child protection strategy


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Introduction

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 acknowledged as 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 SAFER Initiative which addresses both issues, including 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 sourcing start-up funding.

The objective of the SAFER Initiative is to fulfil two social needs:

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5 Funded by an UnLtd/HEFCE social enterprise award. SAFER is an acronym for ‘Support After Family Education Referrals’.
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;⁷ 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.⁸ 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.⁹ 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’.

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⁷ 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.


⁹ 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. 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. 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. Government inquiries respond to these cases by recommending increased information sharing and referral of concerns.

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. 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. Additionally, cases brought in the courts

12 Notable high profile tragedies leading to government inquiries influencing policy change are: Victoria Climbie, Peter Connolly, Khyra Ishraq and Daniel Pelka.
14 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
have created precedents allowing children to claim damages in cases of under-intervention but infrequently in respect of over-interventions. 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. 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 adverse response rather than firmly evidenced concerns. 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. 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, research findings consistently show that families where no significant harm is

16 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.

17 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 and W v Westminster City Council and Anca Marks and James Thomas [2004] EWHC 2866, respectively.


20 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. There is little support for families in this position.

The underpinning research

The research underpinning the SAFER Initiative originates with theoretical doctoral research, currently being edited for publication as a monograph, Policing Parents. 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

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22 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.


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 funded projects which applied the theoretical insights to investigate particular aspects of the child protection and safeguarding system.

**The ‘Safer Children?’ Project**

In 2012 we received a UWE Early Career Researcher Grant to run a project called ‘Safer Children’\(^{25}\) 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 to obtain funding to start the SAFER Initiative,\(^{26}\) 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'.\(^{27}\)

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.\(^{28}\) 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

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\(^{25}\) *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)

\(^{26}\) Funded by an UnLtd/HEFCE grant of £3,000 to start and pilot the project.

\(^{27}\) 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*.

\(^{28}\) 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)
making private providers who do not require any accreditation or qualification. We concluded that the content of the representative training package ‘Safer Children?’ investigated was unsatisfactory in meeting the needs of the staff, or staying within the boundaries of what the law intended.\textsuperscript{29} 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.\textsuperscript{30} 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.\textsuperscript{31} 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.

This concerned us for two reasons:

1. An overloaded social work department may be in a position where a serious case is missed; and
2. 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 relied on uncertain information and tenuous evidence basis, which were nevertheless presented as absolute fact. We found that in addition to the tendency towards over-referral, there was a lack of appreciation of

\textsuperscript{29} 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.

\textsuperscript{30} 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. \textit{et al} (1988) \textit{Early Prediction and Prevention of Child Abuse}, Wiley, Chichester, pp.57-85, at p.57

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 shown to be unfounded.  

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 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. 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. It also causes unnecessary stress for the large number of families needlessly referred, including the children, and increases the social care budget. The only beneficiaries of this policy drive are those for whom the concept of child protection and safeguarding referrals are as a means of generating private 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

32 Ibid.
34 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]
35 Ibid, n.19
36 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
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.37

The ‘Rethinking Child Protection Strategy’ project

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’. We designed this project to enable us to conduct a major review of the impact of the referral and family assessment system. However, as we had already identified the need for our social enterprise initiative from ‘Safer Children?’ we considered it could 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 ESRC research.

‘Rethinking child protection strategy’ investigates the four key planks of child protection policy:

1. The drive towards increased referrals and assessments (carried out via trend analysis);
2. The use and impact of risk assessment in child protection and safeguarding referrals and assessments;

3. The impact of Public Inquiries and Serious Case Review on policy and practice; and
4. An overall evaluation of how these three elements contribute to social work practice and family welfare.

The project started on 1st September 2014 and is funded for 18 months. At the end of the project a Report will be produced to inform future policy and a book ‘Policing Parents’ is in progress which focusses on these issues and the wider, theoretical context of the balance of state powers and private rights.\textsuperscript{38} The primary objective of the research is to identify and challenge the accuracy of the paradigm informing assessment policy in the English model of child protection and safeguarding. We identify the paradigm as a series of ‘truths’ amounting to a ‘theory of child protection’.\textsuperscript{39}

Our recent Working Paper reported on progress. ‘Rethinking Child Protection Strategy: Learning from Trends’\textsuperscript{40} looked at trend numbers in relation to child protection and safeguarding referrals and assessments. This gave us useful data about the significant increases in referrals of children and their families, and the outcomes of those referrals. We matched those numbers against reported prevalence numbers of child abuse in England.\textsuperscript{41}

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The trend data establishes that despite the increased cost of social care provision, the increased level of intrusion into private family life and increased surveillance of families, there is no proportionate increase in the level of child abuse found in referred children. This finding is significant. It challenges the assumption underpinning current debates, for example whether social workers are failing, whether mandatory reporting should be elevated from civil to criminal status, and whether wilful neglect by social workers should become a criminal offence.\(^{42}\)

Although the number of children referred into the system (including those referred more than once in the same year) has significantly increased from 160,000 in 1991/1992 to 657,800 in 2013/2014, the number of cases where ‘core abuse’ (physical and sexual abuse) is detected has dropped from 14,700 to 6,400. In addition, the ratio of referrals to registrations has significantly fallen year on year from 24.1% to 7.3%. This is not adequately explained by the rise in early intervention for families as targeted early intervention occurs following the assessment stage. The paper concludes there are a number of important policy questions to be addressed.

Overall since 1991/1992 to 2013/14 a trend of referral can be seen indicating a 311% against a steady child population size. The level of Initial Assessments rose by 302% over the period. This is a fourfold increase based on 120,000 Initial Assessments in 1991/1992 to 657,800 Initial and Continuous Assessments in 2013/2014. The 2013/2014 figure includes the newly piloted Continuous Assessments which replaced Initial Assessments in some areas. The number of children who were investigated and are found to be ‘at risk’ is represented by children registered on the (now obsolete) Child Protection Register or children with a Child Protection Plan. Similarly to Parton reports of other research findings, these figures have remained relatively constant despite significantly increased referral and assessment.

This raises questions about the nature of the decision making process and the reasons for decisions in order to establish why an increasing number of families are being referred but the number of substantiated instances of child abuse is not significantly increasing. It may be that the incidence of ‘child abuse ’is not...
increasing, but the reporting of suspected abuse is: the increased incidence of referral may be the result of s.11 and general professional and public anxiety about failing to identify ‘risk’ and ‘need’ and the resultant consequences including adverse publicity, loss of job, failure to protect children.

The NSPCC’s prevalence studies authored respectively by Cawson et al\textsuperscript{45} and Radford et al\textsuperscript{46} suggest that there is a higher level of abuse than is detected, although we do not necessarily agree their findings relate to prevalence as opposed to incidence. The studies are of value in describing the retrospective recollections of young adults about their childhood experiences and highlight a disjoint between the low level of participants who considered they had been abused, and the significantly higher proportion considered to have been abused by the NSPCC in these studies. However, even if the prevalence is not known, if it is accepted that there are a significant number of undetected cases it may suggest a system coping with an increased level of bureaucracy and data from false positive referrals this would lead to insufficient benefit in respect of reduced harm. Alternatively there could be a large number of referrals relating to need which receive attention elsewhere and would therefore not be expected to enable a finding of abuse. Regardless of the reason, the drive towards increased referral and assessment is not ‘stopping’ child abuse.


The data and trend analysis raises some interesting questions about the accuracy of the truths informing the theory of child protection. The methodology underpinning the prevalence number studies raises additional questions over whether they should be taken to be reliable across the population. ‘Policing parents’\textsuperscript{47} will address this question in detail. If it is the case that more children are being referred than are being abused then it does raise legitimate questions of the number of families subjected to screening; a process which is known to be stressful and in some cases extremely harmful. There is a large body of literature highlighting harm caused by referral and assessment. Research findings consistently linked suspicion and investigation as causing more harm than the wider issues of power relations and state interference \textit{per se}, although it is sometimes difficult to separate out the harm caused at each stage.\textsuperscript{48} Other research identified false positive cases as causing ‘great suffering’ at all stages of the process.\textsuperscript{49}

\textsuperscript{47} Ibid, n 38
The findings also raise categorisation questions about the use of s.17 measures and whether they have become a quasi-coercive stage overriding the clear divisions envisaged in the Children Act 1989 between ss. 17 and 47. If there is a tendency towards over-referral the ability of social workers to carry out timely and effective reports is compromised. It is unsurprising that serious cases are likely to be missed in the increasing mass of mixed referrals. There are consequential dangers in relation to both false positives and false negatives.

The data provides a framework for further analysis as the project progresses. The single most significant of the project’s findings to date demonstrate that the number of referrals has dramatically increased although the number of substantiated child abuse cases has not. The number of substantiated cases of ‘core abuse’ has dropped from 9.2% to 1.1% of referrals. The number of referrals has increased by 311% but despite this, Serious Case Review findings consistently find threshold decision making errors. The system is utilising ever increasing resources to detect abuse that is either not there on the scale suggested by Cawson et al and Radford et al; is undetected; or is being ‘caught’ at the primary and secondary stages. The inability to separate out from the available data what is happening and address this question should prompt more rigorous government data collection to inform further research. It should also prompt investigation of whether there is damage to families and children who are subject to assessment, particularly in cases where there has been an allegation.

Further investigation is needed to investigate why there is uncertainty and ambiguity in the collected data and how these issues can be resolved. In part it may be because there is no limit to the behaviours that could be added to the categories of ‘child abuse’. As a result, it is difficult to accurately measure how widespread it is;


Ibid, n 45.

Ibid, n 46.

See World Health Organisation definition of ‘child abuse’:

“It was also recognized that one definition of child abuse cannot serve all purposes; for example a definition that would serve to increase awareness differs from that for service provision, and a definition for legal purposes differs from that for research. For that reason a diagnosis must be adaptable and include descriptions of different types or classifications which can be adapted and/or expanded on as is appropriate for the setting.”
if we don’t know *what* it is we can’t measure how much of it there is; some abused children may not be referred at all, or some potential child abuse may be addressed through early intervention strategies and consequently never categorised as abuse.

Despite these issues, it has become commonly understood that there is a high level of undetected child abuse. Under the current system the predominantly welfarist approach is providing rationed but consensual services to those who request them under s.17. It is noted there are many requests for services that are not met. Additionally services are provided to those who do not want them as a way of subverting escalation to s.47 measures. This is the coercive nature of the current system. The data illustrates that the role of s.17 is expanding, raising a number of interesting questions about how prevalence studies are understood in this context, and the consequences of mixing welfare and policing roles.

The difficulties and complexities of separating data relating to family *welfare* from data relating to family *policing* leave a number of important questions for future research. What can be concluded, however, is that there is no data from the prevalence studies when matched against the trend data to suggest there is a statistically significant reduction in the prevalence of child abuse in the general population in England under current policy. This suggests a policy rethink is indicated as is the underpinning theoretical approach to the policy.

The SAFER Initiative links well to these findings. The training that is currently available tends to present theoretical positions and hypothesis as fact. For example, the computer based, multiple choice training, giving participants the opportunity to try the test an unlimited number of times relies on *inter alia* the use of ‘signs’ in children’s behaviour. These ‘signs’ are supposed to indicate the children may be abused. This is a highly experimental and risky theory with a reported high false positive rate and no reliable data on any link to a reduction in child abuse. It has been long recognised that this approach leads to an exceptionally high false positive rate. One key study identified this rate as in excess of 97%.53 Despite this

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53 Using the numbers in Browne, K. et al (1988) *Early Prediction and Prevention of Child Abuse*, Wiley, Chichester, at pp.70-71 and calculating the number of non-abusing families who are wrongly
the training gives scenarios involving children’s behaviour which are intended to indicate differing levels of purported ‘risk’ and must trigger a particularly multiple choice response. These examples are presented as part of packages instructing professionals working with children to refer without question if certain ‘signs’ are present.

It is important that balance is restored to the information disseminated in training packages. The consequences of a failure to address this are not only the potential for devastating consequences for non-consensually referred families, but a continued unnecessary overload on Children’s Services departments.

**Linking the projects to a social enterprise initiative**

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 creating a barrier to effective practice.\(^{54}\) 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.\textsuperscript{55} 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.\textsuperscript{56} 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.

\textbf{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.

The Initiative is at the pilot stage having received a start-up grant from HEFCE/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 \textit{pro-bono} advice and support for families referred to social services following safeguarding concerns about their child.

\textsuperscript{55} The Public Law Outline 2014 (practice direction 12A) predicates 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: \url{http://www.familylaw.co.uk/system/uploads/attachments/0008/5157/PLO_Flowchart.pdf} [Accessed 20 April 2015]

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. The income generating training is more than capable of financing the pro-bono and support side of the initiative. 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 &

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

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.\(^{59}\) There is some support

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\(^{59}\) *Ibid*, n.19
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 basis. 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.\(^{61}\) 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 grow as an organisation.\(^{62}\) 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.

**References**


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\(^{62}\) The full details of the costs and benefits going forward are detailed in the project business plan.


Press, Media & Websites


**Government Inquiries**


**Cases**

*X and Others (Minors) v Bedfordshire County Council* [1995] 2 AC 663


*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
W v Westminster City Council and Anca Marks and James Thomas [2004] EWHC 2866

AD and OD v United Kingdom (Application No 28680/06) [2010] ECHR 340

Legislation

Children Act 1989, c.41

Children Act 2004, c.31

Human Rights Act 1998, c.42


PLO flowchart is available online at: http://www.familylaw.co.uk/system/uploads/attachments/0008/5157/PLO_Flowchart.pdf, [Accessed on 20 April 2015]

Relevant funded projects

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)

The SAFER Initiative pilot (HEFCE/UnLtd/CLR for £,3500)