The All Party Parliamentary Group for Children (APPGC) has launched a new inquiry to address local arrangements for the delivery of children’s social care services in light of changes in resources and demand, a new inspection framework and diversity in performance and outcomes. While the focus of the inquiry will be on services in England, the inquiry will seek to draw upon evidence of challenges and effective responses across the devolved nations in order to share examples of practice across the UK.

To inform the inquiry, the APPGC is calling on stakeholders across the children’s sector to submit written evidence on the current state of arrangements for the provision of children’s social care, including services for safeguarding children and for helping looked after children and children in need. The Group would also welcome hearing about the delivery of early intervention services which enable children to remain with their family.

Evidence indicates that, over the past five years in England, overall demand for children’s social care services has increased, while English local authorities’ spending power has decreased. The nature of children’s need has also change, with greater concerns, for example, about radicalisation and child sexual exploitation. In addition, children’s social care services are implementing a range of reforms following recent changes to the legislative framework, such as those relating to special education needs and disability and adoption. These are taking place at the same time as the implementation of reforms to social work practice led by the Chief Social Worker for children and families.

In light of these ongoing and emerging challenges facing children’s social care services, the APPGC has decided to conduct an inquiry to:

- bring together evidence about the current resourcing of children’s social care services and changes in the nature and level of demand
- explore the impact (or potential impact) of these changes on the delivery of children’s social care services and on children and young people
- build a picture of the key elements of a successful children’s services department and the challenge facing areas that are struggling to improve, and share examples of good practice
• assess whether changes are needed to policy and legislation in order to improve the delivery of children’s social care services and in turn outcomes for children

• identify any learning that can be shared from Northern Ireland, Scotland and Wales.

Local authority leaders and service providers from across the United Kingdom will be invited to present examples of good practice in the delivery of children’s social care services, and to outline the barriers to improvement they are facing. The inquiry will also hear directly from children and young people about their experiences of children’s social care services.

Oral evidence sessions will be held in Parliament between April and July 2016, and findings from the inquiry will be published by early 2017.

**Deadline for submissions is Monday 7th March 2016 – please see call for evidence form below.**
APPG for Children inquiry into children’s social care: call for evidence form

The All Party Parliamentary Group for Children would welcome written evidence from a range of stakeholders including:

- Directors of Children’s Services
- Children’s social services managers and practitioners
- Chairs of Local Safeguarding Children’s Boards
- Children’s services providers – including the private and voluntary sector
- Children in Care Councils
- Organisations representing the voices and interests of children and young people

Written submissions will inform the setting of oral evidence sessions, which will be held between April and July 2016. The questions below cover a range of issues relating to the delivery of children’s social services. Please feel free to answer only those which relate to your area of expertise.

Contact details

Name: Dr Lauren Devine & Mr Stephen Parker

Job title: Senior Lecturer & Research Fellow, also Principal Investigator and Co-Investigator
Economic & Social Research Council funded research ‘Rethinking Child Protection Strategy’
(Grant Number ES/M000990/1)

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Please indicate if you would be prepared to give oral evidence: Yes

1. Changing demand and funding for children’s social care services

How has demand and funding for children’s social care services in England changed? What changes are expected in the future?

Demand for children’s social care services has increased year on year since the implementation of the Children Act 1989. Our Working Paper, Rethinking Child Protection Strategy: Learning from Trends provides longitudinal data and analysis from the last 25 years. Referrals have increased by 297% over this period. Crucially, identification of child abuse has not proportionately increased despite the NPSCC’s reports of high prevalence in England (Cawson et al, 2000; Radford et al, 2011). It is evident from the trend analysis that the demand for services has increased largely as a consequence of policies introduced since the Children Act 1989, mainly rationed ‘early interventions’, alongside the expansion of safeguarding to include all children and a mandate to refer under s.11 Children Act 2004 and its policy interpretation (DfE, 2015). We observe that the increase in low-level safeguarding referrals and s.17 referrals are the largest increase in demand for services. It has also increased pressure for families seeking support who are required to access services via assessment, including element of child protection risk assessment. The assessment process has a significant financial and social cost. Families and CSCs report a concern about over-assessment at a low level of need.
2. The impact of changes on the delivery of children’s social care services
What has been, or could be, the impact of any changes to funding and demand on the delivery of children’s social care services?

The impact of changes to (a) funding and (b) demand are inevitably linked. The increased referrals and assessments refer mainly to s.17 Children Act 1989 cases. Our data bases this on outcome of assessment, measured against the Gibbons criteria (Gibbons et al, 1995). Referrals continue to increase, partly as a response to concern about the need for cases of child abuse to be detected as early as possible. The trend data shows, however, that the majority of cases do not concern child abuse, indicating a need for services to support children and their families. The demand for such services is likely to continue to rise, and their rationed nature will increase pressure on CSCs. The assessment framework is, in our view, economically and socially excessive for low level support services which could largely be restructured so as to take place outside this framework. Our evidence indicates changes to funding are likely to be routed primarily into s.17 responses. Our evidence indicates this may not adequately identify proportionately more s.47 cases but will increasingly stretch resources. The relaxation of the rationing of secondary tier services with reposition into primary care, together with fewer low-level referrals would reduce the resourcing pressure on CSCs.

3. The impact of changes on outcomes for children and young people
What has been, or could be, the impact of any changes to funding, demand and service delivery on children and young people?

Changes to reduce funding within the current structure are likely to have an adverse impact on children, young people and their families. Although no mention of families or of adults (particularly parents) is made in the Call, changes will inevitably impact on the whole family, including adults. It is well established in literature that supported parents who are not subjected to the fear of escalation into coercive measures provide better parenting to their children. For that reason, we consider it important that the current system and any changes also consider impact as a whole family issue. Our data indicates that the trend towards increased referrals, together the lack of proportionate detection of s.47 threshold cases is likely to continue to rise. Resources should therefore increase, or a restructuring of the means by which so many low-level referrals are required to be made, and assessed. Our ESRC Evidence Briefing refers to a suggestion for an alternative structure: [http://eprints.uwe.ac.uk/25492/](http://eprints.uwe.ac.uk/25492/). The full restructure proposal will be contained in our final project Report, available November 2016.

4. The role of the local authority children’s social care services
What are local authorities doing to respond to changes in demand and funding? What barriers do they face to meeting these challenges? What distinguishes the best performing children’s social care services from those that are not performing so well?

Local Authorities have a difficult task in meeting demand for services. Recent changes to assessment structure have introduced the Continuous Assessment (DfE, 2015). This largely conflates assessment for need (s.17) and risk (s.47). CSCs responding to this change must operate a welfare model of assessment inevitably including a ‘policing’ element. Given the trend data evidence this is not yielding a large increase in detected abuse. See Dr Lauren Devine’s article for analysis of the assessment structure: [http://www.tandfonline.com/doi/abs/10.1080/09649069.2015.998005](http://www.tandfonline.com/doi/abs/10.1080/09649069.2015.998005). During our research, CSCs informed us that families are *inter alia* ‘afraid’ and ‘suspicious’ of assessment, and sometimes ‘terrified’ of social workers from the outset. CSCs and other stakeholders have a mixed response to the current framework: of those from whom we have evidence some are looking to embrace primarily a s.17 supportive response model, whereas some embed a predominantly risk-focused model. There are regional inconsistencies as a result.
5. The policy and legislative framework
Is the current and developing policy and legislative framework sufficient to enable children’s social care services to meet children’s needs in the current context? How could it be improved?

The legislative framework in the Children Act 1989 is, in our opinion, sufficient and proportionate at the present time. It is the policy interpretation that we consider to be problematic. It is notable the legislation separated ss.17 and 47 into Parts III and V of the Children Act 1989 respectively. This was to reflect the consensual nature of s.17 and non-consensual nature of s.47. Under the current policy framework this distinction has largely been lost, resulting in a position where consent may not be freely obtained from families prior to assessment, or where a form of quasi-consent may be obtained because families fear the consequence of refusal. Coupled with the substantial rise in the number of referred families who fall below, or meet the s.17 threshold, but fall short of the s.47 threshold, a rethink of the current strategy is indicated in order to re-establish the consensual boundaries for families in this category. Restructuring service delivery around clearer boundaries would entail a more stringent and immediate s.47 response with appropriate safeguards and controls, operating separately from s.17. Such a restructure would operate alongside s.17 services where needed so as to ensure children and families remain supported, but that a clearer focus exists in respect of (a) cases that entail s.47 responses, and (b) cases that do not. The full proposal for the structure and outline of this model will be contained in our final project Report, available November 2016. In addition, s.11 Children Act 2004 and its policy interpretation in Working Together (DfE, 2015) should be more specific about consensual practice, and should be re-thought to reduce the adverse consequences of current practice as highlighted in the (a) numeric trends; (b) increased cost and resourcing implications; (c) lack of proportionate abuse detected; (d) and increased family stress for non-abusing families. Local level universal support including third sector support is indicated as an alternative for families who would otherwise be referred at a low level.

6. Learning from the devolved nations
Are national and local authorities in Northern Ireland, Scotland and Wales facing similar challenges? How are they responding to these challenges? What learning and examples of effective responses could be shared across the UK?

The legal frameworks have some differences across the devolved nations, although all broadly operate a model prioritising ‘child rights’ as opposed to ‘family support’. This Anglo-American model operates in contrast to the continental, Western European model which prioritises family support and has fewer applications for equivalents of care orders. However the devolved nations’ data trends do not show the same extent of increase in referrals and lack of corresponding proportion of child abuse findings, raising an issue for debate about the efficiency and outcomes of the English system. The current debate over the Scottish ‘named person’ policy has raised similar issues to those prompted by the ContactPoint debate in England some years ago. The outcome of this debate will enable learning from Scotland’s experience with this policy.

7. Sharing good practice
Finally, we welcome examples of good practice from across the United Kingdom, and in particular examples relating to one or more of the following themes:
• improving local arrangements in the delivery of children’s social care services including:
  o services for children in care and adopted children
In order to try to alleviate the pressure on CSC departments a number of early intervention initiatives have been set up and operate at a local or national level. Many of these initiatives have, or are, evaluating the impact of their interventions to provide evidence for future practice. Many such interventions provide evidence of good practice, particularly those that seek to empower disadvantaged families to remove themselves from the need for future referrals and escalations. Evidence and learning from these schemes clusters around the broad theme of CSCs being unable to offer adequate front line services in the form of interventions to reduce referrals/repeat referrals/escalations. This may be for resourcing and bureaucratic reasons, but we suggest that the policy interpretation of how statutory children’s services are to be delivered via expansion in referrals and conflated assessments may be stifling the ability of CSCs to deliver an ideal model of supportive social work.

Our research indicated a specific gap in existing intervention provision. Our research with teachers who refer children indicated concerns about their mandatory reporting duty, because many felt referrals were at too low a level and escalated unnecessarily, causing fear and trauma for families. The findings of this research are available in the ‘Safer Children? Report’ (Devine, L. & Parker, S. 2016). We are responding by establishing Solutions for Safeguarding CIC (SfS CIC) to provide (a) ethical safeguarding training and consultancy for schools so that they meet their responsibilities with greater understanding of the impact on families of referrals; and (b) that all referred families from schools and academies using SfS CIC are also referred to SfS CIC in order to have the option to receive research-led support and pro-bono advice. By directly linking the two we are ensuring no referral is made from client schools/academies without consideration of the need for any/all family members to be (a) aware of the process; and (b) their options. By working with schools, referred families and CSCs, this intervention is the only one we are aware of in England that works directly with all parties to facilitate a triangulated ‘working together’ relationship from the first point of referral. This is important as referred families frequently have a continuing relationship with the referrer, which can become fractured, particularly if a non-consensual referral is made. Our research indicates that the referral and first CSC response is the critical juncture where post-referral relationships are formed. Providing this intervention via SfS CIC enables the triad of referrer, referee and the CSC to work more easily in partnership. This is likely to measurably achieve better outcomes and help to avoid the need for escalation in some cases. We have linked with other third sector projects in order to encourage families to engage with non-statutory interventions. The impact and outcomes of SfS CIC will be measured, evaluated and published from 2017 when sufficient data is available.

The deadline for both written evidence submissions is Monday 7 March 2016. For queries or further information please contact Heather Ransom, clerk to the All Party Parliamentary Group for Children – hransom@ncb.org.uk 020 7843 6013
Completed forms should be returned to hransom@ncb.org.uk by Monday 7th March. Submissions received after this date will still be considered, but may not inform oral evidence sessions.