



House of Commons
Education Committee

**Children first: the child
protection system in
England**

Fourth Report of Session 2012–13

Volume I

Volume I: Report, together with formal minutes

Volume II: Oral and written evidence

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The Education Committee

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Neil Carmichael MP (*Conservative, Stroud*)

Alex Cunningham MP (*Labour, Stockton North*)

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Nic Dakin MP (*Labour, Scunthorpe*), Tessa Munt MP (*Liberal Democrat, Wells*) and Lisa Nandy MP (*Labour, Wigan*) were also members of the Committee during the inquiry.

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Committee staff

The current staff of the Committee are Dr Lynn Gardner (Clerk), Geraldine Alexander (Second Clerk), Penny Crouzet (Committee Specialist), Emma Gordon (Committee Specialist), Benjamin Nicholls (Committee Specialist), Ameet Chudasama (Senior Committee Assistant), Caroline McElwee (Committee Assistant), and Paul Hampson (Committee Support Assistant)

Contacts

All correspondence should be addressed to the Clerk of the Education Committee, House of Commons, 7 Millbank, London SW1P 3JA. The telephone number for general enquiries is 020 7219 6181; the Committee's e-mail address is educom@parliament.uk

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Summary

The child protection system in England has been subject to much scrutiny in recent years. The Munro report is a major step forward, and there have been significant and very positive developments and changes in the child protection system in the last few years. In our inquiry and this report we seek to draw attention to some areas where improvement is still needed.

Evidence was gathered before the recent revelations and allegations concerning the BBC and other institutions but the developments of the last few weeks underline how timely our report is. Much of the media coverage of recent cases has concentrated on the perpetrators and not the victims. Our inquiry and report has been informed by our strong conviction that the focus should be on the children and on child protection—putting children first.

We have concentrated on three key themes: neglect, older children and the thresholds for intervention, for taking children into care and for adoption.

Neglect

Neglect is the most common form of child abuse in England. Having looked at both the criminal and civil definitions of neglect, we recommend that the Government investigate thoroughly whether the narrow scope of the criminal definition contained in the Children and Young Persons Act 1933 is causing problems in bringing criminal cases of neglect, but we have seen no convincing evidence that the civil definition is insufficient.

To get a better picture of the scale of neglect, we recommend that the Government commission research to investigate whether similar situations and behaviours are being classified as neglect in different local authorities.

There is evidence that children have been left too long in neglectful situations. To tackle this, child protection guidance for all front-line professionals should include an understanding of the long-term developmental consequences of neglect and the urgency of early intervention. Securing positive outcomes and meeting the needs of the child should come before all other considerations, and there needs to be a continued shift in culture so that there is earlier protection and safeguarding of the long-term needs of children. The Government must be prepared to act if there are signs that improvement in the responsiveness of local authorities to neglect is not being sustained.

In cases of domestic violence, the focus should be on supporting the abused parent and helping them to protect their children, but the interests of the children must come first.

Older children

Local authorities have a statutory duty to “safeguard and promote the welfare of children in need” at all ages up to 18 years old. We heard many concerns that the child protection system is not meeting the needs of older children (aged 14-18). Our inquiry has revealed a worrying picture with regard to the protection and support of this group. This is characterised by a lack of services for adolescents, a failure to look beyond behavioural

problems, a lack of recognition of the signs of neglect and abuse in teenagers, and a lack of understanding about the long-term impact on them. It is clear that the system as a whole is still failing this particular group in key ways. We recommend that the Government urgently review the support offered by the child protection system to older children and consult on proposals for re-shaping services to meet the needs of this very vulnerable group.

To tackle issues with perception, social work training should ensure that teaching delivers an understanding of the effect of maltreatment on older children, their ability to cope with it and the long-term implications for their future well-being. Practitioners of all disciplines must demonstrate greater awareness of the fact that older children may also be vulnerable and be a “child in need”.

Ofsted should monitor and report as a standard part of all inspections on the quality and suitability of the provision made by local authorities for older children, taking into account the views of the children themselves. We are particularly concerned about the position of care-leavers and the accommodation and range of support provided for them. The impact of this upon their life chances is highly significant and this area needs further detailed examination.

Specialised forms of abuse

We examined a number of specialised forms of abuse in relation to older children. We concluded:

- Trafficked children found in criminal settings must always be treated as victims and children first and not just as criminals.
- In the context of claims that there is tension between child protection and immigration policies, we believe that it would be outrageous if destitution were to be used as a weapon against children because of their immigration status. The Government should review the impact of immigration policy upon child protection and children’s rights to ensure that this is the case.
- The Department for Education should be given explicit overall responsibility for the welfare of all children, including those who have been trafficked or who are seeking asylum.
- Abuse between teenagers is an overlooked issue in the child protection system which needs to be recognised. We welcome the Government’s plans to extend the definition of domestic abuse to under 18s and to include “coercive control”. Social workers, schools and youth workers need specific training on these issues and those in authority must have a greater willingness to act.
- More broadly, the College of Social Work should take a leading role in co-ordinating and promoting awareness of CPD training in specialised forms of abuse. Local authorities should nominate a specialised child abuse practitioner to lead on such matters. Where an authority has a low incidence of a particular form of child

abuse, they should be able to draw on the expertise of nominated practitioners in other authorities.

Help-seeking by older children

There is considerable work to be done by central and local agencies in raising awareness amongst children of the nature of abuse and how it might affect them. Local Safeguarding Children Boards should work together to establish best practice in raising awareness and ensuring a better response to child abuse amongst older children through the coordination of the efforts of all agencies in their local area.

Local authorities should encourage schools and other universal settings to provide more peer-led support. Local authorities should also include on their websites information aimed at older children on how to make a self-referral.

ChildLine has seen an increase in contacts from older children. We recommend that ChildLine be assisted and enabled by the Government to market its existence and services more widely, especially to older children.

Thresholds for intervention

Our inquiry examined thresholds for intervention by local authorities. There is great variation in how they are operated. We recommend that the Government commission research to understand the impact of varying thresholds in different areas, and whether thresholds for section 17 and section 47 interventions are too high and/or rising in some areas. Ofsted should also monitor and report on the variation between local authorities' provision and changes over time.

Individual local authorities have made strenuous efforts to minimise the impact of cuts on their child protection services but this position might prove difficult, if not impossible, to maintain in future years. The Government should commission work to monitor the impact of the current economic situation and cuts in local authority services on child-safeguarding.

We heard concern from front-line professionals that the intelligence they provided to social services was not always used effectively. The referrals process needs to be able to account for "soft" intelligence and get better at trusting the judgement of front-line professionals. Where possible, those making the referral should be involved in decision-making about what action to take. Children's services should be required to feed back simply and quickly to the person making a referral on whether and what action is taken in response. Ofsted should consider whether local authorities are giving adequate feedback to referrers as part of its investigations under the new inspection framework and should also monitor re-referral rates in local authorities.

To encourage co-operation and mutual understanding between agencies, there should be greater use of multi-agency training. An important component of this would be information-sharing where there are particular problems. We also recommend that the Government ensure that guidance for professionals in all the relevant agencies is absolutely clear about their statutory duties on data protection and data-sharing with regard to

protecting children, and that LSCBs take a leading role in ensuring that this guidance is understood and acted upon in their areas.

We came across local authorities which were moving away from the use of thresholds in favour of a more integrated model in which all children receive appropriate help. This is assisted by a multi-agency co-location model, and we strongly encourage all local authorities to consider the merits of moving to this.

The Munro report proposed a new duty on local authorities and statutory partners to secure local early help services for children, young people and families. We recommend that the Government reconsider its rejection of this proposal.

Health reforms

During the course of our inquiry, fears were expressed from different quarters about how child protection structures will operate under NHS reforms. More needs to be done by the Government to provide clarity and shore up confidence. The Department of Health urgently needs to clarify where and how safeguarding and child protection accountabilities will work under the new structures. It should also confirm its continuing commitment to the role of named and designated doctors and nurses for child protection.

To ensure that priority is given to child protection in the new structures and to provide a point of contact with the LSCBs, one of the chairs of the Health and Wellbeing Boards should be nominated as a national lead on safeguarding children.

Removing a child to care and adoption

The balance of evidence is heavily in favour of care being considered as a viable, positive option at an earlier stage for many children. It is essential to promote a more positive picture of care to young people and to the public in general. Ministers should encourage public awareness of the fact that being taken into care can be of great benefit to children.

We endorse the Government's current policy emphasis on increasing the number of children adopted, speeding up the process and facilitating foster-to-adopt arrangements. However, the same goal of permanence and stability can be achieved by other means and it is vital that the Government and those in local authorities continue to concentrate effort and resources on prioritising stability in placements for all children. We would welcome greater debate on policies which might bring this about and greater encouragement from the Government for alternative solutions. In particular, there should be increased emphasis in central guidance aimed at limiting the disruption and damage caused to vulnerable children by frequent changes.

We look forward to examining the Minister's proposals on an appeals mechanism against forced adoption.

Conclusion

We recognise that the scale and nature of child abuse in the 21st century presents a huge challenge to the child protection system. There are also concerns about the pressures experienced by the system as a result of the simultaneous increase in demand for services

and restrictions on resources because of the economic situation. These are serious issues which have to be addressed head-on, as do the areas of improvements we identify in our report. Recent events and our own findings show how far there is still to go, but there is a real opportunity to transform the child protection system. It is vital that the momentum for change is not lost.

1 Introduction

Background

1. The child protection system in England has been subject to much scrutiny in recent years. In June 2010 the Secretary of State for Education asked Professor Eileen Munro to conduct an independent review of child protection in England. The review received over 1,000 pieces of written evidence and consulted with professional representatives as well as children and young people. A first report, *A systems analysis* (published September 2010), set out current problems in the system; a second, *The child's journey* (published February 2011), outlined the characteristics of an effective system. The final report, *A child-centred system*, was published in May 2011. Its headline conclusion was that the system had become overly prescriptive and bureaucratic and that the balance between prescription and the exercise of professional judgment needed to be redressed so that “those working in child protection are able to stay child-centred”.¹

2. The Munro review was preceded by the Social Work Task Force, set up in December 2008 to “advise the Government on the content of a comprehensive programme of reform for the whole social work profession”. Chaired by Moira Gibb CBE, the Task Force published its interim report in July 2009 and a final report in December 2009. It concluded that the “quality of social work practice now needs to be raised significantly, through comprehensive, ambitious reform”.² The then Government accepted the Task Force’s recommendations and published an implementation plan in March 2010, which established a Social Work Reform Board to drive reform leading to the College of Social Work.

3. Other reviews and reports have concentrated on specific aspects of the child protection system. For example, in January 2011, Graham Allen published his Review of Early Intervention which considered the evidence for early intervention in the lives of disadvantaged children and made recommendations about which interventions were most effective in improving outcomes for their target group in a cost-effective way, taking account of savings accrued in costly interventions in later life.³ This was followed by Dame Clare Tickell’s review of the Early Years Foundation Stage (March 2011) which made recommendations for safeguarding requirements for early years settings, and called for a greater emphasis on identifying inappropriate behaviours in both adults and children which may indicate maltreatment.⁴ The Government also commissioned eleven research

1 Munro, E., (2010), *Part One: A System's Analysis*, London, Department for Education; Munro, E., (2011); *The Munro Review of Child Protection Interim Report: The Child's Journey*, London, Department for Education; Munro, E., (2011); *The Munro Review of Child Protection; Final Report: A child-centred system*, London, Department for Education, Cm 8062 (hereafter Munro Review)

2 Social Work Task Force (November 2009), *Building a safe, confident future*

3 Allen, G. (January 2011), *Review of Early Intervention*

4 Tickell, C. (March 2011), *Early Years Foundation Stage*

studies on safeguarding children following the death of Victoria Climbié.⁵ During the course of our inquiry further reviews were published on the family justice system, early years qualifications and adoption.⁶ Finally, on the day she gave evidence to us, Professor Munro's one year on progress report was published. Entitled *Moving towards a child-centred system*, the report concluded that "progress is moving in the right direction but that it needs to move faster".⁷

4. This level of review and reflection within the sector and within Government clearly illustrates the importance attached by those at the centre to getting it right for the most vulnerable children in society. The Munro report, in particular, is a major step forward and the Government deserves praise for commissioning it and for committing to its implementation. Until recently, the reforms were overseen by a Minister, Tim Loughton MP, who had long experience of his role, giving much needed continuity in policy. He was highly regarded for his knowledge of and dedication to improving the care system. Social workers on the frontline also deserve recognition, both for the work they do and for their attitude towards reform: as Ofsted told us, "there is a real appetite in the system for change".⁸ There have been significant and very positive developments and changes in the child protection system in the last few years. We acknowledge that this is the case and in our inquiry, we have sought not to cover the same ground as the reforms which are underway but instead to concentrate on some areas where improvement may still be needed.

Context of report

5. Our report concentrates, as our inquiry has done, on wider issues within the child protection system. Evidence was gathered before the recent revelations and allegations concerning the BBC and other institutions but the developments of the last few weeks underline how timely this report is. Much of the media coverage of recent cases has concentrated on the perpetrators and not the victims. Our inquiry and report has been informed by our strong conviction that the focus should be on the children and on child protection—putting children first.

Conduct of inquiry

6. We launched our inquiry on 14 July 2011, with the following broad terms of reference:

- Whether the child protection system allows for effective identification of, and early help to, children at risk of different forms of abuse and exploitation (including, but

5 <http://www.education.gov.uk/researchandstatistics/research/scr/b0076846/the-studies-in-the-safeguarding-research-initiative>

6 Norgrove, D. (November 2011), *Family Justice Review: Final Report*; Nutbrown, C. (June 2012), *Foundations for Quality: The Independent review of early education and childcare qualifications: Final Report; An Action Plan for Adoption* (2012,) Department for Education

7 Munro, E.(2012), *The Munro Review of Child Protection: Progress Report: Moving towards a child-centred system*, Executive summary

8 Q8 (John Goldup)

not restricted to: neglect, sexual and physical abuse, domestic violence, forced marriage, female genital mutilation, child trafficking and online exploitation);

- Factors affecting the quality of decision-making in referral and assessment, and variations across the country;
- Appropriate thresholds for intervention, including arguments for and against removing children from their families;
- Whether the child protection policies and practices of non-social work agencies and Government departments assist professionals to work together in the interests of the child.

7. On the basis of themes which emerged in written and oral evidence as priority areas, we decided in December 2011 to revise our terms of reference, to focus on three key areas:

- The impact of neglect and the long term consequences of a delay in intervention where there is evidence of neglect;
- Older young people (especially those aged 15 to 19) and child protection;
- Thresholds for intervention, for taking children into care and for adoption.

Our report therefore considers these three separate but linked aspects of the child protection system.

Older children: terminology

8. When we refer to ‘older children’ we refer to young people aged between 14 and about 19. In our terms of reference we identified a starting age of 15, but, based on Ofsted’s analysis, we consider that 14 is a more appropriate age. Whilst some of the evidence refers to this group as ‘young people’, our investigation is concerned with the child protection system, so for these purposes we will continue to refer to them as ‘older children’.

The evidence base for our inquiry

9. We accepted as evidence over 100 written submissions from a wide range of individuals and organisations. We received a number of submissions describing individual cases where a child had been removed from their family: some of these were accepted as written evidence, others were taken as background papers. All have contributed to our understanding of the issues and we are grateful to those who shared their experiences and views with us.

10. We held a series of nine oral evidence sessions, with 15 panels of witnesses.⁹ These included: academics; those with responsibility for identifying safeguarding issues in schools and GP surgeries; representatives of helplines, charities with experience of specialised

⁹ A list of witnesses and written evidence received can be found at the back of this report.

forms of abuse and of assisting children in particular situations; national children's charities; local authority officials and independent chairs of Local Safeguarding Children Boards; the past and current heads of the Child Exploitation and Online Protection Centre; a representative from the Royal College of Paediatrics and Child Health; the chief executive of Cafcass; and a family court judge. In addition, we heard from John Hemming MP, founder of Families for Justice; Dame Moira Gibb CBE, Chair of the Social Work Reform Board; Professor Munro; and Tim Loughton MP, then Parliamentary Under-Secretary of State for Children and Families, Department for Education.

11. We supplemented the evidence taken at Westminster with a series of visits to discuss the issues raised by our inquiry and to meet those affected by them. These included:

- independent children's homes in Barnsley (October 2011)
- Silverdale school in North Tyneside (December 2011)
- NSPCC Adult Helpline and ChildLine (March 2012)
- Tower Hamlets children's services (March 2012)
- York children's services (March 2012)
- Doncaster children's services (March 2012)

Notes summarising the discussions held on these visits, where appropriate, are annexed to this report. We should like to thank once again all those who contributed to and participated in our meetings and discussions. We learned a great deal from them.

12. In addition, we held a private event with older children/young people, facilitated by the Office of the Children's Commissioner, in Westminster in April 2012. An anonymised summary of notes from that meeting is also annexed to the report. We are very grateful to all the young people who participated for their frankness and their readiness to share their thoughts and experience to help us understand what the child protection system feels like to those whom it is intended to serve.

13. In this inquiry we benefitted greatly from the advice and assistance of our standing special advisers on children's services, Marion Davis CBE and Professor David Berridge OBE.¹⁰

¹⁰ Marion Davis CBE declared interests as a former President and continuing Associate Member of the Association of Directors of Children's Services (ADCS) and as a former member of the Munro review reference group, continuing to work with Professor Munro. Professor David Berridge OBE, Professor of Child and Family Welfare, Centre for Family Policy and Child Welfare, University of Bristol, declared interests in the form of research with the Department for Education and as a member of the Corporate Parenting Panel of Bristol City Council Children and Young People's Services.

Background to the child protection system

Who is responsible for child protection?

14. It is everyone's responsibility to help keep children safe. In Government terms, child protection in England is the overall responsibility of the Department for Education, which issues both statutory and non-statutory guidance to local authorities. Local authorities use this guidance to produce their own procedures which should be followed by practitioners and professionals who come into contact with children and their families in that particular local authority area.

15. In England, Local Safeguarding Children's Boards (LSCBs) ensure that the key agencies involved in safeguarding children work together effectively. LSCBs were put on a statutory footing in 2006. Their core membership is set out in the Children Act 2004, and includes local authorities, health bodies, the police and others, including the voluntary and independent sectors. They are required to produce and publish an Annual Report on the effectiveness of safeguarding in the local area.¹¹

16. Local authority children's services are the key statutory agency responsible for planning and providing child protection services. Until recently all children's services authorities were required to have a children and young people's plan in place, to give strategic direction to services, and to have a Children's Trust Board, responsible for planning, commissioning and ensuring the delivery of these services. As of October 2010, statutory children's trust guidance was withdrawn and children and young people's plan regulations were revoked, meaning that Trusts are no longer required to produce a plan although many have retained them. The Government intended to remove schools and colleges from the 'duty to cooperate' in 2011 but "was persuaded to retain the duty while interested parties work through how best to implement the reforms outlined in the Special Educational Needs and Disability Green Paper".¹² There is still a requirement for all authorities to have a Children's Trust Board but "there are no longer any regulations or central guidance on how this should be done".¹³

17. The Director of Children's Services (DCS) is professionally accountable for the delivery of services, which include all maintained education and social services functions for children. An elected councillor is designated as lead member for children's services. The director, lead member and LSCB are together responsible for producing and implementing the child protection procedures and policies for professionals working with children. The revised *Working Together* guidance (see below) underlines the responsibilities of the DCS and the lead member that apply even where local authorities choose to incorporate additional roles such as Director of Adult Services.

11 DCSF (March 2010), *Working Together to Safeguard Children*, pp.12-13

12 <http://www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/a00202982/anewapproachfor-childrentrustboards>

13 Ibid

The legislative and policy framework

18. In England, the legislative framework for the child protection system is provided for by the Children Act 1989. The Act introduced a duty for local authorities to safeguard and promote the welfare of children within their area who are in need. Authorities are required to assess a child's needs and promote the upbringing of children by their own families if safe to do so. The Act also made provision for children to be taken into the care of local authorities and set out the duties of authorities in relation to those children. Subsequently, a further Children Act was passed in 2004 following Lord Laming's inquiry into the death of 8-year-old Victoria Climbié. The Children Act 2004 did not replace the previous Act but it served to provide the legal framework for the Government's *Every Child Matters* programme (published in 2003) and changed the way children's services are structured in England, including the creation of Children's Trusts, LSCBs and the ContactPoint database (now closed).

19. The main policy guidance is the statutory and non-statutory guidance contained in *Working Together to Safeguard Children*. Introduced in 1999, and revised in 2006 and 2010, the guidance sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the relevant legislation. Chapters 1 to 8 are issued as statutory guidance and Chapters 9 to 12 are non-statutory practice guidance. In response to the Munro review, the Government promised to revise and substantially shorten the guidance. The draft revision was published at the very end of our evidence-taking, on 12 June 2012, for consultation until 4 September. The new version consists of three separate documents:

- *Working together to safeguard children*: draft guidance on what is expected of organisations, individually and jointly, to safeguard and promote the welfare of children;
- *Managing individual cases*: the framework for the assessment of children in need and their families: draft guidance on undertaking assessments of children in need; and
- *Statutory guidance on learning and improvement*: proposed new arrangements for Serious Case Reviews, reviews of child deaths and other learning processes led by Local Safeguarding Children Boards.¹⁴

Legal definitions

20. The legal definition of harm under the Children Act 1989 is ill-treatment (including sexual abuse and non-physical forms of ill-treatment) or the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural). Section 120 of the Adoption and Children Act 2002 amended this definition to also include: "[...] for example, impairment suffered from seeing or hearing the ill-

14 <http://www.education.gov.uk/a00211065/revised-safeguarding-guidance>

treatment of another”. The March 2010 edition of *Working Together* states that “there are no absolute criteria on which to rely when judging what constitutes significant harm” and that the nature, frequency, extent and circumstances of the harm have to be taken into consideration before doing so. (This guidance is not included in the draft revised version.) A court decides whether the harm is significant, by comparing the health and development of the child with that which could be reasonably expected of a similar child.

21. Two terms central to the legislative framework are *children in need* and *looked-after children*. Local authority children’s services have a duty under section 17 of the Children’s Act 1989 to ‘safeguard and promote the welfare of children who are in need within their area’.¹⁵ Any professional who has concerns about a child may make a referral to specialist services but may also refer the child to children’s social care under section 17. Following assessment, the child may be deemed a child in need. Looked-after children are children who are the subject of care orders, those voluntarily accommodated by a local authority, and children in certain other specific circumstances. Under section 20 of the Children Act 1989 children can come into the care of a local authority by a voluntary agreement, with parental legal responsibility remaining with the parents or primary carer. A care order, made under section 31 of the Act, places a child compulsorily in the care of the local authority, which then assumes parental responsibility for that child, shared with the birth parents.

22. The Common Assessment Framework (CAF) is a standardised approach to conducting assessments of children’s needs, which can be used by frontline practitioners across the country. It takes into account the roles of parents, carers and environmental factors on children’s development, to make an assessment of how children’s needs should be met. A common assessment can be done at any time—on unborn babies, new babies, and children or young people. It is designed for use when:

- there is concern about how well a child (or unborn baby) or young person is progressing (this includes particularly vulnerable children and young people such as persistent truants and young runaways)
- their needs are unclear, or broader than a service can address on its own
- a common assessment would help identify the needs, and provide a basis for getting other services involved.

Professionals do not have to complete a CAF before making a child protection referral. If they believe that a child is at risk of harm, they should act immediately in accordance with LSCB procedures.

15 The Act defines a child as in need if: s/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority; their health or development is likely to be significantly impaired, or further impaired, without the provision of such services; and/or s/he is disabled.

How child protection concerns are reported

23. A member of the public who has a concern about the welfare of a child can report their concerns to:

- their local authority child protection team—a telephone number including an out-of-hours contact should be publicly available;
- in case of an emergency, the police; or
- the NSPCC Helpline on 0808 800 5000.

24. Professionals who have regular contact with children have their own procedures. For example, all schools must have a designated child protection teacher, who is approached in the first instance. Health sector organisations similarly have designated nurses and doctors who lead on child protection issues. It is not a legal requirement to report a child protection concern, but guidance issued by professional bodies and LSCBs emphasises the duty to make a referral where there is a reasonable belief that a child is at risk of significant harm.

Referral to children's social care

25. Referrals made to the police and the NSPCC Helpline are passed on to the local authority child protection team. Once the team receives a referral, it must decide within one working day what action to take: this is the only deadline set out in the revised *Working Together* guidance. It may decide that the child has not been harmed, is not at risk and no further action is necessary (although the case could be referred to other agencies if appropriate). Alternatively, the team may decide that it needs to set in train a process of further assessment to gather more information.

26. First, an initial assessment is carried out. Under guidance currently in place, this has to be done within ten working days of the referral; this requirement has been removed from the new draft guidance. If the initial assessment indicates that the child has suffered, or is at risk of suffering significant harm, then a strategy discussion is held to decide whether to initiate a section 47 enquiry.¹⁶ This is carried out by means of a core assessment, which is led by a child protection officer (social worker) and must be completed under current guidance within 35 working days. It involves gathering more information from the child, parents, family members and other professionals in order to determine whether the child is in need or at risk of continuing harm. During both assessment processes the social worker

16 This refers to section 47 of The Children Act 1989, which puts a duty on local authorities to investigate any cases where a child (who either lives in or is found in their area) is either:

- the subject of an emergency protection order; or
- is in police protection; or
- is suspected to be suffering, or likely to suffer, significant harm.

responsible for undertaking the assessment meets and gathers information from the child and family members and liaises with other professionals who know the family, including teachers, health visitors, police, and doctors.

27. If concerns are upheld by the section 47 enquiry, the local authority has to make provision to protect that child. They do so by drawing up a child protection plan, which contains provisions about the care and monitoring of that child. If a child is considered to be at continuing risk, the local authority will make plans for them to be removed from their family.

28. If at any point during the assessment process it becomes apparent that the child is in immediate danger, the local authority's assessment team can apply to the courts for an emergency protection order. This allows a child to be removed from home for up to 8 days. Another option is an exclusion order, which would ban the alleged abuser from the family home but allow the child to stay with the non-abusive parent. The police are also able to take immediate action themselves. This may involve removing the child to a place of safety or preventing their removal from a safe place (for example, a hospital). The child may be taken into police protection for a maximum of 72 hours, without first obtaining a court order. This power may only be used in exceptional circumstances.

Child protection conferences and plans

29. A child protection conference is held when, following a section 47 enquiry, a child is deemed to be at (continued) risk of significant harm. Currently, it must be held within 15 working days of the last strategy discussion. The conference should be attended by the child protection officers, other relevant professionals who have been involved with the assessment process, and family members. The child may be invited to attend if it is judged they are of sufficient age and understanding.

30. The conference will lead to a decision whether or not to make a child subject to a child protection plan. In April 2008 plans replaced the child protection register in England: the criteria for making a child subject to a plan remained the same as for inclusion on the register. Wherever possible, plans should be agreed by parents and professionals and state what the intended short and long term outcomes are for the child, and how social services will monitor the child's welfare, what changes are needed to reduce the risk to the child and what support will be offered to the family. Local authority children's services departments oversee children in their area subject to child protection plans. Both children still living with their parents and those looked-after by local authorities may be subject to protection plans.

31. Under current guidance a child protection review conference must be held within three months of the initial child protection conference, and further reviews should be held at intervals of not more than six months for as long as the child remains subject to a protection plan.

Care proceedings

32. Children’s social services may ask the court to make temporary orders (called *interim care orders*) while matters are investigated further. The local authority has to produce a care plan, detailing where the child will live and arrangements for attending school and seeing parents or family members. An interim care order is awarded for eight weeks in the first instance, and then must be renewed every four weeks. Research by Professor Judith Masson of the University of Bristol indicates that interim orders are used less frequently now than in the recent past as a result of judicial interpretation of the Children Act 1989 from the mid 2000s onwards.¹⁷ A further development is the use of a pre-proceedings process which local authorities are expected to follow unless urgent action is required. It appears that in fact there is “considerable variation” between local authorities in the ways in which and how frequently this process is used.¹⁸

33. If children’s services still think a care order is necessary, they will ask for a *full care order* to be made. A care order gives the local authority parental responsibility for a child. In theory, this parental responsibility is shared with the parents, but in practice, the local authority has the power to determine the extent to which a parent or guardian is involved with their child. To make a care order, the court must be convinced that the threshold criteria set out in section 31 of the Children Act 1989 are met (that the child is suffering, or likely to suffer, significant harm and that the harm is attributable to the parents or carers not providing a reasonable standard of care). The court must also be convinced that making an order is better for the child than making no order at all—the *presumption of no order*.

34. Care proceedings are usually held in the Family Proceedings Court, where cases are heard by a bench of three magistrates. This court is also responsible for awarding emergency protection orders. More complex cases may be transferred to the county court or high court. Once a care order is awarded, the care plan for the child will be implemented. Depending on the circumstances of the individual, the child may continue to live at home or be placed in kinship care (with other members of the family), foster care or a residential children’s home or school. In some cases the care plan may contain plans to return the child to their family, which may or may not result in the care order being discharged. In circumstances where it would be unsafe for the child to return to live with her/his natural parents or otherwise not in the child’s best interests, the local authority may seek to have the child adopted. Following the Family Justice Review chaired by David Norgrove the Government is bringing forward proposals to change care proceedings. These changes include removing the need for regular renewals of interim care orders and bringing together jurisdiction into a single Family Court, with the aim of speeding up timescales for the resolution of cases involving children and families.

17 Ev w260, para 13

18 Ibid

Serious Case Reviews

35. When a child dies or sustains significant harm, and abuse or neglect are known or suspected to have been a factor, the LSCB commissions a Serious Case Review (SCR).¹⁹ SCRs are intended to identify lessons about how professionals and agencies work individually and together to safeguard and promote the welfare of children, and to ensure that interagency working is improved as a result. The Department for Education has written to all LSCBs and local authorities asking them to publish in full the overview report and executive summary of all SCRs initiated on or after 10 June 2010, except where there are “compelling reasons relating to the welfare of any children directly concerned”. The presumption is that the documents will be appropriately redacted, anonymised and published in full except where it would affect the welfare of any surviving children and their siblings.

36. Ofsted receives notifications from councils of serious incidents involving children and evaluates the quality of Serious Case Reviews. Ofsted have been critical of the quality of SCRs and the widespread delays in bringing them to a conclusion.²⁰ The Government has accepted Professor Munro’s recommendation that Ofsted should cease to evaluate SCRs and that systems methodology should be used to enhance the learning from when things go wrong rather than (as currently) focusing on the analysis of error and apportionment of blame.

Children in care and child protection figures

37. The number of children being referred to children’s services in England in recent years has seen a small increase. Latest DfE figures show that there were 615,000 referrals to children’s social care services in the year ending 31 March 2011, compared with 607,500 in the year to 31 March 2010. There has been a more significant increase in the number of initial assessments, which rose to 439,800 in the year to 31 March 2011, compared to 390,600 the previous year. There were 382,400 children in need as at 31 March 2011. Across the country this represents 346.2 per 10,000 children but this varied from 171.3 per 10,000 in Wiltshire to 1272.4 per 10,000 in Haringey. Even more striking is the increase in the number of children subject to child protection plans which rose from 35,700 as at 31 March 2010 to 42,700 as at 31 March 2011, an almost 20% increase. The number has steadily increased since 2006, as shown in the following table:

19 *Working Together to Safeguard Children* (2010), p.17

20 See, for example, Ofsted, *Learning Lessons, taking action* (2008), Executive Summary, and Ofsted, *Learning lessons from serious case reviews 2009-10*

Table 1: Children and young people subject to a Child Protection Plan, by category of abuse, years ending 31 March²¹

Category of abuse	2006	2007	2008	2009	2010	2011
Neglect	11,800	12,500	13,400	15,800	17,200	18,590
Physical abuse	3,600	3,500	3,400	4,400	4,700	4,820
Sexual abuse	2,300	2,000	2,000	2,000	2,200	2,370
Emotional abuse	6,000	7,100	7,900	9,100	11,400	11,420
Multiple	2,700	2,700	2,500	2,900	3,400	5,490
Total	26,400	27,900	29,200	34,100	39,100	42,690

38. The number of looked-after children in England continued to rise between 2011 and 2012. As at 31 March 2012 there were 67,050 looked-after children. 75% of these children were living in a foster placement. For those children who started to be looked after during the year, the main reason was abuse or neglect (56%). 27,350 children ceased to be looked-after during the year ending 31 March 2012, and 28,220 entered care in that year, following the established pattern that around two-fifths enter or leave care each year.²²

39. Care applications ('section 31' applications) are at a very high level. Between April and July 2011 Cafcass received 3,213 new applications, 7.1% higher than the same period in 2010. During 2010–11 Cafcass experienced a 4% increase in care applications compared to 2009–10, which itself saw a 36% increase on the previous year.²³

40. 3,450 looked-after children were adopted during the year ending 31 March 2012, an increase of 12% since 2011 and the highest figure since 2007. Of these 74% were between one and four years old, with only 2% under a year old and a further 2% between 10 and 15.²⁴ The average age was 3 years, 8 months. The Government has published its Action Plan for Adoption which contains proposals aimed at increasing the number of children adopted.²⁵

21 Taken from NSPCC: Child Protection Register for England. Available at: http://www.nspcc.org.uk/Inform/research/statistics/england_wdf49858.pdf; Department for Education (2010), *Children in Need in England, including their characteristics and further information on children who were the subject of a child protection plan*. Tables 16 and 17; and DfE (2012), *Children looked after by local authorities in England including adoption*

22 DfE (2012), *Children looked after by local authorities in England including adoption*

23 CAFCASS (2011) 'Cafcass Care Demand – Latest Figures for July 2011' <http://www.cafcass.gov.uk/PDF/July%20care%20demand%20update%202011%2008%2005.pdf>

24 DfE (2012), *Children looked after by local authorities in England including adoption*

25 DfE (2012), *Children looked after by local authorities in England including adoption*

2 Neglect

The definition of neglect

41. Neglect is the most common form of child abuse in England. Yet it can be hard to pin down what is meant by the term. Professor Harriet Ward told us that, based on her research into what was known about neglect and emotional abuse, “we definitely have a problem with what constitutes neglect” and that “we need to know much more about what we actually mean when we say neglect”.²⁶ Phillip Noyes of the NSPCC agreed that “There is a dilemma with professionals, and indeed the public, about what comprises neglect, what should be done and how we should do it”.²⁷ He went on to explain his belief that: “at the heart of neglect [...] is a lack or loss of empathy between the parent and child”.²⁸

42. There are two statutory definitions of neglect: one for criminal and one for civil purposes. Neglect is a criminal offence under the Children and Young Persons Act 1933 where it is defined as failure “to provide adequate food, clothing, medical aid or lodging for [a child], or if, having been unable otherwise to provide such food, clothing, medical aid or lodging, he has failed to take steps to procure it to be provided”.²⁹ Action for Children has called for a review of this definition, declaring it “not fit for purpose” because of the focus on physical neglect rather than emotional or psychological maltreatment.³⁰ Action for Children also believe that the definition leaves parents unclear about their responsibilities towards children and seeks only to punish parents after neglect has happened rather than trying to improve parenting.³¹

43. Some of our witnesses, including those from children’s charities, agreed on the need for review and reform.³² For example, the Chief Executive of CEOP and representative of ACPO, Peter Davies, considered that both civil and criminal definitions “do need to be clarified and tailored to be more relevant to the agency dealing” with the case.³³ The RCPCH agreed that a review was necessary: specifically, “Failure to provide for a child’s emotional, physical, nutritional and educational needs must be incorporated into the legal definition.”³⁴

44. Others questioned whether the definition was in reality causing difficulties, since most practitioners and the system operated on the basis of the civil definition (see below) and had developed relatively sophisticated understanding of neglect. Professor Munro

26 Q 63

27 Q411 (Phillip Noyes)

28 Ibid

29 Children and Young Persons Act 1933, s.1

30 Action for Children, *Keeping Children Safe: the case for reforming the law on child neglect* (2012)

31 Ibid

32 See for example responses from NSPCC, the Children’s Society and Barnardo’s, Q417

33 Ev 190

34 Ev 259

commented that “You would make a lot of lawyers very rich for a very long time if you tried to come up with a legal definition that captured the complexity of the scenarios that in reality you have to deal with”.³⁵ Judge Crichton told us “there is a huge danger in trying to over-define what we are talking about. It is a bit like describing an elephant: it is not easy to sit here and describe them, but my God, if one comes through the door I know one when I see one. Neglect is in that category.”³⁶ It is worth noting perhaps that these views came from those primarily involved with the civil courts rather than the criminal system.

45. The Minister told us that the Department had “looked into” the 1933 definition as a result of the Action for Children campaign. The conclusion reached was that “the overwhelming view was that the law is not being interpreted in a 1933 fashion” and that “The way the law operates in courts is fit for purpose in 2012”.³⁷ He was concerned that changing the definition in the way suggested “on the face of it, [...] would be a charter for lawyers to look at the law”.³⁸ In light of the concern expressed to us and the growing awareness of the importance of recognising neglect, we believe that there is a strong argument for a more thorough examination of the issues involved. **We recommend that the Government investigate thoroughly whether the narrow scope of the definition contained in the Children and Young Persons Act 1933 is causing problems in bringing criminal cases of neglect.**

46. The civil definition of neglect which is used in child and family law is set out in the Children Act 1989 as part of the test of ‘significant harm’ to a child. This is expanded upon in the previous *Working Together* statutory guidance which describes neglect as:

the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

This description is repeated in the draft statutory guidance on *Managing individual cases: the Framework for the Assessment of Children in Need and their Families* which accompanies the new redraft of the main *Working Together* document issued in June 2012.

47. We heard calls for the civil definition of neglect also to be reviewed. The NSPCC pointed out that the two definitions “are slightly at odds with each other” and that “in criminal law, wilfulness is relevant but in civil law, it is not”.³⁹ Mr Noyes explained that,

35 Q715

36 Q766

37 Q 849

38 Ibid

39 Qq 411, 413

with the civil definition, “the critical words are around persistent failure and obviously to do with significant harm. How you judge how persistent is persistent, and what counts as a failure is really a matter of judgment, but motivation does not come into it”.⁴⁰ He suggested that “it is the right time to review the definitions in both criminal and civil legislation by a really serious think nationally about best practice that would drive both civil and criminal definitions”.⁴¹

48. Asked how the definition should be revised, Enver Solomon of the Children’s Society told us that “one of the key issues around improving the definition is to look at how it better captures the need to take into account young people’s age and development”.⁴² The intention would be not to create a series of definitions but instead “a specific overall definition [...and] a recognition within setting out the definition of the differential issues around age development”.⁴³ In particular, this could address concerns in respect of adolescents: both in terms of defining what kinds of treatment constitutes neglect of this age group, and of professionals’ ability to recognise neglect in young people and take action. Others considered that a change to differential definitions may not be the right approach. For example, Peter Davies of CEOP/ACPO told us that “we would strongly recommend that the definitions are not age specific and should be focused around signs of vulnerability” because “imposing age related thresholds for what constitutes neglect may cause indicators of this to be missed”.⁴⁴

49. Picking up the concerns raised by Action for Children in connection with the criminal definition, we also explored in evidence whether it would be useful to set out in statute a statement of what constituted positive parenting. This approach has been adopted in Scotland. On the whole, witnesses were not enthusiastic about the idea. While accepting that “the Children Act [...] concentrates on omission or failure—gross acts of bad behaviour by parents”, Phillip Noyes of the NSPCC did not know that the parental responsibility provision in Scotland “has proved particularly useful, other than as a marker for what appropriate parental behaviour is”.⁴⁵ There is, however, evidence that parent training programmes can be effective in tackling neglect.⁴⁶ Mr Noyes suggested that this should start at school and continue through into early help programmes.⁴⁷ Sue Woolmore, Chair of the Independent Chairs of LSCB Network, said: “if I had a magic wand, I would use it to help children and young people start understanding what being a parent is about and what the needs of young children are”.⁴⁸ Professor Munro also considered that the available money should be targeted on helping parents improve their parenting skills.⁴⁹ It

40 Q413

41 Q 413 [Phillip Noyes]

42 Q413 [Enver Solomon]

43 Q 414

44 Ev 228

45 Q 415

46 Q86 [Professor Biehal]

47 Q416 [Phillip Noyes]

48 Q589

49 Q742 [Professor Munro]

would seem likely that a statutory provision relating to positive parenting would achieve rather less than an active programme teaching parents what it means.

50. We have seen no convincing evidence that the civil definition of neglect, as set out in the Children Act 1989 and interpreted by the statutory *Working Together* guidance, is insufficient. Nor are we persuaded that age-specific definitions are workable or desirable. Although there are clearly different considerations in determining whether a young child or a teenager is suffering from neglect, we consider that there are more effective ways of tackling awareness and taking action for this latter group as we argue later in this report. We see no reason, therefore, to review the civil definition at this time and we welcome the repetition of the definition in the new *Managing individual cases* document.

The long-term consequences of neglect

51. There is overwhelming academic and research evidence of the long-term damage of neglect,⁵⁰ echoed in written submissions to our inquiry. The NSPCC has set out some of the known effects on children's development:

Apart from being potentially fatal, neglect causes great distress to children and is believed to lead to poor outcomes in the short- and long-term. Possible consequences include an array of health and mental health problems, difficulties in forming attachment and relationships, lower educational achievements, an increased risk of substance misuse, higher risk of experiencing abuse as well as difficulties in assuming parenting responsibilities later on in life (Taylor & Bridge 2005). Glaser's (2000) review of work carried out in the fields of neuro-biology and developmental psychology showed that emotional neglect can have adverse effects on the development of a child's brain. A longitudinal study on children whose mothers were neglectful and emotionally unavailable indicated that children grew up to be socially withdrawn, inattentive and cognitively underachieving in their elementary-school years (Erickson & Egeland 1996).⁵¹

52. The RCPCH told us: "We know that neglect damages children's development and has neurobiological consequences and we know that the effects of neglect are cumulative and pervasive. Early recognition is necessary to avoid long term damage. The risk of fatalities is high and may be as high as other forms of abuse. Neglect also causes children to have low self esteem, feel isolated, disengaged and socially disconnected. Adolescent neglect is also widespread and can be linked to suicide and death or serious injury from risk-taking behaviour."⁵² The National Association of Head Teachers described the long term effects of neglect as just as "catastrophic for children and young people as other forms of abuse" and highlighted the impact upon education as well as wider behaviour such as chaotic drug and

50 See, for example, *Studies in Safeguarding across services* (2011) and Action for Children research (2012)

51 NSPCC, *child protection research briefing: neglect*, p.10

52 Ev 222

alcohol use, violence, criminal behaviours, early sexualisation and vulnerability to exploitation”.⁵³

The scale of neglect

53. Department for Education statistics show neglect was the most common reason for children to become subject to a child protection plan, accounting for almost 43% of cases (to March 2011). A major prevalence study of child abuse and neglect, published by the NSPCC last year, found neglect to be the most prevalent type of maltreatment in the family for all age groups: 5% of under 11s, 13.3% of 11–17 year olds and 16% of 18–24 year olds had been neglected at some point in their childhoods. Severe neglect was experienced by 3.7% of under 11s, 9.8% of 11–17 year olds and 9% of 18–24 year olds at some time during childhood.⁵⁴ This was reflected in Action for Children research which showed that up to 10% children suffering neglect.⁵⁵ Action for Children also found that the majority of professionals have come into contact with children who have experienced neglect, including 81% of primary school staff, 69% of health professionals and 67% of pre-school/nursery staff.⁵⁶ Neglect is the most common feature in all Serious Case Reviews (Ofsted); and the most common concern for adults contacting NSPCC.⁵⁷ Social work involvement in cases of neglect was vividly portrayed in the 2012 BBC television series *Protecting Our Children*.

54. However, these figures may not give an accurate picture of the scale of neglect. Often neglect is the main issue and the one recorded for a child protection plan, but neglect rarely occurs in isolation and there are usually other abuses occurring concurrently. It is also easy to use neglect as a ‘catch-all’ category for maltreatment which does not easily fit another category.⁵⁸ As the Minister told us, “there is a whole host of dynamics going on within a family and it just happens that neglect appears to be the most appropriate tag to put on a child, but there may be some physical abuse that is lurking behind it as well”.⁵⁹ These variations and uncertainties are borne out in the very variable rates of neglect reported by different local authorities: statistics for children who were the subject of a child protection plan in the year ending 31 March 2009 show that the proportion varied from one quarter of all cases to over two thirds.⁶⁰ This means that it is difficult to be certain of prevalence. It is likely that quite different incidents and patterns of maltreatment are being classified as neglect in different areas. **We recommend that the Government commission research to investigate whether similar situations and behaviours are being classified as neglect in different local authorities.**

53 Ev w198

54 NSPCC, *Child abuse and neglects in the UK today*, (September 2011), p.43: http://www.nspcc.org.uk/Inform/research/findings/child_abuse_neglect_research_PDF_wdf84181.pdf

55 Action for Children (2009), *Child neglect: Experiences from the frontline*

56 Ibid

57 NSPCC, as above

58 See, for example, analysis of neglect by Professor Elaine Farmer for the DfE

59 Q848 [Tim Loughton]

60 <http://www.education.gov.uk/researchandstatistics/statistics/statistics-by-topic/childrenandfamilies/safeguarding/a00196158/referrals-assessments-and-children-who-are-the-sub>

55. There is also reason to believe that the recent increase in cases may not reflect a real change in the prevalence of neglect amongst families. Both academic and charity witnesses suggested that the rise over several years in the number of children starting on child protection plan for neglect may suggest that the system is getting better at recognising and acting on neglect, rather than an increase in prevalence.⁶¹ The Minister agreed.⁶²

56. We heard concern that the incidence of neglect may be expected to rise as a result of the current economic climate. Professor Ward told us that the numbers “are likely to increase with increased unemployment, with the number of negative factors that are likely to occur as a result of the economic situation”, although she counterbalanced this with the observation that “there is evidence to suggest that when times are bad, in fact referrals decrease because as a population we become more accepting of low standards”.⁶³ In her progress report Professor Munro noted that “although parents on low incomes can provide excellent care, it is well established that poverty correlates with neglect in particular and so there might be an increase in referrals because of this”.⁶⁴

57. The Minister readily accepted that “it is no great science to suggest that economic pressures at the moment are not making it easier for domestic situations, and that there is a greater likelihood that that stress and frustration might manifest themselves in all forms of abuse within that family, including neglect of the children themselves”.⁶⁵ He added that he “would like to see some empirical evidence to show whether or not benefit changes are going to have an impact on that”, and suggested that evidence of the impact of the economic situation and Government legislation was information which could be gathered and passed on by LSCBs

Neglecting neglect

58. Given the seriousness of the long-term consequences of neglect, the impact of a delay in intervention where there is evidence of neglect is very high indeed. Yet the NSPCC has claimed that “neglect has been neglected” and identified neglect as one of its seven priority areas for action between now and 2016.⁶⁶ Evidence strongly suggested that professionals are often uncertain in identifying neglect, and lack the confidence needed to intervene until neglect reaches unacceptable levels. Academic witnesses spoke of strings of “quite shocking examples of practices that have gone on for years and years before something happened” and suggested several possible reasons for this.⁶⁷ Professor Ward pointed out that “the problem is that pretty well all parents neglect their children up to a certain point. What we do not really understand is the point at which it becomes unacceptable and the point at

61 Q64 [Dr Brandon]; Q 411 [Phillip Noyes, NSPCC]

62 Q841

63 Q64 [Professor Ward]

64 Munro Progress Report, paragraph 3.14

65 Q801 [Tim Loughton]

66 NSPCC, http://www.nspcc.org.uk/what-we-do/the-work-we-do/priorities-and-programmes/intro-to-priorities/intro_wda86208.html

67 Q63

which it will have long-term adverse consequences”.⁶⁸ Another academic expert, Dr Brandon, argued that “because often the families where there is neglect are very complicated, difficult and confusing for practitioners, they can overwhelm individuals working with families, so they fail to see what is in front of them”.⁶⁹ Other witnesses pointed to cultural difficulties in defining neglect and the added complication of identifying neglect in families living in poverty.⁷⁰ The neglect of older children in particular has been poorly understood.

59. NSPCC research in 2010 concluded that social workers were failing to respond adequately when they came across children who were showing signs of neglect. The research analysed a sample of 50 serious case reviews in which neglect had been found at some point in the lives of those who had died, and found that the average length of time between concern of neglect first being raised and the child’s death was 13 months. The NSPCC called for an overhaul of guidance to social workers, arguing that, at present, they are encouraged to adopt an approach of “waiting for neglect to persist” before intervening.⁷¹

60. There was general agreement that a failure to act on neglect was often the result of a system which looked for “a trigger” for action and that assessment procedures have given undue weight to incidents of abuse at the expense of patterns of neglect. The inability of the system to respond to patterns rather than incidents is also highlighted by Munro.⁷² Yet, as Professor Ward and Rebecca Brown at Loughborough University pointed out, neglect is a “chronic, corrosive condition which may deteriorate over a long period without reaching a specific crisis, such as a baby being locked up alone overnight or abandoned in a shop, that might prompt specific action”.⁷³ Research by the University into infants suffering harm over time also identified the difficulties faced by professionals in balancing support for the family unit and protecting the children, concluding that:

Almost all professionals did everything they could to keep families together. Parents were given repeated opportunities to prove they could look after a child [...] However, in the drive to ensure that parents’ rights were properly respected, children’s needs could be overlooked. This was particularly true for the many children who suffered from long-term, chronic neglect while professionals waited for parents to overcome their difficulties and provide them with ‘good enough’ care. A number of these were younger siblings of children who had already been removed.⁷⁴

68 Q 63 [Professor Ward]

69 Q63 [Dr Brandon]

70 For example, Ev w38 [Family Rights Group]

71 NSPCC, January 2010

72 Munro Progress Report; Q715

73 Ev 178

74 Loughborough (2010), *Infants suffering, or likely to suffer, significant harm: a longitudinal study*, p.4

Furthermore, Professor Ward's submission also noted that "practitioners who work with extremely disadvantaged families can become inured to the evidence of neglect because they see so much of it".⁷⁵

61. Such evidence suggests that children are left in neglectful situations too long after they have come to the attention of professionals. The Magistrates' Association told us that "magistrates are faced on many occasions with cases of neglect where there has been an extensive chronology of a referral being made, some work being done then the case being closed and for this pattern to repeat itself several times over a period of years and eventually for care proceedings to be sought".⁷⁶ The recent Family Justice Review also concluded that "evidence suggests that local authorities can wait too long before they start proceedings and are not always sufficiently focused on children's timescales, underestimating the impact of long term neglect and emotional abuse".⁷⁷ The review called for the revised *Working Together* guidance to "emphasise the importance of the child's timescales and the appropriate use of proceedings in planning for children and in structured child protection activities".⁷⁸ We note that instead the timescales for assessment are being removed entirely from the revised *Working Together*.

62. There is reason for cautious optimism that these difficulties may be in the process of being addressed. The increase in child protection plans for neglect may indicate a change in the trend to earlier recognition and intervention. This is supported by the recent Cafcass study comparing care applications in November 2011 with those in the same period in 2008 which concluded that:

There is a greater prevalence of neglect in this sample than the 2009 study, and the children subject to Child Protection Plans (under the category of neglect) have been known to local authorities for less time than was previously the case. This would suggest that neglect is now being acted upon more quickly, and applications in which neglect is a feature are being made at an earlier stage than was the case three or more years ago.⁷⁹

63. Several witnesses suggested that a greater understanding of child development would help professionals recognise neglect and therefore take action to tackle it more effectively. The current deficit in understanding was commonly traced to training for social workers. For example, academics from Loughborough and York told us that "social work training has focused on skills for too long [...] there is a lot of evidence that the knowledge base needs to be improved" and that "the evidence suggests that social workers are not learning enough about childhood development. They do not have some of the factual information at their fingertips that would enable them to make better judgments".⁸⁰ The Children's Society and Barnardo's agreed that "training and professional development [of social

75 Ev 178

76 Ev w84

77 *Family Justice Review: Final Report*, p15

78 Ibid

79 Three weeks in November ... three years on ... Cafcass care application study 2012, p.ii

80 Q86 [Professor Ward]

workers] could be substantially improved” in relation to child development, emotional, intellectual and behavioural developments, and how parental behaviour impacts on those.⁸¹ Kate Wallace added that “training [...] particularly in terms of development, attachment and the impact of neglect” should be a key area for the College of Social Work to focus on.⁸²

64. This argument has been accepted by other reviews of the profession. For example, the Munro review argued that the professional capabilities being developed for child and family social work must include knowledge of child development and attachment and knowledge of the impact of child abuse and neglect on children in both the short and long term and into adulthood.⁸³ Dame Moira Gibb, who chaired the Social Work Reform Board, acknowledged that “There has been less focus than necessary on child development” in social worker training.⁸⁴ We were told that child development is currently included in some social work training but not all.⁸⁵

65. The new curriculum being developed by the College of Social Work will emphasise child development, but a consistent approach is needed across all teaching institutions. **An understanding of the long-term developmental consequences of neglect and the urgency of early intervention should be built into child protection training and guidance for all front-line professionals, including those in health and education. This would mean a strong focus, both in initial training and in continuing professional development (CPD) courses, on normal child development, in terms of emotional, intellectual, behavioural and physical development, and the impact upon it of parental behaviour, including neglect. The training should extend to the developmental impact of neglect on adolescents and the potential long-term effects for this group of children. It would be highly advantageous for CPD in this area to be offered to professionals from different disciplines training together, and we call on the Government and the College of Social Work to take this forward.**

66. In common with all our witnesses and previous reviews, we are concerned that the system—and to some extent professional practice—has been geared to recognising emergency incidents, rather than more enduring patterns, of maltreatment and that this has contributed to children being left in neglectful situations too long, with social workers waiting for a ‘trigger’ incident to intervene. We welcome the steps that are being taken to alter this situation. **We believe that the needs of children and the importance of acting quickly to secure early intervention for children are all too often not given enough priority. Securing positive outcomes and meeting the needs of the child should come before all other considerations. There needs to be a continued shift in culture so that there is earlier protection and safeguarding of the long-term needs of the child.**

81 Q436 [Enver Solomon]

82 Q436 [Kate Wallace]

83 Munro Review, para 6.41

84 Q680 [Dame Moira Gibb]

85 Ev w167, w66

67. We recommend that Cafcass continue to monitor the responsiveness of local authorities to neglect through the timeliness and quality of care applications. If there are signs that improvement is not being sustained, the Government must be prepared to act to ensure that local authorities respond promptly in cases of neglect.

Domestic violence and neglect

68. As with other forms of abuse, domestic violence, mental health problems and drug and alcohol abuse are major risk factors for neglect.⁸⁶ The recent Cafcass study found that in the cases which led to care applications between 11 and 30 November 2011 “a parent had been the victim of domestic violence in 60.1% of cases and the perpetrator of domestic violence in 40.3% of cases”.⁸⁷

69. Anecdotal evidence suggests that a number of local authorities semi-automatically classify children as ‘neglected’ when there is domestic violence in the household, categorising the non-abusive parent’s (usually the mother’s) ‘failure to protect’ a child from witnessing domestic violence as a form of emotional harm. This interpretation has been challenged for blaming the abused parent (usually mother), themselves at significant risk, rather than tackling the abuser. More generally, mothers experiencing domestic violence are often blamed for ‘failing to protect’ their children, and children taken away, despite evidence that they are able to be adequate parents if supported properly.⁸⁸ John Hemming MP pointed to “a great fear among women about reporting domestic violence, because they feel that they will lose their children if they report domestic violence”.⁸⁹ This is despite current domestic violence policy suggesting that the emotional harm arising to a child witnessing domestic violence can be best mitigated by supporting the non-abusive parent.⁹⁰

70. Evidence from domestic violence charities also highlighted the conflicting messages sent by the courts regarding the safety of children and of women. Asked about the conflict between child contact and domestic violence policies, Joanna Sharpen from Against Violence and Abuse (AVA) told us:

Unfortunately they are not very well co-ordinated. We know that domestic violence is present in two thirds of all serious case reviews into child deaths or serious injury, and we know of children who are killed or seriously abused during contact visits [...] often a woman will leave for the sake of protecting her children, and then she is put in the impossible position where the courts are saying, “But the children must have contact with this man who is too dangerous to live with”. What kind of message is that giving her?⁹¹

86 Barnardo’s (Q415ff)

87 Three weeks in November ... three years on, p.21

88 Q425 [Kate Wallace]; Q273 [Joanna Sharpen]

89 Q380 [John Hemming]

90 Ibid., pp.5-6

91 Q273

71. Women's Aid proposed that "Where domestic violence is identified as a factor in neglect cases, the mother and her children should both receive support and referral to specialist support services to address the domestic violence".⁹² The Minister agreed that "I would be very cautious about the victims of domestic violence being labelled as neglectful of their children as well" and cited examples of good practice where "a very experienced domestic violence specialist social worker" had possessed "the knowledge and experience as to how to deal with a difficult domestic violence situation where, clearly, the victim parent needed some serious support and did not need to be labelled".⁹³

72. In cases of domestic violence, there should be no presumption that an abused parent cannot be a good parent. Wherever possible, the focus should be on supporting that parent and helping them to protect their children themselves, rather than on removing the children. But the interests of the children must come first. Guidance and specialised training in this sensitive area should be reviewed and updated and highlighted to all social workers. The Department for Education must liaise more closely with the Home Office on issues relating to child protection and domestic abuse.

92 Ev 179

93 Q851

3 Older children

Vulnerability of older children

73. Under section 11 of the Children Act 2004 local authorities have a statutory duty to “safeguard and promote the welfare of children in need” at all ages up to 18 years old. Within this age range Ofsted has identified the two most vulnerable groups as being babies under one year old and, perhaps surprisingly, older children aged 14 and upwards.⁹⁴ Ofsted notes that of 471 serious case reviews conducted between April 2007 and March 2011, 111 (24%) were of children aged 14 or older.⁹⁵ Drawing on these reviews, it concluded that “There is less commonality of experience for older children within the child protection system [...] the complexity and range of risk factors facing teenagers, as highlighted in the evaluations, included: alienation from families; school difficulties; accommodation problems; abuse by adults; unemployment; drug and alcohol misuse; emotional and mental health difficulties; domestic abuse in the home; reactions to bereavement; and risks linked to adults’ misuse of the internet”.⁹⁶

74. Ofsted’s findings are supported by other research into the prevalence of abuse amongst young people. For example, the NSPCC found that there were as many entries concerning 10 to 15-year-olds in the Child Protection Register in England (now replaced by child protection plans) as there were concerning 1 to 4- year-olds and 5 to 9-year-olds.⁹⁷

75. In many cases older children may have lived with abuse and neglect for their entire lives. Women’s Aid pointed out that “older young people are likely to display a wide range of effects of abuse and neglect” and cited the research findings of Brandon et al that “long-term neglect and abuse had led to self-harm and suicide attempts in older young people the subject of serious case reviews”.⁹⁸ There is also widespread evidence that young people in abusive situation can often accept their situation as normal. The Railway Children charity investigated the lives of 100 young people who had been on the streets for four weeks or more in 2009 and found amongst many “there was a sense of [...] ‘this is how it is’ [...] Some had very few expectations or ideas that life could or should be different”.⁹⁹ Academic research confirmed that “adolescents do not always understand that neglectful behaviour is happening, because they accept it as the norm”.¹⁰⁰ Professor Ward told us “In studies we did of children in the care system, in abusive placements, quite often the children came up

94 Ev 213

95 Ibid

96 ibid

97 NSPCC, *Child protection research briefing: neglect*. See also figures cited earlier on the prevalence of child abuse and neglect amongst 11-24 year olds.

98 Ev w179, citing Brandon, M., Belderson, P., Warren, C., Howe, D., Gardner, R., Dodsworth, J. and Black, J., (2008), *Analysing child deaths and serious injury through abuse and neglect: what can we learn? A Biennial analysis of serious case reviews 2003-2005*, Nottingham, DCSF

99 Ev 206

100 Q97 [Professor Ward, quoting research by Mike Stein on neglected adolescents]

with really astonishing remarks that made it evident that they had not understood that they were being treated very badly”.¹⁰¹

76. The NSPCC expressed concern that

the child protection system is geared towards meeting the needs of younger children meaning that older young people may not be having their needs met.¹⁰²

Research by The Children’s Society found that referring professionals “perceived children’s social care services as being less likely to take action in cases involving older young people, particularly for young people aged 15 years and over. Issues around defining and prosecuting cases of neglect and emotional abuse were highlighted as the most problematic in terms of identifying whether or not they would meet local authority thresholds”.¹⁰³ Its submission concluded that:

- Young people are not being identified as at risk by professionals and are often perceived as more resilient or able to cope with situations compared to younger children;
- Young people are less likely to receive a children protection response from Children’s Social Care, they are more likely to receive an assessment through a ‘child in need’ referral or through the Common Assessment Framework (CAF).
- There is a lack of specialist early intervention services for vulnerable teenagers.
- Universal services have a vital role in identifying young people in need of additional support, however there is a lack of training and awareness amongst professionals of the specific needs of older young people.
- There are differences in response between and within different Children’s Social Care services to young people aged 11–17 years old who have been maltreated.¹⁰⁴

77. Survey research in 2004 of the assessment procedures of 24 local authorities found that the age of the young person was one of two factors (along with reason for referral) associated with the likelihood of cases progressing from referral to initial assessment. The likelihood was lower for referrals relating to young people aged 15 and over.¹⁰⁵ A study conducted by York University found that it took much longer for adolescents to get an assessment and a child protection inquiry.¹⁰⁶

78. Railway Children argued that teenagers approaching their 16th birthday are particularly vulnerable: “we are concerned about the safeguarding of adolescents in particular.

101 Q97 [Professor Ward]

102 Ev 217

103 Ev w169

104 Ev w67

105 Ev 221, citing Cleaver and Walker (2004)

106 Q94 [Professor Biehal]

Anecdotally we hear of teenagers approaching their 16th birthday being left in risky home situations, due to local authorities not wanting to take them into care as they will then need to be responsible for them until they are 21”.¹⁰⁷ Academic research bears out the concerns about the low number of older children taken into care. A paper by Professor June Thoburn shows that, internationally, the UK takes a smaller proportion of 15-16 year olds into care compared to other countries.¹⁰⁸ Although definitions of care vary, this suggests that the system in England may be reluctant to consider care at this age. We heard from some of the children we met that children’s services had seemed to turn a blind eye to their needs, and/or made inadequate provision.

79. Ofsted noted that “young people who need protection and who are aged between 16 and 18 can experience the particular vulnerability of not receiving appropriate services because they fall between adult and children’s services”.¹⁰⁹ It pointed out that older children are often in contact with a wider range of agencies than younger ones (for whom it is mainly health): “children’s social care, health, the police and education, practitioners from the Connexions service, the Youth Offending service, the Probation service, drug and alcohol misuse services, leaving care services, housing, and CAMHS may all be involved. Commonly, young people ‘bounced’ around the system, with no one agency taking overall responsibility for their welfare or holding a comprehensive understanding of their needs”.¹¹⁰ If care is not considered as an option before 18, these young people often do not meet the definition of adult social care of ‘vulnerable adults’ once they turn 18 and local authorities have no responsibility for them.

Professionals’ perceptions of older children

80. The NSPCC told us that “there is evidence to suggest that social services often prioritise provision to younger children because they consider older children to be more resilient and more able to cope with the effects of abuse”.¹¹¹ Enver Solomon of the Children’s Society quoted a professional who said “We can’t rush out to a 16 year old who’s perhaps sofa-surfing and perhaps experimenting with drugs and getting into crime, you know that’s a big worry, but we can’t prioritise that when we’re working with 0 to 5 year olds in, you know, some pretty dire situations.”¹¹² The Society’s work showed that “11 to 17-year-olds were seen as more competent to deal with maltreatment, including being able to escape the situation and seek help”.¹¹³ Sue Woolmore, Chair of the Independent LSCB Chairs’ Network, agreed that adolescents were “often seen as being more self-reliant, more resilient”, with the result that neglect of this age group tended to be neglected.¹¹⁴ A point

107 Ev 221

108 Thoburn, J., *Globalisation and Child Welfare: Some lessons from a cross-national study of children in out-of-home care*, Social Work Monographs, UEA Norwich, first published 2007

109 Ev 213

110 Ev 213-4

111 Ev 217

112 Q442

113 Ibid

114 Q588

made by many witnesses, including young people informally, was that practitioners tend to assume that children are making choices relevant to their chronological age, when in fact they are functioning at a younger emotional or developmental age. BASW expressed concern that this tendency “leaves some young people without the adult care and protection they need”.¹¹⁵

81. The Children’s Society identified “a common professional view that the effects of maltreatment are less severe for older young people than for younger children”.¹¹⁶ The Society points out that this view “is not [...] well supported by the limited research evidence that exists on this topic” and calls for what evidence there is to be “more effectively disseminated to practitioners and commissioners” and for “its implications for training, practice and service provision [to be] fully considered”.¹¹⁷

82. It is apparent from the experience of those who have worked in and with the system, and of young people who have had contact with it, that practitioners currently have insufficient training in the specific issues surrounding older children and their need for protection. **Both the College of Social Work, in outlining curricula, and individual institutions delivering social work training must ensure that teaching delivers an understanding of the effect of maltreatment on older children, their ability to cope with it and the long-term implications for their future well-being.**

Behavioural issues and child protection

83. Older children in need often present as ‘badly behaved’: whether in trouble with the criminal justice system, abusing drugs or alcohol, going missing, truanting, self-harming, or in other ways. We heard that this can mask their vulnerability, and lead professionals to ‘blame’ or judge the children. Andy McCullough of the Railway Children told us that “by the time you get to 14 or 15 [...] you have lost trust in the adults around you, because you have been let down on a number of occasions. Your behaviour, and how you act out that trauma, becomes the focus, rather than what has caused that trauma”.¹¹⁸ Enver Solomon of the Children’s Society elaborated:

Older children in particular are very reluctant to disclose and share information, and their behaviours that are a response to being in a risky situation are often misunderstood as them acting out and misbehaving, rather than them being at risk. Their behaviours are labelled as risky, rather than a consequence of being at risk.¹¹⁹

Often behavioural issues can be a response to being in a risky situation; it is a ‘cry for help’. In particular, the Children’s Society recommended that “running away must be recognised as an early indication that a child is at risk”.¹²⁰

115 Supplementary Evidence from BASW

116 Ev 188

117 Ibid

118 Q322

119 Q416 [Enver Solomon]

120 Ev w167

84. The picture with families can also be more complex, with parents sometimes seeking the removal of an older child with behavioural problems. The Office of the Children's Commissioner points out that this situation creates "a very different context from that where there is commitment to keeping a child", requiring a different kind of response.¹²¹ The number of older children subject to voluntary care orders under section 20, as opposed to compulsory care orders, bears this out. One large study found that 57% of those first admitted to the care system when aged 11 or over were voluntarily accommodated, compared to 21% of those aged 10 or under.¹²² However, Professor Biehal cited research which showed that in many cases where parents asked for their adolescents to be taken into care because of behavioural problems, "ongoing or past abuse and neglect was occurring".¹²³ She commented that "Something was being presented as a behaviour problem that had underlying histories of abuse and neglect [...] emotional abuse, and domestic violence as part of the pattern, but it had not been recognised", leading to an inappropriate response on the part of children's social care.¹²⁴

85. Professor Munro suggested that, in addition to expertise amongst social workers, there is an important role for managers in supportively questioning the assessment of their front-line professionals in relation to 'badly-behaving' teenagers:

handling the fact that they are behaving badly and deserve our understanding and help requires maturity and people being supported to work that way. If they come back from an interview with a young boy and they are obviously irritated by him, their supervisors should challenge them about that and say, "Okay. He is irritating; he is a teenager, but so what? What's happening to him? What is his home life like?" To me, it comes back to expertise and being able to work knowing that people have good and bad in them.¹²⁵

86. Judging the behaviour rather than the background of the child can also be a feature of state agencies in their dealings with groups of older children in particular circumstances. For example, trafficked children found in criminal contexts (such as cannabis factories or the sex trade) may still be treated by the authorities as perpetrators of crime first and victims of abuse second. The same applies to trafficked and refugee children who are treated as immigration offenders first, and abused children second. Judith Dennis of the Refugee Council told us that "we have the situation that lots of social workers believe they cannot care for a separated, unaccompanied child with insecure immigration status until they have claimed asylum".¹²⁶ She described this as "ludicrous" and points out that it puts the children at risk of exploitation or homelessness.

87. Enver Solomon of the Children's Society was "very clear" that "this is not about making excuses for behaviour. This is about addressing a young person's behaviour that is putting

121 Ev w151

122 *The Pursuit of Permanence: A Study of the English Care System*, Ian Sinclair et al, London: Jessica Kingsley, p38

123 Q94 [Professor Biehal]

124 Ibid

125 Q718

126 Q308

them in dangerous situations and potentially causing harm to others and ensuring that it is addressed in the most effective way”.¹²⁷ What may seem to be ‘bad’ behaviour amongst older children, in particular going missing, truanting and self-harm, may often—though not always—mask underlying problems and be a symptom that a child is at risk. With adolescents, who can be challenging to work with, the role of social work and other managers in being a critical friend and challenging the initial judgements of their front-line professionals can be vital in digging beneath the presenting behaviour. **Practitioners of all disciplines, including social workers, the police, GPs and others, must demonstrate greater awareness of the fact that older children may also be vulnerable and be a ‘child in need’.** The Government and LSCBs should remind practitioners of their statutory duty to assess the needs of those children and to offer support.

Care options

88. Our visits to Barnsley and to North Tyneside highlighted that older children placed in foster care often experience a series of placements. A few are adopted but, as was pointed out to us by the Government’s Adviser on Adoption, Martin Narey, adoption is seldom considered as an option for older children, and for children who were unlikely to be adopted, “special guardianship is frequently a better option”.¹²⁸ A further option is care in a children’s home. There have been serious concerns raised recently about this range of options and its impact upon children. A recent All Party Parliamentary Group report found that “many older children with complex needs are placed in poor quality and unsuitable care placements”¹²⁹ and that older children who are in care are often placed in residential homes as a placement of “last resort”.¹³⁰ The Deputy Children’s Commissioner has also noted that “most of those in residential care are aged 12 and over with the peak age range being 14 to 16 years old.”¹³¹ She went on to observe that “placement in residential care often occurs either following multiple placement breakdowns, or following a child’s late arrival into care with longstanding unrecognised problems.”¹³²

89. From our discussions with young people, we heard first-hand experience of older children being placed in hostels or similar accommodation where the level of support they needed because of their vulnerability could not be provided. This was a particular problem where the age of the young person was in dispute.¹³³ The Deputy Children’s Commissioner has expressed “grave concern” about children aged 16 and over being housed in foyer, bed and breakfast and hostel accommodation which places them at significant risk.¹³⁴ She

127 Q444

128 Q352

129 The APPG for Runaway and Missing Children and Adults and the APPG for Looked After Children and Care Leavers (2012), *Report from the Joint Inquiry into Children who go missing from Care*, p9

130 Ibid, p22

131 Office of the Children’s Commissioner (2012), *Briefing for the Rt Hon Michael Gove MP, Secretary of State for Education, on the emerging findings of the Office of the Children’s Commissioner’s Inquiry into Child Sexual Exploitation in Gangs and Groups, with a special focus on children in care*, p8 (hereafter DCC report)

132 Ibid

133 See Annex 6

134 DCC report. p9 and p42

recommended that regulations should proscribe any child in care or leaving care from being placed in bed and breakfast accommodation.¹³⁵

90. The Children's Society provided evidence on the particular problems of older children leaving care. In the year ending 31 March 2011 63% of those leaving care did so on their 18th birthday.¹³⁶ 36% of those leaving care were aged 16 and 17. In a recent report published by the Children's Rights Director, Roger Morgan, nearly half of care leavers surveyed felt they left care too early (46%) and were not prepared well enough to leave (49%).¹³⁷ This was reflected in our conversations with young people and residential support staff during our visit to Barnsley which suggested that once young people reach the age of 16 they are likely to seek independent accommodation. Many of the staff felt this to be a poor choice for the young people, who needed a greater degree of support and challenge, but that poor pathway and transition planning often left them with little support. The Children's Society argued that the leaving care age should always be 18 to match the age at which children cease to be "looked-after" and to come into alignment with the new age of compulsory schooling.¹³⁸ They also believed that children should be allowed to stay in care up to the age of 21, if they wish.

91. Once they have left care, there is a need to ensure that these children are assisted in finding suitable accommodation. Statutory guidance to local authorities on securing sufficient accommodation for looked-after children puts duties on local authorities (i) to review the situation systematically in relation to securing accommodation which meets the needs of looked-after children and care leavers, and (ii) to commission a range of provision to meet the needs of care leavers, including arrangements for young people to remain with their foster carers and other supported accommodation.¹³⁹ The Children's Society claimed that "many" local authorities are not good at commissioning such accommodation and associated support services.¹⁴⁰ It called for better implementation and monitoring of the guidance.¹⁴¹

92. We are clear that more effort must be made to establish the best care options for older children. Children's homes may be the most appropriate and effective solution in some cases but all looked-after children are particularly vulnerable at the moment they leave the children's social care system. **We recommend that Ofsted monitor and report as a standard part of all inspections on the quality and suitability of the provision made by local authorities for older children, taking into account the views of the children themselves. It is essential that as much attention is paid to the care options provided for vulnerable young people as to those provided for younger children.**

135 Ibid, p11

136 DfE: *Children looked After by Local Authorities in England (including adoption and care leavers) – year ending 31 March 2011*

137 *Young people's views on leaving care. Reported by the Children's Rights Director for England, March 2012*

138 Supplementary evidence from The Children's Society

139 Quoted in Supplementary evidence from The Children's Society

140 Supplementary evidence from The Children's Society

141 Q461

93. We are particularly concerned about the position of care-leavers and the accommodation and range of support provided for them. The impact on their life chances is highly significant and this area needs further detailed examination.

Specialised forms of abuse

94. Evidence to our inquiry highlighted the extent to which older children may be particularly vulnerable to a wider range of ‘specialised’ forms of abuse. Phillip Noyes of the NSPCC pointed out that “The child protection system over the years has really been more geared to dealing with abuse that happens at home within families. Young people are experiencing a range of abuse [...] out of home as well.”¹⁴² This can contribute to the “misfit” between what the system can offer and the particular needs of children in specific situations. In our inquiry, we examined in detail some of these forms of abuse or vulnerability and we comment on certain aspects below. We also draw some general conclusions from this evidence.

Trafficking

95. The United Nations Convention against Transnational Organised Crime (the ‘Palermo Protocol’) describes trafficking as:

the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.¹⁴³

96. Latest figures from the Inter-Departmental Ministerial Group on Human Trafficking indicate that in 2011, 234 children were trafficked into the UK, from over 30 countries. This is based on the number of referrals to the National Referral Mechanism (NRM). The real number of victims of trafficking is likely to be far higher, since it is a hidden crime whose victims are often afraid or unable to come forward for fear of reprisals or because of their immigration status. Child trafficking victims are brought to the UK for many purposes, including sexual exploitation, domestic servitude, benefit fraud, cannabis farming, street begging, theft and shoplifting. There is a greater number of female than male victims (133 to 101 in 2011), and whilst their age varies, the most common age is 16-17 years old.¹⁴⁴ Over 80% of known victims in 2011 were between 12 and 17 years old.

97. A number of criminal offences relate to trafficking: for example, it is illegal to traffic, or to conspire to traffic, a person into or within the UK for sexual exploitation. There are also

¹⁴² Q451

¹⁴³ United Nations Convention against Transnational Organised Crime

¹⁴⁴ First Annual Report of the Inter-Departmental Ministerial Group on Human Trafficking, Cm 8241, October 2012

related immigration offences, including assisting unlawful immigration and facilitating entry by asylum seekers. Traffickers can also be prosecuted for constituent offences, such as rape, kidnapping, false imprisonment and threats to kill.¹⁴⁵

98. The organisation End Child Prostitution, Child Pornography and Trafficking Children for Sexual Purposes (ECPAT UK) told us that “child trafficking is a child protection concern of the highest order. It is not, as the government often frames it, an immigration issue---it is child abuse requiring complex child abuse investigations”.¹⁴⁶ ECPAT called for the NRM to be reviewed and for NRM responsibility for children to be transferred from UKBA to the Department for Education.¹⁴⁷ ECPAT’s Colin Walker argued that “the officials who run the National Referral Mechanism are immigration officials” who “do not have expertise in child protection”, with the result that “we think there are a significant number of children who are not identified as being trafficked”.¹⁴⁸ He received support from Jim Gamble, former head of CEOP, who agreed that the NRM was “an administrative process linked probably more closely to immigration than to child protection”.¹⁴⁹ Mr Gamble also criticised the way in which the NRM criminalised victims of trafficking, who should be helped by a children’s services specialist, not assessed by immigration officials. He recommended that the system be overhauled so that decision-making was removed from the UK Border Agency.¹⁵⁰

99. Other organisations went further and suggested that “child trafficking and the care of all separated migrant children should come under the remit of the Children’s Minister in the Department for Education, ensuring that primacy is given to children’s safety and welfare over their immigration status”.¹⁵¹ The Children’s Society, NSPCC and Barnardo’s all agreed that the Department for Education should take lead responsibility for trafficked children within Government.¹⁵² We discuss this proposal later in this section (see paragraphs 135 and 136).

100. Children’s charities gave evidence that trafficked children found in criminal settings can sometimes be treated as criminal perpetrators first, rather than victims of abuse. ECPAT described an endemic tendency amongst agencies to view trafficked children with suspicion:

ECPAT UK’s research has unearthed a ‘culture of disbelief’ across statutory agencies when initially dealing with child trafficking cases. An all too hasty willingness to see the child as ‘lying to get asylum benefits’ has led to poor quality decision making.¹⁵³

145 Crown Prosecution Service, *Human Trafficking and Smuggling: Legal Guidance*. www.cps.gov.uk.

146 Ev 171 [ECPAT]

147 Qq266; 243-44; Q36

148 Qq 243, 233 [Colin Walker]

149 Q35 [Jim Gamble]

150 Qq35-6

151 Ev 186, p.3

152 Ecpat and Q261; Qq449-50

153 Ev 172

Their Deputy Director told us “what needs to happen, in the case of child victims of trafficking, is that their vulnerabilities, as a potential victim of trafficking, need to be identified first”.¹⁵⁴ Peter Davies of ACPO and CEOP accepted that “police services and police officers [...] tend to categorise people and if someone is in the offender category, it is sometimes hard to categorise them at the same time as a victim”.¹⁵⁵ He assured us that CEOP and the Serious Organised Crime Agency’s Human Trafficking Centre were working together to develop better practice on this.¹⁵⁶

101. Children who are trafficked into the UK can be travelling alone or with an unrelated adult. For immigration purposes, the Government classifies children who arrive into the UK as “accompanied” and “unaccompanied” children. This classification can be crucial in determining a child’s protection plan. ECPAT and others prefer to use the term “separated children” to describe children who either enter the country alone or without an adult who has parental responsibility. ECPAT advocates a system of guardianship for separated children who have been trafficked:

A system of guardianship for children who have been trafficked would ensure that they have the one person they can trust, who can act in their best interest and assist the child navigate through the welfare, criminal, legal and immigration systems [...] They have no family in the UK, but also no-one with ‘parental responsibility’, a legal concept enshrined in British law. This means that children have to instruct their own solicitors”.¹⁵⁷

Similar guardianship systems have been in operation in the Netherlands for some time and have been trialled in Scotland. The proposal to introduce this in England was also supported by the Refugee Council,¹⁵⁸ and the recent APPG joint inquiry recommended that a legal advocate with parental responsibility should be appointed for all unaccompanied migrant children.¹⁵⁹

102. ECPAT also raised concerns about the “extremely high numbers of suspected and known trafficked children who have gone missing from Local Authority care and are never found”. It suggested that “Local Authorities should have a duty to disclose and escalate the details of children missing, suspected as being trafficked, beyond just the local missing persons procedures”.¹⁶⁰ The Government’s human trafficking strategy, published in July 2011, concluded that the number of children who go missing from local authority care in England and Wales “is still too high”.¹⁶¹

154 Q266

155 Q609

156 Q609

157 Ev 173

158 Q308

159 Report from APPG Inquiry into children missing from care, p19

160 Ev 173

161 <http://www.homeoffice.gov.uk/publications/crime/human-trafficking-strategy?view=Binary> , p.24

103. The issues raised by trafficked children, and possible changes to the guardianship system, require far more detailed attention than we have been able to give in the course of this inquiry. We share ECPAT's concerns about the number of children going missing once identified by the authorities and the likely numbers of those who are not discovered in the first place. The Government must act faster and more effectively work with others to address this.

104. We are also concerned by the treatment of children found in criminal settings. The police and the UKBA have a focus on detecting crime and implementing immigration policy which can lead to the criminalisation of abused and vulnerable children found in these situations. Such children must always be treated as victims—and children—first and not just as criminals. Training and guidance should be given to police and UKBA front-line staff to this effect.

Unaccompanied asylum-seeking children

105. The Refugee Children's Consortium highlighted a similar problem in relation to refugee and asylum-seeking children in being seen as "migrants first rather than children". The Consortium argued that "decisions taken about their lives are frequently not conducive to their well-being and best interests, and often leave them at risk of serious, irreparable harm".¹⁶² A BBC investigation in 2010 reported that at least four children a week seeking asylum were going missing from the care of local authorities. A total of 330 children aged between nine and 17 vanished between April 2008 and August 2009.¹⁶³

106. Asylum-seeking children aged 15–18 can be particularly vulnerable and are often subject to age disputes. On average, each year 28% of those who present as separated children claiming asylum have their age challenged by the UK Border Agency: 1,200 children each year for the last 5 years. The RCC argues that children are often wrongly identified as adults: in 2010 the Refugee Council supported 38 children in immigration detention who had been wrongly judged to be adults by the local authority or immigration officers.¹⁶⁴ It told us that "despite the fact that the Government has committed to ending child detention, the RCC is concerned that children whose ages have been disputed will continue to be detained until the process of age assessments is overhauled". It called for a presumption in favour of refugee and asylum-seekers who claim to be children at the initial screening stage.¹⁶⁵

107. In oral evidence Judith Dennis of the Refugee Council called for independent assessment centres and for those doing age assessments to be separate from those responsible for the young person.¹⁶⁶ She also recommended more training for social workers to augment their assessment skills with "specialist information about the countries

¹⁶² Ev 186

¹⁶³ BBC News, *Asylum-seeking children are going missing from care*, 21 January 2010: <http://news.bbc.co.uk/1/hi/uk/8470620.stm>

¹⁶⁴ Ev 187

¹⁶⁵ Ibid

¹⁶⁶ Q320, Q328

the children have come from and the experiences they might have had”.¹⁶⁷ Ms Dennis pointed out that the impact upon the child of not being believed might be as significant as the impact upon the level of support provided.¹⁶⁸ This was reinforced by the discussions we had with young people who had been in this situation.

108. Just after our final evidence session in this inquiry, we took evidence on the specific issue of destitution amongst asylum-seeking and migrant children.¹⁶⁹ This followed a report by the Children’s Society on the situation of such children in the UK, which raised issues about the support they received both before and after the age of 18. The evidence given strongly argued that there is tension or even conflict between legislation to protect children and immigration legislation. This argument was backed by a recent research report by the Centre on Migration, Policy and Society at the University of Oxford which notes that “this tension fundamentally shapes the everyday lives of irregular migrant children in Britain and the experiences of front-line service providers in the fulfilment of their duties.”¹⁷⁰

109. Ministers from both the DfE and the Home Office denied that there was tension between the child protection and immigration policies. Sarah Teather MP, then Minister for Children and Families, told us “The rights are very clear; in terms of safeguarding and education, children have inviolable rights.”¹⁷¹ Damian Green MP, then Minister for Immigration, agreed that since the coming into force of the Children Act 2009 “the the rights and interests of children are centrally embedded in what the UKBA does”.¹⁷² Mr Green referred to the Children’s Society report as “clearly a collection of what are very emotive stories”, and told us firmly that “Destitution is very explicitly not used as a tool” to persuade asylum-seekers to leave the UK.¹⁷³ We were not persuaded by the denials from either Minister. **Children’s charities and others have raised legitimate concerns about the correlation between Government policies on immigration and the incidence of destitution amongst asylum-seeking and migrant children. It would be outrageous if destitution were to be used as a weapon against children because of their immigration status. We call on the Government to review the impact of immigration policy upon child protection and children’s rights to ensure that this is not the case.**

Abuse between teenagers: peer violence

110. Domestic violence is defined by the Home Office as “any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality”. Most domestic violence is perpetrated by men against their female

167 Q328

168 Q331

169 Oral evidence taken before the Education Committee, 4 July 2012, HC 149-i

170 ESRC Centre on Migration, Policy and Society (COMPAS), University of Oxford (May 2012), “No way out, no way in: irregular migrant children and families in the UK”

171 HC 149-i, Q55

172 HC 149-i, Q106

173 HC 149-i, Qq108, 109

partners and ex-partners. However, domestic violence can also be carried out within same sex relationships and by women against men.

111. Children under 18 may be the secondary victims of domestic violence (for example, witnessing the abuse of a parent, or suffering a lack of appropriate parental care where a carer is being abused). They can also be the primary victim or perpetrator of intimate partner violence in a teen relationship. In general, abuse between teenagers is not seen as a child protection issue; yet research conducted by the NSPCC and the University of Bristol suggests that of a general adolescent population, one in six girls who had been in a relationship reported experiencing severe control, exploitation or violence from their partner. In a related study of disadvantaged young people, many young women accepted violence as a normal, although unwanted, aspect of being in a relationship.¹⁷⁴

112. The National Association of Head Teachers highlighted managing the risks presented by members of the student body as “particularly challenging for schools and colleges”.¹⁷⁵ These risks included pupils named on the sex offenders register and those convicted of other crimes which presented challenges to peer-to-peer safeguarding, as well as risks associated with gang membership and recruitment activities. The Office of the Children’s Commissioner also drew our attention to evidence underlining the difficulties of dealing with abuse between teenagers:

Evidence from the NSPCC on young partner violence; from studies of gang related violence; the emerging evidence concerning sexual exploitation and evidence from the Department of Health national taskforce on Violence against Women and Children, all indicate the need for a tailored response to the specific needs of young people where they may be both victim and perpetrator.¹⁷⁶

113. Teen relationship abuse is not currently categorised as domestic violence as they are under 18 years old.¹⁷⁷ Joanna Sharpen of AVA pointed out that different local and central government departments use different definitions with the result that “It might be that social services sees something as domestic violence, but the housing department does not”.¹⁷⁸ AVA considered that the 15–18 year old age group in particular fell through the gaps.¹⁷⁹

114. We are concerned that abuse between teenagers is an overlooked issue in the child protection system. There is a need for the issue to be recognised and for strategies to be developed to deal with the complications involved in assisting victims and perpetrators out of the abusive situation. We welcome the current Government plan to extend the definition of domestic abuse to under 18s and to include “coercive control”. Teenagers

174 Barter, C., McCarry, M., Berridge, D. and Evans, K. (2009) *Partner Exploitation and Violence in Teenage Intimate Relationships*. London: NSPCC; Wood, M., Barter, C. and Berridge, D. (2011) *‘Standing on My Own Two Feet’: Disadvantaged Teenagers, Intimate Partner Violence and Coercive Control*. London: NSPCC

175 Ev w199

176 Ev w150

177 Q272

178 Q272

179 Ev 214

in such situations need appropriate support from all those with whom they come into contact. We consider that training for social workers must include specific input on these issues. We also recognise that abuse between teenagers is most likely to be dealt with by schools and youth workers who need training and guidance to be confident in their role. Finally, there is a need for greater willingness to take action on the part of the authorities. There is research evidence that those who have experienced abusive relationships are more likely to have children who also experience abuse. This makes it all the more important to stop the cycle as effectively and as quickly as possible.

Child sexual exploitation

115. Child sexual exploitation is defined by the DfE as:

a form of child abuse (“child” being defined as anyone under 18 years of age). It is complex and can manifest itself in different ways [...] essentially it involves children and young people receiving something—for example, accommodation, drugs, gifts, or affection—as a result of them performing sexual activities, or having others perform sexual activities on them. It can occur without physical contact, when children are groomed to post sexual images of themselves on the internet.

In all cases those exploiting the child or young person have power over them, perhaps by virtue of their age or physical strength. Exploitative relationships are characterised in the main by the child’s limited availability of choice, compounding their vulnerability. This inequality can take many forms but the most obvious include fear, deception, coercion and violence.¹⁸⁰

116. Child sexual exploitation has moved rapidly up the child protection policy agenda. In 2011 the Department for Education published a Ministerial Action Plan on Tackling Child Sexual Exploitation. The subject hit the headlines again during the course of our inquiry with the judgement in the case of eight men in Rochdale, convicted for grooming and sexually exploiting vulnerable young women, including one girl who was in the care system. This case led to the Minister asking the Deputy Children’s Commissioner, Sue Berelowitz, to bring forward the timetable of her major investigation into the issue and to the publication of her interim report in June 2012. In discussing her findings with the Home Affairs Committee, Ms Berelowitz declared:

what I am uncovering is that the sexual exploitation of children is happening all over the country. As one police officer who was a lead in a very big investigation in a very lovely, leafy, rural part of the country said to me, there is not a town, village or hamlet in which children are not being sexually exploited.¹⁸¹

117. In evidence to us Barnardo’s outlined four characteristics of sexual exploitation:

- Sexual exploitation is more organised, with networks moving or trafficking children specifically to be abused

¹⁸⁰ Tackling Sexual Exploitation Action Plan (DfE 2011)

¹⁸¹ Evidence taken before the Home Affairs Committee, Tuesday 12 June, HC182-i, Q134

- Grooming using the internet and mobile technology is becoming increasingly more common
- Younger children are increasingly at risk
- Peer exploitation is becoming more common

Barnardo's commented that "the scale of sexual exploitation is far greater than currently calculated and there remains a worrying lack of data which can provide an accurate picture of the scale and nature of sexual exploitation. Practitioners often do not identify it and young people themselves frequently do not recognise themselves as abused".¹⁸²

118. Also during the course of our inquiry, the NSPCC published a report on the recent phenomenon of "sexting". This highlighted the extent to which, for young people, this was "an experience that is pressurised yet voluntary—they choose to participate but they cannot choose to say 'no'". The researchers argued that "because sexting is not just an individual practice but also a group, networked phenomenon, its effects are not limited to the actors engaged in some specific practice but permeates and influences the entire teen network in multiple ways".¹⁸³ We welcome the NSPCC report and the work it is conducting in this area. The issue of sexting should be taken very seriously because of the enormous harm that can be done to its victims. This is equally true of all abuse relating to mobile technology, social media and the internet. As CEOP argued in its evidence to us, "professionals working in social care need to be better equipped to routinely address children's behaviour online and show children ways that they can protect themselves from unwanted contact as well as get help".¹⁸⁴ It argued that questions about internet use should form part of the core assessment process for social workers.¹⁸⁵

119. The speed of change in technology and in the level of access by children of increasingly young ages points to the need to ensure that guidance and training for all professionals working with children is constantly updated to address the associated risks. We commend the work undertaken by CEOP in this field. Child sexual exploitation not involving technology, however, also remains a huge issue as we have seen in recent cases. We welcome the recent ministerial attention paid to this form of abuse and the evident resolve to tackle the issues raised.

Forced marriage

120. According to the FCO Forced Marriage Unit (FMU):

A forced marriage is a marriage where one or both people do not (or in the case of some people with learning or physical disabilities, cannot) consent to the marriage and pressure or abuse is used. [...] The pressure put on people to marry against their

¹⁸² Ev180

¹⁸³ NSPCC, *A qualitative study of children, young people and 'sexting'*, May 2012

¹⁸⁴ Ev w130

¹⁸⁵ Ibid

will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family. Financial abuse (taking your wages or not giving you any money) can also be a factor.¹⁸⁶

121. In 2010 the FMU received over 1,735 calls to its helpline concerning suspected forced marriage, 86% relating to women. Karma Nirvana, the main charity working with victims, which runs the national forced marriage helpline, has received over 10,000 calls relating to forced marriage over the past two years, More than 3,000 calls were from children and young people under 18.¹⁸⁷

122. Karma Nirvana notes that FMU guidance states that siblings of children forced into marriage are often in danger as “there is a risk that if one child has failed to honour a family’s commitment to a marriage, another child may have to substitute to maintain the family’s honour”.¹⁸⁸ Consequently, the child protection system may need to intervene earlier with siblings of victims.

123. Forced marriage is currently a civil, but not a criminal, offence. Like domestic violence, it can be prosecuted for its constituent behaviours, including kidnap, false imprisonment, assault, threats to kill and sexual assault. Karma Nirvana considered that “The Forced Marriage (Civil Protection) Act 2007 has been of great assistance in providing legal remedies including Forced Marriage Protection Orders to British born subjects.”¹⁸⁹ However, the group was concerned that “in terms of monitoring the compliance with orders and sanctions for non-compliance; this has been less effective”, especially as regards children and young people who are returned to their families.

124. The Government has recently announced plans to make forced marriage a criminal offence. **We welcome the Government’s plans to increase protection of children against forced marriage, and the recent efforts made to highlight the issue. We urge the Government to increase awareness of the availability and use of Forced Marriage Protection Orders and to take steps to improve the monitoring of compliance with such orders.**

Ritual abuse, witchcraft and female genital mutilation

125. Ritual abuse related to accusations of witchcraft and spirit possession occurs in England amongst some communities of African origin. Some child deaths have included elements of ritual abuse, including that of Victoria Climbié and of a headless torso discovered in the Thames.¹⁹⁰ The latest high profile case involving Kristy Bamu and the conviction of his relatives has reignited publicity around the issue. This type of abuse is often linked to a faith setting (church or mosque). Accusations of witchcraft may be made

186 <http://www.fco.gov.uk/resources/en/pdf/2855621/what-is-forced-marriage.pdf>

187 Ev 168

188 Ev 169

189 Ev 168

190 AFRUCA, *Faith Based Child Abuse in London and What is witchcraft abuse?* Available via: www.afruca.org

by the church (for example, the pastor) who also professes the solution, usually in the form of a deliverance or exorcism. Once a child has been identified as a witch, often by family members or by a faith leader, different forms of abuse may occur, including:

- Psychological and emotional abuse
- Physical abuse to beat the devil out, including stamping, kicking, punching and starving
- Neglect and isolation from others
- Sexual abuse, including as a result of neglect or lack of protection
- (Often violent) exorcism rites carried out by a faith leader

126. ECPAT reported in October 2011 that over the last four years, at least 400 African children have been abducted and trafficked into the UK, some for the purpose of ‘juju’ blood rituals. Testimonies from some of the children have described how witch-doctors extracted their blood by force for use in ritual healings.¹⁹¹ Other estimates about the extent of ritual abuse in the UK are sketchy. Research for the then Department for Children, Schools and Families in 2006 reviewed 74 cases of child abuse which were suspected of connection to spirit possession and witchcraft between 2000 and 2005, and found clear-cut evidence of ritual abuse in 38 of those cases (concerning 47 children). Children and Families Across Borders (CFAB) gave evidence that when a victim of ritual abuse is identified, it is likely that other children exposed to the same informal faith setting may also be at risk.¹⁹²

127. Another form of abuse to which some girls of African origin may be vulnerable is female genital mutilation (FGM, also called female circumcision and genital cutting). It is estimated that approximately 100–140 million African women have undergone FGM worldwide and each year, a further three million girls are estimated to be at risk of the practice in Africa alone.¹⁹³ National FGM campaigning organisation FORWARD UK estimate that 24,000 girls under 15 are at risk each year in England and Wales. The most common age at which it occurs is between four and ten, although it appears to be falling.

128. Since 2004 FGM has been a criminal offence. It is illegal for FGM to be performed, and it is also an offence for UK nationals or permanent UK residents to carry out, or aid, abet, counsel or procure the carrying out of FGM abroad on a UK national or permanent UK resident, even in countries where the practice is legal. Despite this, CFAB expressed concern about a “significant absence of professional expertise in social work and related professions” with regard to trafficking, witchcraft/ritual abuse and female genital mutilation.¹⁹⁴ It recommended that the content of the social work curriculum be overhauled to reflect these issues, and that responsibility for the curriculum be passed to

¹⁹¹ See, for instance, BBC News, 12 October 2011, *African children trafficked to UK for blood rituals*

¹⁹² Ev w3-4

¹⁹³ Information from FORWARD UK

¹⁹⁴ Ev w3

the College of Social Work. The Government has already acted to address some of these issues in the recent publication of its *National action plan to tackle child abuse linked to faith or belief*.¹⁹⁵ The plan includes actions to encourage initial social work training providers and providers of CPD to cover culture and faith safeguarding issues in their courses, as well as to raise levels of understanding and awareness more widely.

General conclusion

129. In addition to the specific policy recommendations in response to these particular forms of abuse set out above, there are a number of general lessons to be drawn from the evidence about specialised abuses. We are struck by the number of submissions which noted that some forms of abuse, including forced marriage, ritual abuse, female genital mutilation, honour-based violence, and trafficking, are often only secondarily cast as child abuse: they are primarily seen as problems of integration, community or immigration. Casting them as something other than child abuse can mean that child victims are stigmatised or even criminalised and not afforded the protection that the system should offer them. It may also mean that the agencies who take the lead in supporting these children are not the appropriate ones: for instance, trafficked children may be first dealt with by immigration officials and police, rather than by children's services.

130. There can also be complications in dealing with these forms of abuse within the child protection system, in that the abuses and their victims may require responses which differ from standard child protection processes. For example, Karma Nirvana told us that “honour-based violence and forced marriage are fundamentally different to other child protection issues, particularly in respect of working with parents”.¹⁹⁶ It gives the example of “cases where professionals have informed parents of their child's concerns, attempted to mediate and shared information in such a way that has placed children at increased risk of harm”.¹⁹⁷ Similarly, ECPAT considered that “current child protection procedures, which have been developed in response to other forms of child abuse, do not necessarily meet the specific circumstances of child victims of trafficking, especially when the child has no family or no responsible adult in the UK”. It notes that “the initial and core assessment process is often highly dependent on what the child says but child victims of trafficking are likely to need far longer than this to disclose the details and extent of their previous abuse”.¹⁹⁸ ECPAT Deputy Director explained that

A lot of our child protection systems are geared up towards identifying child abuse and having a range of different adults and support networks around that can provide evidence as to whether or not that child has suffered abuse—teachers, police forces, social workers, family members, etc. When a child victim of trafficking comes into this country, there is no one.¹⁹⁹

¹⁹⁵ DfE (2012), *National action plan to tackle child abuse linked to faith or belief*

¹⁹⁶ Ev 168

¹⁹⁷ Ibid

¹⁹⁸ Ev 172

¹⁹⁹ Q244

131. Lessons from case reviews and court cases suggest that teenagers are often not believed when they first seek help (particularly by police), perhaps in part because those they approach are unsympathetic or lack an understanding of that form of abuse. A commonly cited problem with these more specific (and recent for the UK) forms of abuse is that, often, front-line professionals may not have been adequately trained to recognise and respond appropriately to them. For instance, Karma Nirvana told the Committee that “a lack of knowledge and training is a significant factor in the failure to identify children and young people at risk of honour-based violence and forced marriage”.²⁰⁰ AVA similarly states that “we believe that VAWG [violence against women and girls] training needs to be a core module in all initial training for relevant professional courses as well as continuing professional development”.²⁰¹

132. Social workers and other professionals cannot be expected to be experts in all types of abuse, especially those which they are less likely to encounter. Nor is it enough to rely on a short session during their initial training which might easily be forgotten if sufficient time elapses before they have to put that training into effect. Guidance is available from support organisations and specialised sources such as the Forced Marriage Unit, but Kathy Rowe of Karma Nirvana reported that their roadshows “indicate that a large number of professionals are not aware of that guidance”.²⁰² The current statutory guidance on *Working Together* contains detailed prescriptions on recognising and working with victims of specialised forms of abuse. Emma Grove, a teacher at a London primary school, explained how education professionals were “very reliant on” *Working Together* or local documentation when faced with “things that you do not necessarily come across quite so often”.²⁰³ However, the pages on specialised forms of abuse have been excised from the draft revised *Working Together* which means there will no longer be a single handbook to be consulted by professionals as necessary.

133. Whilst initial social work training should include an awareness of all types of abuse, there is clearly a place for more specialised training during a social worker’s career and for professionals in other disciplines, perhaps organised in conjunction with the expert groups in these areas. **We recommend that the College of Social Work take a leading role in co-ordinating and promoting awareness of CPD training in specialised forms of abuse and in encouraging other disciplines to participate in relevant courses. For more general use, if the guidance on specialised forms of abuse is to be deleted from *Working Together*, the Government needs to make clear where such guidance will be found in future and how it will be updated and signposted to social workers and other professionals.**

134. **We are also concerned that professionals faced with a specific type of abuse with which they are not familiar should have an identifiable source of expertise to consult in person. Local authorities should nominate a specialised child abuse practitioner to lead**

200 Ev 168

201 Ev 191

202 Q282 [Kathy Rowe]

203 Q152

on such matters. Where an authority has a low incidence of a particular form of child abuse, they should be able to draw on the expertise of nominated practitioners in other authorities.

135. Policy responsibility for human trafficking, ritual abuse and domestic violence lie with the Home Office; forced marriage straddles the Home and Foreign Offices, but child protection is overseen by the Department for Education. Karma Nirvana calls for “all issues relating to children to be dealt with by one government department”, noting that “despite best endeavours, cross-government department working is not as effective as it could be”.²⁰⁴ As we have seen, there have been similar representations with regard to trafficked and asylum-seeking children (see paragraph 99).

136. The Minister told us that “I am not interested in the niceties of which Minister has this added to his brief or not. I am interested in, practically, how we can make it work”.²⁰⁵ **We agree that the primary aim within Government must be effectiveness but we are not convinced that the system at the moment enables vulnerable children to be treated as children first. Other agencies, such as those involved in immigration and crime, cannot reasonably be expected to put the interests of the child before their statutory responsibilities on their own initiative. We therefore recommend that the Department for Education be given explicit overall responsibility for the welfare of all children, including those who have been trafficked or who are seeking asylum.**

Help-seeking by older children

Reluctance to seek help

137. Witnesses agreed that older children are often reluctant to disclose and share information about abuse or neglect.²⁰⁶ There are several possible causes for this including: having lived with abuse for a long time, mistrust of authorities, embarrassment or shame, fear of what is going to happen, loss of control, and concern that the family will be separated (especially siblings from each other).²⁰⁷ Two major factors are not recognising that they are being abused,²⁰⁸ and fearing that they will not be believed, or actually not being believed.²⁰⁹

138. We discussed with our witnesses the difficulty of the lack of awareness amongst older children that they are being neglected or abused, and that their family experience is not ‘normal’. Several organisations pointed to the commendable work done in schools and elsewhere to raise awareness amongst children about certain forms of abuse, such as bullying or partner violence, and of what is acceptable and not acceptable. This is clearly an important contribution to protecting these children. Other witnesses suggested that the

204 Ev 170

205 Q832 [Tim Loughton]

206 Q416 Enver Solomon; Ev w222

207 Action for Children research; See also Ev w151; Q206 [Sue Minto]

208 Q97 [Professor Ward]; Ev w222

209 Ev w222

mainstream media, such as popular television dramas, have a part to play in awareness-raising. For example, Professor Munro considered that “soap operas can be very good in having a story line that gets it across to people [...] there is a real need for stories and perhaps videos being made that schools can use to help people understand what is abnormal”.²¹⁰

139. Several of the older children at our seminar told us that they had not been believed or had been turned away. As with fear of the potential impact on disclosure upon themselves and their families, this leads to a lack of trust in the system to make the best decisions for their future. The Association of Directors of Children’s Services (ADCS) told us: “We know that building a trusting relationship with a professional is an important factor in whether a young person makes a disclosure”.²¹¹ For this reason, the ADCS was concerned that “the reduction in youth services in response to considerable budget pressures reduces the contact professionals will have with young people who are at risk of abuse or neglect and supporting them”.²¹² This concern was echoed by other witnesses.

140. We conclude that there is considerable work to be done by central and local agencies in raising awareness amongst children of the nature of abuse and how it might affect them. This is particularly so in the fast-moving world of the internet and mobile technology abuse. There is also work to be done in sending the message that child protection services are available and are appropriate for their needs and that the child will be listened to. We recognise the important part played by youth services in building relationships with young people and appreciate the concern that cuts in youth services may jeopardise the route by which some young people may seek help. **We recommend that local authorities monitor the situation with regard to youth services and report to the Government on the impact of cuts in the provision of such services upon safeguarding. We also recommend that LSCBs work together to establish best practice in raising awareness of and ensuring a better response to child abuse amongst older children through the co-ordination of the efforts of all the agencies in their local area.**

Sources of help

141. Sue Minto told us that where children who contact ChildLine had spoken to someone else beforehand, they “have predominantly spoken to mum; following that it will be a teacher; following that it will be a friend”, with health professionals, boyfriends and fathers further down the list.²¹³ The fourth most common situation was that they had spoken to no-one, which means that a significant proportion do not seek help from or disclose to anyone.²¹⁴ Research by the Children’s Society reached a different conclusion: that young people “are more likely to disclose to their peers than either family members or to those people whom they perceive to be in a position of authority”.²¹⁵ From this, the Children’s

²¹⁰ Q723

²¹¹ Ev 200

²¹² Ev w201

²¹³ Q206 [Sue Minto]

²¹⁴ Ibid

²¹⁵ Q418

Society argued that “peer-led safeguarding forums in schools, or peer safeguarding mentors in secondary schools or colleges could play a really significant role”.²¹⁶ This is supported by research by the NSPCC amongst 18 to 24 year olds who had been sexually abused into how the abuse had been stopped:

Only 4% said that it stopped because of people like us. They did not want to touch us with a bargepole. For the rest, it stopped because the perpetrator went away, they individually had stopped it, someone that they loved or trusted had stopped it for them, or it had not stopped. I think that if we are looking at how young people who have been abused—there are lots of them—who have not told anybody, and if they did, they told their friends, we need to think of a new kind of help that gets them friends and peers to talk to, which helps them decide when it is appropriate to talk and when not.²¹⁷

Professor Munro also spoke of the value of peer support. She commended the BeatBullying website, in particular, for its chat room which offers peer mentoring.²¹⁸

142. The Children’s Society was clear that such peer-led support “could work alongside the child protection leads in schools and feed their views into Local Safeguarding Children’s Boards” and not work in isolation.²¹⁹ **We recommend that local authorities encourage schools and other universal settings to provide more peer-led support, such as peer safeguarding forums and peer mentors. They should seek to learn and apply lessons learnt from the apparent success of the schemes described to us by The Children’s Society.**

Self-referral

143. Older children do not often refer themselves to children’s social care, and when they do, it is often hard to access services. The Children’s Commissioner reported that “advocacy organisations have told us that they encounter reluctance on the part of children’s services to self-referrals by young people who wish to be accommodated as a result of family problems [...] those who do ask for help are likely to be in desperate need of support”.²²⁰ The young people at our event also discussed the difficulties in getting help:

A lack of awareness about how to find support, and what support was available, was also noted by several young people. One said the experience was nerve-wracking and scary, partly because of feeling guilty about needing help, but also because they hadn’t realised that there was anyone out there who could help. Another also said the experience was scary, because they didn’t understand what was going to happen: processes needed to be clearly explained to young people seeking help. These issues led to the process being described as ‘stressful’ by another participant. One young

216 Ibid

217 Q444 [Phillip Noyes]

218 Q724

219 Supplementary evidence from The Children’s Society

220 Ev w153

person noted that it was easy to make a complaint about another person but there was no easy ‘route’ to get help itself.²²¹

144. The need for clear, simple information on the process was supported by the Children’s Society who told us that “Most of the young people we spoke to for our recent research were confused about what had happened to them at different stages of the safeguarding process and why and what different professionals’ roles are”.²²² Their policy director told us: “There is a real need to encourage self-referral. That needs to be done through better information, reaching out to people and them having the confidence that systems are there to work for them and in their interests, as well as addressing all the other factors”.²²³

145. We are concerned by the evidence we received that it was difficult for older children to refer themselves to children’s social care, should they wish to do so. Local authorities’ websites and information literature often contain instructions on what to do for members of the public/professionals ‘concerned about a child’. There would be scope for authorities to add something similar addressed to children/young people who are concerned about themselves. **We recommend that the Government encourage local authorities to include on their website information aimed at older children on how to make a self-referral. This information should also clearly set out what children can expect once the referral has been made in order to remove the sense of loss of control and uncertainty that children needing support may experience.**

Advocates

146. Independent advocates are currently made available to looked-after children making complaints and to those aged 16 or over who are judged to lack capacity or who are sectioned under the mental health legislation. There is guidance to say that other looked after children should be made aware of advocacy services. In addition the national minimum standards for local authorities recommend that children in foster and residential care are offered advocacy support through the national minimum standards and those in secure training centres should also be offered advocacy through the rules for secure training centres.

147. The children we met in the course of our inquiry told us that they really valued independent advocates: someone who was firmly on their side and could help them navigate the child protection system. The Children’s Society suggested that every child in the child protection system should have the right to access an independent advocate who can support them to be heard.²²⁴ This echoes a recommendation made by our predecessor committee in 2009 that “advocacy services should be routinely available for all looked after

221 See Annex 6

222 Supplementary evidence from The Children’s Society

223 Q454 [Enver Solomon]

224 Supplementary evidence from The Children’s Society

children whenever decisions about their care are being made, not just when they wish to make a complaint”.²²⁵

148. Whilst we recognise the value of advocacy for children, we do not believe that the provision of advocates to all children coming into contact with the child protection system would necessarily be workable or desirable. There is a range of good advocacy options currently available to children locally, including local Children in Care Councils and services provided by non-statutory organisations. We believe that it would be better to make best use of these services before introducing a more radical and expensive measure. Local authorities have a duty to make a public ‘pledge’ of what looked-after children in their area are entitled to. **We recommend that local authorities include in their ‘pledge’ a requirement for all social workers and carers to ensure that children know about and have access to their local Children in Care Council and other advocacy support in their area.**

Points of contact

149. ChildLine has seen an increase in contacts from 16 to 18 year olds from 23% of all contacts last year, to 31% this year.²²⁶ Demand for its online services has also grown: the NSPCC who are responsible for ChildLine pointed out that “young people are incredibly receptive to talking not at the face-to-face level, but over the internet using online services”.²²⁷ Research conducted by ChildLine found that 16 to 18 year olds claim that they would not contact ChildLine, but as the head of the helpline pointed out, “the evidence that 16 to 18 year olds are contacting us makes it obvious that we are relevant and accessible to them”.²²⁸

150. Given that confidentiality is very important to older children,²²⁹ the ability of ChildLine to offer this is an important part of its success. Occasionally, however, where ChildLine considers a child who has contacted them online to be at risk of immediate harm, the organisation has to take steps to identify the child. Currently CEOP offers the NSPCC technical support to locate children’s physical whereabouts from their IP addresses, but demand for ChildLine services is growing, and CEOP’s capacity is limited.

151. We discussed this issue with witnesses from both ChildLine and CEOP and were pleased to hear that discussions were underway between CEOP and the NSPCC about providing greater technical support to ChildLine in identifying children in immediate danger.²³⁰ Peter Davies of CEOP suggested several ways forward under current legislation and also indicated that legislation could be changed “to enable more selected organisations to resolve internet identities in certain circumstances”.²³¹ **If the current discussions with**

225 Third Report from the Children, Schools and Families Committee, Session 2008-09, HC 111-i, para 143

226 Q220

227 Q451 [Phillip Noyes]

228 Q220 ff

229 Q453

230 Q615 [Peter Davies]

231 Qq613-6

CEOP do not resolve the limitations in the technical support available to ChildLine on a permanent or sustainable basis, then we recommend that the Government consult the police and ChildLine on possible legislative solutions to their difficulties in identifying those at risk of immediate harm.

152. We heard calls for a national point of contact for children seeking advice or help. These came particularly from the young people who attended our event on 17 April. The NSPCC also suggested that there was a need for “A nationwide single point of contact to report children at risk of abuse and give advice to those with concerns about a child, available 24/7 [...] to encourage concerned individuals to make a disclosure about a child at risk of abuse and to ensure agencies are able to take appropriate action”.²³²

153. Other witnesses suggested that ChildLine already offered the kind of service being sought, and suggested that there would be scope for extending ChildLine and marketing its existence more widely. Peter Davies (representing CEOP and ACPO) was “ambivalent” about the advantages of a single number and suggested that “the better way to deal with the present situation is to do more awareness and make sure that more people use the opportunities that are already there for them”.²³³ Dame Moira Gibb pointed out that having a single point of contact would not in itself solve all difficulties: “it is always the next stage that is important: what you do with that and how you connect single points of contact to service delivery”.²³⁴ She was concerned that this could be “just another layer of complexity in a complex system”.²³⁵ Dr Shade Alu agreed that there was a need “to strengthen the advice that professionals can get” and “to keep it as simple as possible” for children.²³⁶

154. Joe Ferns from the Samaritans suggested that there should be an Harmonised European Short Code number (116) for child abuse.²³⁷ This would allow the creation of a single number for use throughout Europe.²³⁸ We are not convinced by this concept, particularly given the well-established helplines already available in the UK and would prefer to see effort being put into supporting them still further.

155. Evidence suggests that ChildLine performs its function well, is a ‘trusted brand’ and is used by children of all ages, including 16-18s; and that there is not a need for another such service. It could be improved still further: for example, the head of ChildLine spoke of “the need to be more accessible to children with disabilities” and “children who are particularly mobile, maybe Traveller children”.²³⁹ We note that the Minister was very supportive of ChildLine and sympathetic towards any possible need for expansion.²⁴⁰ **We recommend**

232 Ev 217

233 Q624

234 Q655

235 Q655

236 Q653

237 Q226

238 Q625

239 Q199 [Sue Minto]

240 Q864 [Tim Loughton]

that ChildLine be assisted and enabled by the Government to market its existence and services more widely, especially to older children. ChildLine should also review how it could improve its services for particular groups of children. We would expect the Government to look favourably upon financing or otherwise aiding any proposals which would improve the effectiveness of ChildLine in reaching these groups.

Conclusion

156. Overall, our inquiry has revealed a worrying picture with regard to the protection and support of older children. This is characterised by a lack of services for adolescents, a failure to look beyond behavioural problems, a lack of recognition of the signs of neglect and abuse in teenagers, and a lack of understanding about the long-term impact on them. The Children's Commissioner's summarised the views of many witnesses:

We have a number of concerns about the identification of need and provision of early help, particularly in respect of older children and teenagers. There is evidence that the system is reactive rather than proactive and that young people have a number of barriers to overcome if they are to access services. There are serious doubts that the child protection system as it is currently structured is appropriate and accessible to young people and we suggest that, alongside the improvements proposed by the Munro Review, there should be further consideration given as to how services might be shaped for the older age group.²⁴¹

Sue Minto of ChildLine volunteered provision for 16 to 18 year olds as “a massive gap”, adding “There is a huge challenge about working with them differently: we cannot shoehorn them into our existing child protection system [...] it does not work to hold child protection conferences and consider taking them into local authority care”.²⁴²

157. The recent review into the Rochdale case of sexual exploitation of young teenage girls and the revelations about the late Sir Jimmy Saville have forcefully reminded us that older children making allegations of abuse are often not believed and are dismissed by those in authority because of pre-conceptions about their own behaviour or about the standing of the alleged perpetrator. It is clear that the system as a whole is still failing this particular age group in key ways. **We recommend that the Government urgently review the support offered by the child protection system to older children and consult on proposals for re-shaping services to meet the needs of this very vulnerable group.**

241 Ev w150 [Office of the Children's Commissioner]

242 Qq227-8 [Sue Minto]

4 Thresholds for intervention

158. Whilst the local authority has overall responsibility for child protection, other agencies also have a duty of care, and will be involved in formal child protection intervention. The revised *Working Together* guidance makes very clear what responsibilities all the relevant agencies have, although serious concerns have been articulated regarding the lack of clarity in respect of child protection roles and duties on various health bodies in the new structures (see paragraphs 194 to 200 below).

159. Our inquiry has considered thresholds for intervention at two different levels under the Children Act 1989: (i) the threshold operated by local authority children's social care for acting on a section 17 referral which invokes the duty of the authority to "safeguard and promote the welfare of children who are in need within their area"; and (ii) the threshold operated by local authorities for acting on a section 47 enquiry where the duty invoked is to protect children who are suffering, or are likely to suffer, significant harm. We have also looked at the threshold for adoption which is discussed later in this chapter.

Are thresholds for intervention set at the right level?

160. Whilst witnesses told us that the section 47 child protection threshold is clear in law,²⁴³ the interpretation of what constitutes 'significant harm' seems to depend on individual and collective judgements and inevitably varies as a consequence. The variation in the application of the threshold by different local authorities was highlighted by different witnesses,²⁴⁴ and can be seen in the variation of the numbers and proportions of children being made subject to child protection plans in different areas.²⁴⁵ There is even greater variation in section 17 child in need thresholds, since what is provided, and who is deemed eligible for the interventions and how they are assessed, is even more at the discretion of local authorities.

161. Witnesses told us that from their own observation the thresholds operated by local authorities varied widely.²⁴⁶ Ofsted agreed that some thresholds were set too high and some too low.²⁴⁷ John Goldup, was adamant that variation could not be accounted for just by local flexibility, but was "about a falling-off from an accepted standards of service delivery".²⁴⁸ He explained that where a threshold was set too low "we will find social care services that are overwhelmed with large numbers of referrals, many of which could have been more appropriately dealt with through preventative and universal services working together".²⁴⁹ Setting thresholds too high could result in some children failing to receive the

243 See for example, Q465 [Enver Solomon]

244 See for example Q1 [John Goldup], Q464 [Phillip Noyes]

245 Department for Education, *Characteristics of children in need 2011-12: Statistical First Release* (October 2012)

246 For example, Ev 218 [Barnardo's], Ev 238 [Professor Ward]

247 Q39 [John Goldup]

248 Q1; Q24

249 Q39

help they needed, although once a referral is received, councils often pass them on to the family support services such as family centres.

162. The NSPCC reported “concerns that threshold levels can be driven by resource constraints and cuts in spending could place children at further risk”.²⁵⁰ Many others argued that the current financial pressures on local authorities were responsible for an increasing trend towards higher thresholds. A recent survey of 170 social workers by Community Care found 82% believed they were under pressure to reclassify child protection cases as less serious due to budget cuts, increases in referrals and a lack of social workers.²⁵¹ Elsewhere, Action for Children similarly found that 80% of social workers thought that “cuts to services will make it more difficult to intervene in cases of neglect”.²⁵² In evidence prepared for us, BASW members also reported that “there is a risk that decisions about children’s best interests are made on the basis of cost rather than what they need”,²⁵³ and front-line professionals and the Children’s Society also supported the view that decisions on intervention were being determined by capacity and resources, rather than solely the needs of the child.²⁵⁴

163. Professor Munro noted in her progress report that “local authorities [...] are having to accommodate up to 28% reduction in their funding on average, but estimates of the cuts in children’s services vary (ADCS, 2012). The evidence so far is that areas are making significant attempts to protect early and preventative children’s services but do not think this can be maintained in the coming financial year because of the level of cuts.”²⁵⁵ In a recent survey 29% of councils suggested that children’s services would make little or no contribution to planned savings. PriceWaterhouseCoopers, which conducted the survey, reports that “by far the biggest concern for both leaders and chief executives in terms of achieving their savings targets over the next few years is the challenge of increasing demand for services [...]. The fear for many is that, no matter the level of focus on transforming internal processes and operations, the sheer level of demand within the system (particularly in people-related services) will outweigh the savings that councils can secure in practice.”²⁵⁶

164. We have seen no hard evidence to back the assertion that thresholds are altered in the light of financial resources or targets but anecdotal accounts suggest that this may have happened covertly and there are real fears that local authorities may be forced down this path. While the range of additional services on offer may be reduced in the current climate, we do not believe that it would be acceptable to anyone, including local authorities, not to offer protection to abused children because of budget constraints. As the NSPCC argued,

250 Ibid

251 Community Care (2011), “Social workers forced to leave children in danger as cuts hit child protection”, <http://www.communitycare.co.uk/static-pages/articles/child-protection-thresholds-survey/>

252 Supplementary evidence from Action for Children

253 Supplementary evidence from Action for Children

254 Ev 238 [TCS]; Qq142-3

255 Munro progress report, paragraph 3.14

256 <http://www.pwc.co.uk/government-public-sector/publications/the-local-state-we-are-in.jhtml>256

“Threshold levels should not be about setting targets for children entering care or receiving help, but doing what is best for each individual child”.²⁵⁷ The Minister told us that “The experience of the last year is that despite the increased pressure from numbers, most local authorities have safeguarded their safeguarding budgets more than virtually any other part of their budget”.²⁵⁸ Professor Ward called for “monitoring of the impact of the current economic situation and the likely retraction of some services on the extent to which children are safeguarded from harm”.²⁵⁹ **We acknowledge the strenuous efforts made by individual local authorities to minimise the impact of cuts on their child protection services but we are concerned that this position might prove difficult, if not impossible, to maintain as authorities are forced to find further savings in future years. We recommend that the Government commission work to monitor the impact of the current economic situation and cuts in local authority services on child-safeguarding.**

165. We also recognise that there is a need for closer monitoring of how thresholds are being applied and any trends in variability over time and between different authorities. The NSPCC argued that there was a role for LCSBs to ensure that all relevant staff and agencies understand and consistently apply thresholds and to develop best practice by working to understand the drivers of variations in thresholds in their area and other comparable areas.²⁶⁰ We think there is also a role here for the Government and Ofsted. **We recommend that the Government commission research to understand the impact of varying thresholds in different areas, and whether thresholds for section 17 and section 47 interventions are too high and/or rising in some areas. The data should be published. Ofsted should also monitor and report on the variation between local authorities’ provision and changes over time. LCSBs should use this data to ensure that any variation in their own area is justified by local circumstances.**

166. In addition to a national picture of widely varying thresholds, we heard a great deal of evidence that thresholds were generally set too high, including from front-line professionals and even social workers. Research by Action for Children found that 42% of social workers and 23% of police officers said that the main barrier to intervention was that “the point at which they could intervene was too high”.²⁶¹ This impression was supported in the oral evidence we heard from a GP, a teacher and a children’s centre manager.²⁶² The teacher, Emma Grove, told us that “a child has to be at immediate risk of danger for it to be picked up”.²⁶³ BASW, representing social workers, received “all too frequent reports from our members that thresholds are too high and great efforts are made to avoid care”.²⁶⁴ Children England, the membership organisation for the children, young people and families voluntary sector, agreed, attributing a raising of thresholds to pressure on local

257 Ibid

258 Q791 [Tim Loughton]

259 Q53

260 Ev 221

261 CP62A

262 Qq107, 143

263 Q143 [Emma Grove]

264 Supplementary evidence from BASW, para 27

authorities to cope with referrals to reduce the number of looked-after children.²⁶⁵ The NSPCC told us that, though their overall referral action rate was quite high,²⁶⁶ “we have serious concerns about how some local authorities respond to our referrals”.²⁶⁷

167. Front-line professionals told us that they struggled to provide the kinds of evidence required by children’s social care, even when they knew a family well and had well-founded concerns, and despite evidence that those in universal services are best placed to identify children in need early. Emma Grove told us “It just becomes intensely frustrating, having the evidence, to get to that point” when referrals are finally picked up by children’s services.²⁶⁸ She explained “we do not necessarily have the evidence that social care need and when they go out for a one-visit initial assessment and do some other background checks, if that information does not come up, they say there is no case to answer”.²⁶⁹ Her fellow panellist, Theresa Lane, agreed that there was “a bit of a mismatch” between the “huge amounts of information” gathered by schools and the evidence gathered in a single visit to the family by social workers.²⁷⁰ She explained that “You have to be very clever with the language you use on the form actually to get them to notice”.²⁷¹ The witnesses also agreed that it would help if those making referral were involved in decision-making about what action to take.²⁷²

168. The NSPCC told us that “thresholds into social care need to be such that social care providers are available to help in cases where the data might be quite soft and where the concerns might be, at present, unspecific”.²⁷³ Our discussions with children revealed several with experiences of front-line professionals’ judgements on their behalf being initially turned down by children’s social care.²⁷⁴ Given that the police, health and education services are the biggest sources of referrals to children’s services²⁷⁵ and that these sectors generally have professionals who already act as filters for the concerns of others,²⁷⁶ it is all the more worrying that too often ‘soft’ intelligence from front-line professionals such as teachers or GPs appears not to be used effectively, even when these professionals know a family well. Witnesses accepted that there had to be a system to prevent social care services from being inundated with referrals.²⁷⁷ It may also be the case that in many of these cases social workers are better able to judge risk and correctly deem referrals not to require children’s social care intervention. Nevertheless, **the referrals process needs to be able to**

265 Ev 82

266 Qq 210-11

267 Q214

268 Q143 [Emma Grove]

269 Q147

270 Q146

271 Q144 [Theresa Lane]

272 Q183-4 [Emma Grove]

273 Q422

274 See Annex 6

275 Q522 [jennie Stephens]

276 Q181 [Theresa Lane]

277 Q 178 [Emma Grove]

account for ‘soft’ intelligence, and get better at trusting the judgement of front-line professionals. Where possible, those making the referral should be involved in decision-making about what action to take.

169. The witnesses from schools also told us of their experience in having to make multiple referrals for the same child.²⁷⁸ Local authorities confirmed in evidence to us that “a significant proportion [of referrals] are re-referrals”; in the case of Devon it was around 20-22% of referrals.²⁷⁹ High rates of re-referrals in some areas suggest that children’s social care may reject genuine cases, and such levels may also in themselves overwhelm the system. This is supported by academic analysis; for example the Child Welfare Research Unit at Lancaster University conducted an analysis of re-referral data which found that where multiple re-referrals were occurring, this led to ineffective intervention by children’s social care, commonly as a result of systemic weakness in multi-agency, multi-provider working.²⁸⁰ The research found that high re-referral rates were concentrated in children’s social care teams with the most serious staffing deficits.²⁸¹

170. It is self-evident that where referrals are dealt with properly the first time, demand overall will be lower because there will be fewer re-referrals and resources will be released to be used more effectively. Until recently re-referral rates were included in the national information dataset which all local authorities had to supply. At present there is no general monitoring of the rates of re-referrals, although Ofsted will ask for the information when inspecting individual authorities. We consider that this should be done in a more systematic way. **We recommend that Ofsted monitor the re-referral rates in local authorities and make a judgment whether they are a sign of underlying systemic problems in particular areas.**

171. A final concern on the part of frontline professionals was that their referrals were often rejected and that they heard nothing back. Again, this was reported by Action for Children as a message they had heard from teachers and health visitors²⁸² and was repeated in oral evidence by our panel of professionals.²⁸³ The latter understood that it was in the procedures that the local authority should report back on each referral but called for action to ensure that it happens in practice on every occasion.²⁸⁴ We did hear of one local authority piloting an automated response to referrals, which might be a useful model.²⁸⁵ It is clearly good practice for those referring a child to receive a report on what action has been taken. **We recommend that children’s services initial response (or equivalent) teams be required by their LSCBs to feed back simply and quickly to the person making a referral on whether and what action is taken in response. Ofsted should consider**

278 Q141

279 Qq 548, 551 [Rory McCallum]

280 Ev 52 (Lancaster University)

281 Ibid

282 Supplementary Evidence from Action for Children, p3

283 Q105 [Theresa Lane]; Q144 [Dr Quirk]; Qq157-8

284 Q159 [Emma Grove]

285 See Annex 3

whether local authorities are giving adequate feedback to referrers, as part of its investigations under the new inspection framework.

Common understanding of local thresholds

172. Evidence suggested that there was often poor mutual understanding of children's social care thresholds between agencies within the same area. The Ofsted 2009–10 report on thresholds concluded that, in well-performing authorities, thresholds were understood and “held in common” between agencies.²⁸⁶ In contrast, the HMCI's Annual Report 2010–11 noted that, in poorly performing local authorities, “seven out of nine inadequate authorities lacked clear thresholds for referrals that were understood by partner agencies, leading to inappropriate referrals and additional pressure and work for social care professionals”.²⁸⁷ The Local Government Group (comprising the LGA and five other agencies) agreed that “thresholds for intervention can sometimes be a cause of disagreement between agencies”.²⁸⁸

173. The Local Government Group suggested that “multi-agency teams that bring together all the information about a family are one way that an increasing number of councils are adopting to address some of the challenges faced in making these decisions and that referrals are responded to in an appropriate way. This approach effectively acts as a triage system at an A&E department, and requires experienced staff to assess seriousness”.²⁸⁹ We also heard that, where agencies had co-located locally, joint thresholds were easier to negotiate, and regular intelligence-sharing discussions could be held to help determine which cases required intervention. On our visit to York, for instance, we heard how, following implementation of a new information-sharing model, referrals were being correctly determined at an earlier stage and those becoming child protection cases were fewer and more serious.

174. Other witnesses called for multi-agency training—particularly of GPs and social workers—to improve mutual understanding of thresholds. Dr Quirk accepted that “the lack of understanding about how the other works can cause some conflicts” and suggested this could be addressed “if, during our training, we spent an afternoon in each area—a social worker came and sat in on a surgery for half a day in their training and GPs sat in with a social worker for half a day as part of their training”.²⁹⁰ Nigel King, who has a police background in safeguarding children, also highlighted the need for staff in children's social care, police and health to have the appropriate multi-agency training as well as their own specialised training.²⁹¹ We note that Dr Alu of the RCPCH was enthusiastic about joint training but cautioned that “it should be at an appropriate level”: pitching it right for one

286 Ofsted, Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2009/10, HC 559, Session 2010-12, p176

287 Ofsted, Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2010/11, HC 1633, Session 2010-12 pp.144-145

288 Ev w100 [Local Government Group]

289 Ev w100

290 Q173

291 Ev w3

group might risk leaving a group at a lower or higher level disengaged.²⁹² An alternative approach, brought to our attention by Sue Woolmore, representing the Independent Chairs of the LCSBs, was focus groups “where they bring teachers together in a room with members of the [LCSB] or social workers and find out what life is really like”.²⁹³

175. The Minister told us that he placed “great store by joint agency training” and cited “good examples of CPD centres around the country, where you can go and see a health visitor sitting next to a teacher, next to a GP, next to a social worker, next to a police officer, all being trained in safeguarding measures.”²⁹⁴ **We commend greater use of multi-agency training, in particular for GPs, police, teachers and social workers, who were identified as having very different understandings of risk and thresholds. We also encourage LCSBs to take the initiative in finding further ways to enhance mutual understanding between those making referrals and social workers.**

Information-sharing between agencies

176. Many agencies may hold information on a particular child or family which, when put together, creates a more accurate picture of the situation. A common theme in evidence, however, was poor information-sharing between agencies, particularly where health services were concerned.²⁹⁵ GP Richard Quirk explained that the law enabled GPs to share information in child protection cases, but that many GPs were unconfident about the extent to which they could share information and were over-cautious:

A common complaint from social workers is that they are struggling to get information on children and families from the GP. The views of the surgeries are often that they have a duty to protect the confidential information of the patient and to release information would be a breach of trust with the patient. Recent documents from the General Medical Council and the medical defence unions encourage the surgery staff to act in the best interests of protecting the child from harm and therefore to release relevant information (preferably with consent from the child or parent) when appropriate. This message is still struggling to get through and more training of surgery staff is needed to help them recognise when and when not to release information to social workers and other professionals.²⁹⁶

177. The Medical Protection Society reported receiving “many queries from members regarding consent and confidentiality where there are child protection concerns”.²⁹⁷ The Society considered that the most common cause of difficulty was “an almost universal assumption by [other] agencies that they have an absolute right to access any [...] records in their entirety”, even when only part of the notes is relevant.²⁹⁸ This suggests that the picture

292 Q689 [Dr Shade Alu]

293 Q596

294 Q826 [Tim Loughton]

295 Ev w124

296 Ev w7

297 Ev w12

298 Ev w12

is not as simple as one of over-cautious doctors. The RCPCH stressed that the lack of sharing was not intentional or done with “malice”: “it is just that interpretation of balancing the two opposing concepts of confidentiality and information sharing differ between groups” and “interpreting the concept of ‘relevant information’ is incredibly difficult”.²⁹⁹

178. The problem is not confined to the health sector. CEOP and ACPO representative, Peter Davies, explained that there could be similar “anxieties among [police] officers around sharing information during active investigations”.³⁰⁰ He recognised, however, that information could be held back unnecessarily “due to poor understanding of what can/cannot be shared” and “the added fear of contravening human rights or data protection laws”. Mr Davies agreed that “there needs to be more clarity on information-sharing protocols”.³⁰¹

179. Representatives of local authorities pointed out that families and children expected all the agencies involved to have shared information and they identified a need for a “reminder of [the duty to safeguard and promote the child] and expectation of data-sharing”.³⁰² Devon County Council argued for “a starting point of ‘if in doubt, share’ [which] would certainly redress the balance”.³⁰³ Jim Gamble, former head of CEOP, proposed an amendment to the Data Protection Act 1998 “to create a positive duty to actually share information when you believe a person might be at risk”.³⁰⁴ The RCPCH considered that this would be “a very radical solution” and warned that “without further thought it would be difficult to know whether it would be a proportionate response and one that embraces the complexities of the ethical dilemmas that professionals face when assessing whether to share information”.³⁰⁵

180. It is vital that this problem is addressed. There may be a role for local authorities and LSCBs in clarifying to their partners what the requirements and limitations are around information-sharing. The Devon MASH model of using a ‘virtual red box’ around information is a useful way of promoting confidence amongst practitioners in information-sharing. Peter Davies also suggested that clarifying the protocols on information-sharing by the police could be taken forward as part of the response to the report by the Children’s Commissioner.³⁰⁶ The Minister told us that “there are not legislative grounds or even data-protection grounds for why data is not being shared”.³⁰⁷ The GMC has also recently concluded a review of its guidance to doctors on *Protecting children and/or young people: the responsibilities of all doctors*. New guidance was published

299 Ibid

300 Ev 228

301 Ev 228

302 Q519 [Nigel Richardson]

303 Ev 212

304 Q34

305 Ev 225

306 Ev 228

307 Q843 [Tim Loughton]

in July 2012 to come into effect at the start of September.³⁰⁸ However, this clarity has not necessarily filtered through to the front-line, most particularly to health practitioners but also to the police. **We recommend that the Government ensure that the guidance for professionals in all the relevant agencies is absolutely clear about their statutory duties on data protection and data-sharing with regard to protecting children, and that LSCBs take a leading role in ensuring that this guidance is understood and acted upon in their areas.**

181. The Medical Protection Society recommended better training in this area to ensure that professionals in other agencies understand what can be expected of doctors.³⁰⁹ Dr Quirk made the similar suggestion that LSCBs “provide multi-agency training on confidentiality and information sharing so that there is a joint understanding across agencies of when it is appropriate to share information (with or without consent) to protect children from harm”.³¹⁰ **We consider that information-sharing would form an important component of the multi-agency training we call for (see paragraph 175) and that LSCBs should work together to develop and support the provision of such courses. The revised *Working Together* guidance should reinforce this.**

Moving beyond thresholds

182. Academic experts drew our attention to the disjunction between the 10% of children thought to be living with abuse and the much smaller numbers that were accepted as referrals to children’s social care. This left “all of these below-the-threshold agencies—teachers, GPs, health visitors—[...] working with child abuse, but they are not allowed to call it child abuse”.³¹¹ This is not just a matter of linguistics since it affects access to and availability of services. The sharp divide between those below the threshold for intervention and those above can also stigmatise parents in difficulty in a way that is counterproductive. Professor Munro told us: “Although we need to have a level of suspicion about serious abuse and neglect, we also need to know that most of the families are struggling with a problem which is perhaps poor parenting but is not at the level where we are wanting to turn to the law and compulsion. It is a real problem at the moment that too many families feel scared and that they will be harshly judged rather than helped”.³¹²

183. Those we spoke to who were responsible for making referrals agreed that more needed to be done to support those children whose cases did not meet the threshold for statutory intervention. GP Dr Richard Quirk commented that “there does not seem to be anything underneath the children’s social care child protection system that then can provide support for that family locally”; and he called for further guidance for GPs “to know where to send a child and family next”.³¹³ He considered that in a lot of these cases

308 http://www.gmc-uk.org/guidance/news_consultation/8411.asp

309 Ev w13

310 Ev w7

311 Q55 [Dr Brandon]

312 Q745 [Professor Munro]

313 Qq 109, 108

where children do not meet the threshold, all that was needed was extra support for the parents.³¹⁴ Emma Grove, a teacher, similarly identified a gap in provision before families were in crisis in the form of early intervention work by children's social care professionals, "working with schools, with everyone else".³¹⁵ A positive example of how this could be done involved groups of schools who were directly employing social workers as family intervention workers.³¹⁶

184. It was implicit from other evidence that the concept of section 17 child in need 'thresholds' for receiving a service was not useful. Action for Children identified "a tendency for some children and families to 'bounce' in and out of services" with services "in place for a short time and then withdrawn when the urgency recedes".³¹⁷ Barnardo's also argued that "use of the term 'threshold' detracts from the reality that children often move across thresholds for intervention at different times. From our work we know that many children will need a greater level of intervention some times more than others, but they will always need a continuum of services".³¹⁸ Barnardo's reported that, to address this reality, "Some local areas have used the concept of stepping up or down, rather than a case being 'open' or closed".³¹⁹

185. An increasing number of local authorities are not using thresholds to determine whether or not a family received a service, but are integrating their structures and assessment processes to provide some kind of service to all children referred to them. We saw this for ourselves on our visits to York and Doncaster and heard similar messages from local authority witnesses. The Leeds DCS, Nigel Richardson, told us that he "struggled" with the term "thresholds" and that services in his authority had been reconfigured to provide a multi-agency response to "concerns about [...] children", whatever the level.³²⁰ Similarly, the Strategic Director, People from Devon County Council argued that "thresholds can be very unhelpful to us" and that "key for me is the integration model, intervening earlier and getting people really working on the child and their family at an earlier point".³²¹ This new focus on outcomes and on a multi-agency, whole systems approach eliminated "the difficult conversation we have historically had about thresholds [...] because actually you are dealing with a child, the concerns and who is best placed to do what with an increased confidence in an area".³²²

186. We came across local authority children's social care services working with different models, but what many had in common was that they had co-located different agencies. These included MASH (multi agency safeguarding hub) arrangements in which the MASH

314 Q110

315 Q114

316 Q137[Theresa Lane]; information gathered on visit to York

317 Supplementary evidence from Action for Children

318 Ev 182 [Barnardo's]

319 Supplementary evidence from Action for Children

320 Q523

321 Q526 [Jennie Stephens]

322 Q527 [Nigel Richardson]

operates as gatekeeper and all the agencies populate a MASH form with information from their records before taking a decision on action. The experience reported from this change and others like it, including the Integrated Pathway and Support Team in Tower Hamlets, was consistently positive. We were told that it had improved decision-making, developed joint understanding, and—critically—enabled an early conversation between professionals about the risk of a particular case. Both Leeds and Devon told us that staff working in these arrangements felt “a lot safer in their decision-making now” and that the “whole idea [...] is about putting confidence back in the professional safeguarding network”.³²³ Sharing intelligence between agencies in this way allows them to draw more effectively on the ‘soft’ intelligence discussed earlier. Rory McCallum of Devon County Council explained that “within the MASH, there is an unfettered information-sharing process that goes on, which allows us to pool all of that intelligence to make a more accurate and improved decision as to what that response needs to be”.³²⁴

187. In Doncaster we visited a hub which had successfully included the police within the partnership. Devon County Council, which had done likewise, told us that one of the benefits of co-locating with the police was that it overcame some of the difficulties in information-sharing.³²⁵ From the police perspective, Peter Davies of CEOP and ACPO described co-location as “best practice” as it “creates a strong foundation for better and more trusting relationships”, although he cautioned that “co-location is not always necessary and effective information-sharing can be done virtually”.³²⁶ In oral evidence he spelled out the benefits in terms of comparing data, “a shared, understood way of assessing risk and a shared approach to the task”, as well as “cultural benefits with agencies understanding each other better”.³²⁷ He emphasised that “Child protection is a collective, partnership-based, multi-agency endeavour. It cannot be done as a single agency”.³²⁸

188. Ofsted endorsed the benefits of integrated, co-located, services, rather than children’s social care operating as a ‘gateway’ to services.³²⁹ It told us that “inspection has found that such arrangements can deliver better responses to children and young people at the early stages of trying to understand their needs and best next steps”.³³⁰ In oral evidence John Goldup explained that partnership working overcame the “siege mentality” which easily developed when child protection was “a discrete area of work, isolated from the wider range of services”.³³¹ The Minister predicted that “I would expect to see a version of MASH operating in most local authorities around the country before long anyway, simply because

323 Q511 [Rory McCallum]; Q514 [Nigel Richardson],

324 Q504

325 Q518 [Rory McCallum]

326 Ev 227

327 Q642 [Peter Davies]

328 Ibid

329 Ev 176 [Ofsted]

330 Ibid

331 Q2

it is the most effective way of getting those partners to work together quickly and efficiently”.³³²

189. We were impressed by the evidence we saw of the change in attitude, coupled with a change in structures, which is leading some local authorities to abandon the concept of a threshold for services in favour of a more integrated model in which all children receive appropriate help: what was described to us as the “you never do nothing” principle.³³³ York children’s services operate a similar “no wrong door” policy which means that all cases are examined and offered support.³³⁴ Early indications are that models where a front-door triage service is conducted by social workers in conversation with other partners, *before* any decision is taken on what action to take in response to a referral, is proving effective in directing referrals appropriately, reducing caseloads, and enabling some service to be offered to all children in need, at different levels.³³⁵ This is not a silver bullet to solve all problems. Indeed, one of the consequences to emerge from the evaluation of the Devon model is that workloads for early help teams have increased and that a better range of services is needed at this preventative tier.³³⁶ That, however, is not an argument against moving in this direction and **we strongly encourage all local authorities to consider the merits of moving to multi-agency co-location models. For best practice, this should include co-location of local police child abuse teams with children’s social care.**

Securing early intervention for children

190. For those children below the threshold for intervention, the CAF is intended to help professionals work together to identify additional needs of children and young people aged under 19. In some ways it has been successful. For example, one of its purposes was to introduce a common conceptual understanding and language around child assessment. Nevertheless, evidence to us suggested that the CAF is not being used consistently as it should be to secure early intervention for a child. Steve Walker from Leeds City Council told us:

One of the problems with CAF is that in many authorities it got very closely linked with thresholds. The way that you evidenced that a family needed a service from children’s care was to complete a CAF in a particular way. The other thing that happened was that, rather than becoming a tool that facilitated a discussion and assessment around a child and family, it became a mechanism by which I on my own can fill something in and send it in as a referral to see whether I get a better response than sending in a letter or making a phone call.³³⁷

332 Q842 [Tim Loughton]

333 Q514 [Nigel Richardson]

334 See Annex 4

335 NFER (2011), *Devon multi-agency safeguarding hub; a case study report*, <http://www.nfer.ac.uk/nfer/publications/LGMX01/LGMX0.pdf>

336 Ibid

337 Q538 [Steve Walker]

Front-line professionals concurred that in practice the CAF was being filled in by each professional separately with the result that it was not being used as a single assessment form;³³⁸ and that it was not being used as an assessment tool necessarily but in order to make a referral.³³⁹ In addition, it is not universal practice to use it: Dr Quirk admitted that “the majority of GPs in England would not know what the CAF stood for and do not use it”.³⁴⁰

191. The Munro Review proposed a new duty on local authorities and statutory partners be introduced to “secure the sufficient provision of local early help services for children, young people and families”. Munro recommended that this duty should:

- specify the range of professional help available to local children, young people and families, through statutory, voluntary and community services, against the local profile of need set out in the local Joint Strategic Needs Analysis (JSNA);
- specify how they will identify children who are suffering or who are likely to suffer significant harm, including the availability of social work expertise to all professionals working with children, young people and families who are not being supported by children’s social care services and specify the training available locally to support professionals working at the frontline of universal services;
- set out the local resourcing of the early help services for children, young people and families; and, most importantly;
- lead to the identification of the early help that is needed by a particular child and their family, and to the provision of an “early help offer” where their needs do not meet the criteria for receiving children’s social care services.³⁴¹

The Government rejected this recommendation, stating in response to a parliamentary question that “We have engaged with partners in ADCS, health, police and education and have concluded that we do not need a new statutory duty to deliver early help and that there is sufficient existing legislation to realise Professor Munro’s recommendation”.³⁴²

192. Enver Solomon from The Children’s Society told us that the Government’s decision represented “a missed opportunity” and that “services will not always come in early to avoid cases reaching crisis point will not happen in the way that the Government collectively and all those working in this area would like to see”.³⁴³ He was supported in this

338 Q117 [Theresa Lane]

339 Q118 [Emma Grove]

340 Q119 [Dr Quirk]

341 Munro (2011), *Munro review of child protection: final report, a child-centred system*, Recommendation 10

342 Written PQ, Tuesday 13 December: <http://www.education.gov.uk/munroreview/downloads/PQ.pdf>

343 Q432

by Dr Shade Alu of the RCPCH,³⁴⁴ and we heard a similar plea from the LSCB Independent Chair in Tower Hamlets for policy clarity from Government about what they expected authorities to provide by way of ‘early help’.³⁴⁵ In oral evidence, Rory McCallum from Devon County Council argued that “an early help duty would have been beneficial in allowing a bit of leverage in the system to bring people around the table for that cohort of troubled families” who are neither on child protection plans nor consenting to work with professionals through the Common Assessment Framework model.³⁴⁶ On the other hand, his counterpart from Leeds did not consider that he needed an additional duty to ensure that his authority continued with the early help which was already under way.³⁴⁷

193. The Minister told us that a further duty was unnecessary, given the “duties on all partner agencies to co-operate to improve children’s well-being under section 10 of the Children Act 2004”, but he agreed that “certain partners need to take their interpretation of that duty rather more seriously than some have”.³⁴⁸ He considered that the “LSCBs are one of the means of making sure that everybody is stepping up to the mark”.³⁴⁹ We believe that it would help to incentivise the provision of a service to all children in need and clarify its priority emphasis on early intervention in an increasingly crowded policy field if there were a statutory duty of an ‘offer of early help’, as recommended in the Munro Review. **We recommend that the Government reconsider its rejection of the need for a statutory duty to secure the provision of early help by a range of partner agencies.**

Child protection and health reforms

194. During the course of our inquiry, fears were expressed from different quarters, including health agencies, about how child protection structures will operate under NHS reforms. In a letter to the medical journal *The Lancet* in February 2012 calling for changes to the health and social care bill, 150 paediatricians, backed by the RCPCH, expressed concern that the reforms would adversely impact child protection. It stated that:

Safeguarding of children will become even more difficult when services are put out to competitive tender and organisations compete instead of cooperate. Children who are vulnerable, neglected, or abused will inevitably slip through the net.³⁵⁰

195. The RCPCH told us that practitioners reported a diminution of numbers of designated leads: for instance, one individual was covering two named doctor and one designated doctor posts.³⁵¹ The Designated Professionals’ Network wrote that designated

344 Q701 [Dr Shade Alu]

345 See Annex 3

346 Q530

347 Q532 [Nigel Richardson]

348 Q827 [Tim Loughton]

349 Ibid

350 <http://offlinehbpl.hbpl.co.uk/NewsAttachments/PYC/lancet.pdf>

351 Ev w195-6

leads were being required to cover both child and adult safeguarding.³⁵² Others, including witness Dr Richard Quirk and the NHS Confederation, cited similar concerns about restructuring.³⁵³ The LSCB Chairs also raised questions about how the new Health and Wellbeing Boards will oversee reforms to child protection and how the boards will relate to LSCBs.³⁵⁴

196. In oral evidence in May this year, Dr Alu of the RCPCH told us that she and colleagues remained concerned about the health reforms. Asked whether there had by then been clear guidance from the Department of Health as to where child protection would sit in the new health landscape, she replied “a brief answer: no”. Dr Alu called for the introduction of a statutory duty of early help on health agencies because “if things are not in statute, certainly from a health point of view [...] a lot of the time those things do not happen.”³⁵⁵

197. Professor Munro’s 2011 Report recommended that “Government should work collaboratively with the Royal College of Paediatrics and Child Health, the Royal College of General Practitioners, local authorities and others to research the impact of health reorganisation on effective partnership arrangements and the ability to provide effective help for children who are suffering, or likely to suffer, significant harm”.³⁵⁶ The Government accepted this in principle, but said it wanted to “go further and establish a co-produced work programme, to ensure continued improvement and the development of effective arrangements to safeguard and promote children’s welfare as central considerations of the health reforms”.³⁵⁷ Despite this, Munro’s ‘One Year On’ review expressed similar concerns. It explained that “there are also concerns that the reduced guidance in *Working Together to Safeguard Children* happening at the same time as the radical reform of the health service may lead to a loss of attention being paid to safeguarding children in the health sector”.³⁵⁸

198. In our final evidence session the Minister pointed to recent changes that had been made to clarify the position, including in the revised draft *Working Together* statutory guidance. He told us that these added up to “a whole series of conditions at the heart of the health reforms that must be complied with, and that have safeguarding stamped all over them”.³⁵⁹ He also saw the new Health and Wellbeing Boards as presenting a “really exciting opportunity” to bring different agencies together to make “sure dangerous behaviours can be avoided, that young families are safe and have the parenting skills, and that we are promoting public health measures on a local basis”.³⁶⁰

352 Ev w172

353 Ev w7-8; Ev w163

354 Q599

355 Q701

356 Munro Review, Recommendation 8

357 Government Response to the Munro Review, p.18

358 Munro Progress Report, p11

359 Q825 [Tim Loughton]

360 Q826 [Tim Loughton]

199. We welcome the reassurance offered by the Minister about the impact of the Government's health reforms upon child protection but all the evidence to us strongly suggests that more needs to be done to provide clarity and shore up confidence. There is a real and urgent fear amongst health professionals in child protection and their partners about the place and priority of child protection in the reformed NHS. The Department of Health urgently needs to clarify where and how safeguarding and child protection accountabilities will work under the new structures, in particular in the new clinical commissioning groups and Health and Wellbeing Boards, and how these bodies will relate to LSCBs. It should also confirm its continuing commitment to the role of named and designated doctors and nurses for child protection.

200. To ensure that priority is given to the child protection in the new structures and to provide a point of contact with the LCSBs, we recommend that one of the chairs of the Health and Wellbeing Boards be nominated as a national lead on safeguarding children.

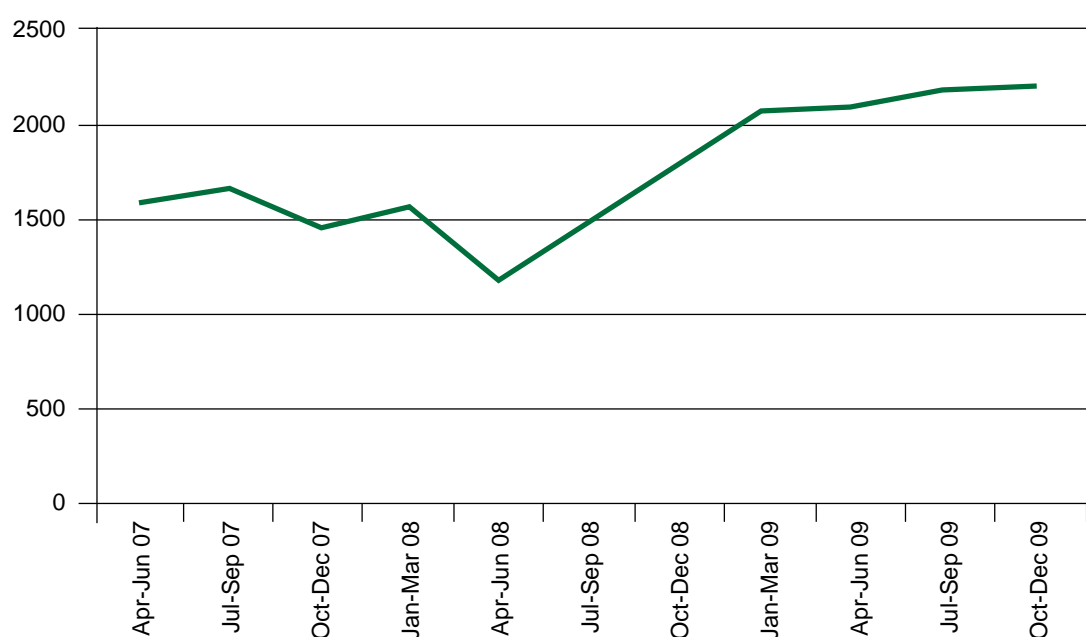
Thresholds for removing a child to care

201. Figures as set out earlier in this report (see paragraphs 37 to 39) show an upward trend in the number of children being taken into care over recent years. It should be noted, however, that the numbers are not unusually high when looked at from a historical perspective—for example, taking into account population size, in 1980 care numbers in England were about a third higher than now at 95,000 (78 per 10,000 under 18) compared with 65,520 in 2011 (58 per 10,000).³⁶¹

202. Part of the recent increase in the number of care applications may be the impact of the 2009 Southwark judgement (which made local authorities responsible for providing accommodation and support to homeless 16 and 17 year olds). However, the single most important factor is likely to be the response to the death of Baby P (Peter Connelly) in 2008. There is clear evidence that levels of Section 31 applications made by English local authorities rose in the wake of the publicity around this case. Research by Cafcass identified a “sharp increase” of 37% across England during the three weeks immediately following publication of the Serious Case Review in November 2008.³⁶² However, Section 31 applications had already begun to rise in the period from July to September 2008, as seen in the following chart.

361 Cliffe, D. With Berridge, D. [1991], *Closing Children's Homes: An End to Residential Childcare?*, London: National Children's Bureau, Chapter 1

362 CAFCASS, *The Baby Peter effect and the increase in x31 care order applications*. Available at; <http://www.cafcass.gov.uk/pdf/Baby%20peter%20summary%20report%20FINAL%202%20Dec.pdf>

Figure 1: Total number of Section 31 applications in England, April 2007 to December 2009

203. Research by NFER for the Local Government Association concluded that by heightening public and professionals' sensitivity to child protection issues, the Peter Connelly case may have led to improvements in detection and reporting of neglect and abuse. The NFER also suggested that changes in demography and in parenting capacity might have further contributed to the trend; respondents to their survey drew attention to the potential for economic recession to increase stress on families. The view of most research participants was that the present level of Section 31 applications will be sustained in the future.

204. It has been suggested that, in the wake of cases like Baby Peter, local authorities and social workers have become more risk-averse and lowered their thresholds for taking children into care. John Hemming MP described the trauma caused by taking children into care.³⁶³ Other submissions also claimed that children are too readily taken from their families. Campaigning group Parents Against Injustice (PAIN) estimated that between 10% and 20% of cases where children are removed from their families are false positives where innocent families are subjected to unwarranted intervention.³⁶⁴ Journalist Florence Bellone suggested that "if the social workers come just before the weekly shopping and open an almost empty refrigerator, they write that the family is starving the children".³⁶⁵ This is contradicted by a survey conducted by Cafcass of Children's Guardians which found that the majority considered the commencement of care orders in those cases to have been appropriately timed, and that local authorities had not lowered their thresholds of concern at which applications were made.³⁶⁶

363 Q342

364 Ev w75

365 Ev w30

366 Ibid

205. On the other hand, there is a growing body of evidence to suggest that thresholds need to be lower. Witnesses from the courts found little or no evidence of inappropriate removal of children and many instances where earlier removal would have been appropriate.³⁶⁷ This is backed by academic research: Professor Ward noted that “there is substantial evidence that many children remain for too long with or are returned to abusive and neglectful families with insufficient support”.³⁶⁸

206. A brake on the number of children taken into care could be the widespread belief that care damages children. Professor Ward told us of “a great fear of taking children into care; there has been a lot of adverse publicity about the care system, even, though, in fact, the evidence suggests that maltreated children do better in care than if they remain at home or return to their families and continue to be maltreated”.³⁶⁹ Research evidence is clear that care is not of itself damaging,³⁷⁰ but that consistently poorer outcomes for children in care are more likely due to the conditions and damage done to those children before care. The NSPCC argued that “studies show that outcomes for looked after children are often better than for those who remain in damaging family situations; there is thus a need to tackle the widely held belief that care is damaging to children”.³⁷¹

207. Permanence and stability are recognised as the key factors in success for children in care. Sadly, in evidence to us Professor Biehal cited research which shows that delay in removing children who could not be safely supported at home reduced the chance that they would find a stable placement. Late admission to care was also significantly associated with poorer outcomes for the children.³⁷² Other studies have confirmed the importance of timing when children are separated from their families: Professor Ward’s recent work showed that intervening early was critical to a child’s long-term success.³⁷³ The 2010 Loughborough study found that “the main causes of delay were an almost universal expectation that children would be able to remain with their birth parents”.³⁷⁴ Whilst parental capacity to change is key to decisions about a child’s long-term care, the evidence is that some parents could not change even if they wanted to.³⁷⁵ A study by Professor Elaine Farmer at the Centre for Family Policy and Child Welfare at Bristol University found that in almost half the cases where children returned home from care, particularly over the age of 10, they were neglected or abused during the return.³⁷⁶ Martin Narey described this research as “compelling”, and concluded “This is not a system that is being

367 See for example Q754 [Judge Crichton]

368 Ev 179

369 Q104 [Professor Ward]

370 Q 341 [Martin Narey]; Ev 200 [NSPCC]

371 Ev 200

372 Ev 204, citing Biehal, Ellison, Bakes et al 2010

373 Ward H., Brown, R., Westlake, D., Munro, E. R., *Infants suffering, or likely to suffer, significant harm: A prospective longitudinal study*

374 Ibid, *Infants suffering, or likely to suffer, significant harm*, p.4

375 Q84

376 Farmer, E R G (2009). “Reunification with birth families”, Schofield, G and Simmonds, J (Eds.) *The child placement handbook*. London, BAAF, cited in Ev w 106.

reckless about taking children into care. It is a system that is too optimistic about the capacity to improve”.³⁷⁷

208. The balance of evidence is heavily in favour of care being considered as a viable, positive option at an earlier stage for many children. In this context, we note with concern suggestions that local authority thresholds for removing children to care are too variable. Enver Solomon of the Children’s Society claimed that “in terms of entry into care, you can talk about more than 150 different approaches to thresholds rather than consistency”.³⁷⁸ Some variation in the number and proportion of looked-after children is inevitable given the very different circumstances in which local authorities work but we recognise that this variability in itself might feed into suspicions that the threshold for intervention is too low and that local authorities are interpreting the law as they choose. **We welcome the research by Cafcass into applications for care orders and recommend that this work be repeated on a regular basis. An assessment of the reasons behind the local variability in care applications is needed. We also believe that it is essential to promote a more positive picture of care to young people and to the public in general. The young people to whom we spoke were generally very positive about their experiences, including those who had spent time in children’s homes. This is backed by academic research on outcomes. Ministers should encourage public awareness of the fact that being taken into care can be of great benefit to children.**

Thresholds for adoption

209. Adoption has been the subject of much recent professional and policy debate, with Martin Narey and others calling for greater, and earlier, use of adoption. The Government has also brought forward proposals for increasing the number of adoptions, in part by speeding up the associated court processes.³⁷⁹ Supporters of the Government’s policies have argued that adoption should be seen as a more positive option. For example, Martin Narey told us “Adoption is only ever for a minority of children in care, but for those for whom it is appropriate it can be transformational [... and it can] give a neglected child the sort of upbringing that we like to think we gave our kids”.³⁸⁰

210. There are some who strongly oppose this view. For example, John Hemming MP argued that “the child protection system in England is particularly obsessed with adoption”, and that Government provides perverse financial targets for increasing the number of adoptions. Mr Hemming told us that children are “being removed at birth for inadequate causes”.³⁸¹ He estimates that there are “around 1,000 a year” instances of “forced adoption”, defined as “adoption where the parents’ consent is dispensed with, or

377 Q410 [Martin Narey]

378 Q434

379 *Final Report; An Action Plan for Adoption* (2012), Department for Education

380 Ev 164

381 CP01

“wrongful adoption”.³⁸² He argued that the thresholds for taking children into care were inconsistent and also inconsistently applied:

For example, section 38 of the Children Act on interim care orders allows a child to be taken into care if there is a belief, not necessarily that there is evidence. The interim care order threshold is much lower than the final care order threshold, and frequently during care proceedings the threshold changes from the start to the end of the proceeding.³⁸³

211. We received a number of other submissions, often from individual parents or relatives or those representing them, which also alleged that children were being (routinely) removed from their families for negligible and unjust reasons. Many of these told us their very difficult personal stories. We are grateful to them for sharing these experiences in order to assist our inquiry.

212. The majority of academic and other witnesses who commented on this issue reported that there was no evidence to support the belief that “forced adoption” was widespread. For example, Professor Ward told us that she had not come across the issue of forced adoption “in any of the research that we have undertaken on babies in the care system, on very young children likely to suffer significant harm. I am not aware that it has come across on the Adoption Research Initiative either”.³⁸⁴ The Children’s Society concurred.³⁸⁵ It was accepted by both these witnesses and by Martin Narey that there were occasional instances of injustice.³⁸⁶ Mr Narey estimated that “the proportion would be tiny—1% or 2%”, but he considered that “it would be wrong of me to say that there are none that are inappropriate”.³⁸⁷

213. Witnesses agreed that even if the Government achieves its aim of increasing the number of adopted children, this would only ever affect a small proportion of children in care. Professor June Thoburn told us that “the scope for increasing adoption as a route out of care is limited”, and she pointed out that the UK already places more children from care with new parents (not relatives) than is the case for any other country.³⁸⁸ In particular, adoption is unlikely to be an appropriate or viable option for older children, sibling groups or those who do not want to be adopted.³⁸⁹ The vast majority of such children will always be in foster placements and will not be adopted.³⁹⁰

214. The Adolescent and Children’s Trust (TACT) emphasised that “the most effective way of protecting children in care and developing resilience is by seeking permanence

382 Qq370, 371

383 Q339

384 Q81

385 Q485

386 Q81 [Professor Ward]; Q485 [Enver Solomon];

387 Q377

388 Ev w102

389 Ibid

390 Q 487 [Enver Solomon]

whenever possible” and that long-term foster care may be the best option for older children, especially if they have siblings and other extended families with whom they wish to maintain a relationship.³⁹¹ Special Guardianships and residential care were also presented as good options for some children, again particularly for older children.³⁹² Anthony Douglas from Cafcass told us that special guardianship has been “enormously successful” in giving “certainty to children over where they live until they are 18 and [...] certainty to carers that they can make their own decisions about parenting”.³⁹³ John Hemming told us that, based on official statistics, “Permanence has gone up in the last few years each year, it is just that SGCs and residency orders have gone up, whereas adoption has gone down”.³⁹⁴ Witnesses stressed that the value of these alternatives should not be lost in the focus of debate upon adoption and that the quality, stability and availability of these placements needed to be addressed.³⁹⁵

215. The importance of permanence and stability is underlined by the shocking evidence we received of the number of times some children move in the course of their time in care. It is clearly damaging to children to move from one form of care to another frequently; and yet we spoke to children who had moved multiple times—in one case up to 16. Martin Narey told us that he had “met countless children who have had 24 or 25 foster placements and 21 or 22 different schools”.³⁹⁶ He added: “We would never dream of doing this to our children and for some children the very best option for them is [...] high quality residential care”.³⁹⁷

216. We endorse the Government’s current policy emphasis on increasing the number of children adopted, speeding up the process and facilitating foster-to-adopt arrangements. Adoption is clearly the preferred route to permanence and stability for some children. However, the same goal can be achieved by other means and it is vital that the Government and those in local authorities continue to concentrate effort and resources on prioritising stability in placements for all children, whether through long-term fostering, Special Guardianship or residential care. We would welcome greater debate on policies which might bring this about and greater encouragement from Government for these alternative solutions. In particular, while we recognise that an artificial limit on the number of times a child can be moved within the system would be unworkable, there should be increased emphasis in central guidance aimed at limiting the disruption and damage caused to vulnerable children by frequent changes.

217. We have listened with sympathy to concerns about widespread ‘forced adoption’, and to the very personal and moving stories that often lay behind them. It is evident that there are rogue misjudged cases with terrible consequences for those involved. This should not

391 Ev w203

392 See for example Qq353, 356 [Martin Narey]

393 Q780 [Anthony Douglas]

394 Q348 [John Hemming]

395 Q487 [Enver Solomon and Kate Wallace]

396 Q356

397 Ibid

happen and those affected are right to fight against such injustice. Nevertheless, the weight of research evidence, matched by evidence to our inquiry, concluded that the balance tended to lie with authorities not taking children into care or adoption early enough, rather than removing children from their parents without due cause. We note that the Minister spoke of “work in progress” to look at “what further safeguards we might be able to institute whereby there is a sort of appeals mechanism”.³⁹⁸ This would have to be balanced against the further delay to a permanent solution for the child which would inevitably occur as a result.³⁹⁹ **An appeals mechanism against “forced” adoption is an interesting idea and we look forward to examining the Minister’s proposals when they are published.**

398 Q793

399 Ibid

5 Conclusion

218. In this inquiry we have come across a very 21st century picture of abuse. We have heard of threats to the welfare of children from new forms of abuse resulting from technology, as well as from older forms newly present in England. We have also heard of the growing awareness of the prevalence of neglect and domestic violence which perhaps were not so openly discussed in the recent past. In addition, there are the particular difficulties faced by young asylum-seekers and trafficked children. In each case, at the heart of it, is a child who has a right to protection from harm.

219. The scale and nature of the challenge makes this a huge task for the child protection system. Fortunately, we have also heard of a system which is coping and which is building on a strong base to implement further improvements. One former senior policeman told us that from his experience of having worked in a number of different countries, “the systems in the UK are far more advanced than in most other countries in the world”.⁴⁰⁰ Other witnesses emphasised that England now has a system that other jurisdictions “look at with respect and want to put in place themselves”.⁴⁰¹ The Minister concurred.⁴⁰² We particularly commend the move to greater multi-agency working because of its focus on ensuring that children do not slip through the system and its commitment to ensure that no concern goes unanswered simply because of thresholds.

220. There are still improvements to be made, some of which we have highlighted in this report. In particular, we have drawn attention to the poor fit between the needs of adolescents and the design of a child protection system which does not always listen to what these children say and often does not look beyond their behaviour. There are also real cautions to heed: for example, whilst we very much welcome the reduction in bureaucracy, we recognise the good sense of the warning from John Goldup of Ofsted that it is vital not to “underestimate how important safe processes are in delivering safe services”.⁴⁰³ Furthermore, there are widespread concerns about government reforms in other areas such as health and their impact upon the service offered to children. Over and above this are the enormous pressures the system is currently experiencing and which it will continue to experience as a result of the simultaneous increase in demand for services and the restriction on resources because of the economic situation. The impact of these pressures must be monitored but cannot yet be known.

221. These are serious issues which have to be addressed head-on but nevertheless we conclude this year-long study of child protection in England positive in important respects about the workforce, the system and the direction of travel. The recent Rochdale review and our own findings show how far there is still to go, but there is a real opportunity to transform the child protection system through the implementation of the Munro report and the Family Justice Review and social work reform which must be urgently pursued. It

400 Ev w2 [Nigel King]

401 Eg Q786 [Anthony Douglas]

402 Q867 [Tim Loughton]

403 Q7 [John Goldup]

is vital that the momentum for change is not lost, especially in the current economic climate, and we call on the new Minister for Children and Families to champion the reforms and ensure that they are carried through. We look forward to scrutinising future Government proposals which take the child protection system in England further on its journey.

Conclusions and recommendations

Neglect

Definition of neglect

1. We recommend that the Government investigate thoroughly whether the narrow scope of the definition contained in the Children and Young Persons Act 1933 is causing problems in bringing criminal cases of neglect. (Paragraph 45)

Scale of neglect

2. We recommend that the Government commission research to investigate whether similar situations and behaviours are being classified as neglect in different local authorities. (Paragraph 54)

Neglecting neglect

3. An understanding of the long-term developmental consequences of neglect and the urgency of early intervention should be built into child protection training and guidance for all front-line professionals, including those in health and education. This would mean a strong focus, both in initial training and in continuing professional development (CPD) courses, on normal child development, in terms of emotional, intellectual, behavioural and physical development, and the impact upon it of parental behaviour, including neglect. The training should extend to the developmental impact of neglect on adolescents and the potential long-term effects for this group of children. It would be highly advantageous for CPD in this area to be offered to professionals from different disciplines training together, and we call on the Government and the College of Social Work to take this forward. (Paragraph 65)
4. We believe that the needs of children and the importance of acting quickly to secure early intervention for children are all too often not given enough priority. Securing positive outcomes and meeting the needs of the child should come before all other considerations. There needs to be a continued shift in culture so that there is earlier protection and safeguarding of the long-term needs of the child. (Paragraph 66)
5. We recommend that Cafcass continue to monitor the responsiveness of local authorities to neglect through the timeliness and quality of care applications. If there are signs that improvement is not being sustained, the Government must be prepared to act to ensure that local authorities respond promptly in cases of neglect. (Paragraph 67)

Domestic violence and neglect

6. In cases of domestic violence, there should be no presumption that an abused parent cannot be a good parent. Wherever possible, the focus should be on supporting that parent and helping them to protect their children themselves, rather than on removing the children. But the interests of the children must come first. Guidance and specialised training in this sensitive area should be reviewed and updated and highlighted to all social workers. The Department for Education must liaise more

closely with the Home Office on issues relating to child protection and domestic abuse. (Paragraph 72)

Older children

Professionals' perceptions of older children

7. Both the College of Social Work, in outlining curricula, and individual institutions delivering social work training must ensure that teaching delivers an understanding of the effect of maltreatment on older children, their ability to cope with it and the long-term implications for their future well-being. (Paragraph 82)
8. Practitioners of all disciplines, including social workers, the police, GPs and others, must demonstrate greater awareness of the fact that older children may also be vulnerable and be a 'child in need'. The Government and LSCBs should remind practitioners of their statutory duty to assess the needs of those children and to offer support. (Paragraph 87)

Care options

9. We recommend that Ofsted monitor and report as a standard part of all inspections on the quality and suitability of the provision made by local authorities for older children, taking into account the views of the children themselves. It is essential that as much attention is paid to the care options provided for vulnerable young people as to those provided for younger children. (Paragraph 92)
10. We are particularly concerned about the position of care-leavers and the accommodation and range of support provided for them. The impact on their life chances is highly significant and this area needs further detailed examination. (Paragraph 93)

Specialised forms of abuse

11. The issues raised by trafficked children, and possible changes to the guardianship system, require far more detailed attention than we have been able to give in the course of this inquiry. We share ECPAT's concerns about the number of children going missing once identified by the authorities and the likely numbers of those who are not discovered in the first place. The Government must act faster and more effectively work with others to address this. (Paragraph 103)
12. We are also concerned by the treatment of children found in criminal settings. The police and the UKBA have a focus on detecting crime and implementing immigration policy which can lead to the criminalisation of abused and vulnerable children found in these situations. Such children must always be treated as victims—and children—first and not just as criminals. Training and guidance should be given to police and UKBA front-line staff to this effect. (Paragraph 104)
13. Children's charities and others have raised legitimate concerns about the correlation between Government policies on immigration and the incidence of destitution amongst asylum-seeking and migrant children. It would be outrageous if destitution were to be used as a weapon against children because of their immigration status. We

call on the Government to review the impact of immigration policy upon child protection and children's rights to ensure that this is not the case. (Paragraph 109)

14. We are concerned that abuse between teenagers is an overlooked issue in the child protection system. There is a need for the issue to be recognised and for strategies to be developed to deal with the complications involved in assisting victims and perpetrators out of the abusive situation. We welcome the current Government plan to extend the definition of domestic abuse to under 18s and to include "coercive control". Teenagers in such situations need appropriate support from all those with whom they come into contact. We consider that training for social workers must include specific input on these issues. We also recognise that abuse between teenagers is most likely to be dealt with by schools and youth workers who need training and guidance to be confident in their role. Finally, there is a need for greater willingness to take action on the part of the authorities. There is research evidence that those who have experienced abusive relationships are more likely to have children who also experience abuse. This makes it all the more important to stop the cycle as effectively and as quickly as possible. (Paragraph 114)
15. We welcome the Government's plans to increase protection of children against forced marriage, and the recent efforts made to highlight the issue. We urge the Government to increase awareness of the availability and use of Forced Marriage Protection Orders and to take steps to improve the monitoring of compliance with such orders. (Paragraph 124)
16. We recommend that the College of Social Work take a leading role in co-ordinating and promoting awareness of CPD training in specialised forms of abuse and in encouraging other disciplines to participate in relevant courses. For more general use, if the guidance on specialised forms of abuse is to be deleted from Working Together, the Government needs to make clear where such guidance will be found in future and how it will be updated and signposted to social workers and other professionals. (Paragraph 133)
17. We are also concerned that professionals faced with a specific type of abuse with which they are not familiar should have an identifiable source of expertise to consult in person. Local authorities should nominate a specialised child abuse practitioner to lead on such matters. Where an authority has a low incidence of a particular form of child abuse, they should be able to draw on the expertise of nominated practitioners in other authorities. (Paragraph 134)
18. We agree that the primary aim within Government must be effectiveness but we are not convinced that the system at the moment enables vulnerable children to be treated as children first. Other agencies, such as those involved in immigration and crime, cannot reasonably be expected to put the interests of the child before their statutory responsibilities on their own initiative. We therefore recommend that the Department for Education be given explicit overall responsibility for the welfare of all children, including those who have been trafficked or who are seeking asylum. (Paragraph 136)

Help-seeking by older children

19. We recommend that local authorities monitor the situation with regard to youth services and report to the Government on the impact of cuts in the provision of such services upon safeguarding. We also recommend that LSCBs work together to establish best practice in raising awareness of and ensuring a better response to child abuse amongst older children through the co-ordination of the efforts of all the agencies in their local area. (Paragraph 140)
20. We recommend that local authorities encourage schools and other universal settings to provide more peer-led support, such as peer safeguarding forums and peer mentors. They should seek to learn and apply lessons learnt from the apparent success of the schemes described to us by The Children's Society. (Paragraph 142)
21. We recommend that the Government encourage local authorities to include on their website information aimed at older children on how to make a self-referral. This information should also clearly set out what children can expect once the referral has been made in order to remove the sense of loss of control and uncertainty that children needing support may experience. (Paragraph 145)
22. We recommend that local authorities include in their 'pledge' a requirement for all social workers and carers to ensure that children know about and have access to their local Children in Care Council and other advocacy support in their area. (Paragraph 148)
23. If the current discussions with CEOP do not resolve the limitations in the technical support available to ChildLine on a permanent or sustainable basis, then we recommend that the Government consult the police and ChildLine on possible legislative solutions to their difficulties in identifying those at risk of immediate harm. (Paragraph 151)
24. We recommend that ChildLine be assisted and enabled by the Government to market its existence and services more widely, especially to older children. ChildLine should also review how it could improve its services for particular groups of children. We would expect the Government to look favourably upon financing or otherwise aiding any proposals which would improve the effectiveness of ChildLine in reaching these groups. (Paragraph 155)

Conclusion – older children

25. We recommend that the Government urgently review the support offered by the child protection system to older children and consult on proposals for re-shaping services to meet the needs of this very vulnerable group. (Paragraph 157)

Thresholds for intervention

Are thresholds for intervention set at the right level?

26. We acknowledge the strenuous efforts made by individual local authorities to minimise the impact of cuts on their child protection services but we are concerned that this position might prove difficult, if not impossible, to maintain as authorities

are forced to find further savings in future years. We recommend that the Government commission work to monitor the impact of the current economic situation and cuts in local authority services on child-safeguarding. (Paragraph 164)

27. We recommend that the Government commission research to understand the impact of varying thresholds in different areas, and whether thresholds for section 17 and section 47 interventions are too high and/or rising in some areas. The data should be published. Ofsted should also monitor and report on the variation between local authorities' provision and changes over time. LSCBs should use this data to ensure that any variation in their own area is justified by local circumstances. (Paragraph 165)
28. The referrals process needs to be able to account for 'soft' intelligence, and get better at trusting the judgement of front-line professionals. Where possible, those making the referral should be involved in decision-making about what action to take. (Paragraph 168)
29. We recommend that Ofsted monitor the re-referral rates in local authorities and make a judgment whether they are a sign of underlying systemic problems in particular areas. (Paragraph 170)
30. We recommend that children's services initial response (or equivalent) teams be required by their LSCBs to feed back simply and quickly to the person making a referral on whether and what action is taken in response. Ofsted should consider whether local authorities are giving adequate feedback to referrers, as part of its investigations under the new inspection framework. (Paragraph 171)

Common understanding of local thresholds

31. We commend greater use of multi-agency training, in particular for GPs, police, teachers and social workers, who were identified as having very different understandings of risk and thresholds. We also encourage LSCBs to take the initiative in finding further ways to enhance mutual understanding between those making referrals and social workers. (Paragraph 175)

Information-sharing between agencies

32. We recommend that the Government ensure that the guidance for professionals in all the relevant agencies is absolutely clear about their statutory duties on data protection and data-sharing with regard to protecting children, and that LSCBs take a leading role in ensuring that this guidance is understood and acted upon in their areas. (Paragraph 180)
33. We consider that information-sharing would form an important component of the multi-agency training we call for (see paragraph 175) and that LSCBs should work together to develop and support the provision of such courses. The revised Working Together guidance should reinforce this. (Paragraph 181)

Moving beyond thresholds

34. We strongly encourage all local authorities to consider the merits of moving to multi-agency co-location models. For best practice, this should include co-location of local police child abuse teams with children's social care. (Paragraph 189)
35. We recommend that the Government reconsider its rejection of the need for a statutory duty to secure the provision of early help by a range of partner agencies. (Paragraph 193)

Child protection and health reforms

36. We welcome the reassurance offered by the Minister about the impact of the Government's health reforms upon child protection but all the evidence to us strongly suggests that more needs to be done to provide clarity and shore up confidence. There is a real and urgent fear amongst health professionals in child protection and their partners about the place and priority of child protection in the reformed NHS. The Department of Health urgently needs to clarify where and how safeguarding and child protection accountabilities will work under the new structures, in particular in the new clinical commissioning groups and Health and Wellbeing Boards, and how these bodies will relate to LSCBs. It should also confirm its continuing commitment to the role of named and designated doctors and nurses for child protection. (Paragraph 199)
37. To ensure that priority is given to the child protection in the new structures and to provide a point of contact with the LCSBs, we recommend that one of the chairs of the Health and Wellbeing Boards be nominated as a national lead on safeguarding children. (Paragraph 200)

Thresholds for removing a child to care

38. We welcome the research by Cafcass into applications for care orders and recommend that this work be repeated on a regular basis. An assessment of the reasons behind the local variability in care applications is needed. We also believe that it is essential to promote a more positive picture of care to young people and to the public in general. The young people to whom we spoke were generally very positive about their experiences, including those who had spent time in children's homes. This is backed by academic research on outcomes. Ministers should encourage public awareness of the fact that being taken into care can be of great benefit to children. (Paragraph 208)

Thresholds for adoption

39. We endorse the Government's current policy emphasis on increasing the number of children adopted, speeding up the process and facilitating foster-to-adopt arrangements. Adoption is clearly the preferred route to permanence and stability for some children. However, the same goal can be achieved by other means and it is vital that the Government and those in local authorities continue to concentrate effort and resources on prioritising stability in placements for all children, whether through long-term fostering, Special Guardianship or residential care. We would welcome greater debate on policies which might bring this about and greater

encouragement from Government for these alternative solutions. In particular, while we recognise that an artificial limit on the number of times a child can be moved within the system would be unworkable, there should be increased emphasis in central guidance aimed at limiting the disruption and damage caused to vulnerable children by frequent changes. (Paragraph 216)

40. An appeals mechanism against “forced” adoption is an interesting idea and we look forward to examining the Minister’s proposals when they are published. (Paragraph 217)

Annex 1: Visit to independent children's homes in Barnsley, October 2011

Background

Residential children's homes can be run by local authorities, voluntary or private sector providers. The proportion run by local authorities has declined, with the independent sector (comprising both voluntary and private providers) now comprising around two-thirds of all homes.

Latest Department for Education figures show that, in 2011, there are 640 children in residential care homes in England. This is a small number compared to the number of children in foster care placements (48,530) and the number placed for adoption (2,450).

Pennine View residential home

- Four bed mixed gender residential home for 11–17 year-olds. Run by Dove Adolescent Services, an independent provider.
- Dove owns nine homes in total: six in South Yorkshire and three in West Yorkshire.
- Dove established by ex-local authority worker in 1993, at a time when private homes were rare. Founders felt that many authority homes were inadequate or insufficiently staffed. They recruit and train staff for all nine homes themselves.
- All Dove staff are trained to NVQ Level 3 in residential childcare.
- Local authorities pay fees of £2,300 per week for each young person.
- Dove has won contracts with local authorities to provide certain specialist care to groups of young people with particular needs.
- Dove is selective in its admissions, not on the basis of how easy young people may be to look after, but on the basis of an assessment of whether it can meet the needs of each young person effectively. It does not want to accept a young person who it subsequently fails, since this can compound rejection for that young person.
- Some residents attend college, others have work placements or attend pupil referrals units.
- Pennine View had three residential childcare workers on duty at any one time. These staff were responsible for all duties within the home.
- There is a '20 mile rule' governing local authorities, which ensures children placed in care are within 20 miles of their parents. Under the rule, Pennine View receives referrals from the Barnsley, Doncaster and Leeds areas.
- Young people in Pennine View have already been through multiple foster placements—up to 13 each—before coming to the home.
- Support staff are trained in child development.
- Staff argued that earlier assessment of children is needed. For some, foster care is not appropriate: they may not want an intimate family setting and can 'sabotage' foster placements. For such children, residential care may be the best option.
- Staff agreed that there was an urgent need to intervene and take children into care earlier. Too often children were moved from one failed foster placement to another.

Too often the children reached the home too late, making it very difficult for staff to encourage them to trust adults.

- It is important to 'de-mystify' the home: for instance, staff hold an open evening for neighbours to meet residents and key workers.
- Residents tended to want to leave the home when they turned 16. However, staff felt that this was often a bad option for the young people, who needed someone to both challenge and support them for some years more.

Amber House residential home

- Four bed mixed gender residential home for 11–17 year-olds. Run by Pebbles Care, an independent provider.
- Residents are at school or special school, some are at college, others are job-hunting.
- Residents' backgrounds involved a mixture of neglect, parents being unable to cope with their caring responsibilities, and entanglement with the youth justice system.
- There were weekly residents' meetings to decide on menus for the week ahead and divide up cooking responsibilities. Staff placed an emphasis on eating together.
- Residents each earned a sum each week of 'activity money' which they decided together how to spend. Activity money was forfeited for bad behaviour.
- Staff reported that it was hard to manage the transition out of the care system, as support networks were often not in place.
- Staff reported very good relations with the local Child and Adolescent Mental Health Service (CAMHS) and Youth Offending Team (YOT).

Discussion with staff of the independent children's homes association (ICHA)

- Independent children's homes almost all comprised four or five beds. Local authorities tended to have six or seven bed homes; there were few very large homes left.
- The independent and local authority sectors on the whole dealt with different groups of children. Independent homes tended to accept children with more serious or specialist needs.
- There exists a difficulty with transition of young people out of the care system post-16. Many young people need support for several years beyond age 16, many into their 20s.
- There has been limited research into the benefits of residential care, especially compared with other forms such as adoption and fostering. Some research suggests that 10-13% of looked-after children would benefit from residential placements.
- Children in independent children's homes remain under the care of their local authority.
- There needs to be a dual parenting role, with the child's key worker acting as a 'parent' in the home and their social worker acting as 'parent' on behalf of the local authority.
- Research by the National Children's Bureau on the moral and retention of staff in children's homes suggests that most stay for around ten years, and that the quality of training they receive is a significant factor in their retention.

- Leaving Care teams need to be much more involved with the previous care provider: this work should begin 1-2 years before a young person leaves care.
- Derbyshire and Oxfordshire have some good practice with regard to residential care.
- Whilst greater standardisation across the care system may not be desirable, a better description of each minimum standard for care would be helpful to practitioners.

Annex 2: Visit to NSPCC Adult Helpline and Child Line, March 2012

Adult helpline

The helpline has 45,000 contacts per year from the public. It liaises directly with the police and children's social care. Some 45% of its contacts become referrals to the police or children's social care. Around a third of calls are made outside office hours.

Around 20–25% of calls are cases which the NSPCC considers to be of concern. The majority (the remaining 75–80%) are calls from people who want guidance or signposting. Around 70% of contacts choose to remain anonymous.

The number of malicious calls is small, perhaps less than 3%. It is difficult to be certain whether calls are malicious or simply mistaken. Around 5–10% of contacts do misuse the service, for instance prank calling; it is quite easy to discern these calls early on.

NSPCC also runs commissioned helpline services, for instance for specific police investigations. Twelve or thirteen such helplines were run in 2011, including one for the Haut de la Guéraine (Jersey) investigation. These helplines might be targeted at a small local area, or might be run nationwide, perhaps where individuals involved in an incident might have dispersed. For instance, the Football Association funds a service for those concerned about abuse of children in football settings.

Demand is increasing. Five years ago the helpline made around 10,000 referrals to the police or children's social care each year; now this is 25,000. The majority of callers are neighbours, rather than those in a duty of care position. The NSPCC considered that this increase might not only represent an increase in prevalence of abuse, but in awareness and reporting. On the whole, the number of advice calls was decreasing and the number of serious cases increasing: the availability of information and guidance on the internet might have contributed to the decrease in advice calls.

The helpline did ask callers for their general locality but did not map the geography of callers very precisely. There were, however, certain 'hotspots' including Brent, Tower Hamlets and Newham in London. There was also a higher level of neglect in some 'rural' settings than in urban ones—for instance, in North Essex.

The helpline is staffed by trained social workers, who are trained together on thresholds. It has the ability to do 'warm call transfers'—moving calls from/to other helplines with the caller still on the line. The NSPCC helpline is effectively a triage team, offering advice, signposting or onward referral. It answered around 95% of all calls.

Discussion with Andrew Flanagan, Chief Executive

ChildLine promised confidentiality to child callers; this was different to the adult helpline. However, if staff believed that a child was at risk this confidentiality could be broken.

There had been a significant increase in online contact from children, who tended to be less inhibited online. The difficulty with online contact is that it is hard to identify children in cases where they may be in danger. NSPCC had to go through CEOP (the Child Exploitation and Online Protection Centre) whose technicians could track down internet addresses. There were problems with this arrangement, however, not least CEOP capacity and the fact that they did not provide 24/7 support. NSPCC was in conversation with the Metropolitan and other police forces about their providing some technical assistance, but individual police forces lacked the expertise in identification. There was a role for a more central service at a national level, perhaps co-ordinated by the new National Crime Agency. A further complication was that the increase in smart phones made it more difficult to identify physical locations.

There was not enough public awareness of the adult helpline. More than 50% of callers to the helpline had been worried about a child for a month or more. NSPCC needed to promote the helpline further and increase awareness about it.

Of those who contacted ChildLine, around 600,000 required some form of counselling or intervention. A child's first call tended to be a 'test' to see what reaction they got; often they would later call back to discuss more serious topics. This meant that call handlers needed to be willing to listen to and encourage children, even if they presented with seemingly small concerns.

The NSPCC prevalence study suggested that one in five secondary school children had experienced serious abuse. The numbers contacting ChildLine suggested that they were not reaching enough children. The majority of calls came from 11 to 16 year olds.

ChildLine answered all calls. It was staffed by volunteers, with two supervisors overseeing each shift. If a volunteer received a difficult call they could put their hand up and receive extra support.

NSPCC was offering a new primary school service targeting 9 year olds. It was visiting schools and providing information and techniques to children as to how to keep safe, and who to contact if they were concerned. They reported that children were disclosing in such sessions. The service was currently reaching 500 primaries but was being rolled out across the country. It was staffed by volunteers, and needed about 4500-5000 in total.

ChildLine

ChildLine had seen an increase in online contacts, and an increase in 'breaches' (where confidentiality had to be broken to identify a child) – these had increased by 15% in 2012.

ChildLine was used by a range of ages, not only those who would identify as 'children'. It was a trusted brand. Most of its calls were from 14 to 16 year olds and it actively

reached out to 16 to 18 year olds through appropriate media such as facebook. Less than 20% of calls were from children aged 11 and under.

Within the previous year ChildLine had started categorising calls by risk. Around 30-35% were considered to be high risk, that is, at or above the threshold for 'significant harm'. Around 2,000 calls were 'breached' each year: these were ones where the child was deemed to be in life-threatening danger. These calls occurred more frequently during late evening and night time. The number of suicidal teens was also going up.

There was a real challenge around being able to identify where children were who contacted ChildLine online. CEOP provided some support, but the police in general could do more in this regard. One recommendation that NSPCC/ChildLine would request would be 24 hour online technical support from the police for ChildLine in identifying the location of 'breach' calls.

Confidentiality was an important part of ChildLine's operation. Callers were often anxious about being able to speak in confidence. Callers were told the caveats about confidentiality, and ChildLine always worked with the child and informed them of the decision to breach confidentiality, where this was needed.

Volunteers judged the seriousness of the call on the basis of how concerned a child was. They never dismissed the concerns of a child, even if they were seemingly minor. Volunteers were briefed at the start of each shift and there was a debrief at the end.

ChildLine handled 1.2 million calls a year.

Peer support offered to young people through the website was important. The ChildLine message boards were well used, and this kind of online support could be expanded. The message boards were also a vehicle to seek feedback and survey users.

In terms of the subject of calls, neglect did not feature within the top five or six reasons for contacting ChildLine. Depression, suicide and self-harm were the most common categories. The call handler made the judgment about which was the main category of concern of the caller. Very often there were multiple concerns. Neglect was quite hard to categorise as a main concern: it was much more likely to be an underlying cause of other behaviours.

Staff recommended that each local authority should be required to give every looked-after child information about ChildLine. Many looked-after children said that ChildLine was trustworthy but that they were not previously aware of it. They also noted that children in secure accommodation had no right of access to ChildLine, and recommended that this position be rectified.

Annex 3: Visit to Tower Hamlets children's services, March 2012

Overview of IPST

The Integrated Pathway and Support Team (IPST) was established in 2009 and has been “hugely successful” with families. Tower Hamlets has around 1,300 contacts per month (incidents, not necessarily cases).

In 2006/07 and 2008/09 Tower Hamlets had an increase in referrals and an increase in initial and core assessments. It decided to change its approach to referral and assessment, by co-locating children's social care and partner agencies, including health, housing and police. Each member of the integrated team has a particular specialism, in addition to their daily role: such as vulnerable young women, domestic violence.

The Child Protection Advice Line is a designated contact line for schools and children's centres and is part of the IPST.

There is an outreach team, which mediates between young people and parents.

Prior to the IPST, some 33% of cases were progressing from contact to referral and assessment. Now only approximately 13% are progressing. This is because contacts are being systematically screened and where appropriate sent to agencies such as Children's Centres or the Outreach Service (which mediates between young people and parents). Agencies such as these provide key working preventative support to families. In addition, IPST completes borderline child in need assessments. The consequence is that those cases going to the Assessment and Intervention Team are more complex and more appropriate for escalation.

IPST focus group

Team members from different disciplines felt that multi-agency working was very strong, and enabled them to intervene with families earlier. Being co-located meant that the team could diagnose early on what the problems in a family were, and offer appropriate support. Decisions were also made quicker within the team, and the specialisms held by individual team members meant that they could consult one another for additional advice.

Having a single team was more meaningful for families: there could be a single assessment and single point of contact, rather than dealing with multiple professionals. Because the IPST was involved earlier with a family, if a formal assessment became necessary, the fact that there was a pre-existing relationship could make the family more co-operative and less anxious. It made the interaction with children's social care feel less punitive and more supportive.

The IPST was encouraging partner agencies in contact with families, such as schools, to take greater responsibility. Every school has a named Attendance and Welfare Officer.

The majority of referrals to IPST came from police: approximately 70% of contacts overall. IPST was trying to reduce the number of referrals from police by ensuring that contacts sent through need to be considered by children's social care. Police also sent contacts to other agencies, such as the Youth Offending Team. When a section 47 investigation (core assessment) was required, the police and the Assessment and Intervention team duty manager formulated an approach jointly before going to see the family.

In emergencies, police could issue a Police Protection Order, in order to take children into police protection. This happened more commonly out of hours. The IPST felt that the use of PPOs was sometimes adversarial: an alternative response could have been used in several cases. For instance, an 18 month old baby was removed from its parents by police under a PPO, because there was a fear of the parents absconding; IPST members suggested that the police could instead have confiscated the parents' passports.

Asked whether resources constrained decision-making, team members said that when a case really requires assessment or intervention resources did not prevent that happening.

In terms of the key challenges of moving to IPST, members thought that managing professional anxiety remained a challenge, and one which was being approached by building the confidence of partners in the Common Assessment Framework and through the Tower Hamlets Family Wellbeing Model which clearly sets out levels of need.

IPST had tried different strategies to give feedback to referrers. It was implementing a system on the electronic database to send out an automatic response to referrers.

Health was represented on IPST. The health team member could access health visitor records. The post was jointly funded by Tower Hamlets community health services and Tower Hamlets children's social care.

Asked for recommendations, the IPST members said:

- Reduce the number of forms to fill in, allowing social workers to spend more time with families (Munro was right on this point);
- Raise the profile of social workers;
- Local authorities to improve at multi disciplinary working;
- Investment in frontline workers, in particular training together with partner agencies.

Partners' focus group

Asked for recommendations, the partners said:

- Information-sharing by police needs to improve;
- Information-sharing by health, particularly GPs, needs to improve.

There was a particular issue still with GPs, who often didn't want to share information even with other health partners. There was over-caution and uncertainty: if people were not clear what could and couldn't be shared, they shared nothing. Partners considered that if families were engaged earlier on in the process and co-operated with the involvement of IPST, information-sharing would be much easier as they could be asked for permission. The real problem for families—and a reason that they disengaged with the process – was when they had to tell their story over and over again. Partners noted that the Common Assessment Framework was designed to be completed in conjunction with families and that, done properly, the CAF could help co-operation with families.

There was uncertainty with thresholds, with partners being told that their referrals did not meet children's social care thresholds. IPST had taken steps to increase understanding of their thresholds, for instance by undertaking threshold workshops for children's centres workers and by having children's centre social workers to take part on the IPST duty rota one day per month each.

Domestic violence was a major factor in many cases. One in three referrals from children's centres concerned domestic violence. Tower Hamlets Housing Options had some emergency housing for DV cases: both refuge accommodation and sanctuary schemes to allow victims to remain in their own homes. These cases were complicated, with services having to conduct safety planning with families in denial and with women often staying with the abuser.

CAMHS was developing an approach of working with families in denial, rather than forcing them to admit child abuse/domestic violence. They commented that social work as a profession had lost a focus on psychological interventions, but that Tower Hamlets was trying to move towards both psychological and sociological approaches.

The Group Manager of the Assessment and Early Intervention service thought that the right cases were reaching his team. IPST was performing a gate keeper function which was helping to ensure lower-level cases were weeded out earlier in the process and the serious ones were being progressed.

Senior leaders: summary discussion

In order to implement Munro a certain amount of staff training and development is needed, to break down a culture of bureaucracy which is quite embedded.

Small children and adolescents both feature prominently in Tower Hamlets' workload. Children's social care are getting better at dealing with small children, but need to develop different approaches with 15-16 year olds, both at preventing them from entering the care system and helping them to move on from care.

The (independent) LSCB Chair observed that all partners were under stress and welcomed the thrust of the Munro report. One of the challenges of an emphasis on early help, however, was raising expectations which couldn't be met. In a climate where only statutory assessments might be being made, the Government needed to be clear that early help will not always be available. Clarity of policy expectation in this area was needed.

In terms of neglect, there was a disconnection between what a social worker might consider evidence enough for intervention, and what the courts required to act.

Annex 4: Visit to City of York Children's Services, March 2012

Overview

The City of York is a unitary authority, with a population of 202,000, including 39,000 children and young people of which 250 are looked-after. The population was very static. The main challenges for children's services are a significant increase in the looked-after children population (around a 7% increase in each of the previous three years, from c.180 children) and the existence of pockets of severe deprivation with children living in poverty. Crudely put, there were around 300 to 500 children in the top tier of need in York, and a further 2,000 to 3,000 vulnerable children below the top tier.

In 2001 there had been 110 looked-after children in York. Now it had the fifth highest rate per 10,000 in the region, which consisted of 15 authorities. Their ambition was to reduce the number of looked-after children, but to do it safely.

Co-locating professionals: the AIE service

For the past five to six years York has had a "relentless focus" on early intervention. It has tried to develop good early responses in order to nip problems in the bud as they emerge. The key to successful early intervention is gathering and sharing the best possible intelligence from all agencies. To this end York decided in 2011 to co-locate agencies to form a single 'front door' for children's services. This was partly in response to feedback that professionals and the public contacting the service were not always confident of a consistent response, were uncertain to who approach, and had the perception that agencies did not talk to one another. Parents said that they were having to give their story several times; and research suggested that they became unwilling to engage once they had to make more than two calls.

The co-located team wanted to support families and encourage them to seek help earlier on, rather than being a "blue flashing light" service.

The process of co-location was straightforward. It did not involve new people, skills or investment, just different ways of working. The professionals based in the team were children's social work, education welfare, health and (from the following week) the police.

The advice team was the single first point of contact for the public and professionals. Each team member took a lead in a geographical area and in a practice area (e.g. health, education), and was responsible for linking in with professionals in that area.

Thresholds

Thresholds had become less important under the new structure. The principle was that families should not need to meet a threshold to get a service, but support or advice at different levels should be given to everyone who contacted the service. Thresholds were

more important to the professionals behind the service, and for public understanding of who to contact and when, and less important in determining whether a case received a service. York had a publicly-available “Threshold Guidance Document” which stated that there was “no wrong door”. This meant that all cases were heard and offered some form of support. A ‘minimum service’ was defined as a conversation with a parent or professional.

Since co-location (in 2011) the number of contacts to the team has gone up. In 2009 there were 300 enquiries and in 2010 there were 1,000. Between May and December 2011 there were 3,500 contacts to the new Children’s and Assessment Team team. Of these, just under 1,500 came from the police, who were the main source of referral. Most of the police referrals involved domestic violence. In contrast, the number of contacts to children’s social care has gone down, from 1,300 in 2010 to just under 1,000 this year. Whereas half of the 1,300 contacts in 2010 received no service, now every contact receives one. Because lower-level cases are being diverted more effectively at an early stage (at the ‘front door’), fewer less serious cases are reaching children’s social workers, allowing them to spend more time on the complex cases.

There were three levels of response to a contact. The lowest level is the offer of advice to a referrer, signposting them to relevant services and making a record of that intervention. The next level involves making an ‘enquiry’, a referral to a daily meeting of social workers and police who will consider the case and determine an appropriate response. The highest level is an initial assessment by a social worker, followed by further action as necessary.

The team thought they received around one referral a fortnight from the NSPCC. Child Line was considered to be a valuable and unique service, as it offered anonymity which was really valued.

Police, health and youth offending

Four years before, four Protecting Vulnerable Persons (PVP) Units had been established across police forces in Yorkshire. Its remit was to deal with managing sex offenders in the community, domestic violence and child protection. The four police officers of the North Yorkshire PVP were about to co-locate with the child protection team in York. Whilst there was already strong partnership working, it was expected to help integrate multi-agency work.

Health was also co-located with children’s social care. Previously there had been some confusion within health around child protection thresholds and assessments. They had piloted involving health practitioners in the daily morning meeting at which cases were discussed, and this had been beneficial in terms of information-sharing and building a joint understanding. Health professionals now regularly attended these meetings.

The Youth Offending Team (YOT) had merged with the wider Youth Service and Connexions in York. There were around 16,000 ten to 17 year olds in the city. In

2009/10 some 255 entered the criminal justice system for the first time. York had moved to targeted youth support services (TYSS), away from a universal offer. Positive activities for young people in terms of support and housing services were still available, but the management structure of youth services has been changed so that the offer was more targeted. No children's or youth centres had been closed.

TYSS worked alongside the 'front door' of children's social care to identify those young people at risk or on the cusp of the justice system and offer them targeted support. York YOT dealt with 300 young people who have been sentenced by the court each year. It had very few prolific offenders. There were around 100-120 live cases in the YOT at any one time.

Information-sharing

The legal framework for agencies to share information was in place, with the Children's Act and a raft of protocol documents on information-sharing. The key was for professionals to understand the limits and apply a common sense approach.

York had developed a single database for child protection, E-Trak. This brought together existing, separate databases from children's social care, the youth offending team and children's centres. The database had access to every child or young person known to education services in York, including home educated children known to the local authority. It did not systematically include 0-5 year olds, as these were not necessarily known to education services. It had been designed in-house. The database was not fully integrated, but worked on a single view, that is, it linked together the existing databases when a search was run on either a child's name or their date of birth. It had greatly helped in the daily meeting, where attendees had access via a laptop and could run a search on a child straight away. It was a secure system with pin code access. The missing database was housing, which had not yet been integrated. Health and police databases were not integrated either, but there were no current plans to do so. The team warned about relying too heavily on technology, since the key to safeguarding remained effective communication between professionals.

Evaluating the impact

In terms of evaluating the new co-located service, the social work assessment team had seen a 27% drop in casework since its introduction. As an indicator of the efficiency introduced by the new structures, there had been a reduction in section 47 ('tier 3') child protection activity, from 81 core assessments in Q1 of 2011/12 to 59 in Q2 and 61 in Q3. The proportion of these children who went onto child protection plans had increased, from 86% in Q1 of 2011/12, to 100% in Q2 and 98% in Q3. This indicated that fewer cases were being assessed as serious, but those that reached that thresholds were the right ones, since almost all ended up on child protection plans. On the other side, there had been an increase in (lower level) common assessments, from 69 in Q1 of 2011/12, to 118 in Q2 and 178 in Q3. This indicated that more cases were being correctly identified as needing lower level ('tier 2') support.

On a monthly basis the senior management team picked a case and reviewed it together, including how it was handled and points for improvement.

Feedback from partners

Feedback from other professionals using the co-located service was very positive. One primary school head teacher, 45% of whose 600 children lived in households with parents with no educational qualifications and 25% were on free school meals, said that she had seen significant improvements since the change. Those referring to the service now received proper feedback on contacts. She thought that it was no coincidence that, since 2003, many Directors of Education were also Directors of Children's Services, and believed integration of directorates in this way to be positive. In her school, two to three children in each year group were on child protection plans. Beneath that were around 150 children on the school's 'watch list', whose families received additional support, for instance with domestic violence, drug and alcohol abuse or mental health problems. There remained difficulties with the police sharing information directly with schools. For example, schools wanted to know if police had been involved with a family in relation to domestic violence. The police accepted that, whilst they worked well sharing information through the Children's Advice & Assessment Service, they should be able to share more information directly and informally with schools.

Local NSPCC staff had been able to sit in on some of the daily meetings which had given them a better understanding about decision-making. At each of the daily meetings, which were chaired by children's social care managers, there were around 5 staff plus up to two guest observers from other agencies.

Health visitors had found the pilot where they sat in on the daily meeting had improved their understanding of social work practice. The health visitors worked closely with the police and attended domestic violence multi agency risk assessment conferences (MARACs).

View from the local safeguarding children board

The independent chair of York Safeguarding Children Board described the board's functions with respect to multi-agency training, responsibility for child death overview panels and a wider prevention role. Independent chairs had met recently with the Children's Minister who had encouraged them to exercise their scrutiny and accountability function. An advantage of having independent chairs was their confidence to challenge all the agencies and professionals without putting their professional reputation at risk. The SCB urged professionals not to close cases until there was a positive outcome for the child. All the schools in York had pooled money from their own budgets to fund a full-time Education Safeguarding Officer to work across the city.

In terms of the areas of challenge in York, the independent chair highlighted a small group of children who harmed other children, the theme of sexual exploitation, domestic violence, and neglect. York had had three very serious cases of chronic neglect, one of which resulted in a serious case review, and neglect was the main cause of entry onto a child protection plan for children in the city. It was often part of a pattern of multiple abuse and children often had complex needs. He considered an earlier response to be required, with the risk of neglect being identified pre-birth; poor pre-birth assessment had been the main feature of the serious cases in York.

The legislation on neglect was considered to be clear; the difficulty was the 'squeamishness' of professionals to intervene in cases of neglect. Unlike other forms of abuse, where evidencing the abuse was often more straightforward, providing evidence of neglect was hard. It often depended on professionals telling parents at an early stage that their behaviour was unacceptable, and measuring neglect by how far their behaviour improved. This meant that, if professionals did not warn parents early on, it was hard to prove a criminal offence.

In terms of how best practice might be shared across the country, the team thought that there was a role for Ofsted, that ADCS was good at sharing good practice, and that C4EO played a similar role. Perhaps in the future there would also be a role for the College of Social Work.

Annex 5: Visit to Doncaster County Council children's services, March 2012

Overview of Doncaster children's services

Most staff had been at Doncaster for two to three years. They had inherited a 'broken' system: the whole system which supported children and young people had broken down, including the education, safeguarding and care systems. Doncaster had been placed under an Improvement Notice, with an improvement plan drawn up. The current team's approach had been to analyse what had gone wrong, to build strong partnerships and to benchmark across national standards. Doncaster expected to exit intervention later in the year, with an Ofsted inspection due in October.

Reasons behind the systemic failure had been poor professional leadership at all levels over a number of years. For instance, the duty and assessment service had gone through 18 managers in 24 months. A corporate governance inspection of Doncaster had found the whole Council wanting. Now the Council had developed a strong scrutiny function, carrying out in-depth analysis in concert with children's services. The team considered that strong local authority overview and scrutiny functions could help prevent the kinds of systemic failures seen in Doncaster. High staff turnover was a good early warning sign of a children's social care service on a downward trajectory, as was a lack of political engagement.

Previous failings had left a legacy of a lack of trust and communication between professionals and agencies, and a lack of faith by families and the public in children's services. Rebuilding this trust would take time. Relationships between children's social care and the police and with health had deteriorated to nothing. One difficulty was that older children were now coming to the attention of children's services who had been failed by the system earlier in their lives. There were a high number of children who had been on child protection plans for a long time. Child protection in Doncaster was estimated to be around ten to fifteen years behind other authorities.

There were no quick fixes, and a deep-rooted, systemic revision had been required. Initially three interim experts had been brought in, who each had experience in a part of the system (for instance, how to run an assessment team). New leadership and senior management had been appointed, who had invested in people and the services. Partners reported that the change in leadership itself had made a huge difference to multi-agency engagement, but that management's honesty in communication and willingness to consider suggestions had also helped.

Getting the right staff was vital to transforming the service, but was challenging. It was hard to attract staff to Doncaster. However, it was felt that the right head of service, team managers and front-line staff were now in place, and they were all very enthusiastic and evidently committed and hard-working.

Every quarter an independent safeguarding group conducted case-file audits of between 12 and 40 cases.

There had been a 70% increase in the number of child protection plans in the previous seven months, and a continuing increase in referrals from family and friends. These reflected, but surpassed, a national trend. The team interpreted the increase as indicating greater confidence in the system from the public.

The CMARAS structure

The current structure was an integrated family support service. In time, the intention was to move to a multi-agency team. A 'CMARAS' system had been set up, under which the entire police public protection team was co-located with children's social care. The benefits of co-locating an entire police team, rather than a single professional embedded in another agency, were considerable. Police and social workers underwent formal joint training. There had been some logistical difficulties with co-locating police, mainly relating to the police requiring a secure access part of the building to protect access to their databases, but work-arounds had been found. CMARAS received 1,300 to 1,400 contacts each month, around 50 per day. The police alone dealt with 500 domestic violence reports each month. The vast majority of CMARAS contacts were between 9am and 5pm Monday to Friday. The out of hours service took contacts and conducted emergency work; it dealt with around 20 to 25 contacts each month, the majority from professionals. The number of referrals from NSPCC adult helpline or Child Line was unknown, but estimated to be under 3 a month. One action point from Doncaster's recent Ofsted inspection had been to improve feedback to referrers on what action was taken, and this was in the service's action plan.

Thresholds

If a case did not meet the thresholds for statutory intervention, CMARAS would signpost to other relevant services or interventions. If a referrer disagreed with the assessment that a case did not meet the thresholds for children's social care that person could escalate the case through the local safeguarding children board; but most cases were resolved at an earlier stage.

The best ways to develop a common understanding of thresholds across agencies were co-location, multi agency training and multi-agency casework, for instance joint interviewing with police officers and social workers.

Partners

Child and adolescent mental health services (CAMHS) had been transformed in Doncaster. Services had previously been very poor. Waiting lists had been reduced from 18 months to four weeks, 'urgent' cases from 6 to 8 weeks' wait to a same day service. Pathways for ADHD had been improved, and work was underway to make similar

improvements to autism. CAMHS was joint across several local authorities: Rotherham, Doncaster and South Humber (“RDASH”). This enabled economies of scale.

Annex 6: Meeting with young people, 17th April 2012

17th April 2012

Members held informal discussions with young people, and their support workers, from a number of organisations specialising in supporting victims of abuse and neglect, trafficking, children in care, forced marriage, homelessness and street children.

Finding and getting help

Group 1

When asked what their experiences of finding and getting help had been, several young people immediately answered ‘complicated’. Part of this complication arose from difficulties in contacting social workers, who were reported as not returning calls, and being elusive.

A lack of awareness about how to find support, and what support was available, were also noted by several young people. One said the experience was nerve-wracking and scary, partly because of feeling guilty about needing help, but also because they hadn’t realised that there was anyone out there who could help. Another also said the experience was scary, because they didn’t understand what was going to happen: processes needed to be clearly explained to young people seeking help. These issues led to the process being described as ‘stressful’ by another participant. One young person noted that it was easy to make a complaint about another person but getting help itself had no easy ‘route’.

One participant noted that lots of professionals ‘talk down’ to you, and make you feel like you’re in the wrong. The language used by social workers had been an issue for some, with several reporting “stupid big words that you don’t understand”. Other social workers had made young people feel as if “they’re doing something nice for you and you should return it”.

The need for, and use of, ‘evidence’ was cited by several young people as a major barrier to getting help. One reported that she had been refused help on the grounds of “not enough evidence”, and several said that their complaints had not been believed. A participant recalled that she had been asked to make a video diary as evidence, and was then told that she didn’t seem upset enough on screen to prove that she was being neglected. Another said that, if you didn’t have an adult supporting your application for help, it was hard to come by. One young person said it took six months to get attention for his case, which led others to agree that social workers were often unavailable. (One participant joked that social workers have a list of excuses for being late.)

One young person in the group had found getting help easy, but he explained this was because he had been picked up by the police when he was in trouble. However, the same

young person reported a good experience of social workers (he said he “couldn’t ask for better”), although recognised that there is variety. This led to discussion of variation in standards between carers and local authorities. The case was argued strongly for better ‘across-board’ rules and protocols bringing different services together.

When asked what improvements could be made to the system, that theme was developed, with arguments made for consistency across different parts of the country. Calls for a central portal which any young person could go to for help were also made. Social workers, participants argued, needed to listen more, as did schools, which could provide a valuable first port of contact.

Young people needed to be treated more seriously—like adults—when they sought help, and red tape needed to be cut around the processes involved. This would help swifter action, which was seen as important: one young person said there was far too much form-filling and talking around issues. Another, by contrast, said that targets were unhelpful because they led to people taking shortcuts and moving too fast on occasion.

False accusations were noted as a big issue which get young people with genuine problems a bad name. Quick investigations are needed, participants said, to make sure the true situation is ascertained fast.

Group 2

Participants were invited to choose from a selection of words to help describe their experiences. Some of those selected were:

Awkward: who do you ask? It’s awkward to admit you need help, whether from a parent or a social worker or anyone else.

Stress-free: this is how it should be. Social workers should help you to understand: people should not be scary. You need people in the same situation as you who can understand what young people are experiencing. Social workers don’t need to have had the same experience themselves but must be able to understand the needs of individuals.

Confusing: you keep being directed to another person within an organisation.

A new entrant to the UK said that her experience was that social workers were very supportive. They treated her fairly, helped her to learn about life in this country and checked up on her regularly. They always asked what she herself wanted.

Others said that not all social workers were good and some needed more training. A lot of young people with issues get pushed around by social workers. One had had no contact for two years. Social workers needed more training in what young people were feeling and to help them get a voice.

A non-English speaker explained that he did not have a social worker at the moment and the barrier of language made him very aware that there was no one to guide him to help. He had been assessed at a police station by social workers who found he was over 18, although he said he was 17. He was then held in detention before being moved to different boroughs. He spoke of the anxiety of waiting for a decision and not being believed caused by the age assessment procedure.

Scary: the participant who chose this word told his story of being moved from a care home because he was believed to be aged 18 to an adult hostel in another city with no financial support, no one there to talk to and surrounded by very vulnerable adults. (As an asylum-seeker at that point) his age had been assessed on the basis on his behaviour but when he was reassessed as being under 18, he was moved back into foster care. He felt that more effort needed to go into establishing age because 8 months at this adult hostel had not only affected his well-being but his mental health.

Asked if contacting a teacher was easier, the general view was that when you don't know anyone you have to go to a social worker. Not all young people are in education. One girl had talked to her teacher but the teacher did not contact a social worker or make a report.

Participants were asked what would make it easier to find help. Answers were:

- An advocate for every young person. Social services did not tell this young person anything and it was awkward to talk to teachers about private matters. Poor behaviour was often put down by professionals to children being “in care”. An advocate would be separate from the system and “on your side”.
- The Refugee Council was very helpful and supportive. They had the knowledge because they worked across different cultural backgrounds; social services lacked this experience. Another participant said that the Children's Society had helped them a lot.
- One participant felt that he had received no help from any of the authorities in the UK apart from NGOs. He had no access to information or advice.
- One young person was helped by a teacher in college. Teachers have to know about confidentiality. She overheard a teacher discussing her with “pity”. She said “I don't want to be pitied: I want them to listen and do something about it”.
- Support workers would help to point in the right direction.
- Young people also needed mentors who had the same experience as you.
- A guardian would be good, as in Scotland.

Quality of care and support

Group 1

Young people had experienced a range of care and support. One young person said she had “only had the opportunities I've had because I was in care”. High-quality care, it was

explained, made individuals feel valued and capable, and the best care overrode the worst. However, there was too much bad provision.

Some young people felt that care offered by other agencies, such as charities, was generally of higher quality. However, there was support for Youth Offending Teams. Some young people had experienced problems with social services because they were over sixteen years of age, and had therefore been ignored. Offices were often not child-friendly, and the standard of social workers and services varied hugely.

One young person said their care had been “rubbish”, and the first contact had caused them to run away. More hostels for young people would be valuable, it was suggested, so that there was somewhere for neglected or abused young people to feel safe. Eventually, it was a good hostel which changed that participant’s life. Some of the rules in hostels, for example concerning the use of mobile phones, were seen as unnecessary.

Some young people reported that advice was often of poor quality, and sometimes consisted of being told to “go home” when home was the problem. This led to further discussion of the need for a central portal (see above), known to all young people and easily accessible in the case of need. Some participants felt schools were well-placed to provide that function, but that school staff currently “didn’t know what to do” with such young people. Another felt that ChildLine could be expanded to provide this function, and should be advertised “everywhere”, because it deals with all sorts of problems well. Routes for contact were seen as vital: currently, help isn’t “well signposted”, one participant said.

Group 2

The young people used a selection of images to help explain their responses on this issue.

One participant chose a picture of locks “because you have to unlock barriers to help” (for example, establishing whether you are under 18). Everyone should be treated the same.

Another felt that “social services only think about money”: they listen but do not take notes of what to work on. For example, they had not provided money for a school uniform or for transport to solicitor’s appointments. Others agreed that social services only act when under pressure.

A second participant chose an image of climbing to symbolise their wish to go to university. Social services would not help until she had an advocate who fought for her. “Everything you just have to fight, fight and fight and it’s not fair because it’s your right”. The advocate listened and put her views first. She was always there for the young person and never pushed her own views.

There was a general view that Independent Reviewing Officers really helped. Social services always did what the reviewer said. One participant who had been living on his

own felt the reviewer was particularly important because he had no one else there to help him. In another case a key worker never replied to any report.

A third participant chose a cat in a flowerpot because people treated you as a child, making you want to shy away because “what’s the point? No one is going to take you seriously”. Asked how to make it better, there were various responses, including:

- Social workers need more training, more understanding of the situation. They need to read everything about you, talk to you and understand you.
- The best know how to relate to the client, how to listen and how to get the job done. Some will translate the conversation into what they think you said. They need a “youth-centred” approach. This was not necessarily about training.
- Social workers always look at the budget. There should be a law for local authorities to work together to provide same services for children everywhere. (Another participant pointed out that you would need to have someone to make this happen.)

A majority of participants were doubtful about a charter of children’s rights.

The point was made that social workers can say no but should be straight with young people. Social services don’t find a way to work with young people.

Having a voice

All together, the young people present were asked to stand in a line across the room, ranging from ‘1’ to ‘10’, depending on how much they considered their voice and views had been taken into account during their care experience. There were a range of responses, though focussed at the lower end of the scale. There was a general consensus that there was room for improvement in this area, although views were “sometimes” taken into consideration.

Asked why they had placed themselves where they had:

- -1: one participant explained that his calls for support had fallen on “deaf ears”, especially at school where no-one listened;
- 1: another, standing near the low end of the scale, said that social workers didn’t listen and patronised her, were hard to contact, and didn’t communicate well; and
- 3: There was room for improvement but sometimes views were taken into consideration. People needed to be more direct.
- 4: It was not perfect and never will be experience had been good.

A common complaint was that young people had to tell their stories more than ten times which made a lot of children just give up and stop talking completely. Another issue was that it was always a different person whenever you go to social services.

There was agreement that the one place you could go was NSPCC/ChildLine: no matter what the problem was, you always got help and always found the right person. In one area a local NSPCC group had been very helpful: it would be amazing if every local authority had the opportunity to meet such groups. Community groups bring children-in-care together.

MPs' closing remarks

Summing up the session, MPs made a number of comments and shared some thoughts on key issues:

- there was a general agreement that the session has been fantastic, and that the Committee should continue to engage with the front line as much as possible;
- there was unanimous respect for the young people attending the meeting;
- that young people needed to be believed when making serious complaints, and that being asked for huge rafts of evidence could muddy issues;
- that protocols needed to be common across the country, providing greater clarity for young people and support services;
- that non-statutory services played an important and valuable role;
- that there were clear issues with some social workers' ability to communicate with young people;
- that there needed to be a single 'point of contact' of central 'portal' of which all young people were aware, and which could be approached for help;
- that too many young people were sent home, which was often where problems originated;
- that professionals had too much red tape with which to contend;
- that it was the duty of all adults to listen to young people, and take them seriously.

Formal Minutes

Wednesday 31 October 2012

Members present:

Graham Stuart, in the Chair

Neil Carmichael
Alex Cunningham
Pat Glass
Siobhain McDonagh

Ian Mearns
David Ward
Craig Whittaker

Draft Report (*Children first: the child protection system in England*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 221 read and agreed to.

Annexes 1 to 6 agreed to.

Summary agreed to.

Resolved, That the Report be the Fourth Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Written evidence was ordered to be reported to the House for printing with the Report, together with written evidence reported and ordered to be published on 2 November 2011 in the last session of Parliament, and 22 May.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Tuesday 6 November at 9.15am]

Witnesses

Wednesday 19 October 2011

Page

Jim Gamble, former Head of the Child Exploitation and Online Protection Centre (CEOP), and **John Goldup**, National Director, Development and Strategy, Ofsted.

Ev 1

Professor Harriet Ward, Professor of Child and Family Research and Director, Centre for Child and Family Research, University of Loughborough, **Professor Nina Biehal**, Research Director, Children and Young People's Social Work Team, University of York, and **Dr Marion Brandon**, Senior Lecturer in Social Work and Director of Post-Qualifying Programmes, University of East Anglia.

Ev 11

Wednesday 2 November 2011

Theresa Lane, Headteacher, Rachel McMillan Nursery School and Children's Centre, Deptford, **Dr Richard Quirk**, Named GP Safeguarding Children, NHS West Sussex, NHS East Sussex Downs and Weald, and NHS Hastings and Rother, and **Emma Grove**, Assistant Head, George Green's School, Tower Hamlets.

Ev 21

Sue Minto, Head of ChildLine, **John Cameron**, Head of NSPCC Adult Helpline and **Joe Ferns**, Director of Research, Development and Operations, The Samaritans.

Ev 32

Wednesday 30 November 2011

Joanna Sharpen, Children and Young People's Co-ordinator, Against Violence and Abuse (AVA), **Prospera Tedam**, Chair, Africans Unite Against Child Abuse (AFRUCA), **Kathy Rowe**, Chair, Karma Nirvana, and **Colin Walker**, Deputy Director, End Child Prostitution, Child Pornography and Trafficking Children for Sexual Purposes (ECPAT UK).

Ev 40

Judith Dennis, Policy Manager, Refugee Council, **Andy McCullough**, Head of Policy and Public Affairs, Railway Children, **Christine Lenehan**, Director, Council for Disabled Children, and **Mark Johnson**, Founder, User Voice.

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Tuesday 13 December 2011

Martin Narey, Government Adviser on Adoption, and **John Hemming MP**, Founder and Chairman, Justice for Families

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Wednesday 11 January 2012

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Phillip Noyes, Director of Strategy and Development, NSPCC, **Kate Wallace**, Deputy Director Policy and Research, Barnardo's, and **Enver Solomon**, Policy Director, The Children's Society.

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Wednesday 7 March 2012

Jennie Stephens, Strategic Director People, Devon County Council, **Rory McCallum**, Head, Child and Adult Protection, Devon County Council, **Nigel Richardson**, Director of Children's Services, and **Steve Walker**, Deputy Director, Safeguarding, Specialist and Targeted Services, Leeds City Council

Ev 92

Sue Woolmore, Independent Chair, Wigan Safeguarding Children Board, and Chair, Independent LSCB Chairs' Network, and **Jane Held**, Independent Chair, Leeds and Birmingham Safeguarding Children Board.

Ev 105

Wednesday 16 May 2012

Peter Davies, Chief Executive, Child Exploitation and Online Protection Centre.

Ev 113

Dr Shade Alu, Royal College of Paediatrics and Child Health, and **Dame Moira Gibb CBE**, Chair Social work Reform Board.

Ev 122

Tuesday 22 May 2012

Professor Eileen Munro, Professor of Social Policy, London School of Economics.

Ev 132

District Judge Nicholas Crichton, Family Drug and Alcohol Court, and **Anthony Douglas**, Chief Executive, Children and Families Courts Advisory and Support Service (CAFCASS).

Ev 139

Monday 11 June 2012

Tim Loughton MP, Parliamentary Under-Secretary of State for Children

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2	Karma Nirvana	Ev 168
3	ECPAT UK (End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes)	Ev 170
4	Office for Standards in Education, Children's Services and Skills (Ofsted)	Ev 174, Ev 213
5	Loughborough University	Ev 178
6	Barnardo's	Ev 179
7	Refugee Children's Consortium	Ev 184, Ev 232
8	Against Violence and Abuse (AVA)	Ev 189, Ev 214
9	Royal College of Paediatrics and Child Health (RCPCH)	Ev 191, Ev 222
10	Royal College of Paediatrics and Child Health (RCPCH) and National Society for the Prevention of Cruelty of Children (NSPCC)	Ev 194
11	National Society for the Prevention of Cruelty to Children (NSPCC)	Ev 197, Ev 217
12	Professor Nina Biehal, Social Policy Research Unit, University of York	Ev 204
13	Railway Children	Ev 205
14	Leeds City Council	Ev 208
15	Devon County Council	Ev 210
16	Child Exploitation and Online Protection (CEOP)	Ev 227
17	Children's Society	Ev 229

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1	Jim Phillips	Ev w1
2	Nigel King	Ev w1
3	Children and Families Across Borders (CFAB)	Ev w3, Ev w262
4	Department for Education	Ev w5
5	Dr Richard Quirk, Lead GP, NHS West and East Sussex	Ev w6
6	Professor Susan White (University of Birmingham); Professor David Wastell (University of Nottingham); Dr Geoff Debelle (Birmingham Children's Hospital); Dr Suzanne Smith (Pennine Acute Hospitals Trust); and Dr Chris Hall (University of Durham)	Ev w8
7	Medical Protection Society (MPS)	Ev w12
8	Ian Joseph	Ev w13
9	Children are Unbeatable!	Ev w17
10	Vanguard Consulting	Ev w21
11	28 Too Many	Ev w25
12	Royal Borough of Kensington and Chelsea	Ev w25
13	Florence Bellone	Ev w30, Ev w257
14	Child Welfare and Research Unit, Lancaster University	Ev w33
15	Family Rights Group	Ev w36

16	Dr Roger Morgan OBE, Children's Rights Director for England	Ev w46
17	Dr Liz Davies, Reader in Child Protection, London Metropolitan University	Ev w50
18	Centre for Family Policy and Child Welfare, London Metropolitan University	Ev w54
19	Children England	Ev w60
20	The Consortium of Expert Witnesses to the Family Courts	Ev w63
21	The Association of Child Psychotherapists	Ev w64
22	British Association of Social Workers (BASW)	Ev w66
23	General Medical Council (GMC)	Ev w70
24	Parents Against Injustice (PAIN)	Ev w74, Ev w251
25	Association for Improvements in Maternity Services (AIMS)	Ev w75, Ev w185
26	Magistrates' Association	Ev w83
27	Coram Children's Legal Centre	Ev w86
28	Social Care Institute for Excellence (SCIE)	Ev w88
29	Iranian and Kurdish Women's Rights Organisations (IKWRO)	Ev w91
30	Centre for Child and Family Research, Equality Now	Ev w95
31	Local Government Group	Ev w98
32	Professor June Thoburn, University of East Anglia	Ev w101
33	BT	Ev w116
34	South Essex Rape and Incest Crisis Centre (SERICC)	Ev w117
35	Beatbullying	Ev w119
36	Association of Directors of Children's Services (ADCS)	Ev w120
37	ACPO lead for Children Protection and Abuse Investigation	Ev w124
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42	False Allegations Support Organisation	Ev w143
43	Law Society	Ev w145
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45	Office of the Children's Commissioner	Ev w150
46	Serious Organised Crime Agency	Ev w154
47	Jane Ellison MP	Ev w156
48	Foundation for Women's Health Research and Development (FORWARD)	Ev w157
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51	The Children's Society	Ev w167
52	Designated Professionals Network	Ev w170
53	End Violence Against Women	Ev w174
54	The Princess Royal Trust for Carers	Ev w178
55	Shaun O'Connell	Ev w181
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59	ADCS	Ev w199
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61	National Children's Bureau (NCB)	Ev w203
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63	Jan Loxley-Bolount	Ev w224
64	Dianne Harper and Paul Staniforth	Ev w227
65	Alastair Patterson	Ev w229
66	Jude Murray	Ev w235
67	Kathy Rowe and Joyce Plotnikoff (Director, Lexicon Limited)	Ev w235
68	Julie Haines, Justice for Families	Ev w238
69	Peter Bentley	Ev w247
70	Janine Halmshaw	Ev w249
71	Jerry Lonsdale	Ev w253
72	Mrs Jan Murray and Mrs Karen Wynne	Ev w255
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74	Professor Judith Masson, School of Law, University of Bristol	Ev w260
75	Action for Children	Ev w265

List of Reports from the Committee during the current Parliament

The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

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First Special Report	Young people not in education, employment or training: Government Response to the Children, Schools and Families Committee's Eighth Report of Session 2009-10	HC 416
Second Special Report	The Early Years Single Funding Formula: Government Response to the Seventh Report from the Children, Schools and Families Committee, Session 2009-10	HC 524
Third Special Report	Transforming Education Outside the Classroom: Responses from the Government and Ofsted to the Sixth Report of the Children, Schools and Families Committee, Session 2009-10	HC 525
Fourth Special Report	Sure Start Children's Centres: Government Response to the Fifth Report from the Children, Schools and Families Committee, Session 2009-10	HC 768
First Report	Behaviour and Discipline in Schools	HC 516-I and -II (HC 1316)
Second Report	The role and performance of Ofsted	HC 570-I and II (HC 1317)
Fifth Special Report	Looked-after Children: Further Government Response to the Third Report from the Children, Schools and Families Committee, Session 2008-9	HC 924
Third Report	Services for young people	HC 744-I and -II (HC 1501)
Fourth Report	Participation by 16-19 year olds in education and training	HC 850-I and -II (HC 1572)
Fifth Report	The English Baccalaureate	HC 851 (HC 1577)
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Seventh Report	Appointment of HM Chief Inspector, Ofsted	HC 1607-I
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