

**CHILD PROTECTION IN ENGLAND –  
EARLY INTERVENTION**

**Mary Welstead**

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# CHILD PROTECTION IN ENGLAND EARLY INTERVENTION

## I. INTRODUCTION

In its first two years in office, the Coalition Government has shown itself to be concerned about, and seriously committed to improving the life of, children. It is not insignificant that several members of the Cabinet have young children and are personally aware of the importance of early intervention in children's lives. As a consequence, the Government decided to commission four major reports relating to child protection;<sup>1</sup> the importance of early intervention has been a key feature of all of them. Although the Government responded positively to all four reports, it gave high priority to the Munro Review and has agreed to adopt in full all of the recommendations proposed in that Review.<sup>2</sup>

Thus, the message being proclaimed in England as evidenced by these reports is very clear; early intervention does matter to children, their families, and society as a whole to ensure social stability.

## II. THE STARTING POINT FOR CHANGE-THE DEATHS OF TWO CHILDREN

### *i. Victoria Climbié*

In 2000, Victoria Climbié, an eight-year-old girl from the Ivory Coast was brutally killed in London, after several years of severe physical and emotional abuse, by her great aunt

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<sup>1</sup> The four reviews are: The Munro Review which is in three parts:

<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00548-2010>;

[https://www.education.gov.uk/publications/eOrderingDownload/Munro\\_Interim-report.pdf](https://www.education.gov.uk/publications/eOrderingDownload/Munro_Interim-report.pdf);

[http://www.education.gov.uk/munroreview/downloads/8875\\_DfE\\_Munro\\_Report\\_TAGGED.pdf](http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf);

Early Intervention: The Next Steps, Graham Allen MP (2011)

<http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf>;

The Foundation Years: preventing poor children becoming poor adults, Frank Field MP (2010)

<http://webarchive.nationalarchives.gov.uk/20110120090128/http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf>;

The Early Years: Foundations for life, health and learning, Dame Clare Tickell (2010)

<http://media.education.gov.uk/MediaFiles/B/1/5/{B15EFF0D-A4DF-4294-93A1-1E1B88C13F68}Tickell%20review.pdf>

<sup>2</sup> A child-centred system - The Government's response to the Munro Review of child protection (2011),

<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00064-2011>

and the latter's boyfriend. The couple had tied her up for days at a time, burnt her with cigarettes and beaten her with bicycle chains, hammers and wire.

Following Victoria's death, a public enquiry, headed by Lord Laming,<sup>3</sup> was held. He discovered that before she died, the police, the social services department of four local authorities, the health service, the National Society for the Prevention of Cruelty to Children (NSPCC), and several local churches, were all aware of signs of Victoria's abuse but all of them had failed to act. Lord Laming's Report is a tragic story of failure on the part of the system and all those responsible for her protection.<sup>4</sup> His Report was, however, criticised for focusing too much on the specific case of Victoria Climbié and not on the issue of child protection in general.

As a consequence of the Laming Report, major changes in child protection policies were introduced: the Every Child Matters Initiative;<sup>5</sup> the Children Act 2004; the Children Act 2006; Contact Point, a Government database designed to hold information on all children in England, and the appointment of a Children's Commissioner.

## **ii. Baby P**

Seven years after the death of Victoria Climbié, a seventeen-month-old boy, known as Baby P, died at the hands of his mother and her partner. He was found to have a number of very severe injuries. Baby P had been on the Local Authority at-risk register and had received 60 visits from social workers, police and health professionals over a period of eight months immediately prior to his death (see **Appendix I**). He had lived in the same local authority area as Victoria Climbié.

Once again, his death was followed by an enquiry headed by Lord Laming. He reported that

*'Professional practice and judgment, as said by many who contributed evidence to this report, are being compromised by an over-complicated, lengthy and tick-box assessment and recording system. The direct interaction and engagement with children and their families, which is at the core of social work, is said to be at risk as the needs of a work management tool overtake those of evidence-based assessment, sound analysis and professional judgment about risk of harm.'*<sup>6</sup>

The head of the Local Authority's children's services responsible for Baby P was dismissed and, subsequently, brought successful legal proceedings for procedurally unfair dismissal. After the court hearing she made the following public statement:

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<sup>3</sup> Lord Laming was the chief inspector of social services and a former social worker

<sup>4</sup>[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008654](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008654)

<sup>5</sup><http://www.education.gov.uk/consultations/downloadableDocs/EveryChildMatters.pdf>

<sup>6</sup>[http://www.crsp.ac.uk/downloads/publications/safeguarding/lord\\_laming\\_review.pdf](http://www.crsp.ac.uk/downloads/publications/safeguarding/lord_laming_review.pdf)

*'This is much more complex than saying "You are responsible. Let's sack you and the whole psyche of the nation can be at peace". You cannot stop the death of children. Across the country there are 39,000 children on child protection registers today. As a director of children's services I cannot control what the police do, I cannot control what health does. I cannot control the fact that when a social worker rings to get an appointment at a hospital she cannot get it for four months, I cannot control the fact when a social worker is referring a child for abuse that she rings up and finds that a case has not been allocated to a police officer for four months... I am not in the blame game. I don't do blame.'*<sup>7</sup>

Public outrage, fuelled by the popular press, demanded retribution and further Government action to ensure that there would be no repeat of such a violent death as that experienced by Baby P. The Government preferred to take a more measured approach to the reform of child protection rather than react instantly to a comparatively rare, albeit horrific, event.<sup>8</sup>

### ***iii. The Government's Response to the Deaths***

The Right Honourable Michael Gove MP<sup>9</sup> (Secretary of State for Education, whose Department has responsibility for children) reached the conclusion that much of the previous legislation, procedures and processes, put into place to protect children had failed. They had had the unfortunate effect of creating an over bureaucratized system which was more concerned with compliance on rules than with the consideration of children's needs. Major changes were urgently required and not just to protect children like Victoria Climbié and Baby P but to improve the lives of all children. However, the changes needed to be well thought out - hence the four reports.

## **III. THE ORGANISATION OF CHILD PROTECTION IN ENGLAND**

Child protection in England is the responsibility of the Government Department for Children, Schools and Families (DCSF). It issues both statutory and non-statutory guidance to local authorities, which have responsibility (*inter alia*) for providing and coordinating services for children in the local community (see **Appendix II**).

This guidance is currently in a state of flux as significant changes are being made in response to the four reports and particularly to the Munro Review of Child Protection.

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<sup>7</sup> The Independent (UK), May 28 2011

<sup>8</sup> On average, every week in England and Wales at least one child is killed at the hands of another person. Children under one are the age group most at-risk of being killed at the hands of another person, [www.nspcc.org.uk/news-and-views/media-centre/key-information-for-journalists/facts-and-figures/Facts-and-figures\\_wda73664.html](http://www.nspcc.org.uk/news-and-views/media-centre/key-information-for-journalists/facts-and-figures/Facts-and-figures_wda73664.html)

<sup>9</sup> Michael Gove is a Minister in the Right Honourable David Cameron's Coalition Government and is personally as well as professionally interested in the needs of children. He was very happily adopted at the age of 4 months and now has 2 young children of his own. He is committed to make life better for all children

## **IV. THE FOUR REPORTS**

### **A. The Munro Review of Child Protection (2011)**

The Munro Review is, arguably, the most important of all the four reviews on child protection. It is in three parts,<sup>10</sup> and makes comprehensive recommendations for the reform of child protection in England. The recommendations are based on meetings with professionals from all sectors of the child protection system and with 250 children and young people and parents, who had experienced the system. Professor Munro<sup>11</sup> and her team were significantly influenced by the latter's experiences. The main thrust of the Review is that children will be better protected by more interaction with professionals, and less form filling and box ticking, to assess what will help them.

In this brief review of early intervention in England, I am limiting myself to a very small part of the Munro Review which is of relevance to this topic. However, before doing so, it is necessary to look briefly at the two major principles which underpin Munro's view of child protection.

#### ***i. A Child Centred System***

The Munro Review places children at the centre of any reform of child protection.<sup>12</sup> Professor Munro maintains most forcefully that children should not be treated as objects and moved around from placement to placement and from professional to professional with no real understanding of what is happening. This principle would seem to be self-evident, yet all too often children have been made to take a second place to bureaucracy, convenience, and simplistic solutions. The implication is that all children will be safe if only the rules are followed; of course, this is not the case.

##### ***a.) professional continuity***

The message from children who were interviewed by Munro and her team was clear; in any intervention by professionals in their lives, they want continuity in their relationship with that professional. One young child had been rescued from abuse but had had to deal with 40 different people in her first 6 months in care.

##### ***b.) listen to the children***

Children told the Munro team that they want to be able to talk openly about personal and painful problems, away from parents or carers, with a professional whom they have come to trust. They want professionals to explain to them what is happening and not, as one child complained, 10 minutes before an important meeting to decide her future.

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<sup>10</sup> See fn 1

<sup>11</sup> Professor Eileen Munro is Professor of Social Policy at the London School of Economics. Professor Munro qualified, and practised as a social worker for several years, before going on to gain a wide range of research experience in child protection and mental health.

<sup>12</sup> [https://www.education.gov.uk/publications/eOrderingDownload/Munro\\_Interim-report.pdf](https://www.education.gov.uk/publications/eOrderingDownload/Munro_Interim-report.pdf)

Munro recommended that in any intervention into children's lives, wherever possible and depending on their age and understanding, children's views should be taken into account. Children who have been badly treated often feel powerless and vulnerable; intervention without allowing them to voice their needs can exacerbate those feelings. Older children can speak for themselves; younger children need empathetic professionals who are able to interpret their needs for them.

*c.) learn how to listen*

Many professionals, Munro found, felt ill-equipped to talk with children. They lacked the necessary skills of listening, conveying genuine interest, empathetic concern, understanding, emotional warmth, respect for the child, and the capacity to reflect the child's emotions back to him or her and help them manage them,<sup>13</sup> not an easy task for a social worker with a work overload. Professionals should be trained to acquire these skills.

*ii. A Systems Approach*

Professor Munro, a keen supporter of systems theory,<sup>14</sup> proposed that it should be used to understand the failure of past attempts to reform child protection and to improve child protection in the future. This approach has been used in the aviation, oil and nuclear industries where the risk of human error can have disastrous consequences. Systems theory applied to those industries has shown that human error can be significantly reduced if one looks at the effect organisational factors have on an individual's performance in the workplace.<sup>15</sup>

*a.) holism*

Systems theory views problems in a holistic way. Unlike atomistic approaches, which split problems into parts and look at each one in isolation (see **Appendix III**), a systems approach asks the question '*are we doing the right thing?*' not '*are we doing the thing right?*' (see **Appendix IV**)

Holism acknowledges that risk and uncertainty will always be part of child protection; it can never be completely avoided. It requires professionals to think in a radically different, and adaptive, manner. According to Munro, they must take an evaluative approach to assess all the factors which influence what they do and which affect the outcome for children. The question must be constantly asked 'what is the right thing for children?' There will be circumstances where rules should govern conduct and ones where it will be

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<sup>13</sup> See e.g Jones DBH, *Communications with Vulnerable Children. A Guide for Practitioners* (London, Gaskell (2003))

<sup>14</sup> The Munro Review of Child Protection Part One: A Systems Analysis; Munro E, Hubbard A, *A Systems Approach to Evaluating Organisational Change in Children's Social Care*, (2011) *British Journal of Social Work* 41, 726-743; Munro E, *Learning to Reduce Risk in Child protection* (2010) *British Journal of Social Work* 40, 1135-1151

<sup>15</sup> In the case of the aviation industry, accidents have been reduced from 80 per million commercial departures in 1959 to 1.1 in 2000.



appropriate to break rules in order to protect a child. Those responsible for managing child protection work must decide what aspects of child protection work should be governed by rules and what aspects are better served by the autonomous judgements of those on the ground as they respond to the problems facing them. Professionals will gain feedback from their practices which will suggest that modifications, sometimes counter-intuitive ones, should be made to them in the future. These modifications will not remain fixed in time but will continue to be evaluated via ongoing feedback.

***b.) Multi-Disciplinary teams***

Central to the systems approach is the creation of multi-disciplinary teams of, *inter alia*, social workers, clinical therapists, health workers, and administrators. Munro recommends that there should be considerable team autonomy, and shared responsibility, in dealing with individual cases. Team members must have the ability to critically reflect on appropriate ways forward. Interaction with children will be an essential part of their work.

***c.) Training for change***

Munro recognises that change will not be easy for the professionals involved in child protection and that training will be essential. However, because the systems approach involves all participants in decision making, it may help them to feel motivated to do things in a different way.

***iii. Early Help – The Improvement of Life Chances and the Prevention of Abuse***

Munro stresses the case for early help, both in the sense of offering help early on in a child's life before any problems are apparent, and in providing help at an early stage of a problem.<sup>16</sup> Early help should not be aimed just at preventing abuse or neglect but at improving the life chances of children generally.

It is well established that children should receive help before they have any, or only minor, adverse experiences. Young babies, in particular, need caring adults who respond with consistency and warmth if they are to thrive and develop emotional bonds. Munro cites Allen who has explained that,

*'This secure attachment with those close to them leads to the development of empathy, trust and wellbeing. In contrast, an impoverished, neglectful or abusive environment often results in a child who doesn't develop empathy, learn how to regulate their emotions or develop social skills, and this can lead to an increased risk of mental health problems, relationship difficulties, anti-social behaviour and aggression ... some forms of insecure attachment are associated with significantly elevated levels of perpetrating domestic violence, higher levels of alcohol and substance misuse ...'*<sup>17</sup>

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<sup>16</sup>[http://www.education.gov.uk/munroreview/downloads/8875\\_DfE\\_Munro\\_Report\\_TAG\\_GED.pdf](http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAG_GED.pdf) (Chapter 5)

<sup>17</sup><http://media.education.gov.uk/assets/files/%20pdf/g/graham%20allens%20review%20of%20early%20intervention.pdf> (p.12); see also, *inter alia*, Macmillan, H. et al. (2009), 'Interventions to prevent child maltreatment and associated impairment', *The Lancet*, Vol

Munro also cites a recent paper, published by the Royal Society, which highlights that there are changes in the brain taking place throughout life, but the number decreases with age. The worst and deepest brain damage occurs before birth and in the first 18 months of life when the emotional circuits are forming.<sup>18</sup>

In addition Munro puts the argument that early help is cost-effective when compared with expenditure if serious problems develop later.<sup>19</sup>

#### ***iv. Current Policies***

Munro acknowledges that the Government has already recognised the importance of early help in improving outcomes for children by building on programmes instituted by the previous Government as well as putting new ones in place. These include:

- ***The National Service Framework for Children, Young People and Maternity Services*** which provides guidelines to promote the health and well-being of children, and mothers and to ensure the provision of high quality services to meet their needs;<sup>20</sup>
- ***The Family Nurse Partnership*** which has been in place since April 2007. It helps young first time mothers through a programme of intensive home visiting from early pregnancy until the child is two.
- ***The Every Child Matters: Change for Children Programme*** which is premised on early intervention;
- ***The Early Intervention Grant (EIG)*** of £2,222 million (2011–12) and £2,307 million (2012–13) is being allocated to local authorities in England to fund programmes and activities for children and families as well as specialist services where intensive support is needed;

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373, pp250–266; National Research Council (2000), *From Neurons to Neighbourhoods: The Science of Early Childhood Development*, Washington D.C., <http://www.nap.edu/openbook.php?isbn=0309069882>

<sup>18</sup>The Royal Society, (2011), *Brain Waves Module 2: Neuroscience implications for education and lifelong learning*, <http://royalsociety.org/policy/projects/brain-waves/education-lifelong-learning/>

<sup>19</sup>Field F, *The Foundation Years: preventing poor children from becoming poor adults* (2010), <http://webarchive.nationalarchives.gov.uk/20110120090128/http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf>

<sup>20</sup> Department of Health and Department for Education and Skills (2004), *National Service Framework for Children, Young People and Maternity Services*, London, Department of Health, [http://www.dh.gov.uk/en/%20Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4089101](http://www.dh.gov.uk/en/%20Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089101)

- ***The Social Mobility Strategy, Opening Doors, Breaking Barriers*** aims for everyone to have a fair opportunity to fulfil his or her potential, regardless of the circumstances of their birth;<sup>21</sup>
- ***The Child Poverty Strategy*** aims to tackle the causes of disadvantage by breaking the vicious cycle of deprivation and a new Social Mobility and Child Poverty Commission has been established;<sup>22</sup>
- ***The Sure Start Children's Centre programme*** (see Appendix V) and the Health Visitor Programme. (The Government has committed to increase the number of health visitors by 50 per cent by 2015). Munro found that these centres have been regarded as a success story.<sup>23</sup> They are currently open to all families and not just ones labelled problematic, therefore, there is no stigma attached to visiting one. The centres aim to know their communities well and provide specific services for parents and children in a multiplicity of ways. They also act as hubs for multi-agency teams. Recent recommendations have been made to change the emphasis of the centres and limit help to more vulnerable families;<sup>24</sup>
- ***The Families with Multiple Problems Programme*** was developed to coordinate help for those families whose problems require a range of different forms of support. Evidence has shown that without coordination, these children and families can be targeted by up to 20 different professionals which is disruptive to the family and not cost effective. Coordinated family interventions can lead to a 30–50 per cent reduction in problems associated with family functioning, crime, health and education, within 12 months;<sup>25</sup>
- ***Charitable organisations*** have been encouraged to provide support for parents of young children. Home Start UK and Community Service Volunteers (CSV), are both involved in early intervention programmes. They use volunteers to help families where more formal intervention is unnecessary.<sup>26</sup> Volunteers are formally supervised by professionals on a regular basis.

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<sup>21</sup> HM Government (2011), *Opening Doors, Breaking Barriers: A Strategy for Social Mobility*,

[http://www.dpm.cabinetoffice.gov.uk/sites/default/files\\_dpm/resources/opening-doors-breaking-barriers.pdf](http://www.dpm.cabinetoffice.gov.uk/sites/default/files_dpm/resources/opening-doors-breaking-barriers.pdf)

<sup>22</sup> HM Government (2011), *A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives*,

<https://www.education.gov.uk/publications/eOrderingDownload/CM-8061.pdf>

<sup>23</sup> Department for Children, Schools and Families (2008), *The Sure Start Journey: A Summary of Evidence Sharing responsibility for the provision of early help*,

<https://www.education.gov.uk/publications/standard/Surestart/Page1/DCSF-00220-2008>

<sup>24</sup> <http://www.publications.parliament.uk/pa/cm201011/cmselect/cmeduc/768/76804.htm>

<sup>25</sup> Department for Education (2010), *Monitoring and evaluation of Family Intervention Projects to March 2010*, [www.education.gov.uk/rsgateway/DB/STR/d000956/index.shtml](http://www.education.gov.uk/rsgateway/DB/STR/d000956/index.shtml)

<sup>26</sup> Tunstill, J. (2007), *Volunteers in Child Protection: A study and evaluation of CSV's pilot projects in Sunderland and Bromley – Executive Summary*, Community Service Volunteers, [www.csv.org.uk/sites/default/files/ViCP%20Research%20-%20Executive%20Summary.pdf](http://www.csv.org.uk/sites/default/files/ViCP%20Research%20-%20Executive%20Summary.pdf)

## ***v. Identifying Those in Need of Early Intervention***

### ***a.) problems of identification***

Munro is very aware that making decisions about the future of children who are, or may be, suffering harm is often complex. Abuse and neglect rarely present in an unequivocal way, and no one wishes to accuse parents of damaging their children and put them through a stressful assessment unnecessarily. A systems approach may help professionals to make these difficult decisions.

Munro gives the example of a social worker who found that one of three children was never present when a home visit took place; the child was said to be visiting the grandmother. A judicious judgement to intervene, revealed that the child was locked in a bedroom and starving.

### ***b.) Consequences of errors***

If a wrong identification is made, the consequences can be dire.<sup>27</sup> Munro found that in 2009-2010, out of 603,700 referrals to children's social care services, only 39,100 were subjected to a child protection plan. Referrals tend to increase when there has been a major child death story in the media. An increase in unwarranted referrals can reduce the ability of children's social care to provide effective protection to those children who are suffering, or likely to suffer, harm or offer help to those who do not need a protection plan but, rather, some other form of help.

### ***c.) parental cooperation or coercion***

Munro recommended that where a problem has been identified, strenuous efforts should be made to gain a parent's cooperation wherever possible and appropriate. Parents who voluntarily engage with support services tend to make more progress. Serious concerns, of course, may make it necessary to take a more coercive approach. When to do so is the dilemma professionals face.

### ***d.) important agencies for the identification of children in need***

- ***schools***

Schools are particularly well placed to identify children in need of help. Evidence to the Munro Review from Head Teachers was that they often have difficulty in accessing help for children about whom they have concerns. High local thresholds for intervention may mean that social care services are unable to provide the sort of help needed in comparatively low risk situations. A lack of feedback from some children's social care services means that teachers and Head Teachers do not learn how to select cases for referral more accurately, or learn how to access alternative services if, indeed, such services exist. Munro stresses the importance of alternative services to support the needs of vulnerable children, who are not in need of protection but who clearly need help, and recommends that these services be increased.

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<sup>27</sup> A child abuse scandal occurred in Cleveland, England in 1987, where 121 cases of suspected child sexual abuse were over-enthusiastically diagnosed by Dr Marietta Higgs and Dr Geoffrey Wyatt who were hospital paediatricians. Court hearings found that the majority of the cases were incorrectly diagnosed, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1834212/>

- *the police*

The police have a crucial role to play in the identification and support of children at risk. Patrol officers and Safer Neighbourhood policing staff,<sup>28</sup> are regularly involved in incidents of domestic abuse, substance misuse and mental health issues. This places them in a strong position to identify children living in those households who may be in need of early help or protection.

- *health services*

Doctors, health visitors and nurses are also well placed to identify problems through ante-natal and post-natal programmes, and attendance of parents and children for health checks and immunisations which are available for all families.

*e.) multi-agency teams*

Developing multi-agency teams for responding to referrals and deciding which type of help, if any, is needed is essential. Around the country a number of areas are already developing these teams. However, Munro warns that even when such teams exist and their members are experts, they cannot guarantee that the right judgements will be made. Some cases of abuse and neglect are well concealed and there is a limit to how thoroughly family life can be scrutinised.

***vi. Cooperation and Resource Sharing***

Cooperation, and a sharing of resources, between all the agencies involved with children is necessary. A lack of cooperation leads to confusion, inefficiency, ineffectiveness and parents do not receive the information they need.

***vii. Data Sharing***

Child protection requires sharing of data. Nationally prescribed recording of information and software specifications make it difficult for local authorities to respond in an innovative way to particular problems in their own area. Any sharing of data should make it clear whether a child, where maturity permits, or their parents have consented to sharing personal and sensitive information with other services.

***viii. Family drug and alcohol court***

Parental substance misuse is one of the factors in up to two-thirds of all families going through care proceedings. Munro describes the workings of a pilot Family Drug and Alcohol Court which was set up in London in 2008 to confront this problem (see **Appendix VI**). It is the first such court in England and is funded by the Government and by three local authorities. The court is based on US models and aims to help parents obtain treatment so that families can stay together. Munro cites an evaluation study which found that parents who attend the court get immediate access to treatment and benefit from assistance in dealing with their other problems such as parenting abilities, housing and domestic violence. These

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<sup>28</sup> <http://www.met.police.uk/saferneighbourhoods/>

parents were also found to control their substance abuse and to take advantage of other services offered by the court. There was a higher rate of family reunification for these parents than for parents outside the pilot study. It was felt that the court could also play a valuable role for families living together at the end of their treatment by the provision of a short-term aftercare service.<sup>29</sup> A Pre-birth assessment and intervention service, provided by a specialist team, is now being trialled by the three pilot local authorities who fund the court.

### ***ix. Budgetary Cuts***

The Munro Review expressed concern at the evidence of budgetary cuts to early support and prevention services because of the current financial situation. Since preventative services do more to reduce abuse and neglect than reactive services, the Review regards financial support of coordinating services, through community budgets, as essential.

## **B. Early Intervention: The Next Steps – An Independent Report to Her Majesty’s Government, Graham Allen MP (2011)**

In January 2011, Graham Allen MP presented a cross-party report to the Government on Early Intervention (Allen capitalises the expression deliberately to denote its specialised meaning in his report as help for young children, and help to enable older children to become good parents).<sup>30</sup> Allen had grown up in, and become MP for, one of the most deprived constituencies in England, and was affected by witnessing the waste of so many children’s lives which could have been prevented by investment in early intervention.

### ***i. Benefits of Early Intervention***

The Report is lengthy, some 155 pages, and much of it is based on other researchers’ evidence relating to the social and economic benefits of early intervention. Allen stresses that Early Intervention

*‘... has impacts way beyond the individual and family concerned: every taxpayer pays the cost of low educational achievement, poor work aspirations, drink and drug misuse, teenage pregnancy, criminality and unfulfilled lifetimes on benefits. But it is not just about money – important as this is, especially now – it is about social disruption, fractured lives, broken families and sheer human waste’.*<sup>31</sup>

He views Early Intervention as low in cost, high in results, and with long-term beneficial effects on children. The social and emotional foundation it provides helps to keep them happy, healthy, and achieving throughout their lives. It breaks the cycle of broken families and social disruption by equipping children to raise their own families. It also reduces public spending in the long-term. Yet, he found that the provision of Early

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<sup>29</sup> [www.nuffieldfoundation.org/evaluation-pilot-family-drug-and-alcohol-court](http://www.nuffieldfoundation.org/evaluation-pilot-family-drug-and-alcohol-court)

<sup>30</sup> Allen’s second report (July 2011), Early Intervention: Smart Investment, Massive Savings, discusses the financial implications of Early Intervention, [http://grahmallenmp.files.wordpress.com/2011/01/406540\\_earlyintervention\\_acc.pdf](http://grahmallenmp.files.wordpress.com/2011/01/406540_earlyintervention_acc.pdf)

<sup>31</sup> Ibid at ix

Intervention programmes to be patchy and, too often, overwhelmed by institutional and financial obstacles. There tended to be a bias in favour of late intervention when social problems were already well entrenched, even though these policies are known to be expensive and of limited success.

## **ii. *The Recommendations***

- Adoption of the concept of the foundation years of 0-5 (including pregnancy), and give it the same status as primary or secondary education;
- View education as a continuous cycle which prepares children to be the parents of the next generation;
- Improve the capabilities of those working with 0-5 year olds;
- Set up a National Parenting Campaign and provide parents with the information and support they need to help their children;
- Ensure that children are genuinely ready for school;
- Increase general awareness of the importance of Early Intervention and develop an Early Intervention culture;
- Place Early Intervention at the centre of all child related issues;
- Improve the effectiveness of staff such as teachers, social workers, nurses and doctors, and of existing policies and infrastructure;
- Provide data and measurement tools necessary to help identify those in need and to track progress;
- Create the right financial freedoms for local areas to pool budgets and work across agencies to tackle shared problems and share data relating to Early Intervention;<sup>32</sup>
- Evaluate the cost effectiveness of Early Intervention programmes;<sup>33</sup>
- Local decision making about content of Early Learning Programmes;
- An Early Intervention Foundation, independent of the Government, to be set up and funded by private investment to encourage the spread of Early Intervention programmes and assess them. The Foundation would also be responsible for private fundraising for investment in Early Intervention.

## **iii. *Pilot Study: Croydon Total Place***

Allen describes the pilot study in which Croydon Council and NHS Croydon undertook a review into a child's journey from conception to age 7, both from their perspective as service providers and from that of the client families. The understanding gained from the review made them change their vision for the future and invest in Early Intervention.

### **a.) *the pilot study's proposals:***

- Geographically based Family Engagement Partnership Teams;
- An Early Years Academy to train staff;
- The Croydon Family Space Web Service which provides information for families.

### **b.) *the task of the Family Engagement Partnership Teams***

- Identify and respond to the wider needs and vulnerabilities of mothers, and direct them to social networks for support;

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<sup>32</sup> Ibid at xvii

<sup>33</sup> Ibid Appendix B

- Look out for early warning signs such as missed medical and other family welfare appointments and follow them through;
- Take particular care of the most vulnerable parents, such as teenagers, via the Family Nurse Partnership.
- Spot early, and respond quickly to, needs in areas such as attachment problems, motor skills, emotional and behavioural issues, speech and language, maternal mental ill health, and domestic conflict and refer clients to appropriate services which will be made available;
- Identification and response to take place well before children were believed to be at risk;
- Address any gaps in childhood development before a child starts school.<sup>34</sup>

#### ***iv. Reaction to the Allen Report***

The chief executives of 26 local authorities have agreed in principle, and subject to Government approval, to sign up to putting Early Intervention at the centre of their strategies and to start to implement some of the recommendations from the Allen Report.

### **C. The Foundation Years: preventing poor children from becoming poor adults: The Report of the Independent Review on Poverty and Life Chances, Rt Hon Frank Field MP (2010)**

In December 2010, Frank Field<sup>35</sup> presented an independent review on poverty and life chances to the Prime Minister.

#### ***i. A New Approach***

Field maintains that the issue of child poverty needs to be addressed in a fundamentally different way from past efforts. Simply providing extra income for poor people is insufficient to make any real changes to a child's life chances as an adult. He found overwhelming evidence that

*' ... children's life chances are heavily predicated on their development in the first five years of life. It is family background, parental education, good parenting and the opportunities for learning and development in those crucial years that together matter more to children than money, in determining whether their potential is realised in adult life. The things that matter most are a healthy pregnancy; good maternal mental health;*

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<sup>34</sup> NHS Croydon and Croydon Council (2010) Child: Family: Place: Radical Efficiency to Improve Outcomes for Young Children, <http://www.croydon.gov.uk/contents/departments/democracy/pdf/617342/child-family-place.pdf>

<sup>35</sup> Frank Field MP has spent most of his adult life involved in the prevention of poverty, first at the Child Poverty Action Group and later as an MP



*secure bonding with the child; love and responsiveness of parents along with clear boundaries, as well as opportunities for a child's cognitive, language and social and emotional development. Good services matter too: health services, Children's Centres and high quality childcare...the most effective and cost-effective way to help and support young families is in the earliest years of a child's life.*<sup>36</sup>

Field found that although a range of services exist which support parents and children in their early years, they are fragmented, not well understood and not easily accessed by those who might benefit most. There was also a lack of clear evidence as to which services provided the best returns.

## ***ii. A Set of Life Chance Indicators***

The Reports overarching recommendations are that a set of Life Chance Indicators should be developed to measure how successful the country is at making life's outcomes for children more equal, and that parents must be enabled to achieve the aspirations they have for their children. To drive this policy, Field proposes:

- That a programme, The Foundation Years, be established which would cover the period from 0-5. The programme would become the first stage of a tripartite system of education (**see Appendix VII**);
- An increase in the public understanding of the importance of early development is essential;
- The Government should gradually move funding towards early childhood and weight it in favour of the most disadvantaged children;
- All disadvantaged children should have access to affordable, full-time, graduate-led childcare from the age of two which would help parents returning to work as well as aid child development;
- Sure Start Children's Centres should re-focus on their original purpose and provide targeted help for disadvantaged families and the financing of them should depend on this;
- Local Authorities should open up Children's Centres or services within them and ensure that there is not waste by a replication of existing services. These centres should become the hub of the local community and include parenting classes for all new parents. Midwives and health visitors would work closely with the Centres. Some services for non-disadvantaged children should be provided to avoid stigmatising those who are disadvantaged but it is the latter who should be targeted via pooled data which track them;
- Services provided should be ones which have been evaluated for their effectiveness;
- Non-working parents should spend one session a week with their children in the nursery which the children attend.
- Parenting skills should be included in the school curriculum;
- Local Authorities should join together to establish Life Chances Commissions to drive policy;

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<sup>36</sup><http://webarchive.nationalarchives.gov.uk/20110120090128/http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf> at p.5

- The Government should develop and publish annually a measure of ‘service quality’ to provide evidence of whether children, particularly in low income families, have access to high quality services.<sup>37</sup>

## **D. The Early Years: Foundations for life, health and learning, An Independent Report on the Early Years Foundation Stage, Dame Clare Tickell (2010)**

### ***i. A Statutory Framework for the Early Years Foundation Stage (EYFS) (2008)***

EYFS was introduced in 2008 to ensure that every child could have the best possible start in life and support to fulfil their potential. It was based on the belief that a child’s experience in the early years has a major impact on his or her future life chances. It set the standard for:

- The learning, development and care young children should experience when being cared for outside of their family home, to ensure that every child makes progress, that no child gets left behind, and to end the distinction between care and learning;
- An inspection and regulation regime;
- Equality of opportunity and anti-discriminatory practice;
- A partnership between parents and professionals, and between all the out of home settings that the child attends;
- The provision of information for parents via a website;
- The establishment of a secure foundation for future learning through learning and development that is planned around the individual needs and interests of the child, and informed by the use of ongoing observational assessment;
- The provision of an e-Profile for each child throughout his or her first year at school to support the making of final judgements for EYFS profile.

### ***ii. Improving EYFS***

Although EYFS has proven to improve the outcomes for children, 44% of children are still not considered to have reached a good level of development by the end of their 5<sup>th</sup> year. Criticisms have also been made that EYFS is too bureaucratic and prescriptive.

In 2010, the Tickell Report considered the criticisms that had been made of EYFS. It makes recommendations which would help to improve problematic areas. Some of these have been put in place to commence in 2012. The reports main recommendations include:

- Redrafting the framework to make it easier to understand;
- The provision of a high quality and interactive online version of the framework;

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<sup>37</sup> Ibid pp 5-9

- The provision of information for parents about EYFS which also emphasises their role as partners in children's learning;
- The prime areas of learning should be personal, social and emotional development, communication and language and physical development; these skills should be applied to literacy, mathematics, expressive arts and design and understanding the world;
- All those involved in providing early care for children should provide, on request from parents (or their substitutes), at some point between the child's 2<sup>nd</sup> and 3<sup>rd</sup> year, a short written summary of their child's development; the summary could be put into the child's early health record (the Red Book) ;
- Paperwork should be kept to a minimum;
- Different approaches to assessment should be made for children with special needs;
- Assessment of children should be based primarily on observation of children in their daily activities;
- An investigation should take place into how children's English language skills can be improved;
- How to keep children safe should be made more explicit;
- Staff children ratios in the first year of school should be improved;
- The long-term aim that early childhood education should become a graduate profession should be retained.

## V. EARLY INTERVENTION AND ADOPTION

Where children have to be removed from their family on a permanent basis, it is important that early action is taken to provide them with a new permanent home preferably by way of adoption.

### *i. Action Plan for Adoption*

In March 2012, the Government published its Action Plan for Adoption which is the first stage of a larger programme of reforms for children in care. The Plan centres on speeding up the process of adoption, overhauling the system for prospective adopters, and improving the performance of local authorities who are responsible for adoption.<sup>38</sup>

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<sup>38</sup> Michael Gove, the Minister responsible for the new proposals on an adoption has talked movingly and positively about his own experiences as an adoptive child and his determination to improve the prospects for children in need of a home,

*'And it's because I know what an amazing thing it is to be an adoptive parent, and how much being brought up in the right home meant for my life, that I want more children to have the opportunities I enjoyed. But one of the tragedies of our times is that while the number of children who need love, stability and security is higher than ever, finding them an adoptive family has become more difficult than ever.*

*That's not because there is any shortage of men and women who want to give disadvantaged children a secure family life. It's because we have inherited a system that embodies so many wrong values and desperately needs reform.*

*Children in dysfunctional homes at risk of abuse are kept in danger for too long because politically correct rules mean we won't challenge unfit parents.*

## **ii. The Plan's Proposals**

The Plan's Proposals include:

- Legislation to reduce the number of adoptions delayed to achieve a perfect or near ethnic match between adoptive parents and the adoptive child;
- Swifter use of the National Adoption Register to find the right adopters for a child wherever they might live;
- Encourage all local authorities to attempt to place children with their potential adopters in anticipation of the court's placement order;
- Radically speed up the adopter assessment process so that two months are spent in training and information gathering - a pre-qualification phase - followed by four months of full assessment;
- Introduce a "fast-track" process for those who have adopted before or who are foster carers wanting to adopt a child in their care;
- Develop the concept of a 'National Gateway to Adoption' as a reliable source of advice and information for those thinking about adoption;
- Measure improvements in tackling delay across the system, through a new performance scorecard.<sup>39</sup>

This last proposal has been criticised as an over-bureaucratic approach which fails to take into account the complexity of placing older children who may have problems.<sup>40</sup>

## **VI. CONCLUSION**

In October 2011, the Government broadly welcomed the recommendations of the Allen Report, the Field Report and the Tickell Report; it had already accepted in entirety all the

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*When children at risk are rescued, they are left in temporary care for months on end. Judges who have enjoyed all the advantages of a privileged upbringing then take forever to decide the fate of the most disadvantaged children in the country. And adults who long to invest love and care in children who have been starved of affection all their lives are denied the chance to become adoptive parents for trivial reasons. So generous-hearted adults who smoke, are overweight or have a certain skin colour aren't allowed to give children a second chance in their own families — while feckless and capricious individuals who may be bringing up children in homes scarred by violence, abuse and neglect are allowed to keep children imprisoned in squalor and condemned to misery.'*

(<http://www.dailymail.co.uk/news/article-2057850/Michael-Gove-describes-adoption-transformed-life.html#ixzz1nh12hGC1> )

<sup>39</sup> <http://www.education.gov.uk/inthenews/inthenews/a00205135/action-plan-sets-out-radical-overhaul-of-adoption-system>. Further proposals will be published later in the year

<sup>40</sup> The Times UK, March 23 2012

proposals of the Munro Review.<sup>41</sup> However, change is not only in the hands of the Government; it is dependent on all those who work in child protection. Change is never straightforward and is so often resisted in favour of the status quo. As Machiavelli has pointed out,

*'And let it be noted that there is no more delicate matter to take in hand, nor more dangerous to conduct, nor more doubtful in its success, than to set up as a leader in the introduction of changes. For he who innovates will have for his enemies all those who are well off under the existing order of things, and only the lukewarm supporters in those who might be better off under the new. This lukewarm temper arises partly from the fear of adversaries who have the laws on their side and partly from the incredulity of mankind, who will never admit the merit of anything new, until they have seen it proved by the event.'*<sup>42</sup>

The recommendations of four major reports in two years are perhaps too many to take on board for those involved in the organisation of child protection at a local level. Too much information and suggestions for innovation can lead to a feeling of overload and a sense of despair over whether such major changes are possible. There is a danger that these feelings will lead to minimal action or even non-action.

In a time of economic austerity, demands for change may also be delayed by claims that evaluation of the effectiveness of pilot projects, and a cost benefit analysis of them, must be undertaken first.

In spite of these concerns, there are already signs of a positive move towards early intervention by those working at the forefront of child protection.

© Mary Welstead  
CAP Fellow and CAP Graduate Program Coordinator  
Visiting Professor University of Buckingham, England

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<sup>41</sup> <http://www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/early/a00192398/supporting-families-in-the-foundation-years>; see also Appendix Supporting Children in the Foundation Years

<sup>42</sup> The Prince Ch V1 v4 (The Harvard Classics 1909–14)

**APPENDIX I**  
**DEATH OF BABY P (see page 2)**

Baby P's abuse, contact with child protection and death, the trials of his mother and stepfather and the doctors and social workers involved in the case



**2006**

1 March: Baby P, Peter, is born.

17 July: His father leaves the family home in Haringey.

November/December: Unknown to professionals involved in the case, the mother's new boyfriend moves in to the home.

11 December: His mother and maternal grandmother are arrested after a GP spots Peter has a head injury and other bruises.

22 December: Peter is placed on the Haringey child protection register for physical abuse and neglect.

**2007**

26 January: Peter is returned to his mother, though she is still on police bail.

9 April: His mother takes him to North Middlesex hospital. Staff identify bruises and scratches on his face, head and body.

1 June: Social worker Maria Ward informs the police of bruising on Peter's face during an unannounced visit. Staff at North Middlesex hospital find 12 areas of bruising. Social services arrange for a family friend to supervise the baby's care.

29 June: Jason Owen moves into the home with a 15-year-old runaway girl.

25 July: At a legal planning meeting it is decided that the case did not meet the threshold for care proceedings.

30 July: Ward makes her last visit to see Peter. He has chocolate smears over his face and hands, and anti-bacterial cream on his scalp.

1 August: Peter is taken to St Anne's hospital. Dr Sabah al-Zayyat notes bruises to his body and face but does not perform a full examination because he is "miserable and cranky".

2 August: Police tell the mother she will not be prosecuted in relation to Peter's injuries.

3 August: Following a 999 call, Peter is taken to hospital but pronounced dead on arrival.

## **2008**

August: Dr al-Zayyat is banned from working unsupervised by the General Medical Council for 18 months.

11 November: Owen and the 32-year-old boyfriend of Peter's mother are found guilty of causing Peter's death. The mother had pleaded guilty to the same charge.

1 December: A independent review declares Haringey's child protection services to be exceptionally "inadequate". Council leader George Meehan and cabinet member for children and young people Liz Santry resign. The children's secretary, Ed Balls, orders the removal of the director of children's services, Sharon Shoesmith, from her post. She is sacked later that month.

## **2009**

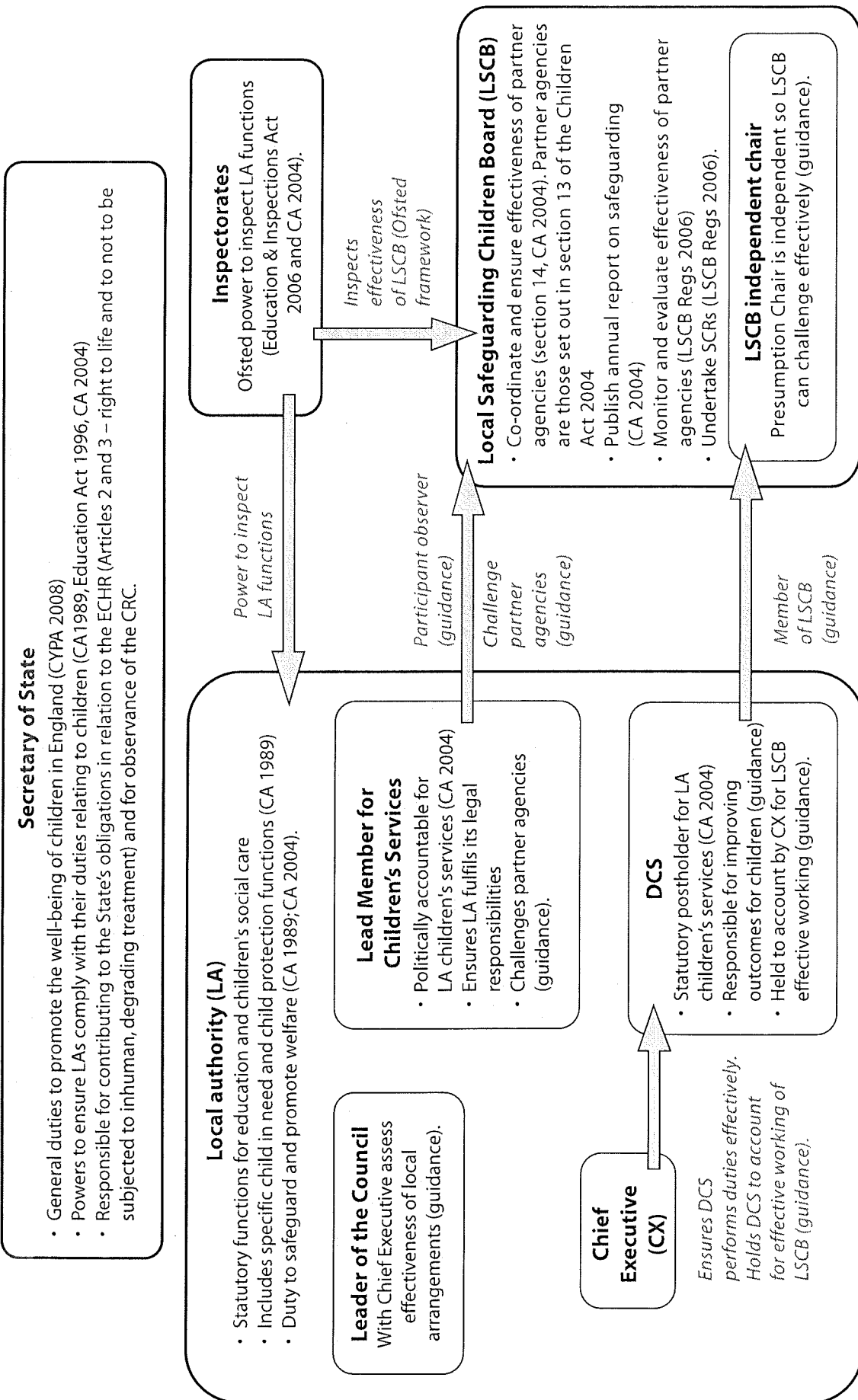
19 February: Dr Jerome Ikwueke, a GP who saw Peter 14 times before his death, is suspended by the GMC.

29 April: Haringey council dismisses a social worker and three managers for failings in Peter's case.

1 May: The boyfriend of Peter's mother is convicted of raping a two-year-old girl in north London.

22 May: The second serious case review into Peter's death concludes that child protection staff should have been able to stop the abuse "at the first serious incident". The boyfriend of Peter's mother is jailed for life. His mother is jailed indefinitely. Owen, the lodger, is given an indeterminate sentence for public protection.

# ORGANISATION OF CHILD PROTECTION IN ENGLAND



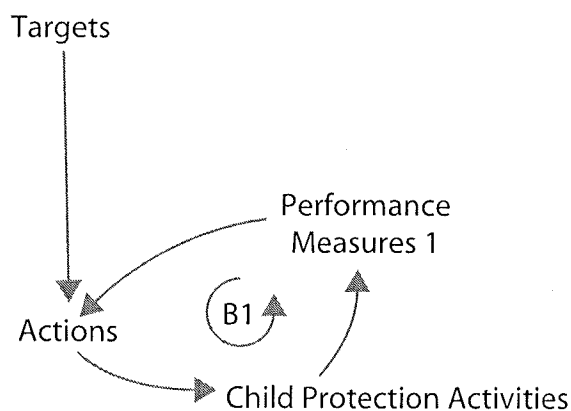


### APPENDIX III

#### THE MUNRO REVIEW – A HOLISTIC APPROACH (See page 5)

	Atomistic Approach To Child Protection	Holistic Approach To Child Protection
<i>Nature</i>	<ul style="list-style-type: none"> <li>● Narrow: tending to concentrate on individual parts or elements</li> </ul>	<ul style="list-style-type: none"> <li>● Broad: elements seen as standing in relation to each other</li> </ul>
<i>Perspective</i>	<ul style="list-style-type: none"> <li>● Isolated 'problems'</li> </ul>	<ul style="list-style-type: none"> <li>● Whole system</li> </ul>
<i>Cause and Effect</i>	<ul style="list-style-type: none"> <li>● Looking only at immediate and/or proximal effects</li> <li>● Short chains of causality</li> </ul>	<ul style="list-style-type: none"> <li>● Separated in space and time</li> <li>● Long chains of causality, ripple effects, unintended consequences, feedback effects</li> </ul>
<i>Style of Recommendations</i>	<ul style="list-style-type: none"> <li>● Regulation and compliance</li> <li>● Technocratic</li> </ul>	<ul style="list-style-type: none"> <li>● Strengthening professionalism</li> <li>● Socio-technical</li> </ul>
<i>Results (observed and sought)</i>	<ul style="list-style-type: none"> <li>● Narrow range of responses to children's and young people's needs</li> <li>● Defensive management of risk</li> <li>● Command and control management; frameworks and procedures; squeezing out professional discretion</li> <li>● Compliance culture</li> <li>● Focus on standardised processes, frameworks and procedures</li> </ul>	<ul style="list-style-type: none"> <li>● Requisite variety in responses to meeting children's and young people's needs</li> <li>● Acceptance of irreducible risk</li> <li>● Supportive and enabling management</li> <li>● Learning culture</li> <li>● Focus on children, their needs, appropriate pathways beneficial outcomes</li> </ul>

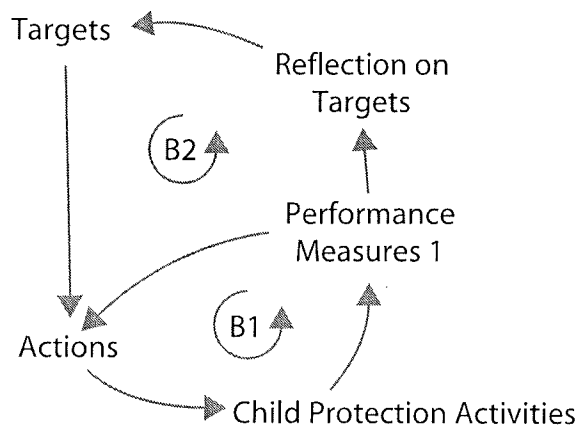
*Single loop: Child Protection System – Are we doing what is specified?*



1.18 This can be contrasted with the broader, more reflective learning approach that is a characteristic of holistic thinking. This is double loop learning, in which the question that is being asked is: *have we specified the right thing to do?*

1.19 With double loop learning a second loop uses the value of the performance measure to reflect on whether the correct target for the child protection system has been set. This new balancing loop – B2 – allows the target itself to be changed, or updated as the system 'learns' more about what a sensible target might be.

*Double loop: Reflective Child Protection System – have we specified the right thing to do?*



1.20 The review will question whether we have done too little double loop learning, i.e. standing back and reflecting on whether we have got the balance right in the demands made on social workers and other professionals and the resources provided to help them.

## APPENDIX V

### THE MUNRO REVIEW - THE SURE START CHILDREN'S CENTRE PROGRAMME

(See page 8)

## Sure Start Children's Centres



Children's centres provide a variety of advice and support for parents and carers. Their services are available to you from pregnancy right through to when your child goes into reception class at primary school.

### How children's centres can help you

There are more than 3,600 children's centres in England. They bring all the different support agencies together to offer a range of services to meet you and your child's needs, all in one place.

They're somewhere your child can make friends and learn as they play. You can get professional advice on health and family matters, learn about training and job opportunities or just socialise with other people.

### Services children's centres must offer

Children's centres are developed in line with the needs of the local community so no one children's centre is the same. However, there is a core set of services they must provide:

- child and family health services, ranging from health visitors to breastfeeding support
- most centres offer high quality childcare and early learning - those that don't can help advise on local childcare options
- advice on parenting, local childcare options and access to specialist services for families like speech therapy, healthy eating advice or help with managing money
- help for you to find work or training opportunities, using links to local Jobcentre Plus offices and training providers

### Other services you might be offered

The services available to you will depend on your local area. At many children's centres you can:

- see a dentist, dietician or physiotherapist
- visit the 'stop smoking' clinic
- get faster access to expert advice, support and short-term breaks if your child has learning difficulties or disabilities
- talk to Citizens Advice
- take parenting classes
- improve your English if it is not your first language - with someone from your own culture

## APPENDIX VI

### THE MUNRO REVIEW – THE FAMILY, DRUG AND ALCOHOL COURT (See page 10)

#### **Case Study**

#### **Findings from the Brunel University independent evaluation of the Family Drug and Alcohol Court**

The Family Drug and Alcohol Court (FDAC) is a new approach to care proceedings, in cases where parental substance misuse is a key element in the local authority decision to bring proceedings. It is being piloted at the Inner London Family Proceedings Court. It began in January 2008 and runs until March 2012. It is funded by the Department of Education, the Ministry of Justice, the Home Office, the Department of Health and the three pilot authorities (Camden, Islington, and Westminster). It is the first court in England and Wales to take a problem-solving approach to care proceedings.

FDAC has a specialist multi-disciplinary team attached to the court which includes adult substance misuse workers, child and family social workers, and adult and child psychiatrists. Team members use a variety of methods, including motivational interviewing, to engage parents. Reflective practice is used to promote objectivity. The team works closely with the network around the family and coordinates the different parts of the plan. Regular planning meetings with parents, social workers and other professionals help promote a clear division of responsibilities and avoid duplication. At court, the same judge deals with the case throughout and regular court reviews of parents' progress are held without the presence of legal representatives.

The independent evaluation conducted at Brunel University by Professor Judith Harwin, Mary Ryan, Jo Tunnard, Dr Subhash Pokhrel, Bachar Alrouh, Dr Carla Matias and Dr Sharon Momemian-Schneider, funded by the Nuffield Foundation and the Home Office, indicates that this problem-solving court approach is more successful than ordinary court and service delivery in engaging parents with lengthy substance misuse histories. The majority of families had been known to children's services for many years and had multiple psychosocial problems.

The study tracked all cases entering FDAC in the first 18 months of the pilot and compared them with cases involving substance misuse entering ordinary care proceedings at the same time. Of these, 41 FDAC and 19 comparison families reached final order by the end of the fieldwork period.

The evaluation found that:

- More FDAC parents had stopped misusing drugs or alcohol at the end of the care proceedings than those in the comparison group (48 per cent v 39 per cent mothers and 36 per cent v 0 per cent fathers):

- As a result, family reunification at the end of proceeding was 18 per cent higher in FDAC than comparison cases: 39 per cent of FDAC mothers were reunited with their children by the final court order, compared with 21 per cent in the comparison group. A follow-up study will examine the longer-term outcomes in cases where children went home;
- FDAC parents accessed substance misuse services more quickly, received a broader range of services, and were more successful at staying in treatment throughout the proceedings. More FDAC parents received help from housing, benefits and domestic violence services;
- There was more constructive use of court time and few contested hearings. When parents could not control their substance misuse, children were placed more quickly in an alternative permanent family (on average seven weeks quicker);
- There were cost savings to local authorities, and potential savings identified for the court and the legal services commission. The average cost of the FDAC team per family is £8,740 over the life of the case. This is off-set by the savings to local authorities from more children staying within their family. FDAC also reduced costs through:
  - shorter care placements (£4,00 per child less);
  - shorter court hearings and fewer hearings with legal representatives present (saving local authorities £682 per family):
  - fewer contested cases: and
  - savings in the work of the specialist team that is equivalent to the work carried out by experts in ordinary care cases (£1,200 per case less).
- All but two of the 36 parents interviewed would recommend FDAC to other parents. They particularly liked the emotional and practical support from the FDAC team and seeing the same judge every time. All the professionals considered FDAC to be a better approach than ordinary care proceedings and were clear that it should be rolled out. So did the parent mentors.

A small-scale study can make only tentative suggestions about what lies behind its results. But the single biggest difference between FDAC and comparison cases was the receiving of FDAC by parents in the pilot authorities. Otherwise, the families were very similar. The FDAC specialist multi-disciplinary team is now trialling a pre-birth assessment and intervention service in the three pilot local authorities. This aims to improve outcomes through earlier intervention at a pre-court stage.

Given research evidence on the fragility of reunification when parents have misused substances, the evaluation has recommended that a short-term aftercare service from FDAC should be developed, to help parents sustain their recovery and continue providing safe care.

Parental substance misuse is a significant factor in up to two thirds of all care proceedings and, according to a London survey, was the most frequent parental factor in long-term children and family social work, affecting 34 per cent of all cases.

## APPENDIX VII

### THE FIELD REPORT – THE FOUNDATION YEARS SERVICE (See page 14)

To start we might think about what the Foundation Years would ideally look like from the point of view of a family – let us call them Ella and John – going through the challenge of raising a young child on a low income. Ella is not in work and John is in a low paid job, this is their first child, and they do not have a large family support network nearby (Ella's parents live a couple of hours away, and John has fallen out with his parents).

On finding out she's pregnant Ella goes to her GP surgery where she's referred to the midwife. She sees the midwife eight or nine times through her pregnancy, with John also invited along to the visits where Ella is comfortable. The midwife tells Ella about the early years Fairness Premium, which allows families on a low income to access a package of additional services, including early education and childcare which gives Ella and John time away from caring, free books, etc. The midwife also explains that they would like to share some selected information with the Children's Centre so that services can run more smoothly, which Ella agrees to (she thought this happened anyway).

The midwife books Ella and John onto a local 'Preparation for Parenthood' ante-natal group, which includes the opportunity to meet other parents and learn about the importance of early attachment and caring for a new baby. The group is held at the local Children's Centre where they can meet their health visitor – and the parents are shown around the Centre and the facilities. The staff talk to the parents about its range of services, make sure they feel welcome, and let them know what services they are entitled to and what is paid for:

Some ante-natal classes are held in other premises, but someone from the Children's Centre comes along to introduce themselves. Ella and John are also introduced to their health visitor at this session. (For people who miss the ante-natal class there are other opportunities to meet up with the health visitor and key Children's Centre staff.)

The prospective parents are talked through the main routes of support:

- The Children's Centre, which provides a hub which most services can either be accessed from, or signposted to. Many appointments are either at the Children's Centre or the local GPs Surgery.
- A health visitor, with the midwife, who provide expert guidance on caring for a new baby and helping them make the transition to parenthood along with a team of professional workers and volunteers. The team is focused on people who have problems attending the Children's Centre, or families who may need extra support. The team has good links with the local GP's surgeries and the Children's Centre. Each family gets the chance to build up a relationship with the health visitor and their team.
- Voluntary support which supplements the formal support and provides either less formal help, or, with supervision, support for parents statutory services cannot get to. This will take different forms in different local areas, but Children's Centres and health visitors help to build up capacity in the sector.

The most important people for Ella and John are their friends and family. The ante-natal group builds friendships so they meet outside the formal group and support each other. The same group is also invited to follow up meetings, including on breastfeeding. A volunteer from a local parents' group comes along to encourage the future parents to meet regularly. There is also a volunteer community parent scheme, which provides low level support to new parents (supplementing health visitors).

Ella gives birth in a local hospital.

A health visitor comes to see Ella, John and Aiden soon after the birth at their home. The health visitor books the visit for a time when John can make it. She talks Ella through some tips for continuing to breastfeed. Ella has found it difficult but wants to keep trying as she knows how important it is for her baby. The health visitor puts her in touch with a local peer support group, and visits regularly over the next couple of weeks to support the family. The health visitor encourages Ella and John to go back to their 'Preparation for Parenthood' group which is continuing until all the babies are six weeks old. They think they may then join the positive parenting course run by the Children's Centre. (All parents are asked whether they want to go on one of these, but the health visitor makes more effort with young parents, or parents in more challenging circumstances.)

Ella and John register the birth at the local Children's Centre. After the registration, a family benefits advisor, based in the centre, checks whether they need any help with child benefit or other forms, and checks they know about the service facilities and parenting courses.

They discuss again the importance of early attachment and talking to young children. Ella and John are struggling with the additional work of bringing up Aiden. The Health visitor notes this and makes sure they are visited every month to check they are OK: that feeding is going OK, and to keep encouraging them to play with Aiden. The health visitor becomes less frequent when they notice that Ella and John are coping better and regularly going to the Children's Centre (so Centre based services can provide more of the support).

The Children's Centre staff talk to Ella and John around Aiden's first birthday (and around subsequent birthdays) about what the second year may be like, and what new challenges they are likely to face. The health visiting team review all children before their first birthday and are on hand if needed in between.

The family move house when Aiden is one and a half, moving out of the catchment area of the local Children's Centre. The Local Authority collects Housing Benefit records, and Children's Centre attendance records are part of its data system. It uses these to identify that the family has moved. Someone from the health visiting team goes to see them and invites them to their nearest Children's Centre and helps make sure support is as seamless as possible.

The Children's Centre regularly consults the parents on what it offers, while giving them a simple overview on the evidence behind different elements of what it does.

From age two Aiden gets a free early education place for 15 hours a week. (There is some free early education for children younger than two who key workers think will benefit from it.) Ella is encouraged to use some of that time to start working towards a qualification. The staff at the nursery support Aiden's learning through play. They invite Ella and John to spend a couple of hours in the nursery every couple of months to see what the nursery staff are doing and discuss what the parents can do to help their children. Ella has always struggled with reading and so has not read to Aiden: the nursery staff discuss this with her, encourage her to sign up to an adult skills course and show her how she can tell stories to Aiden using picture books.

There is a café in the Centre which is run as a local social enterprise. Ella volunteers at this for two mornings a week while Aiden is in childcare. She gets to know more people from volunteering and feels more comfortable about applying for work as Aiden gets older. Some other parents volunteer with the stay and play services at the crèche (although these services remain professionally led). A small number of parents gain qualifications through the work they do volunteering.

At two and a half Aiden has a development check with a health visitor. This looks at his health, cognitive and social and emotional development. It is used to provide pointers where development is not as strong as it should be. The information is also aggregated up and used to understand how children in the area as a whole are progressing, feeding into the overall assessment of the Children's Centre (and the part of their payment that is related to results).

At the development check the health visitor notes that Aiden's speech is not developing as fast as would normally be expected. The health visitor uses part of the Fairness Premium for Aiden to access one session a week with a speech therapist, and – with Ella and John's agreement – speaks with staff at Aiden's nursery about how they can help support Aiden's language development.

As Ella gets more confident she volunteers as a community parent providing support and information to other new parents in the community.

As Aiden approaches school age, the family gets invited to look round the local primary school and are talked through the changes. The Children's Centre knows that the school will be conducting Aiden's development check when he starts school and that the results will help determine the Children's Centre's budget. The Children's Centre and school have good relations and pass on information so that the school knows how Aiden has been doing up to that point.