

Local integration of services

*Annex to A positive approach to a
parenting: Part 2 of the Independent Family*

December 2022

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Executive Summary

'If you have a child with a disability or additional needs, nobody ever sits you down and says at the beginning – 'This is where you need to go to. This, this and this' and it's 'By the way, you'll have to go into a mainstream nurse because there is nothing specific available.' You find that out when you're already on that journey so then you're all of a sudden thinking what? What do I do? Where do I go?' – Mother, support group.

This Annex lays out some of the challenges to the good integration of services for families and children at a local level, and outlines what an ideal scenario for local integration might look like.

Public services are currently coordinated at a local level through a number of multi-agency statutory frameworks. Each framework tends to have oversight of a distinct area of policy – such as adult or child safeguarding, public health – but there is significant overlap in membership and responsibility. There is a risk that these arrangements cause duplication of work and are imposing central Government silos on local partners.

The research for this Review found that there was a high degree of agreement between families, frontline professionals and senior public services leaders on the importance of services working in a coherent geographical footprint that is recognisable to local populations and allows effective service provision. The challenge is finding a suitable geography that is small enough to feel accessible for local communities, but large enough to make localised service delivery feasible.

The ideal scenario for families would be one where cross-sector services work within a geography that makes sense for local people and is easy for them to access. Within that area, services should be co-located and have structures in place to share data and coordinate complementary services. A family hub should be the central pillar around which family services are built, in close partnership with schools, general practitioners (GPs), and the voluntary and community sector.

To create the conditions for local partner-led integration, the CCo recommends focusing on a local delivery model, improving national coordination of local integration, and rationalising strategic oversight at a local level.

1. Background

1.1 What we learned from the *Family Review: Part 1*

In the *Family Review: Part 1*, the CCo asked families directly what they want from the services that are provided for them. At a fundamental level, parents wanted to know what was available, and for services to be there when they needed them. When they accessed these services, what they valued was something that felt similar to family – which was caring, based on relationships, and worked with their existing networks.

Accessible services: Families often said they struggled to find help that was right for them because they did not know what services were available. Awareness of the local Family Information Service was often low and many people said they were missing a central place where they could find out about the different services they could access (see accompanying Annex '*Family Information Service*'). There is significant variation in service accessibility and availability in different parts of the country. Accessing the right services was particularly challenging for some families with specific needs who required specialist types of support, such as parents of children with SEND or kinship carers.

Welcoming and non-stigmatising: Families wanted to access services where they felt they were genuinely welcome, valued, and able to get help. Good relationships with the professionals at these services was the essential component in making parents feel comfortable and supported – for some, replicating the kind of caring relationships within a family. A welcoming approach is particularly important for some groups.

Supportive of peer relationships: Beyond the wider network of family and friends, parents find help and support from their peers, particularly ones in similar circumstances or facing the same challenges. Families told the office there is comfort and reassurance in shared experience. These peer relationships can be a powerful antidote to isolation and are sometimes crucial to people's well-being and mental health.

Inclusive of family: Families want services that understand they exist as part of a family unit. This means understanding the strains and demands that come with being part of a family – both practical and emotional – and appreciating that solutions to 'individual' problems can be rooted in the family. For

support services, this means having to take a ‘whole family approach’ so that different services are not trying to support different family members in isolation, but that families’ problems are seen in the round, and the solutions are worked on collectively.

A consistent theme to emerge from *Family Review: Part 1* was a lack of information about what was on offer for families; this was in part because the offer to families is fragmented and highly localised. This stems from a failure to assign clear responsibility for co-ordinating the family offer at a local level, meaning families often fall between the gaps.

See Appendix for a summary of services currently available to families.

1.2 Current local arrangements

Public services are currently coordinated at a local level through a number of multi-agency statutory frameworks. These arrangements are a mix of strategic and operational and function on a range of geographical footprints to meet different needs among local communities. Despite the significant overlap in membership, a lack of coordination about their purpose from Central Government, who have distinct priorities at a national level, mean that these arrangements often impose siloed working on local partners.

The below is a summary of some of the multi-agency arrangements in place for the key services that families rely on.

Table 2. Multi-agency arrangements for local services.

Statutory body	Function	Responsible department*	Footprint	Membership	Role
Children’s Safeguarding Partnerships	Safeguarding	DfE	Local authority	Local authority, Integrated Care Boards, police	Multi-agency arrangements to improve children’s wellbeing and protect them

					from harm and neglect.
Adult Safeguarding Boards	Safeguarding	DHSC	Local authority	Local authority, Integrated Care Boards, police	Multi-agency arrangements to help and safeguard adults with care and support needs.
Health and Wellbeing Boards	Health	DHSC	Local authority	Lead councillor, Director of Children's Services, Director of Adult Social Care, Director of Public Health, Healthwatch, Integrated Care Boards	Statutory forum to improve health and wellbeing and reduce health inequalities.
Community Safety Partnerships	Safety	HO	Local authority	Police and Crime Commissioners, local authority, police, probation, fire services, NHS	Statutory bodies to improve community safety and provide local voice in policing.
Domestic Abuse Local Partnership Boards	Safety / Safeguarding	DLUHC	Local authority	Local authority, victims and their children, voluntary and community	Multi-agency consultative board on accommodation and other

				sector, health authorities, police, criminal justice agencies	support to victims of domestic abuse and their children.
Integrated Care Partnerships	Health	DHSC	Other	Chair, CEO, representatives from NHS providers, general practice and local authorities	Statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities.
<i>Other local arrangements</i>					
Police, Fire and Crime Panels	Safety	HO	Police area	Local authority elected representatives, independent co-opted members	Statutory panel to scrutinise the actions and decisions of the local Police and Crime Commissioner.
Youth justice services	Safety	MoJ	Local authority	Local authority, police, probation, health services	Multi-agency arrangements to supervise and support young people interacting with the justice system.
Primary care networks	Health	DHSC	Neighbourhood	GP practices with other local	Arrangements to bring

				primary care health services	together local primary care and provide more integrated health and social care.
Multi-agency public protection arrangements (MAPPA)	Safety	MoJ	Criminal justice area	Police and HM Prison and Probation Service with local authority, youth offending teams, children's services, NHS, Integrated Care Boards, other agencies	Arrangements between police and HM Prison and Probation Service to assess and manage risks posed by specified offenders.
Local Strategic Partnerships	Strategy	N/A	Local authority	Local authority, representatives from public services and private and voluntary and community sectors	Non-statutory, voluntary partnerships of public services, private sector, and voluntary and community sector.

*Note abbreviations: Department for Education (DfE); Department of Health and Social Care (DHSC); Department for Levelling Up, Housing and Communities (DLUHC); Home Office (HO); Ministry of Justice (MoJ)

1.2.1. Example of the role of the Director of Children's Services

The role of the Director of Children's Services (DCS) may be an illustrative example of the challenges of local integration.

Every local authority is required by the Children Act 2004 to appoint a DCS and designate a Lead Member for Children's Services (LMCS), who respectively provide professional and political leadership for education and children's social care for children in the local area.

Although most families will not be familiar with their local DCS, it is the lynchpin professional role for local services for children and their families. The DCS has responsibility for delivering the local authority education and social care functions. They also have a duty to support effective interagency and partnership working. Operationally, the DCS has responsibility for the children's social care team in a local area and will be closely involved in any multi-agency arrangements. The DCS also has a specific statutory role on the Health and Wellbeing Board. Depending on local arrangements, a DCS may have some involvement with most of the multi-agency arrangements listed above.

The 152 DCSs in England are responsible for the most critical public services for children. However, cross-Government thinking often falls short when it comes to these local partners and the breadth of their responsibilities, just in the same way as services struggle to see children and families in the round. Many of the duties of a DCS have accreted over the last almost two decades as Government departments have established duties on local authorities. Despite the huge importance of this role, the most recent guidance for the overall role and responsibilities of DCSs is from 2013, which is before several of the key statutory frameworks existed.¹ Different parts of Government prescribe the various functions of the role, without holding responsibility in the round and so there is no cross-Government picture of expectations or funding. As with much of the challenges of local integration, this may lead to disjointed accountability and inefficiency.

The research for this Review suggested the DCS is a vital, strategic, yet often under-valued role, on whom often falls the burden of attempting to integrate services locally when they suffer from poor coordination at a national level.

2. Methodology

This report is based on a roundtable convened by the CCo for senior stakeholders from across the public sector. The session focused on how families and children interact with local services, and how these could be better integrated at a local level.

The following organisations were represented:

- Association of Directors of Public Health
- Association of Directors of Children's Services
- Department for Education
- Department for Levelling Up, Housing and Communities
- HM Prison and Probation Service
- National Police Chiefs' Council
- Solace (Society of Local Authority Chief Executives and Senior Managers)

NHS England and the Department of Health and Social Care were invited but did not attend.

3. Improving integration of local services

This section is a summary of the key themes to come out of the roundtable with senior professionals working across the public sector.

3.1. What is working well under current local arrangements

Evidence base:

Although data sharing issues persist, there have been improvements in understanding regarding the issues affecting children and families among professionals.

Likewise, public services have improved in how they communicate information, such as systems guides, to local providers.

Regional coordination:

At a regional level, services often have useful and joined-up conversations about coordination and shared aims. Partners are able to share relevant improvement activity and best practice.

Common understanding of key risk factors for children:

For key risk factors, such as domestic abuse, parental substance abuse, and parental mental ill health, there is a good common understanding among professionals. These are commonly understood as issues that cut across professional boundaries, which all local partners should be focused on addressing.

Examples of good practice:

Roundtable participants noted examples of multi-agency arrangements that showed elements of good integration at a local level. These tended to be specific to local areas, but should innovation in utilising the various statutory powers and frameworks available. These included the Supporting Families Programme; operational multi-agency arrangements, such as Youth Offending Teams (YOTs) and multi-agency safeguarding hubs (MASH); Co-located services, for example, a children's centre that also

delivers integrated domestic abuse and midwifery services and local authority-led front door to community and voluntary services:

Principles of good practice:

There are several principles that underpin well-integrated local services that work for children and families:

- Place-based: Effective services will understand local need, can cooperate with other partners on a complementary footprint, and are empowered to address cross-sector need in the local population.
- Co-location: Although not always practical, co-location solves many of the major obstacles to integrated services and creates the conditions for effective multi-agency collaboration.
- Hub models: As well as the benefits of co-location, service hubs benefit families accessing services.
- Key worker: Consistent with findings elsewhere in the Family Review, relationships are integral to effective services. Regardless of which professional discipline a key worker is from, family services are more effective when they are led by a key worker.

3.2. Where is there inefficiency or duplication in current local arrangements?

Reporting burdens:

There are burdens on some services to provide data to different partners. There are inefficiencies where different Government departments require similar data from local partners but are not coordinating at a local level, or where this aggregate data is not usable at a local level.

Resources:

Services can be adversely affected when one agency in a local partnership has resourcing challenges and there is no ability to pool resources to address shared goals. There is also a challenge when an issue

is a priority for one partner, but not others. This often resulted in the burden of supporting multi-agency arrangements falling disproportionately on one partner.

Miscategorisation of interventions:

There are inefficiencies where the cross-sector benefits are not recognised and so a service or intervention that would be better delivered via multi-agency arrangements is delivered in a siloed way. For example, not addressing children's mental health as a community intervention.

Children and families repeating themselves:

There is a huge inefficiency in poor data sharing between services meaning that children and families often have to repeat the same conversations with different professionals. This is the opposite of what we have heard families want from their services, as well as being frustrating, leaving them unclear what professionals do and do not know, and in the worst circumstances can be re-traumatising.

Domestic abuse:

Despite a common understanding of domestic abuse as a key risk factor that should be addressed across professional boundaries, responsibility for domestic abuse is shared between multi-agency local arrangements, which may impede a coordinated response in practice.

3.3. What is missing from current local arrangements?

Child-centric thinking:

A common criticism is that public services are not designed to come together around a child's life and provide holistic support. This can mean services that prioritise organisational demands over the needs of a child. For example, children who are in contact with professionals may still experience cliff edges in support due to age or because they move across service boundaries, interruptions of professional relationships, non-complementary thresholds when moving between services, or having to repeat themselves due to poor data sharing.

Services should be able to focus on a holistic offer for a thriving childhood that follows the life of the child, rather than the organisational boundaries and drivers. This requires services agreeing what success for children look like and having agreed outcomes.

Need:

There is a particular lack of planning for services that meet needs that fall across services. For example, the linkage between education and health. Services need to have broader understanding of need in local populations, which crosses professional boundaries. There is also a lack of cross-sector strategic needs analyses that could support this.

There is a challenge in agencies having non-complementary thresholds for support and narrow definitions of need.

Common understanding:

The corollary to the good sharing of best practice and evidence, is the problem of inconsistent data sharing between sectors. Although some areas have addressed the issue in a number of different ways, challenges remain for almost all services. Poor data sharing has negative effects for individual children and families, who experience disjointed services and who may be failed due to an incomplete view of need and vulnerability by services.

A contributor to this problem is the lack of outcomes for children that are agreed across public services.

Under-served groups:

A theme to emerge from the roundtable was groups of vulnerable children that may be particularly underserved by current local arrangements, including:

- Children on the edges of the criminal justice system.
- The children of prisoners.
- Children being rehabilitated into the community after custody.

- Children aged around three and four, who may interact less with public services after the health-led focus of early years and before they start school.

Partnerships issues:

Local arrangements are a mix of strategic and operational partnerships. Strategic partnerships do not uniformly have executive powers to take meaningful action, and operational partnerships are missing broader context or the ability to make strategic decisions about services across sectors.

4. Conclusion

The CCo acknowledges that there is no single top-down solution to effective integration of services that will work in all areas. Instead, the following recommendations are intended to remove barriers to bottom-up integration and help to create the conditions for local partners to build solutions that meet local need.

See Appendix for relevant recommendations that the CCo has previously made regarding local integration of services.

Defining local

One of the major points of agreement between what families told us in the *Family Review: Part 1* and what we heard from senior stakeholders on local integration was the importance of services working on the same geographical footprint. It is hugely encouraging that families and services agree on what is needed; families want local family services that are easily accessible through the places they are already familiar with, and services want structures in place that allow them to deliver integrated, cross-sector services that meet the needs of the local populations they serve.

However, agreeing a common footprint is complex and social geography is not the same everywhere. It is important to allow local partners the flexibility to define these areas in a way that is recognisable for local populations and allows effective service provision.

Services are currently organised and delivered on relatively large footprints, such as local authority or police areas, that are not ideal delivery footprints for family services. To achieve this, the design of public services should consider the delivery footprint as much as the organisational footprint.

Family services need to be easily visible and accessible to families. As families overwhelmingly identify schools and GPs as the service points from which they would seek help, whatever the issue, family services should be built on similar footprints. School catchment areas and NHS primary care networks are appropriate analogues for these local neighbourhood footprints.

See *Family Review: Part 2* for more on reforming public services to work for families.

The ideal scenario for local integration

Despite the challenges and the different means to achieving this end state, the ideal scenario for families would be one where cross-sector services all work within a geography that makes sense for local people and is easy for them to access. Within that area, services are co-located and have structures in place to share data and coordinate complementary services. This should include a close partnership with schools, GPs, and the voluntary and community sector, as well as a single front door to more specialist statutory services. Ideally, a family hub should be the central pillar around which family services are built.

Future public service reform should put more focus on delivery footprint, with the aim of designing services for delivery on a neighbourhood footprint; a geographical footprint serving a natural community that has been locally agreed. Services should be visible, accessible, and integrated within this neighbourhood footprint.

Recommendations

Recommendation The Children's Commissioner recommends that the Department for Education, the Department of Health and Social Care, the Department for Levelling Up, Housing and Communities, the Home Office, and the Ministry of Justice should co-commission a pilot programme with selected trailblazer local areas to deliver integrated local services from pooled local budgets for health and wellbeing, safeguarding, and public safety. This pilot should be informed by these recommendations on removing the barriers to good local integration.

Recommendation The Department for Education, the Department of Health and Social Care, the Home Office, and the Ministry of Justice should consider how the functions of Local Safeguarding Partnerships, Health and Wellbeing Boards, Adult Safeguarding Boards, and Community Safety Partnerships could be rationalised, and the bodies merged with consolidated duties, powers, funding, and accountability. As the CCo has previously recommended, schools should have a formal role in this rationalised partnership, which should have operational as well as strategic functions.

Recommendation The Department for Education, the Department of Health and Social Care, the Home Office, and the Ministry of Justice should expand the range of Joint Area Targeted Inspections (JTAs)

undertaken by the relevant inspectorates and ensure that the relevant single agency inspection regimes support each agency's improvement.

Recommendation In implementing the SEND reforms, social care reforms and Integrated Care Systems, the Children's Commissioner recommends ensuring that:

- children and families reaching the threshold for support in one element of the system also get support from other services (e.g. if a child is on a child protection plan because of mother's mental health, the mother should be receiving NHS care)
- children and families can expect to receive the same access to support in every area without a postcode lottery of access

Recommendation Across a local authority, statutory partners should seek to rationalise the functions of Local Safeguarding Partnerships, Health and Wellbeing Boards, Adult Safeguarding Boards, and Community Safety Partnerships. In particular, the Children's Commissioner recommends:

- all services should utilise and contribute to the Joint Strategic Needs Assessment produced for the Health and Wellbeing Board
 - local areas should utilise the data-sharing powers assigned to the Local Safeguarding Partnership to integrate data
 - areas should co-opt schools, primary care networks and some large voluntary sector providers onto their Local Safeguarding Partnership
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Appendix

Services currently available to families

	Universal services or entitlements*	Targeted services or entitlements
Financial support for families with children	N/A	Child Benefit (HMRC) Maternity and Other Parental Pay Benefits (BEIS) Married Couples Allowance (HMRC) Parental Bereavement Leave (DWP) Child Tax Credit (HMRC) Child Maintenance (DWP) Universal Credit Child Element (DWP) Adoption Support fund (DfE) Foster Care Allowance (DWP)
Children with SEND and parents with disabilities	Education, Health and Care Plan (DfE) SEN Inclusion Fund (DfE) The Local SEND Offer (DfE) Special Educational Provision (DfE)	Young Carer's Assessment (DHSC) Disability Access Fund (DfE) Short Break Services (DfE) Disability Living Allowance (DWP)
Childcare	15-hours childcare for 3 and 4 year olds (DfE)	15-hours childcare for 2 year olds (DfE) & 30-hours childcare (DfE) Childcare Grant (DWP) Flexible Support Fund (DWP) Tax Free Childcare (HMRC) Universal Credit Childcare Element (DWP) Childcare Element of Working Tax Credit (DWP)
School and training	Early Years Foundation Stage Profile (DfE) Primary Education (DfE) Secondary Education (DfE)	Virtual School Heads (DfE) Pupil Premium (DfE) Parents Learning Allowance (DfE) Kickstart Scheme (DWP)

	<p>Further Education (DfE)</p> <p>Higher Education funding (DfE)</p> <p>Apprenticeships (DfE)</p> <p>National Careers Service (DfE)</p>	<p>Supported Internships (DfE)</p> <p>Traineeships (DfE)</p> <p>Period Products Scheme (DfE)</p> <p>Free School Transport (DfE)</p>
Parental Relationships	<p>Relationships and Sex Education (DfE)</p>	<p>Reducing Parental Conflict (DWP)</p> <p>Domestic Abuse Support (HO)</p> <p>Family Courts (MoJ)</p>
Parenting	<p>Family Hubs (DfE)</p> <p>Children Centres (DfE)</p>	<p>Early Help Services (DfE)</p> <p>Supporting Families (DLUHC)</p> <p>Children's Social Care (DfE)</p> <p>Children's Homes (DfE)</p> <p>Kinship Care / Special Guardianship (DfE)</p> <p>Foster Care (DfE)</p> <p>Adoption Services (DfE)</p> <p>Children and Family Courts Advisory and Support Service (MoJ)</p> <p>Family Courts (MoJ)</p>
Health	<p>Start4Life (DHSC)</p> <p>Change4Life (DHSC)</p> <p>Healthy Child Programme (including midwifery and health visiting) (DHSC)</p> <p>Mental Health Support Teams (NHS)</p> <p>School Nursing/ School Health Team (DHSC)</p> <p>National Child Measurement Programme (DHSC)</p>	<p>Family Nurse Partnership (DHSC)</p> <p>Children and Young People's Mental Health Services (NHS)</p> <p>Perinatal Mental Health Support (DHSC)</p>
Food provision	<p>School Fruit and Vegetable Scheme (DHSC)</p> <p>Nursery Milk Scheme (DHSC)</p>	<p>Healthy Start vouchers/ Digital Cards (DHSC)</p> <p>Free School Meals (DfE)</p> <p>Holiday Activities and Food Programme (DfE)</p> <p>National School Breakfast Programme (DfE)</p>

*Note: Department for Business, Energy and Industrial Strategy (BEIS); Department for Work and Pensions (DWP); HM Revenue and Customs (HMRC)

Relevant CCo recommendations

The CCo has previously made the following recommendations, regarding statutory bodies with a strategic or operational role in the delivery of local services.

Education recommendations

In *Ambition for all – our vision for a school system that works for all children*, the CCo made the following recommendation.²

Ambition 9: Schools to be embedded in local partnerships delivering for children

We believe that schools and colleges should become full statutory members of local safeguarding partnerships alongside the local authority, police and the NHS. Doing this gives schools a seat at the table in designing and implementing safeguarding systems and policies to protect children and promote their welfare. It also provides a statutory framework for a more open exchange of data between schools and partners. But, along with these opportunities comes obligations, becoming a statutory safeguarding partner requires schools to comply with the policies created by the local safeguarding partnership. We believe this balance of enhanced power and responsibilities befits the role of schools and colleges within the system.

Alongside this, we would like to see enhanced expectations as to the practical processes that safeguarding partnerships should oversee. The statutory definition of safeguarding has been expanded significantly by the 2018 update to the Working Together guidance, which defines safeguarding as:

1. Protecting children from maltreatment
2. Preventing impairment of children’s mental and physical health or development
3. Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care

4. Taking action to enable all children to have the best outcomes

This broader statutory definition needs to be reflected in the way partnerships work with schools to support children. For example, we would like all local safeguarding partnerships to be obliged to have attendance protocols in place agreed between schools, the local authority and the NHS. In practice this needs to mean that if a child does not or cannot attend school, professionals come together to understand why this is, and what needs to be done about it. Our work with children shows this to be complex; a child may be a young carer and worried about leaving their parent; they may have mental health problems, or they may be getting bullied. Each child will warrant a slightly different response, the point is that every child is entitled to the support they need to get to school, and local safeguarding partnerships should be expected to put in place the arrangements to ensure the public service who needs to act, does act.

Children's social care recommendations

In *Children's Social Care – putting children's voices at the heart of reform*, the CCo made the following recommendation.³

The reforms introduced through the Children and Social Work Act 2017 should be expanded. The establishment of safeguarding partnerships as a joint enterprise between local authorities, police and the NHS was an important principle. We believe this needs to be expanded in three ways:

1. Schools should become formal parts of the safeguarding partnership, with a voice in formulating safeguarding arrangements and an expectation they cooperate.
2. Move from a system of joint safeguarding oversight to joint safeguarding implementation with integrated support from the police, NHS, and schools in delivering family services and support for children in care. The principle should be the same as Education, Health and Care Plans, but we should learn from some of the challenges this has thrown up in delivery.
3. Local safeguarding partnerships should have a common set of outcomes which they monitor in real time and work collaboratively to maximise. In response to the recommendation of the Wood Review to this end, the Children's Commissioner's Office is about to commence a piece of work to consider what these should be.

4. Look at models of social proscribing within social care to strengthen the ability of social workers to secure access to crucial services for children across their partnership.

References

¹ Department for Education, *Statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services*, 2013, <https://www.gov.uk/government/publications/directors-of-childrens-services-roles-and-responsibilities/>.

² Children's Commissioner for England, *Ambition for all – our vision for a school system that works for all children*, March 2022, <https://www.childrenscommissioner.gov.uk/report/ambition-for-all-our-vision-for-a-school-system-that-works-for-all-children/>.

³ Children's Commissioner for England, *Children's Social Care – putting children's voices at the heart of reform*, January 2022, <https://www.childrenscommissioner.gov.uk/report/childrens-social-care-putting-childrens-voices-at-the-heart-of-reform/>.



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