



# Children's social care research and services

A scoping exercise to map the terrain of children's social care in the East of England

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Dr Mark Gregory, Dr Natasha Rennolds, Catherine Ellis, and Rosie McDermont

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# Executive Summary

## Introduction

This report outlines findings from a scoping exercise of children's social care research services in the East of England. The scoping exercise was undertaken on behalf of the ASCENT project, which is part of the work of the Applied Research Collaboration (ARC) East of England, a National Institute for Health and Care Research (NIHR) funded project that aims to bolster research capacity in the region.

## Approach

The scoping exercise involved three strands: harvesting information from university and organisation websites; surveys sent to identified researchers and organisations; and a roundtable discussion with individuals researching or delivering children's social care in the East of England.

## Findings

Ninety-five researchers and seventy-one organisations were identified and a directory of these researchers and services has been appended to the report. Research in and delivery of children's social care in the East of England is diverse; there is a wide variety of research being undertaken in the region, by individuals from a broad array of disciplines, including neuroscience, health, law, and psychology, as well as social work and social policy. Children's social care organisations are similarly diverse, with support services offering a range of direct interventions with children and their families when they are experiencing challenges.

Forty-three researchers and fourteen individuals working in organisations delivering children's social care responded to the scoping exercise surveys. Researchers identified that securing funding and a lack of time to develop research proposals were major barriers to researching children's social care. Most respondents were positive about increasing engagement with and involvement of practitioners in research, and just under two thirds of respondents had engaged with providers of children's social care in the last year, through research, stakeholder engagement, and delivering training or disseminating research findings.

Half of the respondents from children's social care organisations reported that they use research to inform strategy and that practitioners use research in their practice, though just over a third of respondents reported that they do not currently use or engage in research. There was some ambivalence about greater involvement in research; in principle, respondents were keen to be more involved but there was little appetite for employing researchers, and many respondents provided neutral responses to questions about greater involvement in research.

A roundtable discussion involving six participants from universities and children's social care providers further explored some of these issues. There was a consensus that research that benefits practice should be a priority, and further consensus that there are challenges to researching children's social care, which include workload pressures

on practitioners, a lack of research infrastructure and culture in children's social care, and difficulties in accessing participants or collaborators as a result. Individual examples of effective collaboration were provided, and the importance of relationships and reciprocity were highlighted as helping to promote research in children's social care.

## Recommendations

Based on the findings from the survey and roundtable discussion, recommendations are made for possible next steps to help to bolster research capacity in children's social care in the East of England.

- Embedding researchers through use of PhD studentships; creating researcher in residence posts; and supporting practitioners to develop the knowledge and skills needed to be practitioner-researchers.
- Creating regional networks through one-off events such as conferences or workshops; developing communities of practice; and collaborating on research projects.
- Supporting researchers through awareness-raising of funding streams available to them; support with developing large research bids; and mentoring for researchers who are early- or mid-career and who may not have had experience of developing and leading large research projects.

## Introduction to the scoping exercise

The University of East Anglia was commissioned to undertake a scoping exercise of children's social care research and services across the East of England by the Applied Research Collaboration East of England (ARC EoE). ARC EoE is a project funded by the National Institute for Health and Care Research (NIHR) with the aim of boosting research capacity and collaboration in the region. The scoping exercise falls under the ASCENT project, which is intended to support the delivery of practice-based research, to build the research skills of practitioners, and to promote evidence-based commissioning of services across both adult and children's social care. The ASCENT project is also supported by the NIHR East of England Regional Research Delivery Network (RRDN), formerly the Clinical Research Network East of England (CRN EoE).

This strand of the ASCENT project involves mapping the terrain of children's social care in the region. The focus is two-fold: to gain an understanding of what research is taking place in the region and how different organisations engage in and use research; and to understand which organisations are active in delivering children's social care within the East of England.

### Defining children's social care

Children's social care is highly complex and is delivered by a vast network of statutory, private, and third sector providers. To undertake the scoping exercise, it was necessary to come up with a definition of children's social care to delimit which organisations and what research activity would fall in scope. The definition used by the authors was:

*The provision of services to children, young people, and families that are primarily focused on promoting their social and emotional health and well-being, where extra support is required for the child or young person to flourish*

This meant that organisations delivering purely physical health-related services or purely educational services were excluded. Children's social care is typically stratified into four tiers of service provision: tier 1 services are universal and available to all children and families; tier 2 services are classified as early help and are offered where additional needs have been identified; tier 3 services are provided where children have complex or multiple needs that require more intensive support; and tier 4 services are provided where children are in acute need. The definition used for this report incorporated services provided at tier 2 and above.

The authors also took the decision to not include private fostering agencies in the region. Private fostering agencies employ foster carers and are commissioned by local authorities to provide care, ordinarily when suitable local authority foster placements are not available. These agencies do not ordinarily directly provide services to children or their families and so were excluded from the scoping exercise.

## Approach to the scoping exercise

The scoping exercise involved three threads to gather information on children's social care services and research in the region, which were as follows:

### 1. Accessing information online

This involved accessing publicly available information from providers of children's social care services and organisations – primarily universities – involved in researching children's social care. One member of the team led on gathering information about services, and another team member led on accessing information on researchers. The contacts gained from accessing information online were used for the second stage of data collection.

### 2. Online surveys

Two online surveys were developed, one for individuals involved in research (see Appendix A), and one for organisations delivering services (see Appendix B). The surveys were disseminated to contacts identified via the information accessed online. When contacting researchers, we also requested that they share the survey with any colleagues they were aware of who were undertaking research in the field of children's social care. This enabled us to identify some further key contacts that may not have been found through only accessing information online.

### 3. A roundtable discussion

Individuals who completed the online survey were asked whether they would be interested in participating in a roundtable discussion to explore some of the issues arising from responses to the survey. The roundtable discussion was open to individuals working in organisations delivering children's social care and to researchers. A single roundtable discussion took place via Microsoft Teams in October 2024.

This combination of methods enabled the team to gather a substantial amount of information about children's social care services in the region, to explore the nature and extent of research being undertaken in the region, and to get a sense of barriers, facilitators, and future hopes for engaging with and using research in children's social care.

## Findings: Children's social care researchers

Within the East of England, there are seven universities employing individuals who undertake research in the field of children's social care. Through online information-gathering and survey responses, researchers undertaking children's social care research within other organisations were also identified. A directory of all identified researchers can be found in Appendix C. This section will provide an overview of each of the regional universities and the other researchers active in the East of England, before moving on to discuss findings from the survey.

### Anglia Ruskin University

Eleven individuals at Anglia Ruskin University were identified by the scoping exercise as being involved in researching children's social care. These researchers were based across two departments within the university, as shown below in Figure A.

<b>Anglia Ruskin University</b>
<b>Faculty of Arts, Humanities, Education and Social Sciences</b>
<b>International Policing and Public Protection Research Institute</b>
<p>Key contact(s):</p> <p>Professor Samantha Lundrigan (Director)</p> <p><a href="mailto:samantha.lundrigan@aru.ac.uk">samantha.lundrigan@aru.ac.uk</a></p> <p>Areas of expertise:</p> <p>Child sexual abuse; child sexual exploitation; gendered violence; youth crime/offending; sexual violence</p>
<b>Faculty of Health, Medicine and Social Care</b>
<b>School of Allied Health and Social Care</b>
<p>Key contact(s):</p> <p>Dr Melanie Boyce</p> <p><a href="mailto:melanie.boyce@aru.ac.uk">melanie.boyce@aru.ac.uk</a></p> <p>Dr Roxana Anghel</p> <p><a href="mailto:roxana.anghel@aru.ac.uk">roxana.anghel@aru.ac.uk</a></p> <p>Areas of expertise:</p> <p>Marginalised groups and communities; experiences of social work involvement; child protection; foster care and leaving care</p>

*Figure A: Organogram showing the faculties, schools, and departments at Anglia Ruskin University that are involved in carrying out research in children's social care*

The primary areas of research interest at the university are the experiences of those who use services, working with marginalised groups, sexual abuse and sexual exploitation, gendered and sexual violence, and youth offending. They have interests in working with families from minoritised backgrounds, as highlighted by the example project in Figure B below.



### An exploration into the experiences of Roma families in Children's Services

<b>Lead investigator</b>	Dr Melanie Boyce
<b>Institution</b>	Anglia Ruskin University
<b>Funder</b>	Safe and Inclusive Communities
<b>Project dates</b>	January – September 2023
<b>Project description</b>	A collaborative mixed methods study which examined the experiences of Roma families with children's services in England. This research, which directly involved Roma families, community groups working with Roma, legal professionals, and social workers, aimed to explore Roma families' experiences with children's services and identify systemic barriers and opportunities for improvement. Active participation of Roma families and community advocates was essential, and their voices and perspectives informed every stage of the research process, laying the groundwork for more effective and equitable service provision.
<b>Research outputs</b>	Boyce, Melanie; Coker, Sophie; Feija, Dragica; Greenfields, Margaret; Kostka, Joanna; Radley, Chantal (2024). Come to us in a peaceful way: Improving experiences of Roma families with children's services in England. Anglia Ruskin Research Online (ARRO). Report. <a href="https://doi.org/10.25411/aru.26501713.v4">https://doi.org/10.25411/aru.26501713.v4</a>

*Figure B: Research example from Anglia Ruskin University*

### University of Bedfordshire

In total, thirteen research staff were identified at the University of Bedfordshire, with researchers being based across several departments within the university. Figure C provides an organogram of the structure of the University of Bedfordshire as it relates to research active staff and departments in the field of children's social care.

<b>University of Bedfordshire</b>	
<b>Faculty of Health and Social Sciences</b>	
<b>School of Applied Social Sciences</b>	
Key contact(s): Dr Fiona Factor (Head of School) <a href="mailto:fiona.factor@beds.ac.uk">fiona.factor@beds.ac.uk</a>	
Areas of expertise: Refugee and asylum-seeking children; child sexual exploitation; youth work; honour crime; forced marriage; domestic violence; youth offending/justice; child and family social work	
<b>Institute of Applied Social Research</b>	
<b>Tilda Goldberg Centre for Social Work and Social Care</b>	<b>Safer Young Lives Research Centre</b>
Key contact(s): Professor Emily Munro (Director) <a href="mailto:emily.munro@beds.ac.uk">emily.munro@beds.ac.uk</a>	Key contact(s): Alice Yeo <a href="mailto:alice.yeo@beds.ac.uk">alice.yeo@beds.ac.uk</a> Dr Debra Allnock <a href="mailto:debra.allnock@beds.ac.uk">debra.allnock@beds.ac.uk</a>
Areas of expertise: Child and family social work; transitions from care to adulthood	Areas of expertise: Child protection; child sexual abuse and exploitation; child exploitation and extra-familial harm; children and young people in care; education; youth offending; domestic abuse; sexual abuse/violence

*Figure C: Organogram of key departments at the University of Bedfordshire undertaking research on children's social care*

The university covers a broad range of research areas in children's social care, with a strong focus on the forms of harm that children and young people experience, including extra-familial harm and social work responses to children and families where there are safeguarding concerns. The university has undertaken in-depth practice evaluations of the Reclaiming Social Work model, which involves the implementation of systemic practice as a model for safeguarding children, however the lead researcher on these projects has since moved on from the University of Bedfordshire. The university also has strengths in youth offending and youth justice research.

Another area of recent research activity for the university is young people's transitions out of care; Figure D shows an example of a research project undertaken by a team of researchers from the Tilda Goldberg Centre for Social Work and Social Care.

Care leavers, Covid-19 and the transition from care	
<b>Lead investigator</b>	Professor Emily Munro
<b>Institution</b>	Tilda Goldberg Centre for Social Work and Social Care
<b>Funder</b>	Economic and Social Research Council (ESRC)
<b>Project description</b>	This ESRC funded project sought to explore pathways out of care for young people during the Covid-19 pandemic and their experiences of transitioning out of care.
<b>Research outputs</b>	<p>Munro, E. R., Friel, S., Baker, C., Lynch, A., Walker, K., Williams, J., Cook, E., and Chater, A., (2022). Care leavers' transitions to adulthood in the context of COVID-19: Understanding pathways, experiences and outcomes to improve policy and practice. <i>University of Bedfordshire</i>. <a href="https://uobrep.openrepository.com/handle/10547/625407">https://uobrep.openrepository.com/handle/10547/625407</a></p> <p>Munro, E. R., Friel, S., Baker, C., and Newlands, F. (2023). Adapting services and support for young people negotiating the transition from care to adulthood in the midst of the COVID-19 pandemic. In Krzaklewska, E., Williamson, H., Stapleton, A., Tillmann, F. (ed(s)). <i>Transitions on hold? How the COVID-19 pandemic affected young people's autonomy</i>, Strasbourg: <i>Council of Europe and European Commission</i> pp.215-225. <a href="https://uobrep.openrepository.com/handle/10547/626098">https://uobrep.openrepository.com/handle/10547/626098</a></p>

Figure D: Example research project from the University of Bedfordshire

## University of Cambridge

Unlike other universities in the region, the University of Cambridge does not have a school or department of social work and does not deliver social work or social care-related degree programmes. Nonetheless, the university is home to the Centre of Family Research, which undertakes projects that are directly relevant to children’s social care. Within other departments and faculties, the scoping exercise identified other researchers carrying out work that is related to children’s social care. Eight researchers were identified across four departments or research units, Figure E below shows where research on children’s social care takes place at the University of Cambridge.

University of Cambridge			
<b>Primary Care Unit</b>	<b>Centre for Family Research</b>	<b>Faculty of Education</b>	<b>Department of Psychiatry</b>
Key contact(s): Dr Robbie Duschinsky <a href="mailto:rd522@cam.ac.uk">rd522@cam.ac.uk</a> Areas of expertise: Child and Family Mental Health	Key contact(s): Professor Pasco Fearnon (Director) <a href="mailto:pf380@cam.ac.uk">pf380@cam.ac.uk</a> Professor Claire Hughes <a href="mailto:ch288@cam.ac.uk">ch288@cam.ac.uk</a> Areas of expertise: Caregiving/parenting; children's psychological, emotional, cognitive and psychobiological development	Key contact(s): Dr Ros McLellan <a href="mailto:rwm11@cam.ac.uk">rwm11@cam.ac.uk</a> Areas of expertise: Children and young people's wellbeing in school	Key Contact(s): Professor Tamsin Ford <a href="mailto:tjf52@medschl.cam.ac.uk">tjf52@medschl.cam.ac.uk</a> Dr Anna Moore <a href="mailto:am2708@medschl.cam.ac.uk">am2708@medschl.cam.ac.uk</a> Areas of expertise: Child and adolescent mental health

*Figure E: Organogram showing the departments, faculties, and centres at the University of Cambridge where research on children's social care is undertaken*

In line with the wider interests of the faculties, departments, and centres that host the identified researchers, much of the research at the University of Cambridge can broadly be characterised as related to child development and the role of parenting in child development. There are particular interests in psychological and emotional development, and mental health in childhood and adolescence. This includes large longitudinal studies such as the example below in Figure F.

### The new fathers and mothers study: Well-being, parenting and children's self-regulation 2014-2018

<b>Lead investigator</b>	Professor Claire Hughes
<b>Institution</b>	University of Cambridge
<b>Funder</b>	Economic and Social Research Council
<b>Project dates</b>	October 2014 – April 2018
<b>Project description</b>	This study extends the researchers' previous work on family influences on children's abilities to regulate their thoughts and behaviours in several ways: by focusing on the first two years of life; by examining effects of paternal as well as maternal influences; by integrating this cognitive perspective with the co-investigators' expertise in assessing individual differences at biological and social levels; and finally by adopting a multi-site design that provides a stringent test of the generalisability of study findings.
<b>Research outputs</b>	Hughes, C., & Devine, R. T., Foley, S., Ribner, A., Mesman, J. & Blair, C. (2020). Couples Becoming Parents: Trajectories for Psychological Distress and Buffering Effects of Social Support. <i>Journal of Affective Disorders</i> .  Hughes, C., Devine, R.T., Mesman, J. & Blair, C. (2019). Parental Wellbeing, Couple Relationship Quality and Children's Behavior Problems in the First Two Years of Life. <i>Development and Psychopathology</i> , 1-10.

Figure F: Research example from the University of Cambridge

Though the focus of the researchers at the University of Cambridge was not explicitly children's social care, the research being undertaken there is highly relevant to the field. In many respects, the research being undertaken at the University of Cambridge serves to highlight the breadth and diversity of children's social care as a field of study.

### University of East Anglia

The University of East Anglia is the home of the Centre for Research on Children and Families (CRCF) and as such has a rich history of producing research on children's social care. Historically, the university and the CRCF have had notable strengths in the field of child placement; primarily fostering, adoption, and contact with birth parents. This remains a significant area of interest and this is reflected in the research interests of several of the twenty-one identified active researchers at the University of East Anglia.

Figure G highlights that research at the university extends beyond the CRCF and includes researchers from health sciences, medicine, psychology, and education, once more reflecting the multidisciplinary nature of children’s social care research.

University of East Anglia			
Faculty of Social Sciences			
<p><b>School of Social Work and Sociology</b></p> <p>Key contact(s):</p> <p>Professor Elsbeth Neil (Research Director)</p> <p><a href="mailto:E.Neil@uea.ac.uk">E.Neil@uea.ac.uk</a></p> <p>Areas of expertise:</p> <p>Wide range of areas on children and families, and social work practice</p>	<p><b>Centre for Research on Children and Families</b></p> <p>Key contact(s):</p> <p>Dr Laura Cook (Director)</p> <p><a href="mailto:L.Cook@uea.ac.uk">L.Cook@uea.ac.uk</a></p> <p>Areas of expertise:</p> <p>Wide range of areas on children and families, and social work practice</p>	<p><b>School of Education and Lifelong Learning</b></p> <p>Key contact(s):</p> <p>Dr Simon Hammond</p> <p><a href="mailto:S.Hammond@uea.ac.uk">S.Hammond@uea.ac.uk</a></p> <p>Areas of expertise:</p> <p>Looked after young people; mental health</p>	<p><b>School of Psychology</b></p> <p>Key contact(s):</p> <p>Laura Biggart</p> <p><a href="mailto:L.Biggart@uea.ac.uk">L.Biggart@uea.ac.uk</a></p> <p>Neil Cooper</p> <p><a href="mailto:Neil.Cooper@uea.ac.uk">Neil.Cooper@uea.ac.uk</a></p> <p>Areas of expertise:</p> <p>Emotions and team support; the social work workforce; working with parents; interagency working</p>
Faculty of Medicine and Health			
<p><b>Norwich Medical School</b></p> <p>Key contact(s):</p> <p>Professor Richard Meiser-Stedman</p> <p><a href="mailto:R.Meiser-Stedman@uea.ac.uk">R.Meiser-Stedman@uea.ac.uk</a></p> <p>Dr Joanne Hodgekins</p> <p><a href="mailto:J.Hodgekins@uea.ac.uk">J.Hodgekins@uea.ac.uk</a></p> <p>Areas of expertise:</p> <p>Child and adolescent mental health</p>		<p><b>School of Health Sciences</b></p> <p>Key contact(s):</p> <p>Dr Lisa Franks</p> <p><a href="mailto:Lisa.Franks@uea.ac.uk">Lisa.Franks@uea.ac.uk</a></p> <p>Carole Gardner</p> <p><a href="mailto:Carole.Gardener@uea.ac.uk">Carole.Gardener@uea.ac.uk</a></p> <p>Areas of expertise:</p> <p>Children with disabilities; young carers</p>	

Figure G: Organogram of faculties, schools, and centres involved in research in children’s social care at the University of East Anglia

Researchers within the CRCF and School of Social Work and Sociology undertake research with regional local authorities, including evaluations of new practice models and initiatives. The CRCF has a growing interest in research on the social work workforce – including staff retention and professional judgement – as well as working with parents, which includes research on working with fathers and working with parents from minoritised backgrounds. Other areas of interest include multiagency and

transitional safeguarding. Figure H provides an example of children’s social care research being undertaken by an interdisciplinary team from the CRCF.

<b>LIMITLESS and LIMITLESS 2</b>	
<b>Lead investigator</b>	Dr Simon P Hammond
<b>Institution</b>	University of East Anglia and Norfolk and Suffolk NHS Foundation Trust
<b>Funder</b>	National Institute for Health and Care Research (NIHR)
<b>Project dates</b>	LIMITLESS: August 2021 – December 2022 LIMITLESS 2: May 2024 – October 2027
<b>Project description</b>	The LIMITLESS programme aims to improve the mental health and well-being of teens living in social care by improving the guidance available to support them.  LIMITLESS 2 will build on LIMITLESS and refine their initial practice guidance, and use this to develop, co-produce and feasibility test a new suite of resources that aim to improve the quality, accessibility and consistency of adolescent-focused low-intensity life story work
<b>Research outputs</b>	Hammond, S. P., Mickleburgh, E., Duddy, C., Hiller, R., Neil, E., Blackett, R., Williams, K., Wilson, J., & Wong, G. (2023). Improving the mental health and mental health support available to adolescents in out-of-home care via Adolescent-Focused Low-Intensity Life Story Work: a realist review. <i>BMJ Open</i> , 13(10), e075093. <a href="https://doi.org/10.1136/bmjopen-2023-075093">https://doi.org/10.1136/bmjopen-2023-075093</a>

*Figure H: Research project example from the University of East Anglia*

The CRCF’s historic strengths in research on child placement is reflected in continued large-scale projects on fostering and adoption as shown below in Figure I.

**From care, to adoption, to parenting: a two generation study of identity, risk and resilience in adoptive families**

<b>Lead investigator</b>	Professor Elsbeth Neil
<b>Institution</b>	Centre for Research on Children and Families
<b>Funder</b>	Economic and Social Research Council
<b>Project dates</b>	June 2018 – September 2021
<b>Project description</b>	This study explores the positives and the challenges of becoming a parent from the perspective of people adopted from care and parents who adopted a child from care and who are now grandparents.
<b>Research outputs</b>	Neil, E., Rimmer, J., & Sirbu, I. (2023). How do adopted adults see the significance of adoption and being a parent in their life stories? A narrative analysis of 40 life story interviews with male and female adoptees. <i>Children and Youth Services Review</i> , 155, 107267. <a href="https://doi.org/10.1016/j.childyouth.2023.107267">https://doi.org/10.1016/j.childyouth.2023.107267</a>

Figure I: Research project example from the University of East Anglia

### University of Essex

The scoping exercise identified twenty-three researchers at the University of Essex with research interests and activity relevant to the field of children’s social care. Research activity at the University of Essex takes place across several schools and departments, as shown below in Figure J.

University of Essex	
Faculty of Social Sciences	
<b>Institute for Social and Economic Research</b>	<b>Department of Psychosocial and Psychoanalytic studies</b>
Key contact(s): Professor Michaela Benzeval <a href="mailto:mbenzeval@essex.ac.uk">mbenzeval@essex.ac.uk</a> Professor Emilia Del Bono <a href="mailto:edelbono@essex.ac.uk">edelbono@essex.ac.uk</a> Areas of expertise: Social and economic determinants of health across the life course; child and adolescent mental health; children's human capital and inequalities	Key contact(s): Dr Chris Nicholson (Head of School) <a href="mailto:cnich@essex.ac.uk">cnich@essex.ac.uk</a> Areas of expertise: Child protection; parental mental health; child abuse; looked after children and care leavers; therapeutic approaches; assessment of children and adolescents



Faculty of Science and Health	
<p style="text-align: center;"><b>School of Health and Social Care</b></p> <p>Key contact(s):</p> <p>Professor Susan McPherson  <a href="mailto:smcpher@essex.ac.uk">smcpher@essex.ac.uk</a></p> <p>Professor Leanne Andrews  <a href="mailto:landre@essex.ac.uk">landre@essex.ac.uk</a></p> <p>Professor Frances Blumenfeld  <a href="mailto:fblume@essex.ac.uk">fblume@essex.ac.uk</a></p> <p>Areas of expertise:</p> <p>Trauma and mental health; perinatal mental health services; fostering and adoption; mental health; children’s wellbeing; children in care and care leavers; mental health; child protection; care proceedings</p>	<p style="text-align: center;"><b>School of Sport, Rehabilitation and Exercise Studies</b></p> <p>Key contact(s):</p> <p>Dr Jason Moran  <a href="mailto:jmorana@essex.ac.uk">jmorana@essex.ac.uk</a></p> <p>Areas of expertise:</p> <p>Exercise and youth mental health</p>
Faculty of Arts and Humanities	
<p><b>Essex School of Law</b></p>	
<p>Key contact(s):</p> <p>Dr Samantha Davey  <a href="mailto:smdave@essex.ac.uk">smdave@essex.ac.uk</a></p> <p>Areas of expertise:</p> <p>Legal matters affecting children</p>	

*Figure J: Organogram showing the faculties and schools involved in research on children’s social care at the University of Essex*

The research interests of staff at the university are diverse, but there are strengths in researching mental health in childhood and adolescence, and parental mental health. The university has also been involved in research on care proceedings and legal matters, children in care and leaving care, and child protection practice. Researchers at the university have undertaken several practice evaluations with regional local authorities, focusing on interventions that are intended to reduce recurrent care proceedings. Working in collaboration with Research in Practice and the Centre for Child and Family Justice Research at Lancaster University, the university has been involved in the development of a ‘Supporting Parents’ community of practice, which can be found here: <https://supportingparents.researchinpractice.org.uk/>. An example of this work is provided below in Figure K.

<b>Edge of Care Service Evaluation</b>	
<b>Lead investigators</b>	Professor Pam Cox and Professor Susan McPherson
<b>Institution</b>	School of Health and Social Care
<b>Funder</b>	Family Action
<b>Project dates</b>	2019
<b>Project description</b>	This project explores responses to families where children are on the edge of care, meaning that they are at risk of being removed from their birth family and placed into the care of the local authority. This project focuses on evaluating an edge of care service piloted in one London borough.
<b>Research outputs</b>	Cox, P., McPherson, S. and Blumenfeld, F. (2021). Protecting Children, Empowering Birth Parents: New Approaches in Family Justice. <i>Societies</i> , 11(2), 32-32107267. <a href="https://doi.org/10.1016/j.chilyouth.2023.107267">https://doi.org/10.1016/j.chilyouth.2023.107267</a>

Figure K: Research project example from the University of Essex

The university also has researchers from law and neuroscience backgrounds with interests related to children’s social care, again highlighting the multidisciplinary nature of research in this field.

### University of Hertfordshire

At the University of Hertfordshire, eleven researchers were identified as being involved in research on children’s social care. As with other universities, these researchers were based across several schools and research centres, as shown below in Figure L.

<b>University of Hertfordshire</b>	
<b>School of Health and Social Work</b>	
<b>Communities, Young People and Family Lives Research Unit</b>	<b>Centre for Applied Clinical, Health and Care Research</b>
Key contact(s): Dr Laura Hamilton <a href="mailto:l.hamilton7@herts.ac.uk">l.hamilton7@herts.ac.uk</a> Dr Claire Thompson <a href="mailto:c.thompson25@herts.ac.uk">c.thompson25@herts.ac.uk</a> Areas of expertise: Poverty and inequalities; young people’s mental health and wellbeing	Key contact(s): Dr Laura Abbott <a href="mailto:l.abbott@herts.ac.uk">l.abbott@herts.ac.uk</a> Areas of expertise: Pregnancy and early parenthood in criminal justice settings; children and young people’s participation in research and services
<b>School of Life and Medical Sciences</b>	

### Various research centres and units

Key contact(s):

Dr Karen Irvine

[k.irvine2@herts.ac.uk](mailto:k.irvine2@herts.ac.uk)

Dr Lizette Nolte

[l.nolte@herts.ac.uk](mailto:l.nolte@herts.ac.uk)

Areas of expertise:

Child and adolescent mental health; children in the care system; autism and children; parenting and family wellbeing in difficult times; diversity and social inclusion

*Figure L: Organogram showing the schools and centres where children's social care research takes place at the University of Hertfordshire*

Researchers at the university are involved in a wide range of research on children's social care, including children with disabilities, mental health, working with parents, and evaluations of practice. An example of research is provided below in Figure M. Findings from the example study have been disseminated via a performance being delivered across the region, demonstrating the innovative and accessible ways that children's social care research can be shared with practitioners, students, policy makers and users of services.

### Lost Mothers

<b>Lead investigator</b>	Dr Laura Abbott
<b>Institution</b>	University of Hertfordshire
<b>Funder</b>	Economic and Social Research Council
<b>Project dates</b>	December 2022 – December 2025
<b>Project description</b>	A qualitative study to explore the effects of mandatory separation of babies from imprisoned women with Criminal Justice System (CJS) involvement, incorporating the experiences of midwifery, Health Visitors (HVs), social work and CJS professionals.  <a href="https://lostmothers.org/">https://lostmothers.org/</a> .
<b>Research outputs</b>	Most recent: Abbott, L., Chivers, K. & Moncrieffe, T. Co-production in the Lost Mothers Project: transforming criminal justice narratives through Lived experience engagement. <i>Res Involv Engagem</i> <b>10</b> , 53 (2024). <a href="https://doi.org/10.1186/s40900-024-00583-1">https://doi.org/10.1186/s40900-024-00583-1</a>  Several accepted/in press.

*Figure M: Research project example from the University of Hertfordshire*

Researchers at the university have also been involved in devising interventions for supporting foster carers and evaluating the impact of these interventions via randomised controlled trials. This project is shown below in Figure N.

**The Reflective Fostering Programme – improving the wellbeing of looked after children through psychoeducation groups for foster carers: a randomised controlled trial**

<b>Lead investigator</b>	Dr Karen Irvine
<b>Institution</b>	University of Hertfordshire
<b>Funder</b>	National Institute for Health and Care Research
<b>Project dates</b>	April 2020 – July 2023
<b>Project description</b>	This study pilots and evaluates the effectiveness of the Reflective Fostering Programme, an intervention aimed at foster carers to support them to provide better care to the children they look after. The project was run in collaboration with the Anna Freud Centre.
<b>Research outputs</b>	Midgley, N., Irvine, K., Rider, B., Byford, S., Cirasola, A., Ganguli, P., Katangwe-Chigamba, T., Murdoch, J., Pond, M., Pursch, B., Redfern, S., Richards, Z. L., Shepstone, L., Sims, E., Smith, C., Sprecher, E., Swart, A. M., Wyatt, S., & Wellsted, D. (2021). The Reflective Fostering Programme – improving the wellbeing of children in care through a group intervention for foster carers: A randomised controlled trial. <i>Trials</i> , 22(1), 841. <a href="https://doi.org/10.1186/s13063-021-05739-y">https://doi.org/10.1186/s13063-021-05739-y</a>

*Figure N: Research project example from the University of Hertfordshire*

Randomised controlled trials are still relatively unusual in children’s social care research so this is a useful example of how they can be undertaken ethically to test the efficacy of interventions.

### University of Suffolk

The University of Suffolk is the newest university in the East of England undertaking research on children’s social care. The scoping exercise identified five members of staff at the university who are involved in children’s social care research and the structure of the schools and institutes hosting children’s social care researchers is shown below in Figure O.

University of Suffolk		
<b>Institute for Social Justice and Crime</b>	<b>School of Social Sciences and Humanities</b>	<b>Institute of Health and Wellbeing</b>
Key contact(s): Professor Miranda Horvath (Director) <a href="mailto:m.horvath2@uos.ac.uk">m.horvath2@uos.ac.uk</a>	Key contact(s): Professor Jo Finch <a href="mailto:J.Finch2@uos.ac.uk">J.Finch2@uos.ac.uk</a>	Key contact(s): Dr Ruby Farr <a href="mailto:r.farr3@uos.ac.uk">r.farr3@uos.ac.uk</a>
Areas of expertise: Domestic violence and abuse; sexual violence; violence against women and girls	Areas of expertise: PREVENT and social work	Areas of expertise: Research with 'hard-to-reach' and vulnerable populations

*Figure O: Organogram of schools and institutes undertaking research on children's social care at the University of Suffolk*

The university has interests in children's social care with marginalised and hard to reach groups, including working with families who have been referred due to PREVENT concerns. They also have experience and expertise in areas of abuse, particularly domestic violence and sexual violence. Professor Horvath founded the Violence Against Women and Girls Research Network in 2020, further details of which can be found here: <https://www.uos.ac.uk/vawgrn/>.

### Other researchers undertaking children's social care research

The scoping exercise, via both online research and dissemination of surveys, found other researchers employed in organisations that also deliver children's social care. These researchers were typically employed by NHS foundation trusts that deliver child and adolescent mental health services (CAMHS) or, in one instance, by a local authority. Their main remit is involvement in research evaluations of services delivered by their organisation. Details of these researchers are available in Appendix C.

### Findings from the survey

Surveys were sent to identified researchers with a covering email asking individuals to share the survey with any other colleagues they were aware of in their university who were undertaking research on children's social care. This helped to identify relevant researchers who were not based in social work (or similar) departments. The survey response rate was 45%. Table 1 shows a breakdown of responses by organisation, with researchers employed by NHS trusts or local authorities included as 'Other'.

The response rate by institution varied from 0% to 100%, with three universities having high response rates, and three other universities having significantly lower response rates. All identified contacts were sent follow up emails at three time points across the course of the scoping exercise. The higher response rates from the University of East Anglia and University of Hertfordshire may reflect that these organisations have affiliations with the scoping exercise. Two of the universities with lower response rates

are not as research active as other universities in the region and this may explain the lower response rate from them.

Organisation	Researchers identified	Responses
Anglia Ruskin University	11	0
University of Bedfordshire	13	1
University of Cambridge	8	8
University of East Anglia	21	14
University of Essex	23	10
University of Hertfordshire	11	6
University of Suffolk	5	1
Other	3	3
<b>Total</b>	<b>95</b>	<b>43</b>

Table 1: Respondent numbers by university

The survey that was shared with researchers can be found in Appendix A. The findings of the survey will be explored within this section.

### Areas of children’s social care research

The survey asked researchers what areas of research in children’s social care they were involved in. Figure P below shows the breakdown of responses.

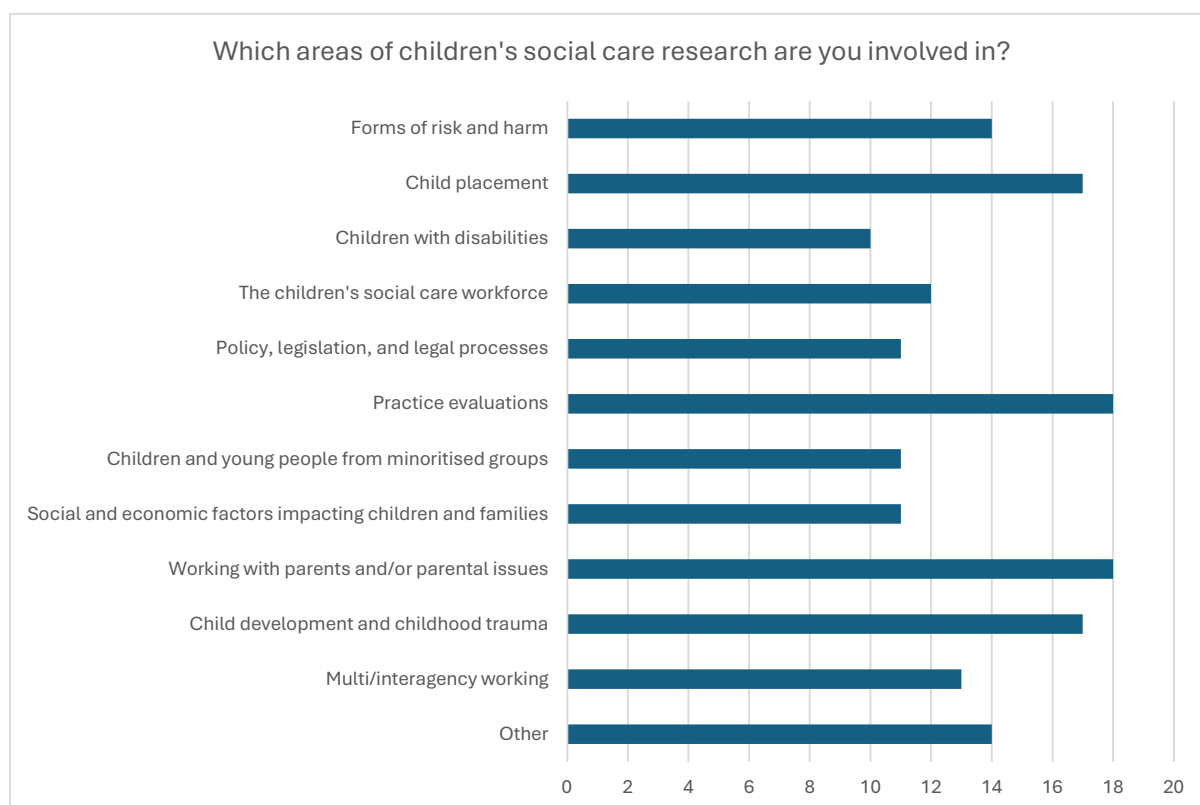


Figure P: Areas of children’s social care research that respondents are involved in

Alt text: A bar graph showing responses to the survey question about which areas of children’s social care that researchers are involved in.

Most respondents (71.4%) had researched, were actively researching, or planned to research multiple areas of children’s social care, with only eight respondents (18.6%)

having a single area of specialism. The most common areas of research were practice evaluations (18 responses), working with parents and/or parental issues (18), child placement (17), and childhood development and childhood trauma (17). The least commonly researched areas of children’s social care were children with disabilities (10 responses), policy, legislation, and legal processes (11), children and young people from minoritised groups (11), and social and economic factors impacting children and families (11).

Some respondents used the ‘Other’ category (14 responses) to expand on their responses, though some respondents named the following areas of research that were not directly covered by the survey categories: children’s well-being in educational contexts, separation of mothers from babies in prison, inclusion in social care research, young carers, outcome measure use in CAMHS, mental health diagnostics in children’s social care, transitional safeguarding, and human rights abuse and institutional child abuse in the name of justice. The responses overall paint a picture of diverse research activity being undertaken in children’s social care across the East of England; links to publicly available research profiles of identified researchers are available in Appendix C.

### Engagement with children’s social care providers

Respondents were asked whether they had engaged with providers of children’s social care in the East of England within the last 12 months.

*In the past 12 months, have you engaged with providers of children's social care in the East of England?*

Yes	No
28 (65%)	15 (35%)

Almost two thirds of respondents had engaged with children’s social care providers, and a follow-up question asked these respondents what form that engagement had taken. The majority of respondents were engaged with providers through undertaking research, with over half (16 responses) indicating that they had undertaken research with local providers over the past year. A significant, though smaller, number of respondents (11) had been involved in sharing or disseminating research findings with local providers.

Some respondents (4) were involved in discussions with regional providers about potential research projects, working together to secure funding for projects, or collaborating on research design, while others (2) described their work with local providers more generally as ‘stakeholder engagement’. Others worked with children’s social care providers in a personal capacity or as a practice educator, another respondent was engaging with a local authority to recruit participants for a research project, while one respondent was co-authoring publications with a local provider of children’s social care.

## Barriers to undertaking research

The survey asked researchers about the main barriers that they experienced in undertaking research in the field of children’s social care. The breakdown of responses is below in Figure Q.

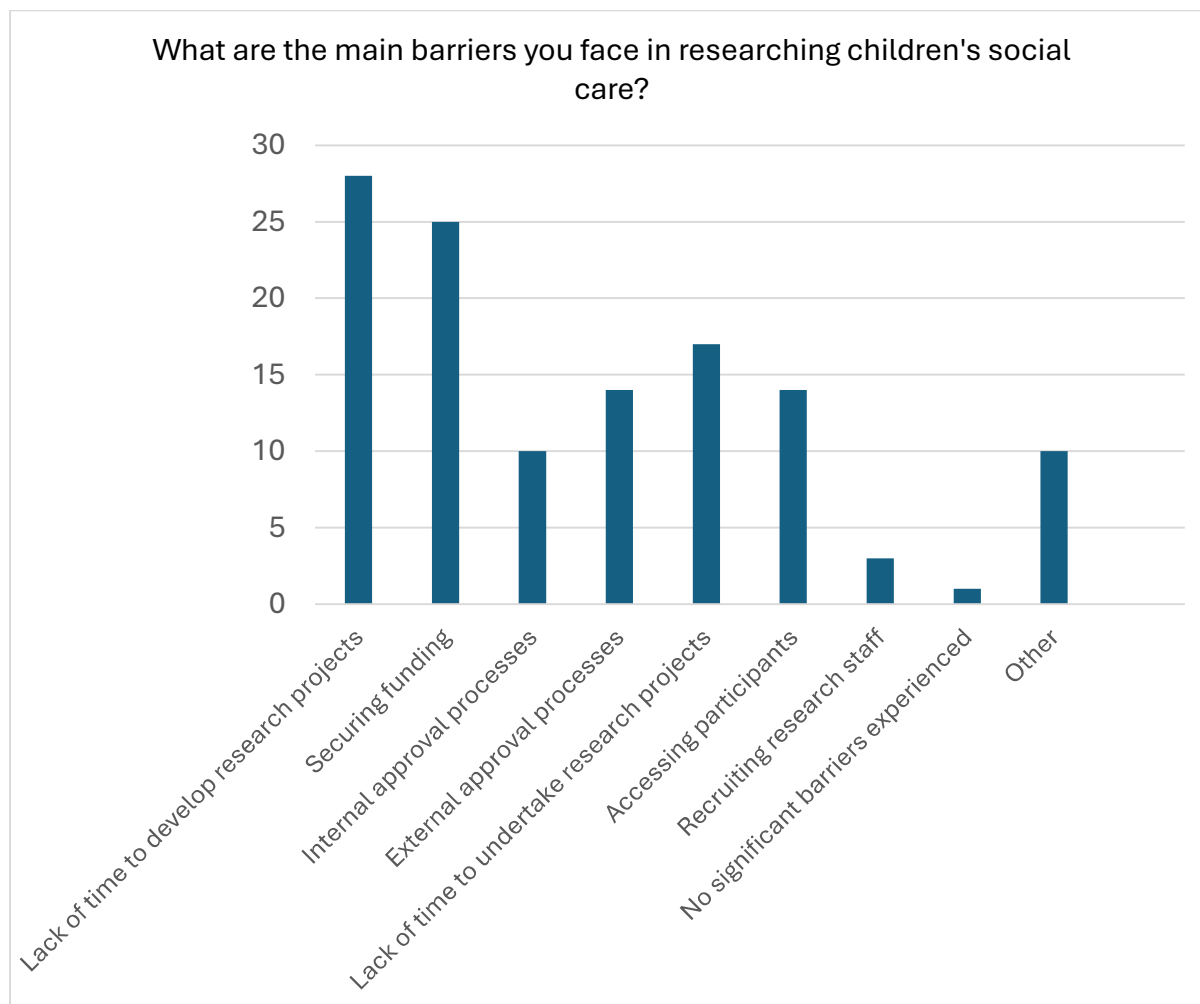


Figure Q: Barriers experienced by children’s social care researchers

Alt text: A graph showing responses to the question ‘What are the main barriers you face in researching children’s social care?’

Over half of respondents identified both a lack of time to develop research projects, and securing funding as main barriers they faced in researching children’s social care. Around a third of respondents faced challenges in recruiting participants, with a third also finding that external approval processes – such as research governance approvals – were a barrier. Over a third of respondents felt that a lack of time to undertake research projects was a challenge. Internal approval processes were a barrier for almost a quarter of respondents, while only three found challenges in recruiting research staff, and one respondent experienced no significant barriers at all.

Under the ‘Other’ heading, three respondents highlighted a lack of research infrastructure and understanding of research processes in children’s social care organisations as being a barrier to undertaking research, while one person cited a lack of ‘buy-in’ from local authorities when it comes to research. Some respondents



highlighted personal barriers they face, with one respondent citing racism and discrimination as a barrier, and two researchers highlighting the precarity of fixed-term research contracts for researchers.

### Views on research and collaboration with providers

Within the survey, respondents were asked to rate whether and how strongly they agreed or disagreed with a series of statements relating to children’s social care research and collaboration with providers and practitioners. A summary of responses is below in Table 2.

Statement	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My organisation is good at involving children's social care practitioners as researchers when undertaking research	2 (4.7%)	9 (20.9%)	15 (34.9%)	11 (25.6%)	6 (14%)
I would be open to children's social care practitioners having more involvement in designing and undertaking research	0 (0%)	2 (4.7%)	3 (7%)	14 (32.6%)	24 (55.8%)
I feel confident in knowing how I could involve children's social care practitioners in undertaking research	1 (2.3%)	9 (20.9%)	5 (11.6%)	17 (39.5%)	11 (29.6%)
Research in children's social care would benefit from more reliable funding streams	1 (2.3%)	0 (0%)	3 (7%)	9 (20.9%)	30 (69.8%)
Regional networks involving individuals engaged in research in children's social care would help to promote research in the field	1 (2.3%)	1 (2.3%)	4 (9.3%)	17 (39.5%)	20 (46.5%)

Table 2: Respondents views on research and collaboration in children’s social care

The vast majority of respondents were open to practitioners being involved in designing and undertaking research (88.4%), though only 39.6% agreed that their organisation was good at involving practitioners in research currently. Given that 69.1% of respondents agreed that they felt confident in knowing how to involve practitioners in research, the gap between current perceptions of involvement and what practitioners would like to see may be explained by challenges within organisations delivering

children's social care rather than by a lack of knowledge or confidence on the part of researchers.

There was widespread agreement on the importance of more reliable funding streams (90.7%) and on the value of regional research networks for individuals involved in researching children's social care (86%).

### Involvement in regional and national networks

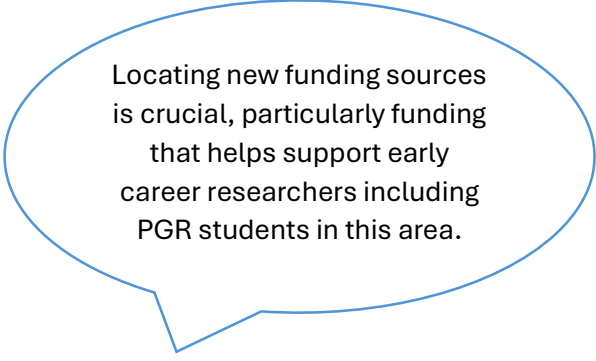
Only twelve respondents provided details of regional or national networks related to children's social care research that they were aware of. The majority of these were national organisations, though some respondents mentioned regional networks, including ARC and ASCENT. Other networks and organisations mentioned were:

- Research in Practice – <https://www.researchinpractice.org.uk/>
- Foundations (previously the What Works Centre for Children and Families) – <https://foundations.org.uk/>
- CoramBAAF (fostering and adoption) – <https://corambaaf.org.uk/>
- Association of Child Protection Professionals – <https://www.childprotectionprofessionals.org.uk/>
- British Association of Social Workers (BASW) – <https://basw.co.uk/>
- The Care Leavers Association – <https://www.careleavers.com/>
- National Children's Bureau – <https://www.ncb.org.uk/>
- The UK Trauma Council – <https://uktraumacouncil.org/>
- Nuffield Family Justice Observatory – <https://www.nuffieldfjo.org.uk/>
- The Fatherhood Institute – <https://www.fatherhoodinstitute.org/>
- International Research Collaborative for Change in Parent and Child Mental Health – <https://www.parentfamilymentalhealth.com/>
- Nagalro – <https://www.nagalro.com/default.aspx>
- Contextual Safeguarding Network – <https://www.contextualsafeguarding.org.uk/>

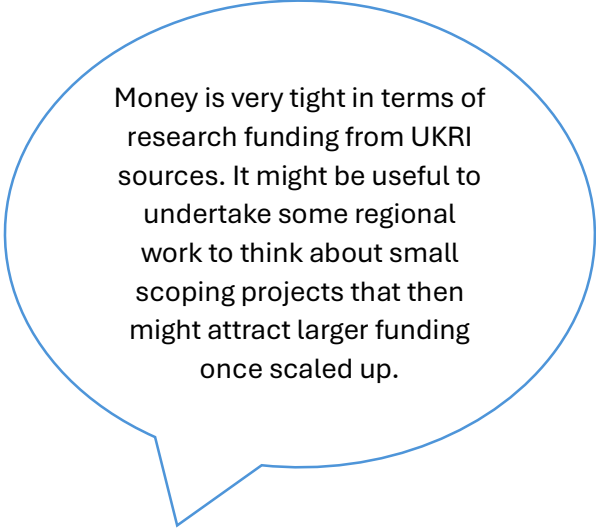
Most of these organisations and networks are not solely focused on research and have other functions, such as offering training and resources for practitioners, and support and advocacy for individuals accessing services. Foundations is the exception in being primarily a research organisation which commissions and produces research on a range of areas of children's social care, with a particular focus on practice evaluations – including randomised controlled trials – and improving the evidence-base for children's social care practice.

### Free text responses to the survey

The final survey question asked respondents if there was anything else that they would like to say about research in children's social care. Some of these comments elaborated further on the challenges and barriers experienced by researchers. For example, multiple respondents noted that funding was an issue for both new research projects and for postgraduate research students.

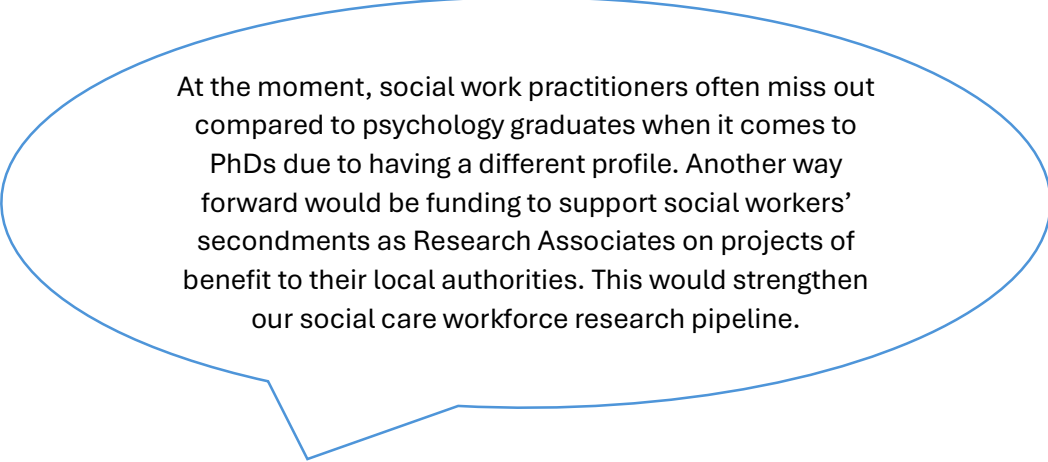


Locating new funding sources is crucial, particularly funding that helps support early career researchers including PGR students in this area.



Money is very tight in terms of research funding from UKRI sources. It might be useful to undertake some regional work to think about small scoping projects that then might attract larger funding once scaled up.

The issue of funding was directly linked by some respondents to challenges in engaging children's social care practitioners in research projects. This was an issue both in attracting practitioners to undertake research training through completing a PhD, and in backfilling their substantive posts to enable them to be part of funded research projects as research assistants.

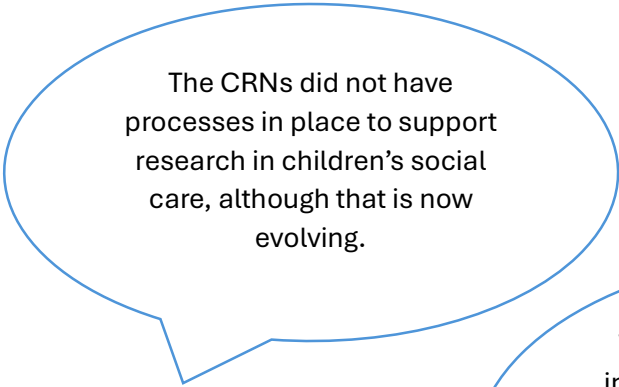


At the moment, social work practitioners often miss out compared to psychology graduates when it comes to PhDs due to having a different profile. Another way forward would be funding to support social workers' secondments as Research Associates on projects of benefit to their local authorities. This would strengthen our social care workforce research pipeline.

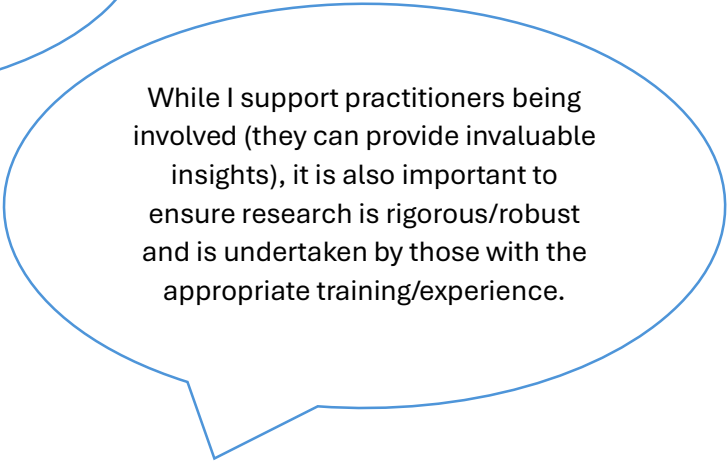
As well as funding, opportunities to build relationships and create networks were also seen as important. One respondent commented "I am struggling to engage with the right people and funding agencies to secure resources", which was echoed by two further respondents who said they found it "hard to engage with social workers" and "hard to identify collaborators". These comments resonate with the widespread support in the survey for more reliable funding streams and regional networks.

Other respondents noted that the current climate in higher education made it hard to find time to develop research proposals, echoing findings from earlier in the survey. There was a sense that children's social care research has been somewhat overlooked; this was reflected in the above comments about lack of funding, but also in respondents recognising a lack of infrastructure for children's social care research in comparison to health research. Meanwhile, one respondent sounded a note of caution about seeking to involve children's social care practitioners in research, noting that

research is a skilled activity and that children’s social care practitioners would need to have relevant training to enable them to engage fully in undertaking research alongside more experienced researchers.




The CRNs did not have processes in place to support research in children’s social care, although that is now evolving.



While I support practitioners being involved (they can provide invaluable insights), it is also important to ensure research is rigorous/robust and is undertaken by those with the appropriate training/experience.

Finally, one respondent provided a helpful tip for costing bids to ensure meaningful consultation with experts by experience and to bolster policy and practice engagement.



Our grants routinely cost around 20% for funding to the National Children's Bureau to facilitate expert-by-experience consultation and practice and policy engagement. This has been a terrific partnership, and made possible a great deal that we wouldn't have otherwise been able to do. e.g.

<https://www.cam.ac.uk/public-engagement/vc-awards/2023/early-career-researcher-barry-coughlan>

The free-text responses, in line with the survey responses overall, demonstrated that researchers are keen to collaborate with providers and practitioners in the field of social care but are not always sure how to do so, and they face additional challenges in securing reliable funding. There appeared to be a willingness to develop networks to share expertise and improve access for researchers working in this field.

## Findings: Children’s Social Care organisations

Within the East of England, there is a complex network of organisations delivering different facets of children’s social care. The size of organisations ranges from small, local charitable organisations to regional and national charities operating in different areas of the region alongside the statutory provision through local authorities and health care trusts. The online search focused on the larger organisations at the county and regional levels to manage the information, with the assumption that larger organisations have more capacity to engage in research. A directory of the organisations operating in each area along with contact details can be found in Appendix D.

### Overview of organisations in the East of England

In total we identified seventy-one organisations that may be willing to or already engaging with research, and Table 3 gives an overview of the organisations in each area.

Area	National Organisations	Regional Organisations	Local Organisations
<b>Bedford</b>	CAFCASS NSPCC	CAMHS ELFT CHUMS Mental Health and Emotional Wellbeing Service Link to Change Ormiston Families	Bedford Borough Council Carers in Bedfordshire SPACE Project Early Childhood Partnership Bedford FACES Bedfordshire CVS Bedfordshire
<b>Cambridgeshire</b>	CAFCASS NSPCC Barnardo’s Turning Point POhWER	Ormiston Families Break CAMHS - CPFT	Cambridgeshire County Council Centre 33 Cambridge Acorn Project Cambridge and Peterborough Safeguarding Partnership Cambridge CVS
<b>Central Bedfordshire</b>	CAFCASS NSPCC	CAMHS ELFT Stepping Stones CHUMS Mental Health and Emotional Wellbeing Service Ormiston Families	Central Bedfordshire Council Central Bedfordshire Safeguarding Children’s Partnership CVS Bedfordshire
<b>Essex</b>	CAFCASS NSPCC	CAMHS SET (part of CAMHS NELFT)	Essex County Council Changing Pathways

	Barnardo's Children's Society	CHUMS Mental Health and Emotional Wellbeing  Ormiston Families	MIND  Essex Safeguarding Children Partnership  Castle Point Association of Voluntary Services Essex
<b>Hertfordshire</b>	CAFCASS  NSPCC  Action for Children  Children's Society  POhWER	CHUMS Mental Health and Emotional Wellbeing  Ormiston Families	Hertfordshire County Council  CAMHS Hertfordshire University Partnership  Chrysalis Centre  Hertfordshire Safeguarding Children Partnership  Voluntary Sector Support - NHCVS
<b>Luton</b>	CAFCASS  NSPCC	CAMHS ELFT  Stepping Stones  CHUMS Mental Health and Emotional Wellbeing	Luton Borough Council  The Ebonista Project  Women's Aid Luton  TOKKO Luton  Luton Safeguarding Children Partnership  CVS Bedfordshire
<b>Norfolk</b>	CAFCASS  NSPCC  Action For Children  Children's Society	Norfolk and Suffolk Foundation Trust (NSFT)  Stronger Families  Resolutions (part of Change, Grow, Live)	Norfolk County Council  Rose Project  The Matthew Project  MAP  Starfish Service  Norfolk Safeguarding Children Partnership  Voluntary Norfolk/Momentum
<b>Peterborough</b>	CAFCASS  NSPCC  POhWER	CAMHS CPFT	Peterborough City Council  Adfam Peterborough

			Cambridge and Peterborough Safeguarding Partnership PCVS
<b>Southend-On-Sea</b>	CAFCASS NSPCC	CAMHS SET	Southend-On-Sea City Council Southend Safeguarding Children Partnership SAVS
<b>Suffolk</b>	CAFCASS NSPCC	NSFT (CAMHS) Stronger Families Ormiston Families	Suffolk County Council Suffolk Family Carers Level Two Suffolk Suffolk Safeguarding Children Partnership Community Action Suffolk
<b>Thurrock</b>	CAFCASS NSPCC MIND	CAMHS SET	Thurrock Council Thurrock Safeguarding Children Partnership Thurrock CVS

*Table 3: Breakdown of national, regional and local services in each local authority area in the East of England*

As might be expected, local authorities focus on delivering statutory services for children and families, these include assessment and interventions with children in need or at risk, with some also providing early help services. They also cover adoption, foster care, support for children with disabilities, young carers, and youth justice services. While not consistent across the region, some local authorities are also now delivering targeted youth services. Local authorities are also significant commissioners of services for children and young people. Although more difficult to find through an online search, there were a range of models of practice identified including the Families First (Whole Family Early Help) model within Hertfordshire County Council, restorative practices (Suffolk County Council), and strengths- and relationship-based approaches (Central Bedfordshire Council).

In terms of the national and regional charities, we have included them in each geographical area, only if we could find specific information about targeted programmes they may deliver, as opposed to their general national/regional offer. With regards to this scoping exercise, the national and regional charities identified tend to deliver specifically commissioned services; for example, Hubs delivered by Barnardo's in Essex and Cambridgeshire, and a variety of services delivered by the Children's Society in Essex, Hertfordshire, and Norfolk. There are a number that cover mental

health and emotional wellbeing for children and young people. There are some key smaller services that offer specialist knowledge and experience for specific cohorts of children and young people within their local areas, for example, TOKKO Luton (Luton) and the Rose Project (Norfolk). As with the local authorities, the types of models used in practice were more challenging to identify but examples included person-centred approaches (Turning Point) as well as more specialist frameworks such as the Freedom Programme at the Ebonista Project. Full details can be found in Appendix D

In order to reach either a larger number of providers or to get advice about specific providers, there are two types of organisations that may offer supported and guided pathways. The local Children’s Safeguarding Partnerships offer a gateway to multi-agency partnerships that include children’s social care, health, police, education, and the voluntary sector in each area. Similarly, to reach a wide range of voluntary sector organisations, then the local infrastructure bodies, for example, Momentum Norfolk or PCVS, would be a useful starting point given they are membership organisations supporting charities large and small in each area. As an example, Momentum Norfolk has 350 member groups and to be a member, groups should be working with children aged 11-19 or up to 25 for young people with additional needs.

### Findings from the survey

The survey was sent to fifty-one organisations with a covering email asking individuals to forward the survey to the relevant person within the organisation. If there had not been a response to the first email, organisations received a follow-up email at two further time points. There were fourteen returned surveys which gave a 27% response rate. Table 4 gives a breakdown of responses by organisation type.

Type of organisation	Responses
Local Safeguarding Children Partnership	1
Local authority	2
Health Trust	2
Voluntary organisation	9
<b>Total</b>	<b>14</b>

Table 4: Breakdown of types of organisation responding to the survey

The findings will be explored in the following sections.

### Organisation role and overview of practice

Respondents were asked to provide a brief description of the services their organisation delivers. The responses largely reflected the online search that had been conducted, with notable exceptions that included: a young parent project, bereavement support, support for children who had a loved one in prison, and advocacy for children in care.



They were asked to give details of any models of practice that they use, and Table 5 details methodologies and number of responses. Many organisations use more than one approach, hence the total responses being higher than the number of respondents.

Type of model/practice	Responses
Signs of Safety	7
Trauma-informed	9
Three Houses model	1
PACE	1
Systemic Practice	2
CBT	3
NVR	1
Psycho-social interventions	1
ACE informed	1
Bereavement models	1
Other	5
<b>Total</b>	<b>32</b>

Table 5: Practice models used by regional organisations

The most used interventions are trauma informed approaches and Signs of Safety. The interventions in the ‘Other’ category included counselling, guided self-help, peer-led support, and specific, local frameworks such as FLOURISH and THRIVE. The interventions highlight a general move toward strengths-based and needs-led approaches.

In Cambridgeshire Children's Services we have adopted a comprehensive practice methodologies approach to achieving good outcomes for children and families. Central to our approach is a strength-based, trauma-informed relationship model, guided by culturally appropriate practice principles and driven by needs led strategies.

With regards to the commissioning of services, three organisations indicated they commissioned other providers, two of these were local authorities but interestingly one of the regional voluntary sector providers indicated they commissioned services from a smaller, more local charity.

## Involvement in local, regional, and national networks

Five of the respondents indicated they were not involved in any local, regional, or national networks, although one of these reflected their personal involvement rather than organisational involvement. The networks or partnerships named were:

- Children's Services Sector Led Improvement Programme (regional and national)
- National Independent Visitors Scheme
- Children and Young People's Strategic Alliance (Norfolk and Waveney)
- Voluntary Sector Forum (Norfolk)
- Staying Close Project with the Department for Education
- Norfolk Safeguarding Children Partnership
- Turning Point national youth forum
- Families First Strategy Panel (Luton)
- YOUnited (Cambridgeshire)
- Children of Prisoners Europe (COPE)
- Children at the Table
- ICBs

## Involvement with research

Figure R below shows the breakdown of responses when asked to describe their organisation's use of and engagement with research.

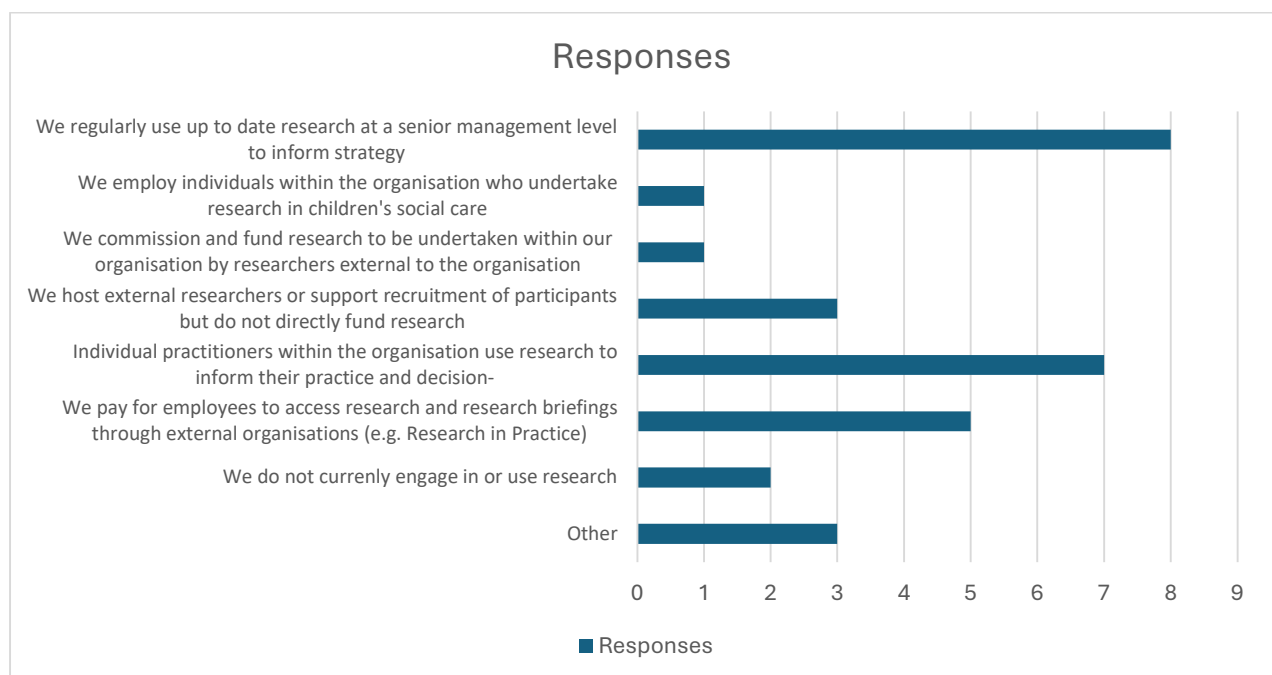


Figure R: How organisations use and engage in research

*Alt text: A bar graph which shows how individuals responded to the question about how they use and engage with research.*

The responses suggest there is evidence of engagement with research both at the strategic level (57%) and at the practitioner level (50%), with just over a third (35%) of the organisations paying for their staff to access research and research briefings. The areas that are under-developed are in facilitating and participating in research within their own organisations, with only one organisation paying for an in-house researcher, and another organisation paying for an external organisation to undertake research. The 'Other' category provided some context for this, with one response indicating that they do have a research team but it is health based, and a further respondent commenting that they use research to inform conversations with partner organisations.

The follow up question asked how they accessed research if they used it within their organisation. Organisations such as Research In Practice were mentioned, and practice networks such as the Carers Trust, and universities such as the University of East Anglia and University of Suffolk. There was a focus on people within their own organisations, with respondents writing they relied on either the organisation, the research team, peer supervision, or senior management as conduits to the research. Learning opportunities such as webinars and conferences were also noted. Internet search engines were utilised, and two respondents said they accessed published papers and had connections with academics.

When asked if they were involved with any local, regional, or national networks related to children's social care, two were already involved with the East of England ASCENT network. Other involvement included research governance panels and two were involved with universities (University of East Anglia and University of Suffolk) through either teaching partnerships, or a specific research project. Unfortunately, 43% indicated they were not involved with any research networks or partnerships.

The barriers to research, perhaps unsurprisingly, involved financial commitments, with eight (57%) indicating they cannot afford to employ researchers and seven (50%) unable to afford to commission research, while only one response indicated there was a time barrier. There was uncertainty as to how organisations could access research or access opportunities to take part in or commission research (36%). Responses given in the 'Other' category again provided some nuance to the picture with one respondent indicating that there was a need to get the basics of practice right first in line with their improvement plan and another writing that as they were commissioned by the local authority, that their "priorities were aligned with theirs".

Finally, they were asked to indicate their willingness to become more involved in research. While there was not a push to employ their own researchers (only two respondents somewhat agreed), there was an ambivalent consensus to get more involved in research whether through commissioning (funds dependent), supporting the design of research, becoming part of networks, hosting research, or just exploring further possibilities. Table 6 gives the detail to different statements indicating what future involvement may look like.

Statement	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My organisation would like to directly employ individuals whose role is to undertake research	1 (7.1%)	5 (35.7%)	6 (42.9%)	2 (14.3%)	0 (0%)
If funding was available, my organisation would be open to commissioning more research to be undertaken by external	0 (0%)	1 (7.1%)	4 (28.6%)	5 (35.7%)	4 (28.6%)
Involving children's social care practitioners directly in designing and conducting research would be valuable	0 (0%)	0 (0%)	5 (35.7%)	3 (21.4%)	6 (42.9%)
We would like to host more research projects or encourage our employees to participate in research	0 (0%)	0 (0%)	8 (57.1%)	4 (28.6%)	2 (14.3%)
Regional networks involving researchers and organisations delivering children's social care would be beneficial for boosting	0 (0%)	0 (0%)	6 (42.9%)	6 (42.9%)	2 (14.3%)
We would like to explore opportunities for our employees to be involved in undertaking as well as participating in research	0 (0%)	0 (0%)	7 (50%)	7 (50%)	0 (0%)

*Table 6: Willingness for regional organisations to be involved in research*

The findings indicate that there are opportunities to bring research and practice closer together. The respondents to the survey indicate that organisations are accessing research to varying degrees however it should be noted that the organisations were larger in size and therefore were more likely to either be delivering or commissioning larger scale services. The survey also evidences opportunities and motivation for strengthening the links between research and practice.

## Findings: The roundtable discussion

Respondents to both surveys were asked to express interest in participating in a roundtable discussion to further explore issues covered within the surveys. Details of the time and date of the roundtable discussion were shared within the survey, and follow up emails were sent to respondents who had expressed an interest in

participating. Those who responded to say that they were able to attend were sent a participant information sheet and consent form to complete and return to a member of the scoping exercise team and upon receipt were sent a MS Teams invite to join the roundtable discussion.

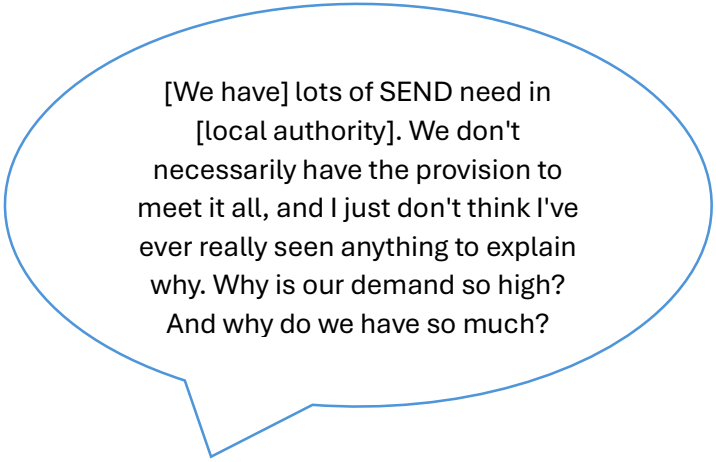
From twenty-five initial expressions of interest, six participants ultimately attended the roundtable discussion. Most of those who were unable to attend cited other work commitments, which reflects some of the workload pressures identified elsewhere in the scoping exercise.

Three participants were lecturers or researchers working at higher education institutions in the region, while three were employed by organisations delivering children's social care. Two of the participants from organisations providing services were primarily researchers, undertaking research on behalf of their employing organisation, while the other was part of their organisation's research governance team.

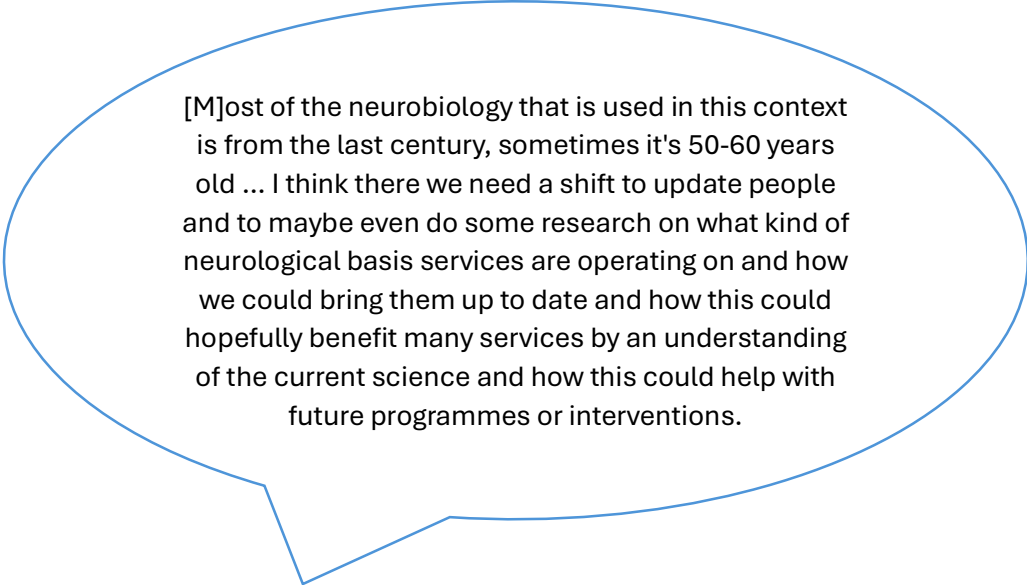
Four broad areas for discussion were introduced and participants took turns to share their thoughts, with the scoping exercise team lead acting as facilitator. The findings are organised under the four areas covered in the roundtable discussion.

### Research priorities in children's social care

The overall tone of discussion about research priorities in children's social care was a consensus on the need for research that can improve the delivery of services and outcomes for children and their families. Perspectives on how this might be done varied depending on the role and expertise of the participants; for one participant who was from a neuroscience background, the focus was on updating the science behind services and interventions, whereas for those working for a local authority it was more about understanding and responding to local need. One participant from a local NHS trust felt ensuring that services were provided by the right people at the right time was important.



[We have] lots of SEND need in [local authority]. We don't necessarily have the provision to meet it all, and I just don't think I've ever really seen anything to explain why. Why is our demand so high? And why do we have so much?



[M]ost of the neurobiology that is used in this context is from the last century, sometimes it's 50-60 years old ... I think there we need a shift to update people and to maybe even do some research on what kind of neurological basis services are operating on and how we could bring them up to date and how this could hopefully benefit many services by an understanding of the current science and how this could help with future programmes or interventions.

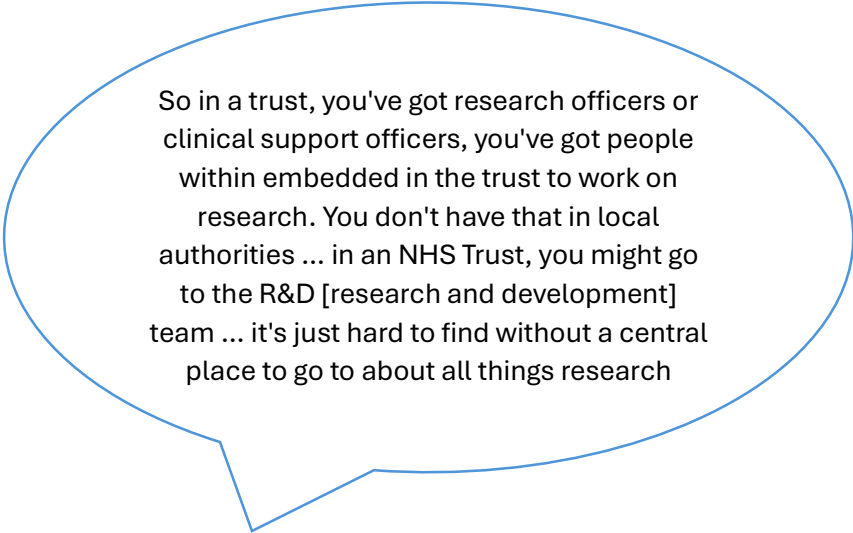
Other participants drew on their specialist areas of research to consider priorities; for example, one participant had been involved in evaluating an intervention to support foster carers and felt that “anything that supports foster carers to be more resilient, to cope better, and to provide better care for the young people they're looking after has to be a good thing”. The unifying feature of the discussion was a shared desire for research that has practical applications to support better care of and services for children, young people, and their families.

### Barriers to undertaking children’s social care research

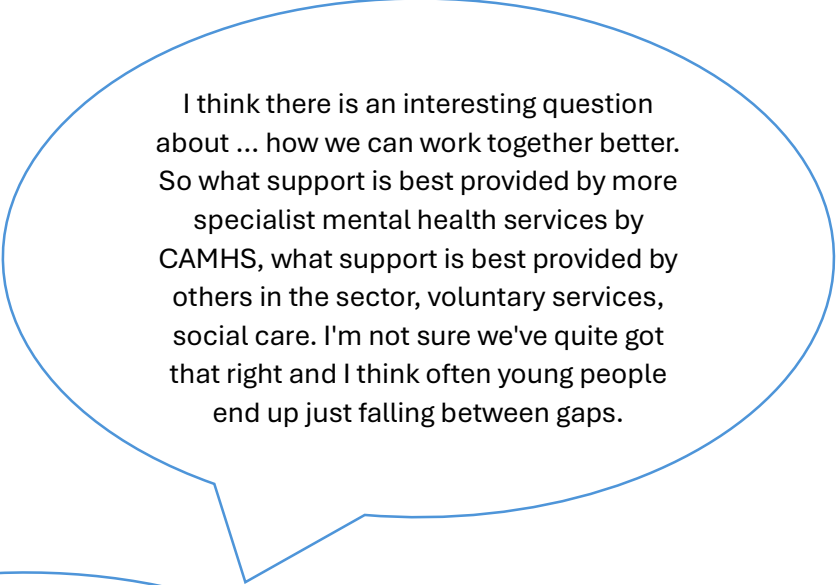
The barriers identified in the roundtable discussion largely echoed some of the findings from the survey. The main barriers identified can be broken down into three areas: research knowledge and infrastructure, funding, and workload.

#### Research knowledge and infrastructure


Some of the participants were not from a children’s social care background but had instead transitioned to children’s social care research having previously been involved primarily in health research. They highlighted significant differences in the two fields in terms of the infrastructure available to support research and researchers.



So in a trust, you've got research officers or clinical support officers, you've got people within embedded in the trust to work on research. You don't have that in local authorities ... in an NHS Trust, you might go to the R&D [research and development] team ... it's just hard to find without a central place to go to about all things research



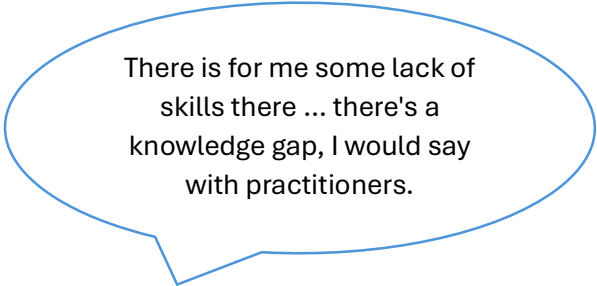
I think there is an interesting question about ... how we can work together better. So what support is best provided by more specialist mental health services by CAMHS, what support is best provided by others in the sector, voluntary services, social care. I'm not sure we've quite got that right and I think often young people end up just falling between gaps.



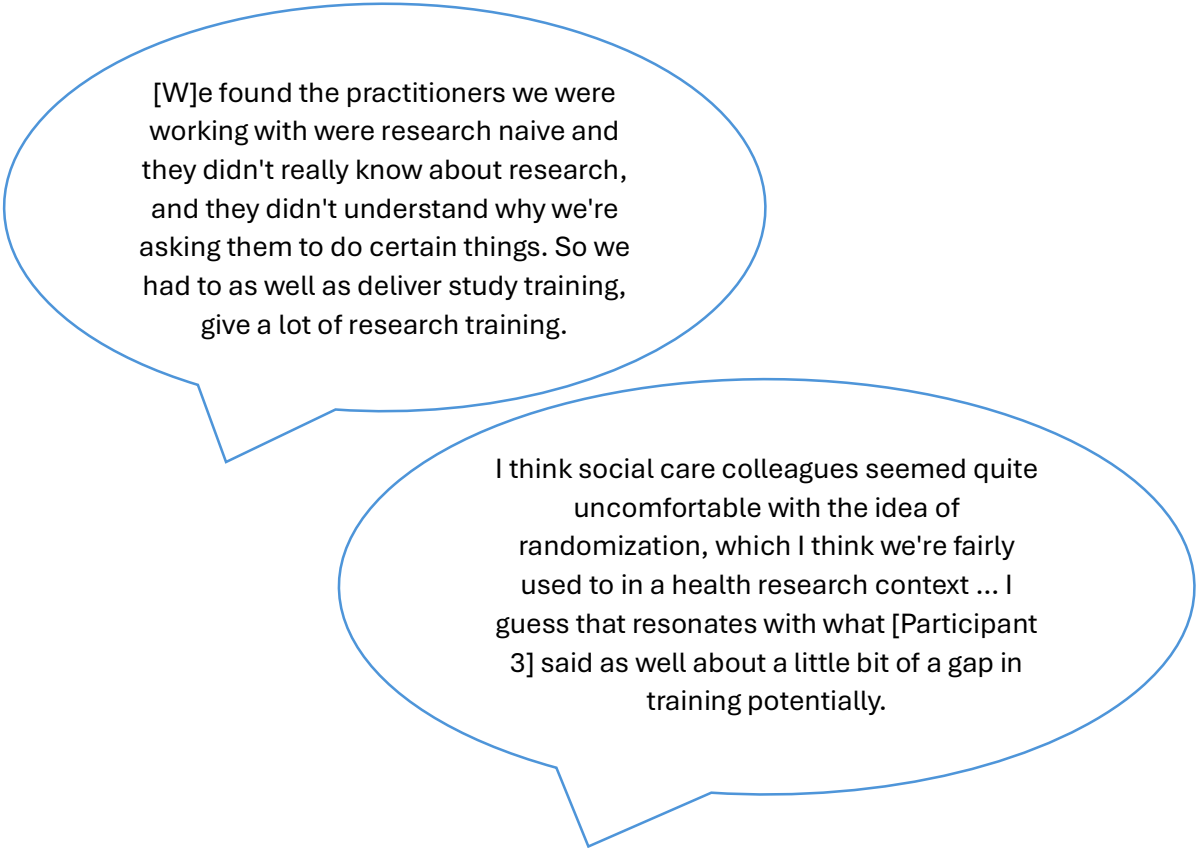
So in a trust you've got the R&D team, so it's nice and easy, that doesn't exist within local authorities. So they had to go to different places to get different approvals, to one place to get the ethics approved, another place to get the contracts signed, you know?

This created challenges for both researchers seeking to get projects up and running with local authorities, and for members of the local authority workforce who were involved in research projects as practitioner-researchers. The lack of single points of contact or departments with a clearly defined responsibility for research made access a significant challenge for everyone involved in the research process.

The lack of embeddedness of research infrastructure was reflected in a perceived lack of knowledge, skills, and understanding of research and research processes amongst the children's social care workforce, and this similarly presented a barrier in engaging practitioners effectively in research.



There is for me some lack of skills there ... there's a knowledge gap, I would say with practitioners.



[W]e found the practitioners we were working with were research naive and they didn't really know about research, and they didn't understand why we're asking them to do certain things. So we had to as well as deliver study training, give a lot of research training.

I think social care colleagues seemed quite uncomfortable with the idea of randomization, which I think we're fairly used to in a health research context ... I guess that resonates with what [Participant 3] said as well about a little bit of a gap in training potentially.

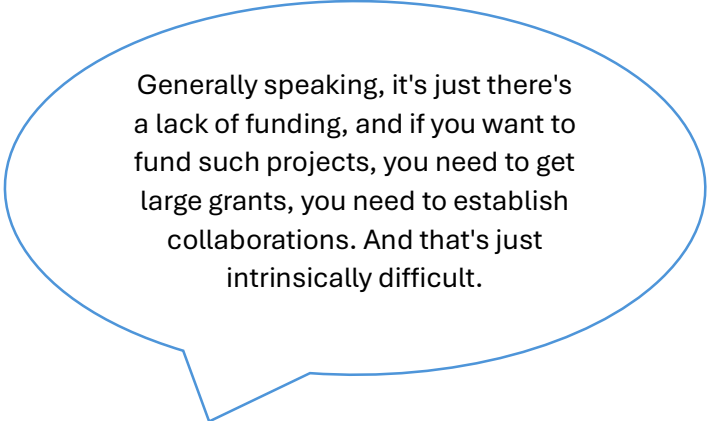
The norms and expectations of researchers from a health background were somewhat confounded by the realities they faced when engaging with children's social care organisations and practitioners. There was a consensus that researching children's social care and involving practitioners in research were hampered by a lack of the infrastructure, knowledge, and training, which are embedded within health organisations.

The complex nature of children's social care organisations meant that this was a recurrent issue, with one participant noting that "they're not the same as each other either, so you might find a way to work with one local authority, go to the next one, they're not structured in that way at all". The lack of infrastructure was compounded by having to navigate different structures and processes across different organisations delivering children's social care.

### Funding

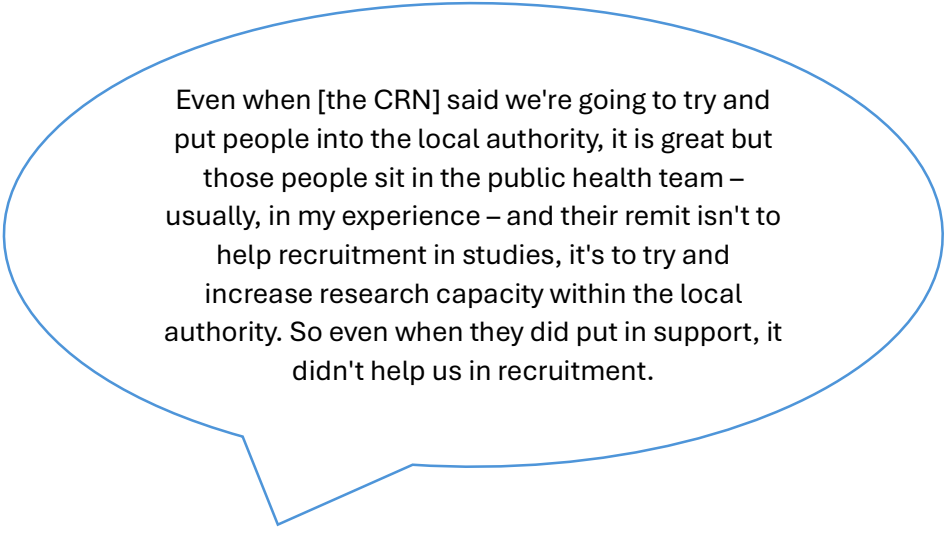
Some participants noted that funding was a challenge when seeking to undertake research on children's social care. One participant highlighted the complexity of securing funding for impactful research; it involves a highly competitive bidding process, which requires collaboration with other researchers and key stakeholders – including providers of children's social care and experts by experience – to increase the chances of the bid being successful.





Generally speaking, it's just there's a lack of funding, and if you want to fund such projects, you need to get large grants, you need to establish collaborations. And that's just intrinsically difficult.

Difficulty in securing funding was not the only issue; another participant described that allocation of funds to bolster research capacity in organisations providing children's social care was not always directed in ways that helped to facilitate access for researchers in the field.

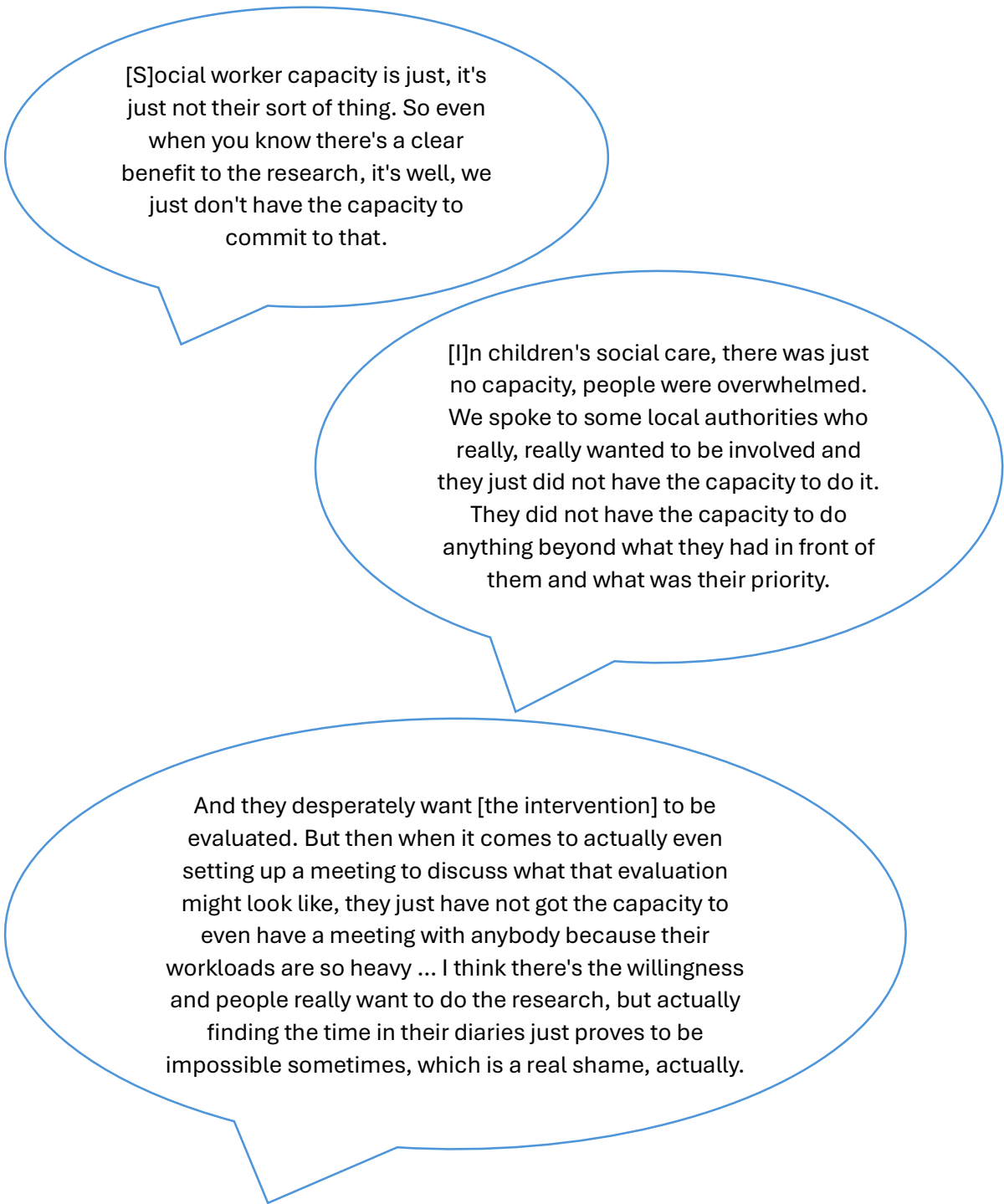


Even when [the CRN] said we're going to try and put people into the local authority, it is great but those people sit in the public health team – usually, in my experience – and their remit isn't to help recruitment in studies, it's to try and increase research capacity within the local authority. So even when they did put in support, it didn't help us in recruitment.

This would suggest that more funding alone is not a panacea for overcoming barriers in researching children's social care; it is important for any additional funding to be targeted in ways that make it easier for research to take place.

### Workload

Another significant barrier for researchers was the busy nature of the children's social care workforce. Several participants highlighted that workload pressures on practitioners meant that – despite their willingness to be involved in research – they were frequently too busy and too overwhelmed to be able to meaningfully engage in the research process.



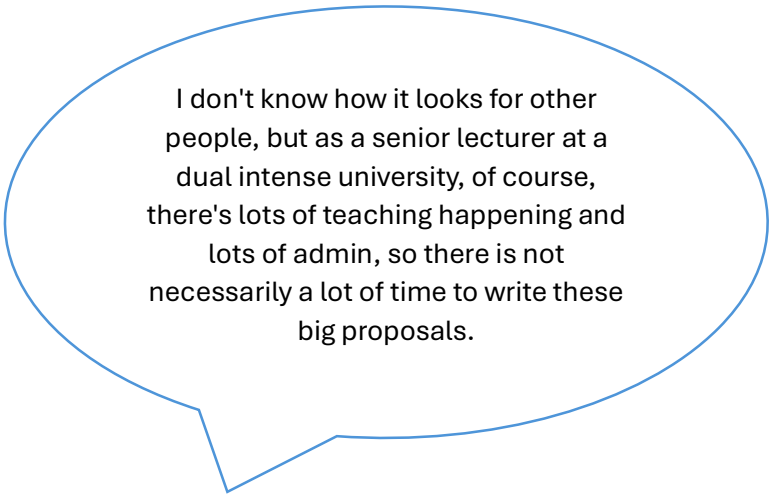
[S]ocial worker capacity is just, it's just not their sort of thing. So even when you know there's a clear benefit to the research, it's well, we just don't have the capacity to commit to that.

[I]n children's social care, there was just no capacity, people were overwhelmed. We spoke to some local authorities who really, really wanted to be involved and they just did not have the capacity to do it. They did not have the capacity to do anything beyond what they had in front of them and what was their priority.

And they desperately want [the intervention] to be evaluated. But then when it comes to actually even setting up a meeting to discuss what that evaluation might look like, they just have not got the capacity to even have a meeting with anybody because their workloads are so heavy ... I think there's the willingness and people really want to do the research, but actually finding the time in their diaries just proves to be impossible sometimes, which is a real shame, actually.

The heavy workloads of practitioners and leaders in children's social care organisations meant that their ability to engage in all phases of the research process – from discussing ideas, to designing studies, to participating in projects – was inhibited. Ultimately, as one participant described “their priorities were much different to ours” because the demands of keeping children safe in challenging work contexts overrode the desire to engage in research.

One participant also highlighted that it was not only workload pressures for practitioners that proved problematic. For researchers employed as university lecturers, balancing a workload that includes teaching as well as research could leave little time for developing high quality research proposals.



I don't know how it looks for other people, but as a senior lecturer at a dual intense university, of course, there's lots of teaching happening and lots of admin, so there is not necessarily a lot of time to write these big proposals.

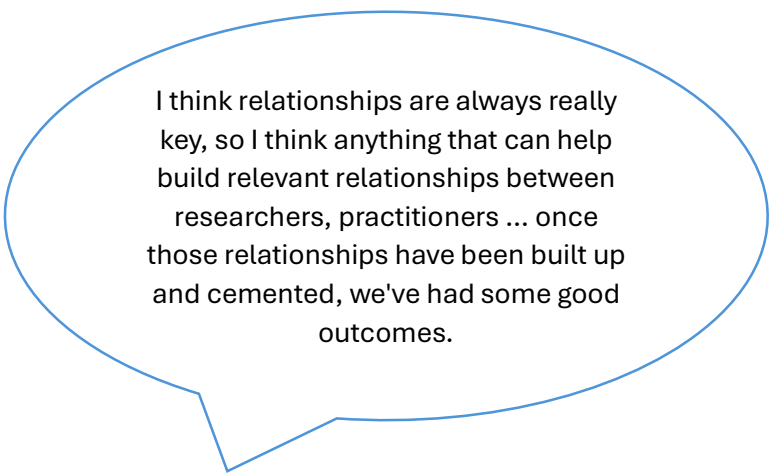
This echoes findings from the survey, where a significant proportion of researchers noted that a major barrier to undertaking research is having the time to write research proposals to secure significant pots of funding.

### Facilitators for undertaking research on children's social care

Participants were able to draw on a range of positive experiences when discussing ideas for what could help to facilitate research on children's social care. These facilitators fell into three categories: relationships, negotiating expectations, and building skills.

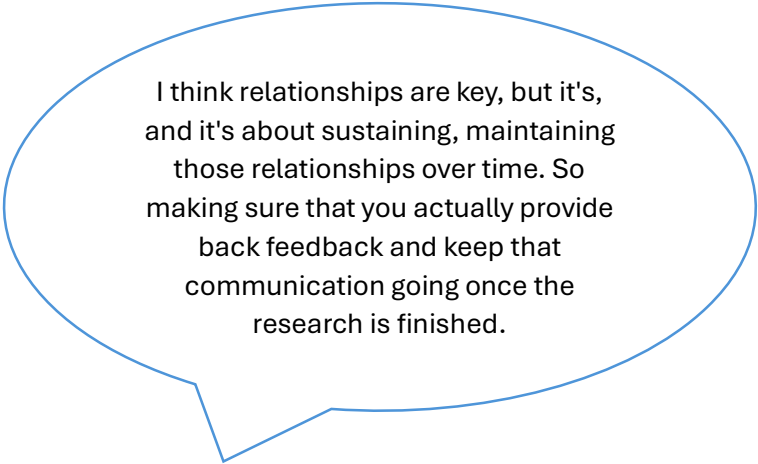
#### Relationships

The participants identified that effective relationship-building was crucial to supporting research in children's social care.



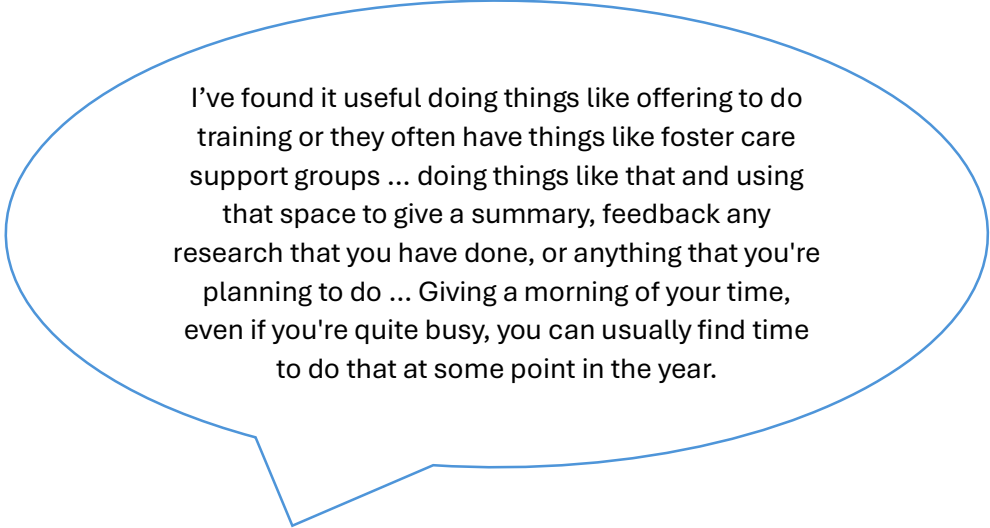
I think relationships are always really key, so I think anything that can help build relevant relationships between researchers, practitioners ... once those relationships have been built up and cemented, we've had some good outcomes.

Participants highlighted that this was not always straightforward, referencing the previously discussed issues of not always knowing who the relevant people to contact were, and the challenges brought about by high workloads and limited capacity for practitioners and organisations to engage in research. As well as building relationships, one participant noted that it was equally necessary to maintain these relationships beyond the life of the research project.



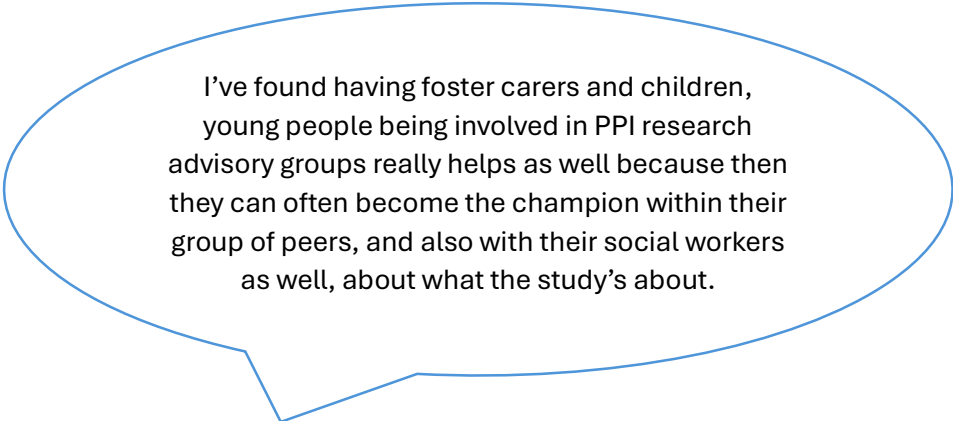
I think relationships are key, but it's, and it's about sustaining, maintaining those relationships over time. So making sure that you actually provide back feedback and keep that communication going once the research is finished.

There were suggestions for how such relationships could be maintained; the importance of reciprocity and ensuring that practitioners and organisations involved in research were kept informed and saw benefits from participating in the research were of particular importance.



I've found it useful doing things like offering to do training or they often have things like foster care support groups ... doing things like that and using that space to give a summary, feedback any research that you have done, or anything that you're planning to do ... Giving a morning of your time, even if you're quite busy, you can usually find time to do that at some point in the year.

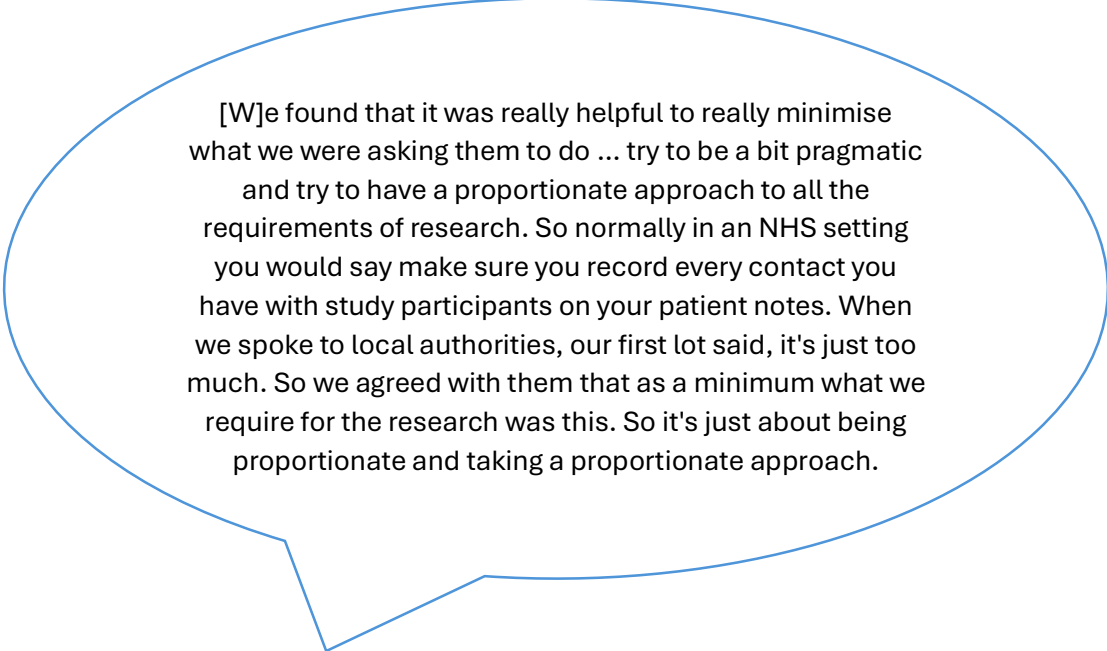
Relationships with other stakeholders, such as foster carers, and children and families themselves, were also seen as being important. Within health research, patient and public involvement (PPI) in research is an established practice, and while the language used in children's social care differs, engaging with people who access services in the research process is viewed as similarly important.



I've found having foster carers and children, young people being involved in PPI research advisory groups really helps as well because then they can often become the champion within their group of peers, and also with their social workers as well, about what the study's about.

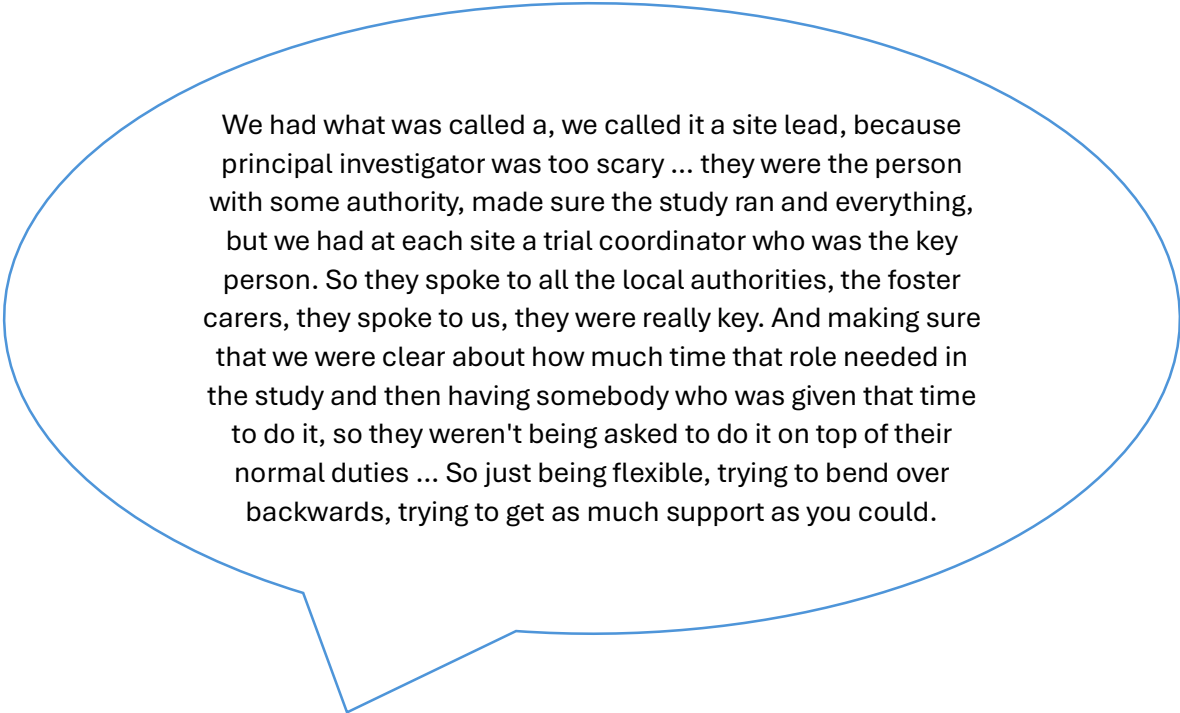
## Negotiating expectations

Related to the process of relationship-building was the need to negotiate expectations, and at times to be pragmatic about what could be asked of busy practitioners and leaders working in children's social care organisations.



[W]e found that it was really helpful to really minimise what we were asking them to do ... try to be a bit pragmatic and try to have a proportionate approach to all the requirements of research. So normally in an NHS setting you would say make sure you record every contact you have with study participants on your patient notes. When we spoke to local authorities, our first lot said, it's just too much. So we agreed with them that as a minimum what we require for the research was this. So it's just about being proportionate and taking a proportionate approach.

This involved back and forth between the research team and the research sites, with key individuals being brought alongside to help ensure smooth working relationships and to help champion the research. Taking this approach also entailed realism about what was possible, and it was necessary to ensure that a more proactive role in research projects was balanced with not adding more to the already busy workloads of those delivering children's social care.

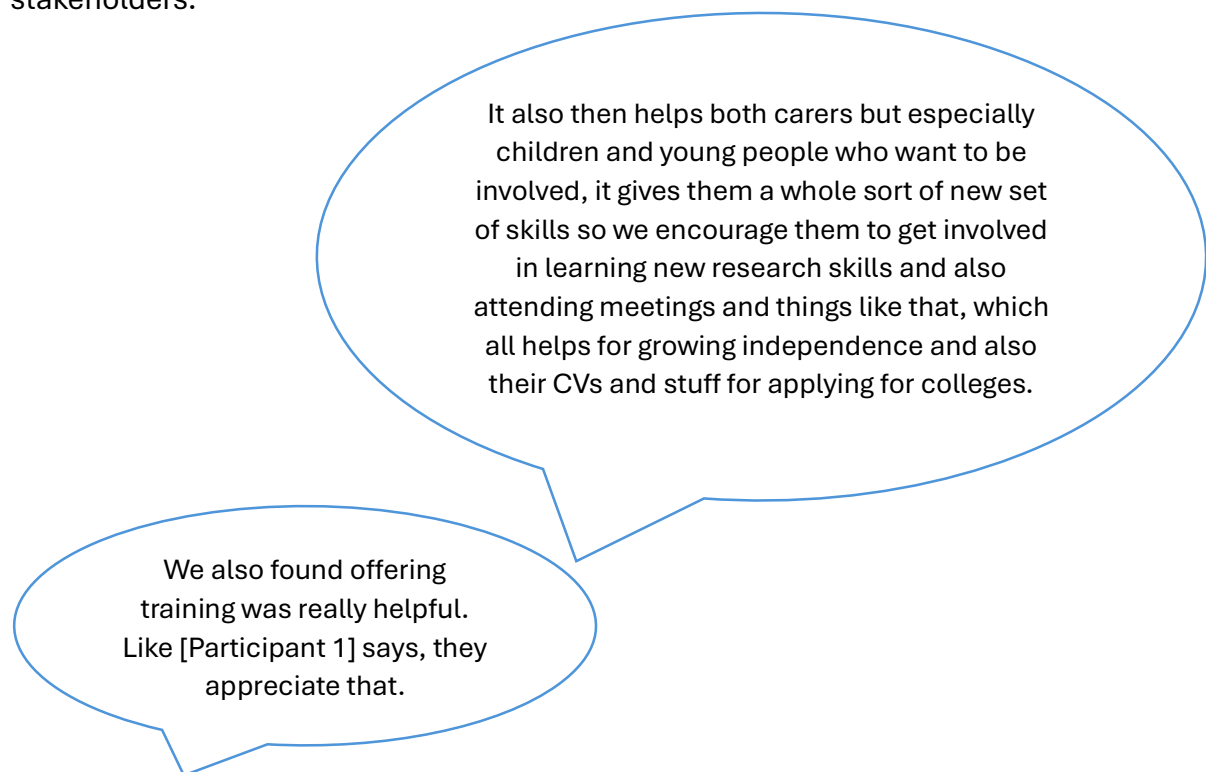


We had what was called a, we called it a site lead, because principal investigator was too scary ... they were the person with some authority, made sure the study ran and everything, but we had at each site a trial coordinator who was the key person. So they spoke to all the local authorities, the foster carers, they spoke to us, they were really key. And making sure that we were clear about how much time that role needed in the study and then having somebody who was given that time to do it, so they weren't being asked to do it on top of their normal duties ... So just being flexible, trying to bend over backwards, trying to get as much support as you could.

A recurring theme throughout the conversation was recognition that children’s social care organisations and practitioners are struggling to manage with their core responsibilities, and this means that research – though seen as important – is viewed as something additional to the day-to-day activities of the organisation. This means that effectively engaging with those delivering children’s social care involves ensuring that demands on time are not onerous and that benefits for any time given are clear and reciprocal.

### Building skills

A final area that helped to facilitate research in children’s social care was using the research process to help to build the skills of practitioner-researchers and other stakeholders.



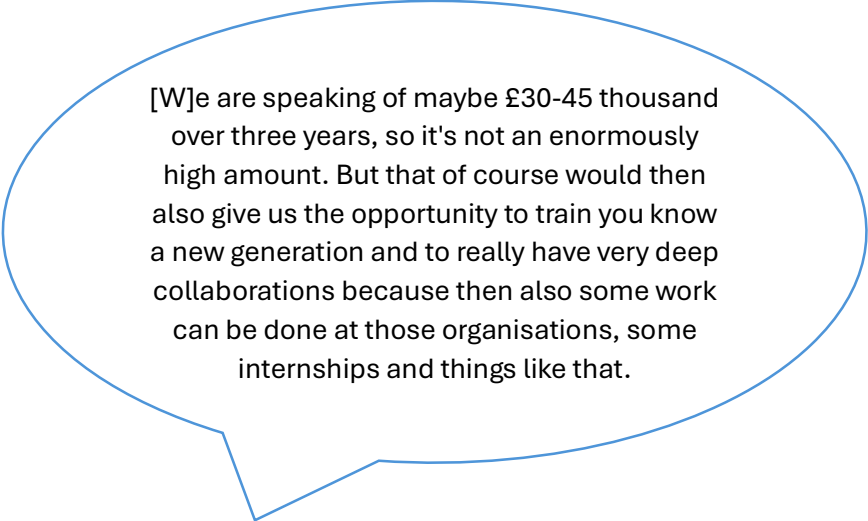
The benefits of upskilling practitioners and stakeholders are two-fold. It helps to build the kind of reciprocally beneficial relationships needed to undertake research effectively, and it also helps to ensure that there are more people involved in the field of children’s social care with the knowledge and tools needed to be involved in research projects.

### Looking ahead in children’s social care research in the region

The final topic discussed was future directions for children’s social care research in the region, with a focus on what could help to build research capacity in the East of England. Participants recognised this was a complex issue, with one joking that “if I had the answer to this question, I would be charging lots of money as a consultant”. Nonetheless, participants offered useful suggestions around the themes of funding, continuity, and networking.

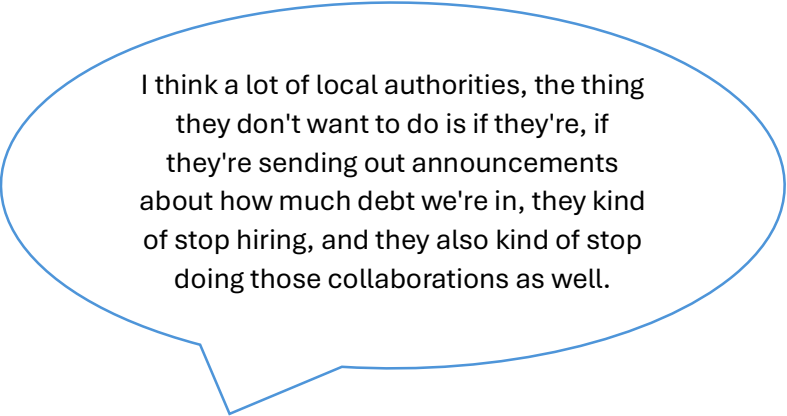
## Funding

One participant suggested that supporting funding routes for PhD students would be beneficial. They highlighted the existing South and East Network for Social Sciences (SeNSS) doctoral studentships and noted that part-funding by organisations increased chances of success in what is a highly competitive scheme.



[W]e are speaking of maybe £30-45 thousand over three years, so it's not an enormously high amount. But that of course would then also give us the opportunity to train you know a new generation and to really have very deep collaborations because then also some work can be done at those organisations, some internships and things like that.

Participants working in local authorities also recognised that the financial landscape they were working in impacted on their capacity to engage with research, and so more money would be one way of supporting greater involvement in research.

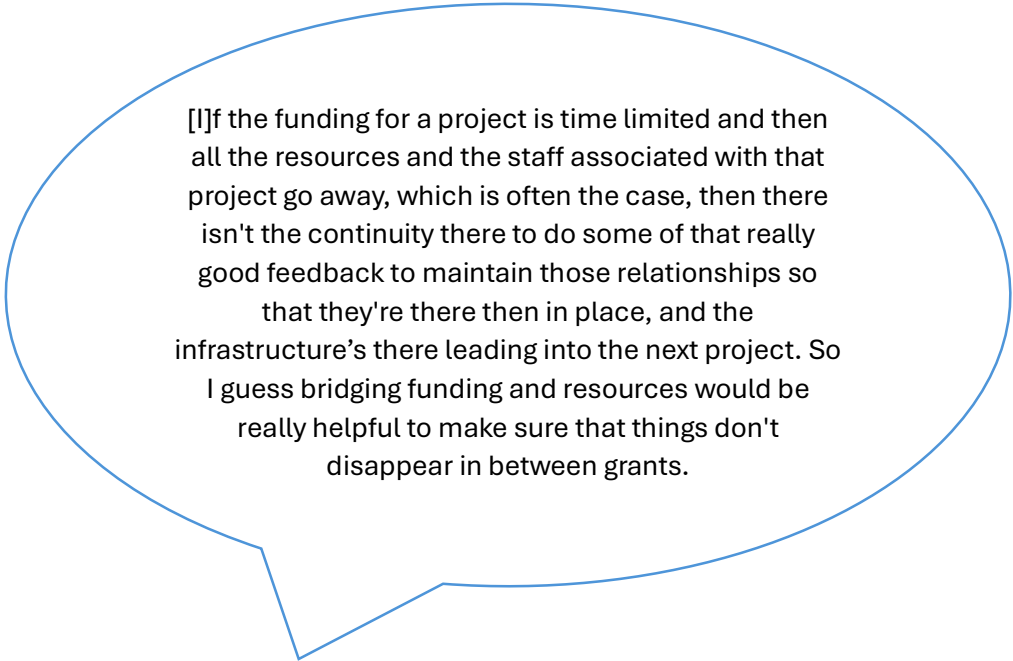


I think a lot of local authorities, the thing they don't want to do is if they're, if they're sending out announcements about how much debt we're in, they kind of stop hiring, and they also kind of stop doing those collaborations as well.

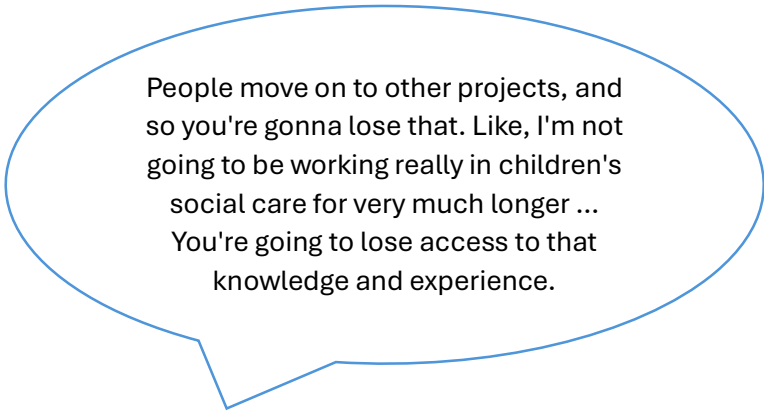
This related back to similar points made elsewhere in the roundtable discussion; for children's social care practitioners and organisations, when resources are stretched it is more difficult to prioritise research, and so funding that can support engagement in research would be welcome.

## Continuity

Multiple participants noted that one of the challenges for researchers was maintaining continuity in research relationships. Part of this related to the precarity of research contracts and the time-limited nature of funded research projects.

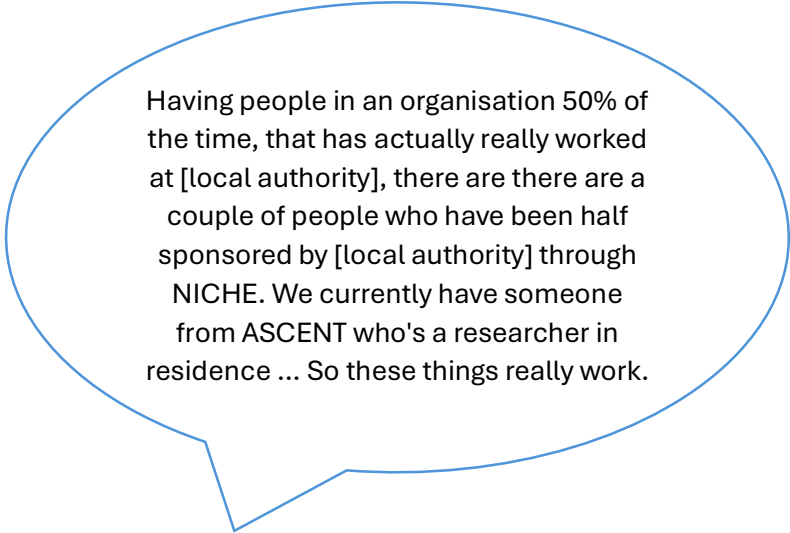


[I]f the funding for a project is time limited and then all the resources and the staff associated with that project go away, which is often the case, then there isn't the continuity there to do some of that really good feedback to maintain those relationships so that they're there then in place, and the infrastructure's there leading into the next project. So I guess bridging funding and resources would be really helpful to make sure that things don't disappear in between grants.



People move on to other projects, and so you're gonna lose that. Like, I'm not going to be working really in children's social care for very much longer ... You're going to lose access to that knowledge and experience.

A local authority participant noted some of the ways that their organisation was seeking to maintain some degree of continuity in engagement with research by making use of funded projects such as ASCENT. These schemes may be one way of providing an ongoing link between organisations and researchers that endures from project to project and minimises the impact of time-limited funding and fixed-term research contracts.



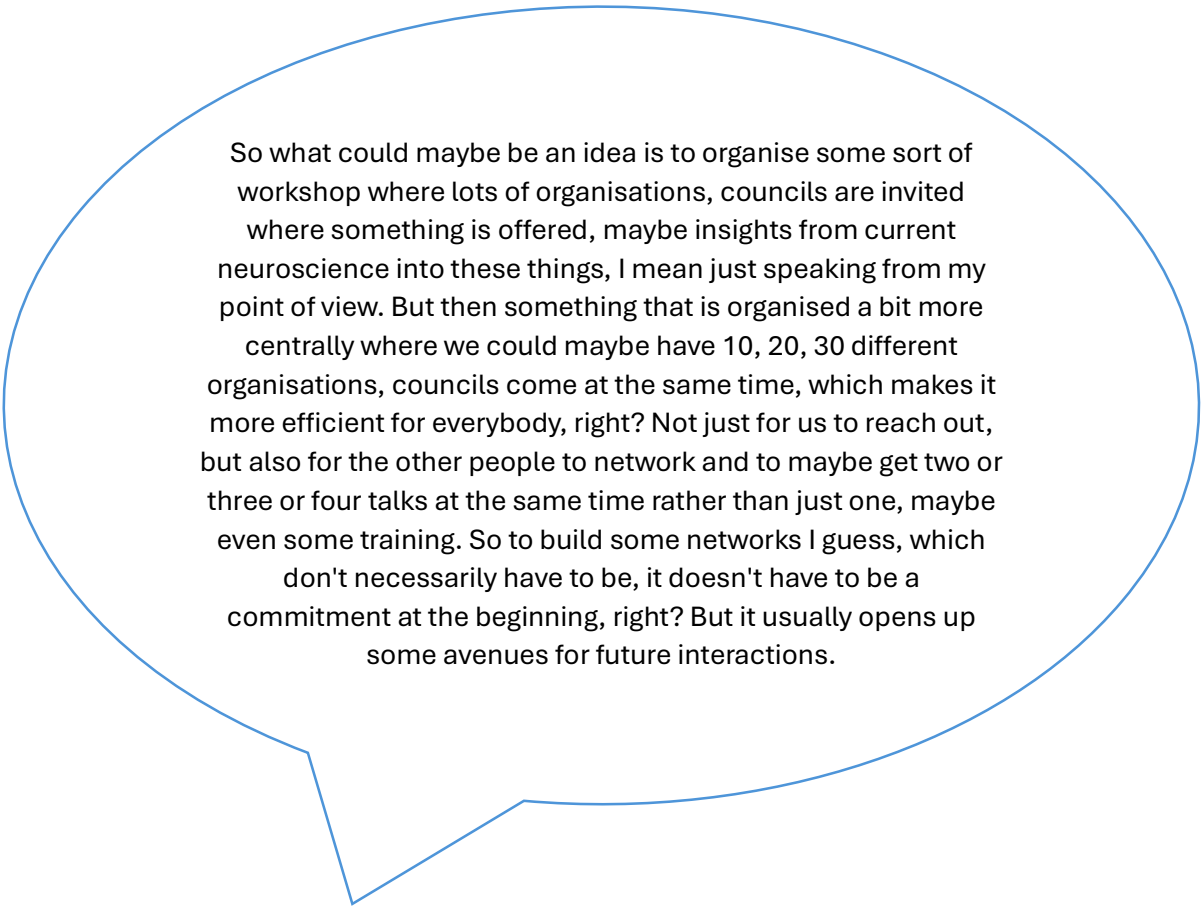
Having people in an organisation 50% of the time, that has actually really worked at [local authority], there are there are a couple of people who have been half sponsored by [local authority] through NICHE. We currently have someone from ASCENT who's a researcher in residence ... So these things really work.



These collaborations between research partnerships and organisations already exist, though have had more of a focus on adult social care. In children's social care, closer working and improved research relationships may also be fostered by such collaborative approaches.

### Networking

One of the key barriers highlighted by participants in the roundtable discussion was knowing who to approach and who to potentially collaborate with in a field that is somewhat lacking in research infrastructure. As such, participants felt that opportunities to build connections with children's social care organisations and practitioners, and other researchers active in this area, would be beneficial.



So what could maybe be an idea is to organise some sort of workshop where lots of organisations, councils are invited where something is offered, maybe insights from current neuroscience into these things, I mean just speaking from my point of view. But then something that is organised a bit more centrally where we could maybe have 10, 20, 30 different organisations, councils come at the same time, which makes it more efficient for everybody, right? Not just for us to reach out, but also for the other people to network and to maybe get two or three or four talks at the same time rather than just one, maybe even some training. So to build some networks I guess, which don't necessarily have to be, it doesn't have to be a commitment at the beginning, right? But it usually opens up some avenues for future interactions.

There was a desire from participants to better understand who is doing what in terms of research and who the key contacts are in regional organisations that deliver children's social care. One participant was particularly keen to be able to see the findings of the scoping exercise when they are available as they felt the work was valuable in better understanding the landscape of children's social care research and practice in the region. However, one participant also noted that efforts to provide networking opportunities and share research findings could prove challenging due to high workloads, noting that when they had offered similar opportunities, people "haven't been interested". They did also note that these kinds of networking events could be a "starting point" where shared learning between researchers, organisations, and practitioners could take place.

## Recommendations and next steps

The scoping exercise has highlighted the diverse and complex nature of children's social care as an area of practice and a field of research. There are unique challenges in carrying out research in children's social care. There is a lack of infrastructure to support research and the lack of embeddedness of research culture means there can be limited knowledge of research processes amongst children's social care organisations and practitioners. The absence of infrastructure can make it hard for researchers and practitioners to connect and interact, meaning that building successful working relationships that facilitate research is a challenge. Additionally, the children's social care workforce face significant demands on their time, meaning they have limited capacity to engage with research, and because of the previously mentioned lack of research being culturally and structurally embedded in children's social care organisations, research can be seen as something additional to, rather than integral to, practice. This section will outline some of the ways that these challenges can be addressed.

### Embedding researchers in organisations

One means to create more of a research culture in organisations delivering children's social care is to embed researchers within those organisations. Having researchers situated within organisations has a range of potential benefits, including helping to integrate research and researchers into the daily life of organisations delivering children's social care, supporting the development of a research culture, and helping practitioners and leaders to better understand research processes and protocols.

An additional benefit is that embedded researchers may be able to act as points of contact for other researchers wanting to undertake research with children's social care organisations and practitioners, helping to overcome one of the major barriers identified in the scoping review of not knowing who to contact about research within children's social care organisations.

There are different possible approaches to increasing researcher presence within organisations, which include:

- Funding PhD research through studentships or through shared funding arrangements with children's social care organisations.
- Funding for researchers in residence for children's social care.
- Working with regional partner organisations to explore the development of practitioner-researcher posts.

### PhD funding

There is an existing NIHR scheme that seeks to fund practitioners who wish to undertake a PhD, however the scheme is not necessarily well-known amongst children's social care practitioners or organisations. Also, given that research is less well-established culturally in children's social care than in some other disciplines covered by the NIHR scheme, applicants who are children's social care practitioners

may be at a disadvantage as they are likely to be unfamiliar with research methodologies and writing research proposals.

Ways to overcome these potential barriers could include ring-fencing some funding specifically for children's social care practitioners, or providing training opportunities – directly, through mentoring, or through regional universities – to support interested children's social care practitioners to develop their knowledge of research methods and their confidence in drafting research proposals. Large funding bids, particularly for longitudinal studies, could also consider costing in a PhD student role to be filled by someone currently in practice. This is common in other disciplines but historically has not been a regular practice in children's social care.

Some universities in the East of England are also members of SENSS, which offers doctoral studentships. One of their requirements is for applicants for studentships to spend three months in a work-based placement during their period of study. Work could be done to support hosting of prospective PhD students in children's social care organisations, which would enhance collaboration and – by increasing the chances of successful studentship applications – add to the pool of individuals researching children's social care in the region.

### Researchers in residence

As part of the ASCENT project, researchers in residence for adult social care have been established in some regional local authorities. Extending this to having researchers in residence for children's social care would be beneficial for raising the profile of research within regional local authorities and in raising awareness of research within those organisations delivering children's social care.

Given the myriad services that exist for providing children's social care, including large national and regional third sector organisations, it is worth considering whether the researcher in residence role could also have responsibility for supporting the development of relationships and research capacity building with organisations other than local authorities. Funding positions such as these may help to counter the ambivalence expressed by survey respondents, who worried about the potential increased workload involved with hosting or employing researchers.

### Practitioner-researchers

It is common in other professional disciplines for practitioners to be actively involved in research. While the scoping exercise found that researchers do involve practitioners in research to collect data or to act as research champions, it is less common for children's social care practitioners to be involved in designing and leading on research projects. There are different models for promoting the creation of researcher-practitioners; for example, funding for specific projects could include buy-out of part of a practitioner's contract to enable them to spend some of their week working on the research project.

Another model could be for practitioners to be employed jointly by their organisation and a regional university so that they have practice and research responsibilities across the two organisations and are able to be embedded in both. One issue identified by the

scoping review was that practitioners need to have sufficient research skills, so opportunities for training or mentoring through a university would again be valuable to support individuals to develop the knowledge and skills needed to undertake quality research.

### Creating and maintaining regional networks

The scoping exercise identified several national organisations and networks that researchers are a part of, however on a regional level there were fewer networks or opportunities for networking to take place. The value of networking is in building relationships that make the research process easier; knowing who to contact, creating buy-in, and recruiting participants were all issues faced by researchers in this scoping review, and better relationships and more established networks can help to overcome this barrier.

Networking could take place in the following ways:

- One-off or periodic events, such as conferences or workshops.
- Developing communities of practice around shared interests.
- Regular collaboration on and between research projects.

### Conferences and workshops

Holding one-off or periodic events for researchers and practitioners to share knowledge and expertise could provide a useful means for beginning to build relationships. This was suggested by one participant in the roundtable discussion, who felt that holding large events where multiple people could present their work and network with each other would be beneficial.

Holding such events is costly and at a time where both children's social care organisations and universities are facing funding pressures, financial to support universities or providers of children's social care to host such events could be a relatively cost-effective way of providing valuable networking opportunities that could ultimately boost research capacity in the region.

### Communities of practice

It is common for researchers to be involved in communities of practice or special interest groups with other researchers who have similar interests; often such networks are national or international in scope, but they rarely include individuals involved in delivering children's social care. Creating inclusive communities of practice around key areas of delivery of children's social care could be a fruitful way of increasing collaboration between researchers, practitioners, and leaders in children's social care. These forums could provide opportunities for organisations delivering children's social care to be involved in discussing their own research priorities, ideas for research projects or evaluations, and could help to link them with researchers with the knowledge and skills to support such work.

Workload pressures need to be borne in mind given some of the challenges and barriers highlighted in this scoping exercise. However, organisations delivering children's social care are often pragmatic and if they recognise that there are benefits to being involved

in networks, they are more likely to prioritise participating in them. Small pots of seed funding to enable communities of practice to explore possible research collaborations could be one means of ensuring that the networks can make a meaningful contribution rather than being mere talking shops.

### Collaboration on projects

Participants in the scoping exercise identified that when they had established good working relationships with organisations or key stakeholders within organisations then this made the research process much easier and increased the likelihood of the project being a success. Ensuring that relationship-building and discussions of ideas can be translated into collaborative research taking place can help to deepen relationships between researchers and children's social care organisations. Reliable funding streams, having research-minded people embedded in providers of children's social care, and having some infrastructure to support the development of quality research bids are all ways that greater collaboration can be supported.

Participants in the roundtable discussion also highlighted the issue of continuity and maintaining relationships between research projects. Having people embedded in organisations may support this, but it is also worth considering other ways in which relationships can be sustained. For example, small pots of funding for ongoing dissemination of findings would enable researchers to continue connecting with partner organisations. Funding for knowledge exchange between research organisations and providers – which could be part of the establishment of communities of practice – could also help to ensure that positive relationships are maintained. Mutually beneficial activities are key given the workload pressures faced by individuals researching and practising in the field of children's social care.

### Supporting researchers to undertake high quality research

An area of broad consensus amongst researchers involved in the scoping exercise was the need for more reliable sources of funding, while one of the main barriers researchers reported was having time to write high quality research proposals. This latter issue was particularly prevalent for researchers who are employed as lecturers at dual intensive universities. These challenges could be addressed by the following recommendations:

- Awareness raising of funding opportunities, particularly through funding streams that have historically had more of a health focus.
- Small grants to support the writing of bids for large research projects.
- Offering mentoring to early- and mid-career researchers who have not had opportunities to be principal investigators on large research projects.

### Awareness raising

The NIHR expanded its remit to include research on children's social care when it announced its change of name – to include the word 'care' – in 2022. Within the review, some participants noted challenges in securing funding and knowing what funding is available to them. Increasing awareness of funding opportunities through the NIHR or through NIHR funded projects would be beneficial for children's social care

researchers. While researchers from a health background are likely to already be aware of such opportunities, many researchers from other disciplines or professional backgrounds may be less aware of (a) what funding opportunities are open to them, and (b) how to maximise their chances of putting together a successful bid for such opportunities.

### Supporting large bids

There are grants available to researchers to scope the viability of prospective large research projects and to purchase researcher time to write high quality bids for large projects. However, the survey conducted as part of this scoping review found that 58% of respondents felt they lacked time to develop research projects, which could suggest that researchers in children's social care are not routinely accessing funding to support with the development of large research projects. As mentioned above, there may be a lack of knowledge in the sector about the ability to secure small grants to support the development of larger funding bids. Additionally, there may be a lack of knowledge of how to use small grants to develop larger bids, particularly for researchers from academic disciplines that have traditionally relied on smaller pots of funding to undertake full research projects as opposed to scoping larger projects.

### Mentoring

One means to bolster awareness of funding streams and to increase capacity for large funding bids in children's social care is to offer mentoring to early- and mid-career researchers in children's social care. For researchers involved in children's social care who are from disciplines that have not historically attracted significant research funding, opportunities to learn from experienced researchers who have successfully bid for and completed large-scale research projects would support them to develop the knowledge, skills, and confidence needed to be able to successfully act as principal investigators on large funding bids.

Researchers in children's social care who also have practice experience can bring valuable perspectives but may not have had opportunities to be involved in the kind of large research projects that are more common in disciplines such as health and psychology. Mentoring may also take the form of involving these researchers in large projects so that they can gain valuable experience to enable them to develop and lead such projects themselves. Such opportunities could be offered and accommodated within the East of England region, given the range and diversity of research and researchers represented within this scoping exercise.

# Appendix A – Survey sent to children’s social care researchers

## Participant Information and Consent

This link contains participant information for the ASCENT Scoping

Exercise: <https://acrobat.adobe.com/id/urn:aaid:sc:EU:82b45eda-c321-40a7-affd-e2cc28f011ed>

Please ensure that you read the participant information and the below details about consenting to complete the questionnaire. Once you have read the information, you will be asked to confirm that you agree to participate and will then be asked to provide your details and to complete the questionnaire.

In giving my consent I state that:

- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- I have read the Participant Information above and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- The researchers have answered any questions that I had about the study and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia now or in the future.
- I understand that I am completing a non-anonymous questionnaire and I can withdraw from the study at any time up to submission of the findings of the scoping exercise.
- I understand that the results of this study will be used in the way described in the information sheet, including that my name, organisation, and email address will be shared with ARC East of England for the purpose of developing networks and building research capacity. I understand these details and details of research projects may also appear in the report on the scoping exercise but that other personal data and individually attributed responses to survey questions will not be shared publicly.
- I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.

1. I have accessed and read the participant information and have read the above information on consenting to participant in the scoping exercise. I understand that by checking the 'I agree' box I am consenting to take part in the scoping exercise. \*

I agree

2. Please provide your name \*

3. Please provide the name of your organisation \*

4. Please provide your email address



## Questionnaire

5. Which areas of children's social care are you researching currently, have researched previously, or plan to research in future? Please select all that apply \*

Forms of risk and harm (e.g. exploitation, sexual harm, parental substance misuse)

Child placement (e.g. foster care, adoption, kinship care, residential care)

Children with disabilities (e.g. specific needs of CWD, experiences of children/parents, transitions to adulthood)  The

children's social care workforce (e.g. practitioner decision-making, retention and turnover)

Policy, legislation, and legal processes (e.g. policy impact, PLO and courtwork)

Practice evaluations (e.g. evaluating models of practice such as Signs of Safety or systemic approaches)

Children and young people from minoritised groups (e.g. unaccompanied asylum seeking children, children who identify as LGBTQI+)

Social and economic factors impacting children and families (e.g. poverty, housing)

Working with parents and/or parental issues (e.g. supporting fathers, working with parents who are victims of domestic abuse)

Child development and childhood trauma (e.g. ACEs, trauma-informed practice)

Multi/interagency working (e.g. communication in multiagency networks, local safeguarding practice panels)

Other

6. Please provide titles, a brief description and a link to the project page (if available) of up to two exemplar research projects in the field of children's social care that you have been involved with in the past 5 years. Please choose projects you feel best represent your core interests and expertise.

7. In the past 12 months, have you engaged with providers of children's social care in the East of England? \*

Yes  No

8. If yes, what form has that engagement taken (e.g. sharing research findings, undertaking research)?

9. What are the main barriers you face in researching children's social care? \*

- Lack of time to develop research projects
- Securing funding
- Internal approval processes (e.g. approvals for bids, costings, contracts, and ethics)
- External approval processes (e.g. NHS or ADCS approval, research governance, requirements of funders)
- Lack of time to undertake research projects
- Accessing participants
- Recruiting research staff
- No significant barriers experienced
- Other

10. Please select the extent to which you agree or disagree with the following statements. \*

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My organisation is good at involving children's social care practitioners as researchers when undertaking research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be open to children's social care practitioners having more involvement in designing and undertaking research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in knowing how I could involve children's social care practitioners in undertaking research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research in children's social care would benefit from more reliable funding streams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional networks involving individuals engaged in research in children's social care would help to promote research in the field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Are you aware of any regional or national research networks involved in researching children's social care that you think it would be useful for us to know about? If so, please provide details.

12. Is there anything else you would like us to know about undertaking research in children's social care?

## Thank you and further involvement

Thank you for completing the questionnaire, your input is greatly appreciated and will help us to get a better sense of research capacity and current issues in undertaking research in children's social care in the east of England.

**If there is anything covered in the questionnaire which you have found upsetting or for which you would like a debrief, or if there is anything you would like to discuss further, please contact the project lead Dr Mark Gregory at [mark.gregory@uea.ac.uk](mailto:mark.gregory@uea.ac.uk).**

We will also be holding a roundtable discussion on **Monday the 21st of October at 1.30pm** to follow up on key topics and issues identified in this questionnaire. If you would be interested in participating, please answer yes to the question below and a member of the research team will be in contact with you.

13. Would you be interested in participating in the roundtable discussion to discuss topics covered in this questionnaire? \*

Yes  No

---

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# Appendix B: Survey sent to providers of children's social care

## Participant Information and Consent

This link contains participant information for the ASCENT Scoping

Exercise: <https://acrobat.adobe.com/id/urn:aaid:sc:EU:82b45eda-c321-40a7-affd-e2cc28f011ed>

Please ensure that you read the participant information and the below details about consenting to complete the questionnaire. Once you have read the information, you will be asked to confirm that you agree to participate and will then be asked to provide your details and to complete the questionnaire.

In giving my consent I state that:

- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- I have read the Participant Information above and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- The researchers have answered any questions that I had about the study and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia now or in the future.
- I understand that I am completing a non-anonymous questionnaire and I can withdraw from the study at any time up to submission of the findings of the scoping exercise.
- I understand that the results of this study will be used in the way described in the information sheet, including that my name, organisation, and email address will be shared with ARC East of England for the purpose of developing networks and building research capacity. I understand these details and details of research projects may also appear in the report on the scoping exercise but that other personal data and individually attributed responses to survey questions will not be shared publicly.
- I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.

1. I have accessed and read the participant information and have read the above information on consenting to participant in the scoping exercise. I understand that by checking the 'I agree' box I am consenting to take part in the scoping exercise. \*

I agree

2. Please provide your name \*

3. Please provide the name of your organisation \*

4. Please provide your email address

## Questionnaire

5. Please briefly describe your organisation's role in providing children's social care. \*

6. Please list any models or practice approaches that your organisation uses in delivering children's social care (e.g. Signs of Safety, systemic practice, Family Safeguarding Model, trauma-informed practice).

7. Are there any providers that your organisation regularly commissions to deliver services related to children's social care (e.g. therapeutic services, providers of specialist family support, youth work, community organisations delivering services to children and young people)? Please provide details.

8. Are you currently involved in any local, regional, or national networks or partnerships related to strategy and delivery of children's social care? If so, please provide details.

9. Which of these statements describe your organisation's use of and engagement with research. Please select all that apply. \*

- We regularly use up to date research at a senior management level to inform strategy
- We employ individuals within the organisation who undertake research in children's social care
- We commission and fund research to be undertaken within our organisation by researchers external to the organisation
- We host external researchers or support recruitment of participants but do not directly fund research
- Individual practitioners within the organisation use research to inform their practice and decision-making
- We pay for employees to access research and research briefings through external organisations (e.g. Research in Practice)
- We do not currently engage in or use research
- Other

10. If you have answered that your organisation currently uses research to inform strategy or to inform practice and decision-making, how do you access this research?

11. Are you currently involved in any local, regional, or national networks or partnerships related to research in children's social care? If so, please provide details.

12. What are the barriers you face as an organisation in engaging in and using research? Please select all that apply. \*

- We cannot afford to employ researchers
- We cannot afford to commission research
- We do not have time to host research or encourage participation in research
- Up to date research is too expensive to access
- Up to date research is too time consuming to access
- Practitioners do not particularly value research
- Senior managers do not particularly value research
- We are unsure how to go about accessing research
- We are unsure how to go about participating in or commissioning research
- Other



13. Please rate the extent to which you agree or disagree with the following statements. \*

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My organisation would like to directly employ individuals whose role is to undertake research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If funding was available, my organisation would be open to commissioning more research to be undertaken by external researchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involving children's social care practitioners directly in designing and conducting research would be valuable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We would like to host more research projects or encourage our employees to participate in research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional networks involving researchers and organisations delivering children's social care would be beneficial for boosting research capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We would like to explore opportunities for our employees to be involved in undertaking as well as participating in research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. If you know of anyone else in your organisation who would be a useful contact for developing engagement with research in the East of England, please provide their name and email address here.

15. Is there anything else you would like us to know about your role in delivering children's social care or about using and engaging with children's social care research?

## Thank you and further involvement

*Thank you for completing the questionnaire, your input is greatly appreciated and will help us to get a better sense of research capacity and current issues in undertaking research in children's social care in the east of England.*

***If there is anything covered in the questionnaire which you have found upsetting or for which you would like a debrief, or if there is anything you would like to discuss further, please contact the project lead Dr Mark Gregory at [mark.gregory@uea.ac.uk](mailto:mark.gregory@uea.ac.uk).***

*We will also be holding a roundtable discussion on **Monday the 21st of October at 1.30pm** to follow up on key topics and issues identified in this questionnaire. If you would be interested in participating, please answer yes to the question below and a member of the research team will be in contact with you.*

16. Would you be interested in participating in the roundtable discussion to discuss topics covered in this questionnaire? \*

Yes  No

---

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## Appendix C: Directory of researchers undertaking research on children's social care in the East of England

Name and contact email	Name of department or research centre	Research areas and/or link to public research profile
<b>Anglia Ruskin University</b>		
Dr Sarah Colley <a href="mailto:sarah.colley@aru.ac.uk">sarah.colley@aru.ac.uk</a>	International Policing and Public Protection Research Institute	Child sexual exploitation; gendered violence <a href="https://www.aru.ac.uk/people/sarah-colley">https://www.aru.ac.uk/people/sarah-colley</a>
Lea Kamitz <a href="mailto:lea.kamitz@aru.ac.uk">lea.kamitz@aru.ac.uk</a>	International Policing and Public Protection Research Institute	Child sexual abuse and exploitation <a href="https://scholar.google.com/citations?user=xnOcQwUAAAAJ&amp;hl=en">https://scholar.google.com/citations?user=xnOcQwUAAAAJ&amp;hl=en</a>
Professor Samantha Lundrigan <a href="mailto:samantha.lundrigan@aru.ac.uk">samantha.lundrigan@aru.ac.uk</a>	International Policing and Public Protection Research Institute (Director)	Child sexual abuse <a href="https://www.aru.ac.uk/people/samantha-lundrigan">https://www.aru.ac.uk/people/samantha-lundrigan</a>
Professor Tim McSweeney <a href="mailto:timothy.mcsweeney@aru.ac.uk">timothy.mcsweeney@aru.ac.uk</a>	International Policing and Public Protection Research Institute	Youth crime/offending; child sexual exploitation; criminal justice system <a href="https://orcid.org/0000-0002-6099-9106">https://orcid.org/0000-0002-6099-9106</a>
Ashley Perry <a href="mailto:ashley.perry@aru.ac.uk">ashley.perry@aru.ac.uk</a>	International Policing and Public Protection Research Institute	Child sexual abuse, sexual violence <a href="https://www.aru.ac.uk/people/ashley-perry">https://www.aru.ac.uk/people/ashley-perry</a>
Dr Theresa Redmond <a href="mailto:theresa.redmond@aru.ac.uk">theresa.redmond@aru.ac.uk</a>	International Policing and Public Protection Research Institute	Child sexual abuse and exploitation; gendered violence <a href="https://www.aru.ac.uk/people/theresa-redmond">https://www.aru.ac.uk/people/theresa-redmond</a>
Carter Smith <a href="mailto:carter.smith@aru.ac.uk">carter.smith@aru.ac.uk</a>	International Policing and Public Protection Research Institute	Child sexual abuse; child sex trafficking <a href="https://www.aru.ac.uk/people/carter-smith">https://www.aru.ac.uk/people/carter-smith</a>
Dr Roxana Anghel <a href="mailto:roxana.anghel@aru.ac.uk">roxana.anghel@aru.ac.uk</a>	School of Allied Health and Social Care	Young people leaving care <a href="https://www.aru.ac.uk/people/roxana-anghel">https://www.aru.ac.uk/people/roxana-anghel</a>
Dr Melanie Boyce <a href="mailto:melanie.boyce@aru.ac.uk">melanie.boyce@aru.ac.uk</a>	School of Allied Health and Social Care	Marginalised groups and communities; experiences of Roma families in children's services <a href="https://www.aru.ac.uk/people/melanie-boyce">https://www.aru.ac.uk/people/melanie-boyce</a>
Linda Homan <a href="mailto:linda.homan@aru.ac.uk">linda.homan@aru.ac.uk</a>	School of Allied Health and Social Care	Child protection <a href="https://www.aru.ac.uk/people/linda-homan">https://www.aru.ac.uk/people/linda-homan</a>
Dr Sally Pritchard <a href="mailto:sally.pritchard@aru.ac.uk">sally.pritchard@aru.ac.uk</a>	School of Allied Health and Social Care	Young people and foster care <a href="https://www.aru.ac.uk/people/sally-pritchard">https://www.aru.ac.uk/people/sally-pritchard</a>

<b>University of Bedfordshire</b>		
Professor Emily Munro <a href="mailto:emily.munro@beds.ac.uk">emily.munro@beds.ac.uk</a>	Tilda Goldberg Centre (Director)	Child and family social work; transitions from care to adulthood <a href="https://www.beds.ac.uk/iasr/about/staff/emily-munro/">https://www.beds.ac.uk/iasr/about/staff/emily-munro/</a>
Dr Debra Allnock <a href="mailto:debra.allnock@beds.ac.uk">debra.allnock@beds.ac.uk</a>	Safer Young Lives Research Centre	Child protection; child sexual abuse and exploitation <a href="https://www.beds.ac.uk/iasr/about/staff/debra-allnock/">https://www.beds.ac.uk/iasr/about/staff/debra-allnock/</a>
Dr Isabelle Brodie <a href="mailto:isabelle.brodie@beds.ac.uk">isabelle.brodie@beds.ac.uk</a>	Safer Young Lives Research Centre	Children and young people in care; education; youth offending; safeguarding; child exploitation <a href="https://www.beds.ac.uk/iasr/about/staff/isabelle-brodie/">https://www.beds.ac.uk/iasr/about/staff/isabelle-brodie/</a>
Dr Claire Cody <a href="mailto:claire.cody@beds.ac.uk">claire.cody@beds.ac.uk</a>	Safer Young Lives Research Centre	Young people affected by sexual violence and exploitation <a href="https://www.beds.ac.uk/iasr/about/staff/claire-cody/">https://www.beds.ac.uk/iasr/about/staff/claire-cody/</a>
Dr Bethan Taylor <a href="mailto:Bethan.taylor@beds.ac.uk">Bethan.taylor@beds.ac.uk</a>	Safer Young Lives Research Centre	Young people's participation; domestic abuse; sexual abuse <a href="https://www.beds.ac.uk/iasr/about/staff/bethan-taylor/">https://www.beds.ac.uk/iasr/about/staff/bethan-taylor/</a>
Dr Camille Warrington <a href="mailto:camille.warrington@beds.ac.uk">camille.warrington@beds.ac.uk</a>	Safer Young Lives Research Centre	Young people affected by interpersonal and sexual violence and abuse <a href="https://www.beds.ac.uk/iasr/about/staff/camille-warrington/">https://www.beds.ac.uk/iasr/about/staff/camille-warrington/</a>
Alice Yeo <a href="mailto:alice.yeo@beds.ac.uk">alice.yeo@beds.ac.uk</a>	Safer Young Lives Research Centre	Child exploitation and extra-familial harm <a href="https://www.beds.ac.uk/iasr/about/staff/alice-yeo/">https://www.beds.ac.uk/iasr/about/staff/alice-yeo/</a>
Dr Helen Connolly <a href="mailto:helen.connolly@beds.ac.uk">helen.connolly@beds.ac.uk</a>	School of Applied Social Sciences	Refugee and asylum-seeking children <a href="https://www.beds.ac.uk/howtoapply/departments/appliedsocialsciences/staff/helen-connolly/">https://www.beds.ac.uk/howtoapply/departments/appliedsocialsciences/staff/helen-connolly/</a>
Dr Fiona Factor <a href="mailto:fiona.factor@beds.ac.uk">fiona.factor@beds.ac.uk</a>	School of Applied Social Sciences	Child sexual exploitation; youth work <a href="https://www.beds.ac.uk/howtoapply/departments/appliedsocialsciences/staff/fiona-factor/">https://www.beds.ac.uk/howtoapply/departments/appliedsocialsciences/staff/fiona-factor/</a>
Dr Jaya Ghosh <a href="mailto:Jaya.Ghosh@beds.ac.uk">Jaya.Ghosh@beds.ac.uk</a>	School of Applied Social Sciences (Criminology)	Honour crime; forced marriage; domestic violence; youth offending <a href="https://www.beds.ac.uk/howtoapply/departments/appliedsocialsciences/staff/jaya-ghosh/">https://www.beds.ac.uk/howtoapply/departments/appliedsocialsciences/staff/jaya-ghosh/</a>
Professor Ravi KS Kohli <a href="mailto:ravi.kohli@beds.ac.uk">ravi.kohli@beds.ac.uk</a>	School of Applied Social Sciences	Refugee and asylum-seeking children <a href="https://orcid.org/0000-0001-5713-8922">https://orcid.org/0000-0001-5713-8922</a>
Dr Gary Manders <a href="mailto:gary.manders@beds.ac.uk">gary.manders@beds.ac.uk</a>	School of Applied Social Sciences	Youth justice <a href="https://www.beds.ac.uk/howtoapply/departments/appliedsocialsciences/staff/gary-manders/">https://www.beds.ac.uk/howtoapply/departments/appliedsocialsciences/staff/gary-manders/</a>
Dr Roma Thomas <a href="mailto:roma.thomas@beds.ac.uk">roma.thomas@beds.ac.uk</a>	School of Applied Social Sciences	Child and family social work; child sexual exploitation <a href="https://www.beds.ac.uk/howtoapply/departments/appliedsocialsciences/staff/roma-thomas/">https://www.beds.ac.uk/howtoapply/departments/appliedsocialsciences/staff/roma-thomas/</a>
<b>University of Cambridge</b>		
Professor Pasco Fearnon <a href="mailto:pf380@cam.ac.uk">pf380@cam.ac.uk</a>	Centre for Family Research (Director)	Child development and mental health <a href="https://www.cfr.cam.ac.uk/staff/professor-pasco-fearnon">https://www.cfr.cam.ac.uk/staff/professor-pasco-fearnon</a>

Professor Claire Hughes <a href="mailto:ch288@cam.ac.uk">ch288@cam.ac.uk</a>	Centre for Family Research	Child and family wellbeing <a href="https://www.psychol.cam.ac.uk/people/ch288%40cam.ac.uk">https://www.psychol.cam.ac.uk/people/ch288%40cam.ac.uk</a>
Dr Ros McLellan <a href="mailto:rwm11@cam.ac.uk">rwm11@cam.ac.uk</a>	Faculty of Education	Children's wellbeing in school and education <a href="https://www.educ.cam.ac.uk/people/staff/mclellan/">https://www.educ.cam.ac.uk/people/staff/mclellan/</a>
Dr Sarah Lloyd-Fox <a href="mailto:sl868@cam.ac.uk">sl868@cam.ac.uk</a>	Department of Psychology	Family and environmental context and impact on early life <a href="https://www.psychol.cam.ac.uk/people/dr-sarah-lloyd-fox">https://www.psychol.cam.ac.uk/people/dr-sarah-lloyd-fox</a>
Dr Robbie Duschinsky <a href="mailto:rd522@cam.ac.uk">rd522@cam.ac.uk</a>	Primary Care Unit (Applied Social Science Group)	Child and family mental health; integration of health and social care <a href="https://research.sociology.cam.ac.uk/profile/dr-robbie-duschinsky">https://research.sociology.cam.ac.uk/profile/dr-robbie-duschinsky</a>
Dr Shobhana Nagraj <a href="mailto:sn378@cam.ac.uk">sn378@cam.ac.uk</a>	Department of Public Health and Primary Care	Social determinants of health; child food poverty
Professor Tamsin Ford <a href="mailto:tjf52@medschl.cam.ac.uk">tjf52@medschl.cam.ac.uk</a>	Department of Psychiatry	Child and adolescent mental health <a href="https://neuroscience.cam.ac.uk/member/tamsinford/">https://neuroscience.cam.ac.uk/member/tamsinford/</a>
Dr Anna Moore <a href="mailto:am2708@medschl.cam.ac.uk">am2708@medschl.cam.ac.uk</a>	Department of Psychiatry	Children's mental health <a href="https://neuroscience.cam.ac.uk/member/am2708/">https://neuroscience.cam.ac.uk/member/am2708/</a>
<b>University of East Anglia</b>		
Dr Kate Blake-Holmes <a href="mailto:Kate.Blake-Holmes@uea.ac.uk">Kate.Blake-Holmes@uea.ac.uk</a>	School of Social Work; Centre for Research on Children and Families	Mental health social work; young carers <a href="https://orcid.org/0000-0003-3117-3521">https://orcid.org/0000-0003-3117-3521</a>
Professor Christine Cocker <a href="mailto:Christine.Cocker@uea.ac.uk">Christine.Cocker@uea.ac.uk</a>	School of Social Work (Head of School); Centre for Research on Children and Families	Transitional safeguarding <a href="https://orcid.org/0000-0002-4188-2316">https://orcid.org/0000-0002-4188-2316</a>
Dr Laura Cook <a href="mailto:L.Cook@uea.ac.uk">L.Cook@uea.ac.uk</a>	School of Social Work; Centre for Research on Children and Families (Director)	Child and family social work; Social work practice <a href="https://orcid.org/0000-0002-9882-2365">https://orcid.org/0000-0002-9882-2365</a>
Dr Carlene Cornish <a href="mailto:C.Cornish@uea.ac.uk">C.Cornish@uea.ac.uk</a>	School of Social Work; Centre for Research on Children and Families	Race and racism in social work and social work education <a href="https://orcid.org/0000-0003-3488-7968">https://orcid.org/0000-0003-3488-7968</a>
Dr Jeanette Cossar <a href="mailto:Jeanette.Cossar@uea.ac.uk">Jeanette.Cossar@uea.ac.uk</a>	School of Social Work; Centre for Research on Children and Families	Children and young people's understandings of abuse and neglect, and their perspectives on social work involvement <a href="https://research-portal.uea.ac.uk/en/persons/jeanette-cossar">https://research-portal.uea.ac.uk/en/persons/jeanette-cossar</a>
Dr Mark Gregory <a href="mailto:J.Young@uea.ac.uk">J.Young@uea.ac.uk</a>	School of Social Work; Centre for Research on Children and Families	Child and family social work; Social work practice <a href="https://orcid.org/0000-0002-7428-9447">https://orcid.org/0000-0002-7428-9447</a>
Dr Jane Heron <a href="mailto:J.Heron@uea.ac.uk">J.Heron@uea.ac.uk</a>	School of Social Work; Centre for Research on Children and Families	Safeguarding disabled children and young people <a href="https://research-portal.uea.ac.uk/en/persons/jane-heron">https://research-portal.uea.ac.uk/en/persons/jane-heron</a>

Dr Birgit Larsson <a href="mailto:B.Larsson@uea.ac.uk">B.Larsson@uea.ac.uk</a>	School of Social Work; Centre for Research on Children and Families	Vulnerable young people and emerging adults <a href="https://research-portal.uea.ac.uk/en/persons/birgit-larsson">https://research-portal.uea.ac.uk/en/persons/birgit-larsson</a>
Professor Beth Neil <a href="mailto:E.Neil@uea.ac.uk">E.Neil@uea.ac.uk</a>	School of Social Work; Centre for Research on Children and Families	Adoption <a href="https://orcid.org/0000-0001-5655-7498">https://orcid.org/0000-0001-5655-7498</a>
Dr Cynthia Okpokiri <a href="mailto:C.Okpokiri@uea.ac.uk">C.Okpokiri@uea.ac.uk</a>	School of Social Work; Centre for Research on Children and Families	Child safeguarding; parenting <a href="https://orcid.org/0000-0003-4857-1606">https://orcid.org/0000-0003-4857-1606</a>
Dr Georgia Philip <a href="mailto:G.Philip@uea.ac.uk">G.Philip@uea.ac.uk</a>	School of Social Work; Centre for Research on Children and Families	Fathers and child and family social work <a href="https://research-portal.uea.ac.uk/en/persons/georgia-philip">https://research-portal.uea.ac.uk/en/persons/georgia-philip</a>
Dr Natasha Rennolds <a href="mailto:N.Rennolds@uea.ac.uk">N.Rennolds@uea.ac.uk</a>	School of Social Work; Centre for Research on Children and Families	Multiagency child safeguarding practice; working with adolescents/young adults <a href="https://orcid.org/0000-0001-8169-534X">https://orcid.org/0000-0001-8169-534X</a>
Dr Julia Rimmer <a href="mailto:Julia.Rimmer@uea.ac.uk">Julia.Rimmer@uea.ac.uk</a>	School of Social Work; Centre for Research on Children and Families	Adoption <a href="https://research-portal.uea.ac.uk/en/persons/julia-rimmer">https://research-portal.uea.ac.uk/en/persons/julia-rimmer</a>
Julie Young <a href="mailto:J.Young@uea.ac.uk">J.Young@uea.ac.uk</a>	School of Social Work; Centre for Research on Children and Families	Adoption <a href="https://research-portal.uea.ac.uk/en/persons/julie-young">https://research-portal.uea.ac.uk/en/persons/julie-young</a>
Dr Simon Hammond <a href="mailto:S.Hammond@uea.ac.uk">S.Hammond@uea.ac.uk</a>	School of Education and Lifelong Learning; Centre for Research on Children and Families	Mental health and looked-after young people <a href="https://orcid.org/0000-0002-0473-3610">https://orcid.org/0000-0002-0473-3610</a>
Dr Joanne Hodgekins <a href="mailto:J.Hodgekins@uea.ac.uk">J.Hodgekins@uea.ac.uk</a>	Norwich Medical School	Psychosis and young people <a href="https://research-portal.uea.ac.uk/en/persons/joanne-hodgekins/projects/">https://research-portal.uea.ac.uk/en/persons/joanne-hodgekins/projects/</a>
Professor Richard Meiser-Stedman <a href="mailto:R.Meiser-Stedman@uea.ac.uk">R.Meiser-Stedman@uea.ac.uk</a>	Norwich Medical School	PTSD in children and adolescents <a href="https://orcid.org/0000-0002-0262-623X">https://orcid.org/0000-0002-0262-623X</a>
Dr Laura Biggart <a href="mailto:L.Biggart@uea.ac.uk">L.Biggart@uea.ac.uk</a>	School of Psychology; Centre for Research on Children and Families	Emotional intelligence, resilience and wellbeing in applied settings, including social work practice <a href="https://orcid.org/0000-0002-1233-9787">https://orcid.org/0000-0002-1233-9787</a>
Professor Neil Cooper	School of Psychology; Centre for Research on Children and Families	Children's social care workforce; multi/interagency working; working with parents <a href="https://research-portal.uea.ac.uk/en/persons/neil-cooper">https://research-portal.uea.ac.uk/en/persons/neil-cooper</a>

Dr Lisa Franks <a href="mailto:Lisa.Franks@uea.ac.uk">Lisa.Franks@uea.ac.uk</a>	School of Health Sciences	Children with disabilities <a href="https://research-portal.uea.ac.uk/en/persons/lisa-franks">https://research-portal.uea.ac.uk/en/persons/lisa-franks</a>
Carole Gardner <a href="mailto:Carole.Gardener@uea.ac.uk">Carole.Gardener@uea.ac.uk</a>	School of Health Sciences	Young carers <a href="https://orcid.org/0000-0002-8064-3780">https://orcid.org/0000-0002-8064-3780</a>
<b>University of Essex</b>		
Professor Michaela Benzeval <a href="mailto:mbenzeval@essex.ac.uk">mbenzeval@essex.ac.uk</a>	Institute for Social and Economic Research; Centre for Childhood Studies	Social and economic determinants of health across the life course <a href="https://orcid.org/0000-0002-0372-2098">https://orcid.org/0000-0002-0372-2098</a>
Dr Cara Booker <a href="mailto:cbooker@essex.ac.uk">cbooker@essex.ac.uk</a>	Institute for Social and Economic Research; Centre for Childhood Studies	Child and adolescent mental health <a href="https://www.essex.ac.uk/people/BOOKE67605/cara-booker">https://www.essex.ac.uk/people/BOOKE67605/cara-booker</a>
Professor Emilia Del Bono <a href="mailto:edelbono@essex.ac.uk">edelbono@essex.ac.uk</a>	Institute for Social and Economic Research; Centre for Childhood Studies	Children's human capital and inequalities <a href="https://www.essex.ac.uk/people/DELBO51301/emilia-del-bono">https://www.essex.ac.uk/people/DELBO51301/emilia-del-bono</a>
Dr Samantha Davey <a href="mailto:smdave@essex.ac.uk">smdave@essex.ac.uk</a>	Essex Law School; Centre for Childhood Studies	Legal matters affecting children <a href="https://www.essex.ac.uk/people/DAVEY51405/samantha-davey">https://www.essex.ac.uk/people/DAVEY51405/samantha-davey</a>
Dr Jason Moran <a href="mailto:jmorana@essex.ac.uk">jmorana@essex.ac.uk</a>	School of Sport, Rehabilitation and Exercise Studies; Centre for Childhood Studies	Exercise and youth mental health <a href="https://www.essex.ac.uk/people/MORAN81208/jason-moran">https://www.essex.ac.uk/people/MORAN81208/jason-moran</a>
Dr Ebenezer Cudjoe <a href="mailto:e.cudjoe@essex.ac.uk">e.cudjoe@essex.ac.uk</a>	Department of Psychosocial and Psychanalytic studies; Centre for Childhood Studies	Child protection; parental mental health <a href="https://www.essex.ac.uk/people/CUDJO49303/ebenezer-cudjoe">https://www.essex.ac.uk/people/CUDJO49303/ebenezer-cudjoe</a>
Dr Chris Nicholson <a href="mailto:cnich@essex.ac.uk">cnich@essex.ac.uk</a>	Department of Psychosocial and Psychanalytic studies; Centre for Childhood Studies	Looked after children and care leavers; therapeutic approaches; assessment of children and adolescents <a href="https://www.essex.ac.uk/people/NICHO30004/chris-nicholson">https://www.essex.ac.uk/people/NICHO30004/chris-nicholson</a>
David Millar <a href="mailto:millad@essex.ac.uk">millad@essex.ac.uk</a>	Department of Psychosocial and Psychanalytic studies; Centre for Childhood Studies	Child abuse; therapeutic models with children and adolescents <a href="https://www.essex.ac.uk/people/MILLA41507/david-millar">https://www.essex.ac.uk/people/MILLA41507/david-millar</a>
Professor Susan McPherson <a href="mailto:smcpher@essex.ac.uk">smcpher@essex.ac.uk</a>	School of Health and Social Care; Centre for Childhood Studies	Social care; fostering and adoption; mental health <a href="https://www.essex.ac.uk/people/MCPHE54701/susan-mcpherson">https://www.essex.ac.uk/people/MCPHE54701/susan-mcpherson</a>
Professor Leanne Andrews <a href="mailto:landre@essex.ac.uk">landre@essex.ac.uk</a>	School of Health and Social Care; Centre for Childhood Studies	Trauma and mental health; perinatal mental health services <a href="https://www.essex.ac.uk/people/ANDRE76207/leanne-andrews">https://www.essex.ac.uk/people/ANDRE76207/leanne-andrews</a>
Dr Esther Ariyo <a href="mailto:esther.ariyo@essex.ac.uk">esther.ariyo@essex.ac.uk</a>	School of Health and Social Care; Centre for Childhood Studies	Children's wellbeing, including conflict-affected children, children in kinship care and other vulnerable children <a href="https://www.essex.ac.uk/people/ARIYO85409/esther-ariyo">https://www.essex.ac.uk/people/ARIYO85409/esther-ariyo</a>



Dr Sagaradevi Caroline Barratt <a href="mailto:barrattc@essex.ac.uk">barrattc@essex.ac.uk</a>	School of Health and Social Care; Centre for Childhood Studies	Children in care and care leavers <a href="https://www.essex.ac.uk/people/BARRA24008/sagaradevi-caroline-barratt">https://www.essex.ac.uk/people/BARRA24008/sagaradevi-caroline-barratt</a>
Professor Frances Blumenfeld <a href="mailto:fblume@essex.ac.uk">fblume@essex.ac.uk</a>	School of Health and Social Care; Centre for Childhood Studies	Mental health and criminal justice system; working with mothers who have had their children removed <a href="https://www.essex.ac.uk/people/BLUME46708/frances-blumenfeld">https://www.essex.ac.uk/people/BLUME46708/frances-blumenfeld</a>
Dr Kathryn Chard <a href="mailto:kathryn.chard@essex.ac.uk">kathryn.chard@essex.ac.uk</a>	School of Health and Social Care; Centre for Childhood Studies	Services for families with young children <a href="https://www.essex.ac.uk/people/CHARD82103/kathryn-chard">https://www.essex.ac.uk/people/CHARD82103/kathryn-chard</a>
Professor Vasilios Ioakimidis <a href="mailto:v.ioakimidis@essex.ac.uk">v.ioakimidis@essex.ac.uk</a>	School of Health and Social Care; Centre for Childhood Studies	Social work practice and political, social, economic and environmental change <a href="https://www.essex.ac.uk/people/VASIL61103/vasilios-ioakimidis">https://www.essex.ac.uk/people/VASIL61103/vasilios-ioakimidis</a>
Dr Sevil Savi-Karayol <a href="mailto:sevil.savikarayol@essex.ac.uk">sevil.savikarayol@essex.ac.uk</a>	School of Health and Social Care; Centre for Childhood Studies	Looked-after children and young people; speech, language, and communication needs; developmental language disorder <a href="https://www.essex.ac.uk/people/SAVIK14403/dr-sevil-savi-karayol">https://www.essex.ac.uk/people/SAVIK14403/dr-sevil-savi-karayol</a>
Dr Danny Taggart <a href="mailto:dtaggart@essex.ac.uk">dtaggart@essex.ac.uk</a>	School of Health and Social Care; Centre for Childhood Studies	Mental health; child abuse; recurrent care proceedings in child protection <a href="https://www.essex.ac.uk/people/TAGGA52706/Danny-Taggart">https://www.essex.ac.uk/people/TAGGA52706/Danny-Taggart</a>
Dr Antonella Trotta <a href="mailto:atrott@essex.ac.uk">atrott@essex.ac.uk</a>	School of Health and Social Care; Centre for Childhood Studies	Psychobiological pathways from childhood adversity to severe mental illnesses <a href="https://www.essex.ac.uk/people/TROTT45406/antonella-trotta">https://www.essex.ac.uk/people/TROTT45406/antonella-trotta</a>
Dr ZhiMin Xiao <a href="mailto:zhimin.xiao@essex.ac.uk">zhimin.xiao@essex.ac.uk</a>	School of Health and Social Care; Centre for Childhood Studies	Child health; institutional child abuse; women's abuse of men and children <a href="https://www.essex.ac.uk/people/XIAOZ12901/zhimin-xiao">https://www.essex.ac.uk/people/XIAOZ12901/zhimin-xiao</a>
Dr Ayten Bilgin <a href="mailto:a.bilgin@essex.ac.uk">a.bilgin@essex.ac.uk</a>	Department of Psychology	Child and adolescent mental health; parenting <a href="https://www.essex.ac.uk/people/BILGI34703/Ayten-Bilgin">https://www.essex.ac.uk/people/BILGI34703/Ayten-Bilgin</a>
Dr Anna Gui <a href="mailto:anna.gui@essex.ac.uk">anna.gui@essex.ac.uk</a>	Department of Psychology	Support for visually impaired children and their families <a href="https://www.essex.ac.uk/people/GUIAN29607/anna-gui">https://www.essex.ac.uk/people/GUIAN29607/anna-gui</a>
Dr Silvia Rigato <a href="mailto:srigato@essex.ac.uk">srigato@essex.ac.uk</a>	Department of Psychology	Child and infant wellbeing <a href="https://www.essex.ac.uk/people/RIGAT61101/silvia-rigato">https://www.essex.ac.uk/people/RIGAT61101/silvia-rigato</a>
Dr Pascal Vrticka <a href="mailto:p.vrticka@essex.ac.uk">p.vrticka@essex.ac.uk</a>	Department of Psychology	Attachment (neuroscience) <a href="https://www.researchgate.net/profile/Pascal_Vrticka2">https://www.researchgate.net/profile/Pascal_Vrticka2</a>
<b>University of Hertfordshire</b>		
Dr Laura Hamilton <a href="mailto:l.hamilton7@herts.ac.uk">l.hamilton7@herts.ac.uk</a>	School of Health and Social Work; Communities, Young People and Family Lives	Poverty and inequalities <a href="https://orcid.org/0000-0002-2388-3278">https://orcid.org/0000-0002-2388-3278</a>
Professor Shulamit Ramon <a href="mailto:s.ramon@herts.ac.uk">s.ramon@herts.ac.uk</a>	School of Health and Social Work; Communities, Young People and Family Lives	Mental health <a href="https://orcid.org/0000-0002-4680-8692">https://orcid.org/0000-0002-4680-8692</a>
Dr Claire Thompson <a href="mailto:c.thompson25@herts.ac.uk">c.thompson25@herts.ac.uk</a>	School of Health and Social Work; Communities, Young People and Family Lives	Poverty and inequalities <a href="https://orcid.org/0000-0002-0864-9811">https://orcid.org/0000-0002-0864-9811</a>

Professor Daksha Trivedi <a href="mailto:d.trivedi@herts.ac.uk">d.trivedi@herts.ac.uk</a>	School of Health and Social Work; Communities, Young People and Family Lives	Young people's mental health and wellbeing <a href="https://researchprofiles.herts.ac.uk/en/persons/daksha-trivedi/">https://researchprofiles.herts.ac.uk/en/persons/daksha-trivedi/</a>
Dr Saadye Ali <a href="mailto:s.ali39@herts.ac.uk">s.ali39@herts.ac.uk</a>	School of Health and Social Work	Violence against women and girls <a href="https://orcid.org/0000-0002-8977-6504">https://orcid.org/0000-0002-8977-6504</a>
Dr Laura Abbott <a href="mailto:l.abbott@herts.ac.uk">l.abbott@herts.ac.uk</a>	School of Health and Social Work; Centre for Applied Clinical, Health and Care Research	Pregnancy and early parenthood in criminal justice settings <a href="https://orcid.org/0000-0002-5778-7559">https://orcid.org/0000-0002-5778-7559</a>
Dr Louca-Mai Brady <a href="mailto:l.m.brady@herts.ac.uk">l.m.brady@herts.ac.uk</a>	School of Health and Social Work; Centre for Applied Clinical, Health and Care Research	Children and young people's participation in research and services <a href="https://orcid.org/0000-0002-2557-8955">https://orcid.org/0000-0002-2557-8955</a>
Dr Rosemary Godbold <a href="mailto:r.godbold@herts.ac.uk">r.godbold@herts.ac.uk</a>	School of Health and Social Work; Centre for Applied Clinical, Health and Care Research	Service evaluation <a href="https://orcid.org/0000-0002-0473-1236">https://orcid.org/0000-0002-0473-1236</a>
Dr Lisa Whiting <a href="mailto:l.whiting@herts.ac.uk">l.whiting@herts.ac.uk</a>	School of Health and Social Work; Centre for Applied Clinical, Health and Care Research	Child health; service evaluation <a href="https://orcid.org/0000-0003-4184-1933">https://orcid.org/0000-0003-4184-1933</a>
Dr Karen Irvine <a href="mailto:k.irvine2@herts.ac.uk">k.irvine2@herts.ac.uk</a>	School of Life and Medical Sciences	Child and adolescent mental health; children in the care system; autism and children <a href="https://orcid.org/0000-0003-4087-3802">https://orcid.org/0000-0003-4087-3802</a>
Dr Lizette Nolte <a href="mailto:l.nolte@herts.ac.uk">l.nolte@herts.ac.uk</a>	School of Life and Medical Sciences	Parenting and family wellbeing in difficult times; diversity and social inclusion <a href="https://researchprofiles.herts.ac.uk/en/persons/lizette-nolte">https://researchprofiles.herts.ac.uk/en/persons/lizette-nolte</a>
<b>University of Suffolk</b>		
Dr Olumide Adisa <a href="mailto:o.adisa@uos.ac.uk">o.adisa@uos.ac.uk</a>	Institute for Social Justice and Crime	Domestic violence and abuse <a href="https://oars.uos.ac.uk/view/author_id/10060.html">https://oars.uos.ac.uk/view/author_id/10060.html</a>
Dr Katherine Allen <a href="mailto:k.allen3@uos.ac.uk">k.allen3@uos.ac.uk</a>	Institute for Social Justice and Crime	Domestic violence and abuse; sexual violence <a href="https://oars.uos.ac.uk/view/author_id/12167.html">https://oars.uos.ac.uk/view/author_id/12167.html</a>
Professor Miranda Horvath <a href="mailto:m.horvath2@uos.ac.uk">m.horvath2@uos.ac.uk</a>	Institute for Social Justice and Crime (Director)	Violence against women and girls <a href="https://orcid.org/0000-0003-4363-4575">https://orcid.org/0000-0003-4363-4575</a>
Professor Jo Finch <a href="mailto:J.Finch2@uos.ac.uk">J.Finch2@uos.ac.uk</a>	School of Social Sciences and Humanities	PREVENT and social work <a href="https://orcid.org/0000-0002-7813-0046">https://orcid.org/0000-0002-7813-0046</a>
Dr Ruby Farr <a href="mailto:r.farr3@uos.ac.uk">r.farr3@uos.ac.uk</a>	Institute of Health and Wellbeing	Research with 'hard-to-reach' and vulnerable populations <a href="https://orcid.org/0000-0001-8996-3820">https://orcid.org/0000-0001-8996-3820</a>
<b>Other</b>		

<b>Brioney Gee</b> <a href="mailto:brioney.gee@nsft.nhs.uk">brioney.gee@nsft.nhs.uk</a> <a href="mailto:research@nsft.nhs.uk">research@nsft.nhs.uk</a>	Norfolk and Suffolk NHS Foundation Trust Children, Families and Young People's services	Child and adolescent mental health <a href="https://orcid.org/0000-0003-0781-7753">https://orcid.org/0000-0003-0781-7753</a>
<b>Dr Jessica Austin</b> <a href="mailto:jessica.austin@norfolk.gov.uk">jessica.austin@norfolk.gov.uk</a>	Norfolk County Council	Practice evaluations
<b>Heidi Dix</b> <a href="mailto:heidi.dix@youthjusticeinstitute.co.uk">heidi.dix@youthjusticeinstitute.co.uk</a>	Youth Justice Initiative (Director)	Social work practice; youth justice

## Appendix D: Directory of organisations providing children’s social care in the East of England

Name of service	Key contacts	Description of services provided
<b>National organisations that deliver services in the region</b>		
NSPCC	<a href="mailto:londonandsoutheast@nspcc.org.uk">londonandsoutheast@nspcc.org.uk</a>	NCATS National clinical assessment and treatment service (Harmful sexual behaviour) Speak out stay safe (a national education programme delivered in schools for primary age children)
Action for Children	<a href="mailto:ask.us@actionforchildren.org.uk">ask.us@actionforchildren.org.uk</a>	Early Child and Family Service- specific to Norfolk Short breaks- West Hyde, Hertfordshire Short Breaks for Children with Disabilities Fostering Therapeutic fostering services
Barnardos	<a href="mailto:southeast@barnardos.org.uk">southeast@barnardos.org.uk</a>	Family Support, Family Child and Wellbeing Services (commissioned by Essex County Council and West Essex Clinical Commissioning Group). These are Hubs in various locations across Essex offering support to families where children experience mental health difficulties, are young carers or to families who are seeking asylum in the UK. Hubs also operate in Cambridgeshire Fostering and Adoption services
CAFCASS	Diane Bew (Service Manager, Suffolk) <a href="mailto:Diane.Bew@CAFCASS.GOV.UK">Diane.Bew@CAFCASS.GOV.UK</a> Kate Lonergan (Service Manager, Norfolk) <a href="mailto:Kate.Lonergan@cafcass.gov.uk">Kate.Lonergan@cafcass.gov.uk</a>	Family court advisors and guardians provide advice to court in private and public law proceedings. This centres on children’s best interests and wishes and feelings.
Children’s Society	Jasmine Jade Pithers (Systemic Impact Coordinator) <a href="mailto:jasminejade.pithers@childrenssociety.org.uk">jasminejade.pithers@childrenssociety.org.uk</a>	Support for young people in Essex, Hertfordshire and Norfolk, in the form of drug and alcohol services, coaching for young people who have experienced multiple care placements and support for young people at risk of exploitation.
Turning Point Operating in Suffolk and Cambridgeshire	Ruth Lee (Team Manager) <a href="mailto:ruth.lee@turning-point.co.uk">ruth.lee@turning-point.co.uk</a>	Support services for those impacted by drug and alcohol. Drug and alcohol interventions for young people up to the age of 21/25, support for children as affected others, family work to support reconnection.
POhWER Advocacy Service Operating in Cambridgeshire,	<a href="mailto:pohwer@pohwer.net">pohwer@pohwer.net</a>	Advocacy services for children in care and care leavers, children who wish to make complaints, who present as homeless (16/17), who are subject to Child Protection planning (12+), or who are in receipt of social care services.

Peterborough, Suffolk, Hertfordshire		
<b>Bedford</b>		
Bedford Borough Council	Christian Weatherley (Principal Social Worker for Children and Families) <a href="mailto:christian.weatherley@bedford.gov.uk">christian.weatherley@bedford.gov.uk</a>	Statutory services for children and families, including assessment and intervention with children in need or at risk. They also provide services such as fostering and adoption, services for children with disabilities, and services for children leaving care.
CAMHS ELFT (East London Foundation Trust) covers Bedford and North Bedfordshire South Bedfordshire, Luton)	Julie Proctor (Consultant Clinical Psychologist and Clinical Director for Community CAMHS and SCYPS) <a href="mailto:Julie.proctor2@nhs.net">Julie.proctor2@nhs.net</a> Angharad Ruttley (Medical Director Luton and Bedfordshire) <a href="mailto:a.ruttley@nhs.net">a.ruttley@nhs.net</a> Research department email address; <a href="mailto:elft.researchoffice@nhs.net">elft.researchoffice@nhs.net</a>	Support for children experiencing complex, severe or persistent emotional, behavioural or developmental difficulties. Services include; Eating Disorders Services, CAMHS, Looked After Children Mental Health team, Adolescent Mental Health Team
Carers in Bedfordshire	<a href="mailto:Contact@careresinbeds.org.uk">Contact@careresinbeds.org.uk</a>	Support service for Young Carers; information, advice and groups.
CHUMS Mental Health and Emotional Wellbeing	Debbie Robson (Operations Director) <a href="mailto:Info@chums.uk.com">Info@chums.uk.com</a>	Mental health and emotional wellbeing services for children and young people, including an early intervention service, a young carers service, and a trauma service
SPACE Project, Bedford	<a href="mailto:Space@project229.org">Space@project229.org</a>	Support for young people (9-16) who have experience one adult hurting another in their home. This includes holiday club, activities, therapeutic groups and spaces.
Early Childhood Partnership Bedford	<a href="mailto:Bridgeproject@ecpbedford.org">Bridgeproject@ecpbedford.org</a>	Children's centres and groups, including DV groups and parenting programme and a domestic abuse perpetrator programme.
Link to Change	<a href="mailto:Info@linktochange.org.uk">Info@linktochange.org.uk</a>	Interventions for children at risk of or experiencing exploitation, including 1:1, outreach and groupwork.
Ormiston Families	Mark Proctor- (Director of Operations) <a href="mailto:Mark.proctor@ormistonfamilies.org.uk">Mark.proctor@ormistonfamilies.org.uk</a> Toni Bentley (Head of Impact and Insight) <a href="mailto:Toni.bentley@ormistonfamilies.org.uk">Toni.bentley@ormistonfamilies.org.uk</a>	Emotional wellbeing and mental health support for children who do not meet criteria for CAMHS services (Supporting Smiles), support for children who have parents in prison (Breaking Barriers), MPower (support for parents who have had children removed from their care), Stronger Together (a service to support families, carers and professionals working with children and young adults with SEND, additional needs and disabilities).
FACES Bedfordshire	<a href="mailto:Office@facesbedford.org">Office@facesbedford.org</a>	Preventative services for children in need and families under stress, home visiting and community support, support for those affected by domestic abuse, group support for children with emerging mental health difficulties, specialist SEND support.

Aquarius Bedfordshire	<a href="mailto:Ypbedfordshire@aquarius.org.uk">Ypbedfordshire@aquarius.org.uk</a>	Support for under 18s impacted by their own or another's substance use.
Bedfordshire Safeguarding Children Partnership	<a href="mailto:LSCB@bedford.gov.uk">LSCB@bedford.gov.uk</a>	Making decisions about when it is appropriate to conduct a Child Safeguarding Practice Reviews Training provision Dissemination of updates and information regarding safeguarding. The safeguarding partners are Bedford Borough Council, Bedfordshire Police and the Bedfordshire Luton and Milton Keynes Integrated Care Board (BLMK ICB) who all have equal and joint responsibility for these local safeguarding arrangements.
CVS Bedfordshire	<a href="mailto:info@cvsbeds.org.uk">info@cvsbeds.org.uk</a>	Support, advice and services to voluntary and community sector organisations
<b>Cambridgeshire</b>		
Cambridgeshire County Council	Tapiwa Julius (Principal Social Worker for Children and Families) <a href="mailto:Tapiwa.julius@cambridge.gov.uk">Tapiwa.julius@cambridge.gov.uk</a>	Statutory services for children and families, including assessment and intervention with children in need or at risk. They also provide services such as fostering and adoption, services for children with disabilities, and services for children leaving care.
CAMHS CPFT (Cambridgeshire and Peterborough Foundation Trust)	Joanne Maxwell (CAMHS Service Manager for the Neurodevelopmental Service CAMBS and Peterborough and Deputy General Manager for CAMHS) <a href="mailto:Joanne.maxwell@cpft.nhs.uk">Joanne.maxwell@cpft.nhs.uk</a>	Tier 3 and 4 CAMHS Services (Cambridge, Peterborough and Huntingdon), as well as Crisis Team, Forensic CAMHS, Crisis and Home Treatment Teams, Youdigital (digital support for emotional wellbeing for 0-18 year olds).
CASUS CPFT Child and adolescent substance use service	<a href="mailto:casus@cpft.nhs.uk">casus@cpft.nhs.uk</a>	Support and treatment for children and young people experiencing difficulties with substance use.
Centre 33 (Cambridge)	<a href="mailto:Hello@centre33.org.uk">Hello@centre33.org.uk</a>	Support service for young people around mental health, housing, health, counselling and support for Young Carers.
Ormiston Families	Mark Proctor (Director of Operations) <a href="mailto:Mark.proctor@ormistonfamilies.org.uk">Mark.proctor@ormistonfamilies.org.uk</a> Toni Bentley (Head of Impact and Insight) <a href="mailto:Toni.bentley@ormistonfamilies.org.uk">Toni.bentley@ormistonfamilies.org.uk</a>	Emotional wellbeing and mental health support for children who do not meet criteria for CAMHS services (Supporting Smiles), support for children who have parents in prison (Breaking Barriers), MPower (support for parents who have had children removed from their care), Stronger Together (a service to support families, carers and professionals working with children and young adults with SEND, additional needs and disabilities).
Cambridge Acorn Project	<a href="mailto:Info@cambridgeacornproject.org.uk">Info@cambridgeacornproject.org.uk</a>	Therapeutic services for children and families impacted by trauma, abuse and financial hardship. Alternative education provision

Break	Rachel Cowdry (CEO) <a href="mailto:rachel.cowdry@break-charity.org">rachel.cowdry@break-charity.org</a>	Voluntary sector services, which include the provision of services for care leavers (staying close, staying connected), residential short breaks for children with disabilities and therapeutic services.
Cambridge and Peterborough Safeguarding Partnership	<a href="mailto:safeguardingboards@cambridgeshire.gov.uk">safeguardingboards@cambridgeshire.gov.uk</a>	Making decisions about when it is appropriate to conduct a Child Safeguarding Practice Reviews Training provision Dissemination of updates and information regarding safeguarding. The three statutory safeguarding partners are: Local Authority, Chief Officer of Police, and Clinical Commissioning Groups (Cambridgeshire County Council, Peterborough City Council, Cambridgeshire Constabulary and the Cambridgeshire and Peterborough Integrated Care Board)
Cambridge CVS	<a href="mailto:enquiries@cambridgecvs.org.uk">enquiries@cambridgecvs.org.uk</a>	Infrastructure advice and support to voluntary sector organisations
<b>Central Bedfordshire</b>		
Central Bedfordshire Council	Emma Mortimer (Principal Social Worker for Children and Families) <a href="mailto:Emma.Mortimer2@centralbedfordshire.gov.uk">Emma.Mortimer2@centralbedfordshire.gov.uk</a>	Statutory services for children and families, including assessment and intervention with children in need or at risk. They also provide services such as fostering and adoption, services for children with disabilities, and services for children leaving care. Support for Young Carers. WAY (Walking Alongside You) project aimed at support care experienced parents or parents who have had or at risk of having children removed to reduce the risk of this happening or recurring. The project also works with parents who have had children removed via the FDAC process. Youth Service including advice, activities, youth work and youth clubs. Support for Families, includes family meetings, parental conflict and family relationships support.
CAMHS ELFT (East London Foundation Trust) covers Central Bedfordshire, Bedford and North Bedfordshire South Bedfordshire, Luton)	Julie Proctor (Consultant Clinical Psychologist and Clinical Director for Community CAMHS and SCYPS) <a href="mailto:Julie.proctor2@nhs.net">Julie.proctor2@nhs.net</a> Angharad Ruttley (Medical Director Luton and Bedfordshire) <a href="mailto:a.ruttley@nhs.net">a.ruttley@nhs.net</a> Research department email address; <a href="mailto:elft.researchoffice@nhs.net">elft.researchoffice@nhs.net</a>	Support for children experiencing complex, severe or persistent emotional, behavioural or developmental difficulties. Services include; Eating Disorders Services, CAMHS, Looked After Children Mental Health team, Adolescent Mental Health Team
Stepping Stones Central Bedfordshire (Domestic Abuse Charity)	<a href="mailto:Hello@steppingstonesluton.org">Hello@steppingstonesluton.org</a>	Support service for women who are victims of domestic abuse. This includes one to one and group support covering various areas including parenting. Support for women who are victims of domestic abuse and whose children are open to Children's Social Care.

CHUMS Mental Health and Emotional Wellbeing	Debbie Robson (Operations Director) <a href="mailto:Info@chums.uk.com">Info@chums.uk.com</a>	Mental health and emotional wellbeing services for children and young people, including an early intervention service, a young carers service, and a trauma service
Ormiston Families	Mark Proctor (Director of Operations) <a href="mailto:Mark.proctor@ormistonfamilies.org.uk">Mark.proctor@ormistonfamilies.org.uk</a> Toni Bentley (Head of Impact and Insight) <a href="mailto:Toni.bentley@ormistonfamilies.org.uk">Toni.bentley@ormistonfamilies.org.uk</a>	Emotional wellbeing and mental health support for children who do not meet criteria for CAMHS services (Supporting Smiles), support for children who have parents in prison (Breaking Barriers), MPower (support for parents who have had children removed from their care), Stronger Together (a service to support families, carers and professionals working with children and young adults with SEND, additional needs and disabilities).
Central Bedfordshire Safeguarding Children's Partnership	<a href="mailto:cbscb@centralbedfordshire.gov.uk">cbscb@centralbedfordshire.gov.uk</a>	Making decisions about when it is appropriate to conduct a Child Safeguarding Practice Reviews Training provision Dissemination of updates and information regarding safeguarding. The three statutory safeguarding partners are: Local Authority, Chief Officer of Police, and Clinical Commissioning Groups. The Central Bedfordshire SCP works closely with the Safeguarding Partnerships in Bedford Borough and Luton, and Pan Bedfordshire policies and procedures are available.
CVS Bedfordshire	<a href="mailto:info@cvsbeds.org.uk">info@cvsbeds.org.uk</a>	Support, advice and services to voluntary and community sector organisations
<b>Essex</b>		
Essex County Council	Paul McGee (Principal Social Worker for Children and Families) <a href="mailto:paul.mcgee@essex.gov.uk">paul.mcgee@essex.gov.uk</a>	Statutory services for children and families, including assessment and intervention with children in need or at risk, fostering and adoption, services for children with disabilities, and services for children leaving care. Youth justice service, Early Help and Family Solutions.
CAMHS SET (Southend, Thurrock and Essex), part of NELFT NHS Trust (North East London Foundation Trust)	<a href="mailto:R&amp;D@nelft.nhs.uk">R&amp;D@nelft.nhs.uk</a>	Provision of Tier 3 mental health services for children and young people. Services include 0-5 mental health service, 0-19 mental health service, area hubs, crisis and home treatment team, CYP IAPT (psychological therapy) learning disability team.
CHUMS Mental Health and Emotional Wellbeing	Debbie Robson (Operations Director) <a href="mailto:Info@chums.uk.com">Info@chums.uk.com</a>	Mental health and emotional wellbeing services for children and young people, including an early intervention service, a young carers service, and a trauma service
Ormiston Families	Mark Proctor (Director of Operations) <a href="mailto:Mark.proctor@ormistonfamilies.org.uk">Mark.proctor@ormistonfamilies.org.uk</a> Toni Bentley (Head of Impact and Insight) <a href="mailto:Toni.bentley@ormistonfamilies.org.uk">Toni.bentley@ormistonfamilies.org.uk</a>	Emotional wellbeing and mental health support for children who do not meet criteria for CAMHS services (Supporting Smiles), support for children who have parents in prison (Breaking Barriers), MPower (support for parents who have had children removed from their care), Stronger Together (a service to support families,



		carers and professionals working with children and young adults with SEND, additional needs and disabilities).
Open Door Services	Charlotte Hearn <a href="mailto:charlotte.hearn@opendoorservices.org">charlotte.hearn@opendoorservices.org</a>	Provision of advocacy for children in care, counselling and mentoring for local young people.
Changing Pathways	<a href="mailto:brighterfutures@changingpathways.org">brighterfutures@changingpathways.org</a>	Support for women experiencing domestic abuse, and their children. There is a dedicated Children and Young People's team. Operational in Essex and Thurrock
Mind	<a href="mailto:reception@tbmind.org.uk">reception@tbmind.org.uk</a>	Support to Thrive; support for children and young people experiencing early indicators of mental health difficulties (age 11-17)
Essex Safeguarding Children Partnership	<a href="mailto:escb@essex.gov.uk">escb@essex.gov.uk</a>	<p>Making decisions about when it is appropriate to conduct a Child Safeguarding Practice Reviews Training provision Dissemination of updates and information regarding safeguarding.</p> <p>The three statutory safeguarding partners are: Local Authority, Chief Officer of Police, and Clinical Commissioning Groups. In Essex there are five organisations who are jointly responsible by law for the partnership arrangements for keeping children safe:</p> <ul style="list-style-type: none"> <li>• Essex County Council</li> <li>• Essex Police</li> <li>• Three Integrated Care Boards covering the county of Essex</li> </ul> <p>These are known as the Statutory Partners and they have identified relevant agencies which are legally required to cooperate with <a href="#">local safeguarding arrangements</a>, including Education, Essex Council for Voluntary Youth Services (ECVYS), District, City &amp; Borough Councils, Office of Police, Fire &amp; Crime Commissioner and The Probation Service.</p>
Castle Point Association of Voluntary Services Essex	<a href="mailto:office@cavsorg.uk">office@cavsorg.uk</a>	An organisation providing infrastructure services, help and guidance for voluntary and community organisations, to develop solutions for local issues.
<b>Hertfordshire</b>		
Hertfordshire County Council	Olga Staicu (Principal Social Worker for Children and Families) <a href="mailto:Olga.Staicu@hertfordshire.gov.uk">Olga.Staicu@hertfordshire.gov.uk</a>	Statutory services for children and families, including assessment and intervention with children in need or at risk. They also provide services such as fostering and adoption, services for children with disabilities, and services for children leaving care. Pan Bed FDAC (Family Drug and Alcohol Court) pilot. Stronger Families. Youth offending and targeted youth service.
CAMHS Hertfordshire University Partnership	<a href="mailto:hpft.research@nhs.net">hpft.research@nhs.net</a>	Tier 3 mental health services for children and young people, comprised of four multi-disciplinary teams offering a range of interventions. Specialist teams include Eating Disorders team, DBT Team (dialectical behavioural therapy), Forensic

		adolescent practitioner team, home treatment team and mental health support teams (school based). There is also a Tier 4 inpatient unit, Forest House.
CHUMS Mental Health and Emotional Wellbeing	Debbie Robson (Operations Director) <a href="mailto:Info@chums.uk.com">Info@chums.uk.com</a>	Mental health and emotional wellbeing services for children and young people, including an early intervention service, a young carers service, and a trauma service
Chrysalis Centre	<a href="mailto:Enquiries@chrysaliscentre.net">Enquiries@chrysaliscentre.net</a>	Domestic abuse perpetrator programmes and interventions for those who cause harm irrespective of age/gender. There is a specific Children and Young People's Service.
Ormiston Families	Mark Proctor (Director of Operations) <a href="mailto:Mark.proctor@ormistonfamilies.org.uk">Mark.proctor@ormistonfamilies.org.uk</a> Toni Bentley (Head of Impact and Insight) <a href="mailto:Toni.bentley@ormistonfamilies.org.uk">Toni.bentley@ormistonfamilies.org.uk</a>	Emotional wellbeing and mental health support for children who do not meet criteria for CAMHS services (Supporting Smiles), support for children who have parents in prison (Breaking Barriers), MPower (support for parents who have had children removed from their care), Stronger Together (a service to support families, carers and professionals working with children and young adults with SEND, additional needs and disabilities).
Hertfordshire Safeguarding Children Partnership	<a href="mailto:AdminHSCPHSAB@hertfordshire.gov.uk">AdminHSCPHSAB@hertfordshire.gov.uk</a>	Responsible for decision making regarding when a CSPR should be carried out, oversight of multi-agency safeguarding arrangements, provision of training and dissemination of safeguarding information, updates and policy developments.
Voluntary sector support NHCVS	<a href="mailto:Info@communityhelpherts.net">Info@communityhelpherts.net</a>	A partnership of voluntary sector infrastructure organisations funded by the Hertfordshire's public sector.
<b>Luton</b>		
Luton Borough Council	Denise Wynter (Head of Social Work Academy) <a href="mailto:denise.wynter@luton.gov.uk">denise.wynter@luton.gov.uk</a> Alison Foreman (Principal Social Worker for Children and Families) Sancha Thomas (Service Manager Social Work Academy) <a href="mailto:sancha.thomas@luton.gov.uk">sancha.thomas@luton.gov.uk</a>	Statutory services for children and families, including assessment and intervention with children in need or at risk. They also provide services such as fostering and adoption, services for children with disabilities, and services for children leaving care. Pan Bed FDAC (Family Drug and Alcohol Court) pilot. Stronger Families. Youth offending and targeted youth service.
CAMHS ELFT (East London Foundation Trust) covers Luton, Central Bedfordshire, Bedford and North Bedfordshire South Bedfordshire)	Julie Proctor (Consultant Clinical Psychologist and Clinical Director for Community CAMHS and SCYPS) <a href="mailto:Julie.proctor2@nhs.net">Julie.proctor2@nhs.net</a> Angharad Ruttley (Medical Director Luton and Bedfordshire) <a href="mailto:a.ruttley@nhs.net">a.ruttley@nhs.net</a> Research department email address; <a href="mailto:elft.researchoffice@nhs.net">elft.researchoffice@nhs.net</a>	Support for children experiencing complex, severe or persistent emotional, behavioural or developmental difficulties. Services include; Eating Disorders Services, CAMHS, Looked After Children Mental Health team, Adolescent Mental Health Team

Stepping Stones Luton (Domestic Abuse Charity)	<a href="mailto:Hello@steppingstonesluton.org">Hello@steppingstonesluton.org</a>	Support service for women who are victims of domestic abuse. This includes one to one and group support covering various areas including parenting. Support for women who are victims of domestic abuse and whose children are open to Children's Social Care.
The Ebonista Project	Rachel Grant- Director Natasha Cockburn- Director	Support service for women and children impacted by domestic abuse. Groupwork for children and young people living with domestic abuse. Freedom Programme provision, group work with young people.
CHUMS Mental Health and Emotional Wellbeing	Debbie Robson – Operations Director <a href="mailto:Info@chums.uk.com">Info@chums.uk.com</a>	Mental health and emotional wellbeing services for children and young people, including an early intervention service, a young carers service, and a trauma service
Women's Aid Luton	<a href="mailto:Info@womensaidinluton.org">Info@womensaidinluton.org</a>	Domestic abuse support services for women and children, including community outreach and a Children's Service.
TOKKO Luton	Aimee Djengiz (Chief Executive Officer) <a href="mailto:Aimee.djengiz@tokko.co.uk">Aimee.djengiz@tokko.co.uk</a> Usman Ahmen (Director) <a href="mailto:usman.ahmed@tokko.co.uk">usman.ahmed@tokko.co.uk</a>	Support for young Parents, support for girls age 13-25 experiencing or at risk of all aspects of criminal exploitation, inclusion SEND project for 13-19. OK2B project for LGBTQ+ youth.
Luton Safeguarding Children Partnership	<a href="mailto:lutonlscb@luton.gov.uk">lutonlscb@luton.gov.uk</a>	Responsible for decision making regarding when a CSPR should be carried out, oversight of multi-agency safeguarding arrangements, provision of training and dissemination of safeguarding information, updates and policy developments. The three safeguarding partners are; Luton Borough Council, Bedfordshire Police and the Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB), who have equal and joint responsibility for local safeguarding arrangements.
CVS Bedfordshire	<a href="mailto:info@cvsbeds.org.uk">info@cvsbeds.org.uk</a>	Support, advice and services to voluntary and community sector organisations
<b>Norfolk</b>		
Norfolk County Council	Hannah Smith (Learning and Development Lead) <a href="mailto:Hannah.smith@norfolk.gov.uk">Hannah.smith@norfolk.gov.uk</a> Joseph Small (Research Governance Team) <a href="mailto:Joseph.small@norfolk.gov.uk">Joseph.small@norfolk.gov.uk</a>	Statutory children's services in a Family Help model; Family support (Early Help), Child in Need and Child Protection levels of intervention are held within the same team. Separate services for Life beyond care, children in care, adoption, fostering and kinship care. Specialist youth team.
Norfolk and Suffolk Foundation Trust (CAMHS)	Neil Lad (Lead Nurse - Norfolk and Waveney Specialist Services) <a href="mailto:neil.lad@nsft.nhs.uk">neil.lad@nsft.nhs.uk</a> Brigitte Williams (Practice Education Facilitator - West and South Norfolk Care Group Social Work /ASYE Coordinator) <a href="mailto:Brigitte.williams@nsft.nhs.uk">Brigitte.williams@nsft.nhs.uk</a>	Provision of tier 3 and tier 4 mental health and wellbeing services to children, young people, and families, including CAMHS, early intervention in psychosis, Eating Disorders, forensic CAMHS and 0-5 MH services.

Stronger Families; Functional Family Therapy	Marie Pye (Programme Manager) <a href="mailto:Marie.pye@bridgesoutcomes.org">Marie.pye@bridgesoutcomes.org</a>	A collaboration between Suffolk County Council and Family Psychology Mutual. Systemic interventions aiming to promote children remaining in the care of their birth families.
Rose Project	<a href="mailto:Roseproject@magdalenegroup.org">Roseproject@magdalenegroup.org</a>	Support for children and young people affected by child sexual exploitation
Resolutions (part of Change Grow Live drug and alcohol service)	<a href="mailto:Resolutions.info@cgl.org.uk">Resolutions.info@cgl.org.uk</a>	Drug and alcohol services including for young people.
Ormiston Families	Mark Proctor (Director of Operations) <a href="mailto:Mark.proctor@ormistonfamilies.org.uk">Mark.proctor@ormistonfamilies.org.uk</a> Toni Bentley (Head of Impact and Insight) <a href="mailto:Toni.bentley@ormistonfamilies.org.uk">Toni.bentley@ormistonfamilies.org.uk</a>	Emotional wellbeing and mental health support for children who do not meet criteria for CAMHS services (Supporting Smiles), support for children who have parents in prison (Breaking Barriers), MPower (support for parents who have had children removed from their care), Stronger Together (a service to support families, carers and professionals working with children and young adults with SEND, additional needs and disabilities).
The Matthew Project	Sarah Healy <a href="mailto:Sarah.healy@matthewproject.org">Sarah.healy@matthewproject.org</a> <a href="mailto:Unity@matthewproject.org">Unity@matthewproject.org</a> <a href="mailto:Youcan@matthewproject.org">Youcan@matthewproject.org</a>	Support for children and young people affected by someone else's substance use, or who are concerned about their own use.
MAP Mancroft Advice Project	Dan Mobbs (Chief Executive) <a href="mailto:Danmobbs@map.uk.net">Danmobbs@map.uk.net</a>	Advice, counselling, mediation, mental health or drug and alcohol support for young people in Norfolk.
Starfish Service NCHC (Norfolk Community Health Care Trust)	Nicki Ford <a href="mailto:Starfish@nchc.nhs.uk">Starfish@nchc.nhs.uk</a>	Service for children with a learning disability who are experiencing mental health or emotional difficulties.
Norfolk Safeguarding Children Partnership	Abigail McGarry (Head of NSCP Business Delivery) <a href="mailto:abigail.mcgarry@norfolk.gov.uk">abigail.mcgarry@norfolk.gov.uk</a>	Responsible for decision making regarding when a CSPR should be carried out, oversight of multi-agency safeguarding arrangements, provision of training and dissemination of safeguarding information, updates and policy developments. The three statutory partners are; <ul style="list-style-type: none"> <li>• <b>Norfolk County Council:</b> represented by the Executive Director of Children's Services, Sara Tough</li> <li>• <b>Norfolk Constabulary:</b> represented by the Temporary Assistant Chief Constable, Nick Davison</li> <li>• <b>The Integrated Care Board:</b> represented by the Executive Director of Nursing, Norfolk &amp; Waveney Integrated Care Board, Patricia D'Orsi</li> </ul>

Voluntary Norfolk/Momentum	Dan Mobbs (Chair of the forum) <a href="mailto:dan.mobbs@map.uk.net">dan.mobbs@map.uk.net</a>	Infrastructure support for voluntary sector organisations
<b>Peterborough</b>		
Peterborough City Council	Lee Pardy-McLaughlin (Service Director for Practice) <a href="mailto:lee.pardy-mclaughlin@peterborough.gov.uk">lee.pardy-mclaughlin@peterborough.gov.uk</a>	Statutory children's services, including child in need and child protection services, adoption and fostering, looked after children, early help and targeted support, leaving care services and children with disability services.
CAMHS CPFT (Cambridgeshire and Peterborough Foundation Trust)	Joanne Maxwell (CAMHS Service Manager for the Neurodevelopmental Service CAMBS and Peterborough and Deputy General Manager for CAMHS) <a href="mailto:Joanne.maxwell@cpft.nhs.uk">Joanne.maxwell@cpft.nhs.uk</a>	Tier 3 and 4 CAMHS Services (Cambridge, Peterborough and Huntingdon), as well as Crisis Team, Forensic CAMHS, Crisis and Home Treatment Teams, Youdigital (digital support for emotional wellbeing for 0-18 year olds).
Adfam Peterborough	Lindsey Reid (Kinship Care Support Worker) <a href="mailto:l.reid@adfam.org.uk">l.reid@adfam.org.uk</a>	Support for people impacted by the substance, alcohol or gambling addiction of another. Dedicated service for kinship carers caring for a child due to the substance misuse of a family member.
Cambridge and Peterborough Safeguarding Partnership	<a href="mailto:safeguardingboards@cambridgeshire.gov.uk">safeguardingboards@cambridgeshire.gov.uk</a>	Making decisions about when it is appropriate to conduct a Child Safeguarding Practice Reviews Training provision Dissemination of updates and information regarding safeguarding. The three statutory safeguarding partners are: Local Authority, Chief Officer of Police, and Clinical Commissioning Groups (Cambridgeshire County Council, Peterborough City Council, Cambridgeshire Constabulary and the Cambridgeshire and Peterborough Integrated Care Board)
PCVS	<a href="mailto:Pcvs@pcvs.co.uk">Pcvs@pcvs.co.uk</a>	Provision of infrastructure, support and advice to voluntary and community sector organisations.
<b>Southend-on-Sea</b>		
Southend-on-Sea City Council	Ruth Baker (Principal Social Worker for Children and Families) <a href="mailto:RuthBaker@southend.gov.uk">RuthBaker@southend.gov.uk</a>	Statutory children's services, included child in need and child protection level interventions,
CAMHS SET (Southend, Thurrock and Essex), part of NELFT NHS Trust (North East London Foundation Trust)	<a href="mailto:R&amp;D@nelft.nhs.uk">R&amp;D@nelft.nhs.uk</a>	Provision of Tier 3 mental health services for children and young people. Services include 0-5 mental health service, 0-19 mental health service, area hubs, crisis and home treatment team, CYP IAPT (psychological therapy) learning disability team.

Southend Safeguarding Children Partnership	<a href="mailto:SSPC@southend.gov.uk">SSPC@southend.gov.uk</a>	Part of Southend Safeguarding Partnership. Responsible for decision making regarding when a CSPR should be carried out, oversight of multi-agency safeguarding arrangements, provision of training and dissemination of safeguarding and threshold information, updates and policy developments.
SAVS	<a href="mailto:info@savs-southend.co.uk">info@savs-southend.co.uk</a>	Infrastructure organisation providing support, promotion and representation to voluntary sector organisations
<b>Suffolk</b>		
Suffolk County Council	Elena Stanuta (Principal Social worker for Children and Families) <a href="mailto:Elena.stanuta@suffolk.gov.uk">Elena.stanuta@suffolk.gov.uk</a>	Statutory services for children and families, including assessment and intervention with children in need or at risk. They also provide services such as fostering and adoption, services for children with disabilities, and services for children leaving care.
Norfolk and Suffolk Foundation Trust (CAMHS)	Emma Ellis (Service Manager CAMHS EAST Suffolk) <a href="mailto:Emma.ellis@nsft.nhs.uk">Emma.ellis@nsft.nhs.uk</a> Juliet Hondo (Service Manager CAMHS West Suffolk) <a href="mailto:Juliet.hondo@nsft.nhs.uk">Juliet.hondo@nsft.nhs.uk</a>	Provision of tier 3 and tier 4 mental health and wellbeing services to children, young people, and families, including CAMHS, early intervention in psychosis, Eating Disorders, forensic CAMHS and 0-5 MH services.
Suffolk Family Carers	Jess Searle (Project Manager) <a href="mailto:Jessica.searle@suffolkfamilycarers.org">Jessica.searle@suffolkfamilycarers.org</a>	Support for young carers and sibling carers, in the form of family days out, an online space and groups.
Level Two Suffolk	<a href="mailto:FYDG@leveltwo.org">FYDG@leveltwo.org</a>	Youth Services in Felixstowe and surrounding areas (7-25), providing counselling, mentoring, community outreach and groups.
Stronger Families; Functional Family Therapy	Marie Pye (Programme Manager) <a href="mailto:Marie.pye@bridgesoutcomes.org">Marie.pye@bridgesoutcomes.org</a>	A collaboration between Suffolk County Council and Family Psychology Mutual. Systemic interventions aiming to promote children remaining in the care of their birth families.
Ormiston Families	Mark Proctor – Director of Operations <a href="mailto:Mark.proctor@ormistonfamilies.org.uk">Mark.proctor@ormistonfamilies.org.uk</a> Toni Bentley (Head of Impact and Insight) <a href="mailto:Toni.bentley@ormistonfamilies.org.uk">Toni.bentley@ormistonfamilies.org.uk</a>	Emotional wellbeing and mental health support for children who do not meet criteria for CAMHS services (Supporting Smiles), support for children who have parents in prison (Breaking Barriers), MPower (support for parents who have had children removed from their care), Stronger Together (a service to support families, carers and professionals working with children and young adults with SEND, additional needs and disabilities).
Suffolk Safeguarding Children Partnership	<a href="mailto:enquiries@suffolksp.org.uk">enquiries@suffolksp.org.uk</a>	Part of Suffolk Safeguarding Partnership; children and adults safeguarding arrangements come under the same organisation. Members include the chief officers from Police, Health, and the Local Authority. They are jointly accountable for safeguarding in Suffolk and set the direction and priorities for the Partnership. Several subgroups help inform the actions of the Executive as described below.

Community Action Suffolk	<a href="mailto:Info@communityactionsuffolk.org.uk">Info@communityactionsuffolk.org.uk</a>	Thurrock CVS (Thurrock Community and Voluntary Services) is a membership organisation that supports, develops and promotes the voluntary, community, faith and social enterprise sector in Thurrock.
<b>Thurrock</b>		
Thurrock Council	Adriana Cimpean (Principal Social Worker for Children and Families) <a href="mailto:ACimpean@thurrock.gov.uk">ACimpean@thurrock.gov.uk</a> Deb Ireland (Social Work Academy Manager) <a href="mailto:direland@thurrock.gov.uk">direland@thurrock.gov.uk</a>	Statutory services for children and families, including assessment and intervention with children in need or at risk. They also provide services such as fostering and adoption, services for children with disabilities, and leaving care services.
CAMHS SET (Southend, Thurrock and Essex), part of NELFT NHS Trust (North East London Foundation Trust)	<a href="mailto:R&amp;D@nelft.nhs.uk">R&amp;D@nelft.nhs.uk</a>	Provision of Tier 3 mental health services for children and young people. Services include 0-5 mental health service, 0-19 mental health service, area hubs, crisis and home treatment team, CYP IAPT (psychological therapy) learning disability team.
Changing Pathways	<a href="mailto:brighterfutures@changingpathways.org">brighterfutures@changingpathways.org</a>	Support for women experiencing domestic abuse, and their children. There is a dedicated Children and Young People's team. Operational in Essex and Thurrock
Mind	<a href="mailto:reception@tbmind.org.uk">reception@tbmind.org.uk</a>	Transitions coaching; support for young people at the end of a CAMHS intervention.
Thurrock Safeguarding Children Partnership	<a href="mailto:lscp@thurrock.gov.uk">lscp@thurrock.gov.uk</a>	Responsible for decision making regarding when a CSPR should be carried out, oversight of multi-agency safeguarding arrangements, provision of training and dissemination of safeguarding and threshold information, updates and policy developments.
Thurrock CVS	Kim James (CEO and Head of Health and Social Care) <a href="mailto:kim.james@thurrockcvs.org">kim.james@thurrockcvs.org</a> Viv Nunn (Business and Office Manager) <a href="mailto:Viv.Nunn@thurrockcvs.org">Viv.Nunn@thurrockcvs.org</a>	Thurrock CVS (Thurrock Community and Voluntary Services) is a membership organisation that supports, develops and promotes the voluntary, community, faith and social enterprise sector in Thurrock.
Open Door Services	Charlotte Hearn <a href="mailto:charlotte.hearn@opendoorservices.org">charlotte.hearn@opendoorservices.org</a>	Provision of advocacy for children in care, counselling and mentoring for local young people.