



Challenging Poor Practice

A Guide for Adoptive Parents, Special Guardians, Kinship and Foster Carers

This guide is for:

- Adoptive parents
- Special Guardians
- Kinship carers
- Foster carers
- Parents caring for children with histories of abuse, neglect and trauma

Many of us are caring for children who have experienced:

- Developmental trauma
- Abuse and neglect
- Prenatal alcohol exposure
- FASD
- Neurodevelopmental differences
- Attachment disruption
- Child-to-parent violence and abuse (CPVA)
- Emotional dysregulation
- Complex mental health needs

These children carry significant internal injuries arising from experiences before they entered our care. Parents and carers frequently report experiencing:

- Blame instead of support
- Dismissal of lived experience
- Poor understanding of trauma and neurodevelopment

- Inaccurate assessments
- Failure to listen to parental concerns
- Safeguarding responses that increase rather than reduce harm
- Systems-generated trauma
- Professional defensiveness
- Lack of accountability

Many families are caring for children whose needs are not adequately understood through traditional safeguarding, behavioural or parenting lenses. Difficulties may be driven by trauma, attachment disruption, neurodevelopmental differences, FASD, sensory needs, mental health concerns, developmental delays, or the cumulative impact of adversity.

Before challenging decisions or practice, it is important to remember that many children who have experienced early adversity are best understood through a trauma-informed and neurodevelopmentally informed lens. The goal is not to avoid scrutiny, accountability or safeguarding. The goal is to ensure that assessments and decisions take full account of the child's history, experiences, neurodevelopmental profile and current needs.

Throughout this guide, the focus is on helping families advocate for decisions that are evidence-based, child-centred and informed by a full understanding of the child's lived experience.



Whilst many professionals provide excellent support, there are times when families must challenge poor practice and advocate for children whose needs are not being properly recognised.

This guide explains how to do that effectively.

If you are reading this in crisis

- You do not need to read this whole guide today.
- Start by keeping yourself and your family safe.
- Tell one trusted person what is happening.
- Record basic facts.
- Seek legal advice if allegations or safeguarding processes have started.
- Come back to the rest of the guide later.

Contents

Section	Page
Introduction	1
If You Are Reading This in Crisis	3
Understanding Blame Culture	4
The Fog of Trauma: When the Ground Disappears	5
Be Strategic	11
Recording Facts and Building Evidence	15
How to Write an Effective Complaint	19
Who Should I Complain To?	21
Taking Concerns Further	25
Legal Advice, GDPR and Compensation	27
Practical Tips	28
Additional Support and Further Guides	30
Final Thoughts	31

This guide provides general information and practical advocacy suggestions. It is not legal advice, clinical advice or safeguarding advice. Families should seek independent professional advice appropriate to their circumstances.

Understanding Blame Culture

One of the most damaging and least-discussed barriers facing families is blame culture — a pattern in which professionals who do not adequately understand the complexities of trauma, FASD, neurodevelopmental differences and attachment disruption wrongly attribute the difficulties to the parents or caregivers.

What Is Blame Culture?

Blame culture occurs when professionals — often without the specialist knowledge needed to understand a child's presentation — respond to what they observe by questioning, criticising or investigating the parent or carer rather than recognising the child's underlying needs.

This can manifest as:

- Suggestions that the parent's behaviour or approach is causing the child's difficulties
- Referrals to child protection processes without proper consideration of the child's history
- Pressure on parents to 'manage' behaviours that are neurological or trauma-driven
- Dismissal of parental concerns as exaggeration or parental anxiety
- Assessment frameworks that do not account for the child's pre-placement experiences
- Failure to read or consider existing reports, histories and professional records

Why This Matters

When blame is directed at the very person caring for a traumatised child, the consequences are profound.

The family loses the professional support it desperately needs. Energy that should go towards the child is consumed by defending against unfounded criticism. Trust breaks down. And at the moment of greatest crisis, the parent or carer is left more isolated than before.

This is not an uncommon experience. Many families report similar experiences across different services and regions.

The Impossible Position

When blame culture takes hold, families are often forced into an impossible position: they must simultaneously defend themselves against allegations or professional scrutiny whilst continuing to care for a child in crisis and fight for the support that child needs.

Humans have limits. This is frequently the turn of events that causes an impasse — where progress stops, relationships break down and the risk of placement disruption or irreversible harm escalates.

It is vital that this is named clearly: when a family reaches this point, it is not a failure of the parent or carer. In many cases, insufficient understanding, knowledge, training, support or intervention may have contributed significantly to the crisis.

Recognising the Signs of Blame Culture

You may be experiencing blame culture if professionals are:

- Questioning your parenting approach without understanding your child's history
- Initiating child protection processes without exploring trauma or neurodevelopment
- Suggesting your responses to your child's behaviour are the cause of difficulties
- Failing to read previous assessments, reports or professional records
- Dismissing your account of events at home, school or in the community
- Asking you to manage behaviours that are beyond your child's current regulatory capacity

What Can You Do?

If you believe you are experiencing blame culture, the strategies in this guide apply directly. In particular:

- Record facts carefully and consistently (see: Recording Facts and Building Evidence)
- Identify independent professionals who can corroborate your account
- Request that assessments take full account of your child's history and neurodevelopmental profile
- Ask that any concerns about your care are raised formally, so you can formally respond
- Seek independent legal advice early if child protection processes are initiated
- Contact your Regional Adoption Agency, Adoption Support Worker or specialist advocacy service

You do not have to face this alone. Blame culture is challengeable — but it requires a strategic, evidence-based response.

Not every professional decision will be wrong, and not every concern raised by a parent will ultimately be upheld. The purpose of this guide is not to discourage professional scrutiny or accountability. Its purpose is to help families ensure that decisions are informed, evidence-based, trauma-aware and focused on the child's needs.

The Fog of Trauma: When the Ground Disappears

There is a phase that many adoptive parents and carers enter — suddenly, without warning — that has no adequate name in professional guidance, no tick box in any assessment framework, and almost no recognition in the systems designed to help them.

It is the fog.

And it needs its own map.

What the Fog Feels Like

The fog descends when trauma compounds upon trauma. It is not the ordinary exhaustion of caring for a child with complex needs. It is something deeper and more disorienting — the experience of being simultaneously hurt by the child you love, disbelieved by the professionals you turned to for help, and investigated rather than supported.

Parents in this phase describe:

- A profound sense of unreality — as though watching their own life from outside it
- Difficulty thinking clearly or sequentially
- An inability to organise or communicate what has happened
- Overwhelming shame — even when they have done nothing wrong
- Fear that speaking out will make things worse
- A paralysis that looks, from the outside, like indifference or guilt
- Isolation so complete that asking for help feels impossible

This is not weakness. This is trauma.

The fog is a recognised physiological and psychological response to overwhelming threat.

When the nervous system is flooded — when danger comes from multiple directions at once — the brain's capacity for logical, sequential thinking is temporarily suspended. This is not a character flaw. It is what trauma does to the human body and mind.

It is also one of the most dangerous phases a family can enter. Because it is precisely when the fog is thickest that the most consequential decisions are being made about them.

The Sources of the Fog

For adoptive parents and carers, the fog is rarely caused by a single event. It arrives from multiple directions at once — which is precisely what makes it so destabilising.

Hurt From the Child You Love

Adopted and looked-after children who have experienced early trauma may, in moments of dysregulation, say and do things that are profoundly wounding. This can include:

- False accusations — claims that the parent has harmed, abused or mistreated them
- Confabulation — the child genuinely believes something happened that did not, or did not happen as described; this is a feature of trauma and certain neurodevelopmental profiles, not deliberate lying
- Allegations triggered by dysregulation, fear, or a distorted sense of cause and effect
- Reframing of therapeutic boundaries, consequences or care as cruelty

These experiences carry a particular horror: they come from the child you chose, the child you have fought for, the child you love. The pain of this is almost impossible to articulate to anyone who has not lived it.

Understanding Confabulation

Confabulation is not lying. The possibility of confabulation should never be used to dismiss a child's disclosure or prevent appropriate safeguarding enquiries. Allegations should always be assessed carefully and proportionately, taking account of all available evidence, context and professional expertise. It is the brain filling gaps in memory or understanding with material that feels true — often material shaped by earlier trauma, fear responses or neurological differences.

Children with histories of abuse, neglect, FASD or early attachment disruption may confabulate in ways that sound entirely credible. They may pass a lie detector test. They may convince professionals, teachers and social workers.

Understanding this does not make the experience less painful for the parent. But it is essential context for professionals — and for parents navigating the aftermath.

If you believe confabulation is a factor, note it clearly in your records. Seek supporting professional evidence from CAMHS, a paediatrician, or a neuropsychologist where possible.

The System Doing the Same

What compounds the fog exponentially is when the institutions that should offer protection mirror the child's distorted account back to the parent as fact.

Parents report the devastating experience of professionals — police officers, social workers, school staff — treating an accusation as established truth before any investigation has taken place. In the fog, this feels like the ground itself has been removed.

This can include:

- Police attending the home and treating the parent as a suspect on the basis of an unverified allegation

- Schools removing the child without discussion, or restricting parent contact pending investigation
- Social workers initiating child protection procedures without reading the child's history
- Professionals conflating the parent's distress, silence or disorientation with guilt
- Records being created that document the allegation as fact, without noting the context or the child's neurodevelopmental profile

The parent, in the fog, may be unable to defend themselves clearly. They may be unable to speak. The shock response — which professionals may interpret as guilt — can be physically identical to it.

The Shock Response Is Not Guilt

When a parent is confronted with a serious, false allegation — particularly from their own child — the physiological response can include:

- Silence and inability to speak
- Dissociation — a sense of unreality
- Visible shaking, pallor or tears
- Inability to recall details or answer questions coherently
- Appearing 'flat' or emotionally unresponsive

These responses can occur in people who are experiencing acute trauma and shock and should not automatically be interpreted as indicators of guilt.

Professionals who do not understand trauma physiology may read these responses as suspicious. This misreading can have devastating consequences for families.

The Fear and the Shame

Alongside the shock comes a wave of fear and shame that can cause a freeze response — sometimes lasting days, weeks or longer.

The fear is rational: what will happen to our family? Will our child be removed? Will we be prosecuted? Have we failed?

The shame is also understandable, but it is built on false foundations. Many parents describe feeling they have failed. However, families in these situations are often managing extraordinary challenges whilst repeatedly seeking support

But shame does not respond to logic. In the fog, shame says: stay quiet, do not tell anyone, do not draw more attention to yourself. And that silence — that freeze — is exactly what allows the situation to worsen.

The Deadly Vulnerable Phase

This is the phase where the most damage is done.

The parent is in shock. The child's account — however distorted — has been heard by professionals. The parent cannot speak clearly or advocate for themselves. Records are being written. Decisions are being made.

And the parent, frozen in shame and fear, does not know they are allowed to challenge any of it.

This is not a moment to wait. This is the moment to act — even when every instinct says to go silent.

If you are in this phase right now, the rest of this guide is for you.

A Map for the Fog

You cannot think your way out of the fog. But you can have a map ready before you need it — or ask someone you trust to hold the map for you.

Step 1: Name What Is Happening

Say it to yourself, or to someone you trust: I am in the fog. I am experiencing trauma. My responses right now are trauma responses, not evidence of anything I have done wrong.

Step 2: Do Not Make Major Decisions Alone

In the fog, decision-making is impaired. This is not the time to respond to professional letters without support, agree to plans under pressure, or make statements to the police without a solicitor.

Step 3: Tell Someone Who Is On Your Side

Contact your adoption support worker, your Regional Adoption Agency, an adoption support charity, a peer support community, or a trusted friend who understands your situation. You need someone outside the fog to help you see clearly.

Step 4: Seek Legal Advice Immediately

If allegations have been made, if police are involved, or if child protection procedures have been initiated, take legal advice before engaging further with any professional process. This is not an admission of wrongdoing. It is a basic protective step.

Step 5: Begin Recording Facts, Even Imperfectly

You do not need to produce a perfect chronology right now. Write down what happened. The date. What was said. Who was present. Even a few lines on your phone are better than nothing. Facts recorded in the fog — however raw — are still facts.

Step 6: Protect Your Body

Eat something. Sleep when you can. The fog lifts more slowly when the body is depleted. You cannot advocate for your child or yourself if you collapse. Your physical survival in this period is not selfish — it is essential.

You Are Still the Expert on Your Child

In the fog, it can feel as though everyone else knows more than you do — as though the professional with the clipboard, who met your child once, has more authority than the person who has lived alongside them for years.

Parents and carers hold important knowledge about their child's history, patterns and presentation that should form part of any assessment or decision-making process.

You know your child's history. You know their patterns. You know what their dysregulation looks like, what precedes it, what it means. That knowledge does not disappear in the fog. It needs to be recorded, communicated and — when you are ready — used.

The fog lifts. And when it does, this guide will help you know what to do next.

Be Strategic

When things go wrong it is tempting to:

- Complain to everyone
- Raise every issue
- Send lengthy emails
- Fight every battle
- Challenge every professional

Remember

This rarely works. The strongest advocates are strategic.

Ask: What is the actual problem?

For example:

- Poor assessment?
- Failure to provide support?
- Unsafe safeguarding practice?
- Professional misconduct?
- Inaccurate records?
- Data breach?
- Human rights concerns?
- Multi-agency failures?
- Poor complaint handling?

Different problems require different routes.

Focus on Outcomes

Before making any complaint ask: What do I want to happen?

Examples:

- Records corrected
- New assessment
- Independent assessment
- Additional support
- Review of decisions
- Professional accountability
- Financial remedy

- Learning review
- Policy change

If you cannot identify the outcome, it will be difficult for others to help you achieve it.

Be Realistic About Outcomes

One of the hardest truths for families to accept is that having a legitimate concern does not always result in the outcome you hope for.

You may be right. You may have evidence.

You may be able to demonstrate poor practice, flawed decision-making, inaccurate records or failures to provide support. That does not automatically mean the organisation will agree with you, apologise, provide the support requested, or make the changes you believe are needed.

Families frequently encounter:

- Professional defensiveness
- Organisational self-protection
- Delays
- Partial acknowledgements
- Findings that do not fully reflect their experience
- Recommendations that are not fully implemented
- Decisions that remain unchanged despite concerns being raised

This can be frustrating, disheartening and, at times, deeply upsetting.

For this reason, it is important to think carefully about what success would look like before starting a challenge or complaint. Sometimes success may be:

- ✓ Having concerns formally recorded
- ✓ Correcting inaccurate information
- ✓ Creating a clear evidence trail
- ✓ Ensuring decision-makers have access to relevant information
- ✓ Obtaining an independent review
- ✓ Preventing the same mistakes from happening again
- ✓ Bringing important information to the attention of senior leaders or regulators

Sometimes the outcome you want may not be achieved. That does not necessarily mean the effort was wasted. A well-evidenced challenge can create accountability, improve future decision-making, protect other families, and ensure your child's experiences are accurately recorded.

Focus on what is within your control:

- Recording facts
- Gathering evidence
- Communicating clearly

- Remaining child-focused
- Making informed decisions about where to invest your time and energy

You cannot control how organisations respond.

You can control how effectively you present the facts.

Recording Facts and Building Evidence

Facts and Evidence: Understanding the Difference

A fact is an objective, verifiable reality or truth that has occurred.

Evidence is the information, data, or material used to support a claim, prove a fact, or draw a conclusion.

In practical terms: we record facts, and we use those facts as evidence.

When you document what your child said, what happened at school, what a professional told you, or what you observed — you are recording facts. When you bring those records together to demonstrate a pattern, a failure, or a concern — you are building evidence.

The most powerful complaints and challenges are built on facts that are: objective, contemporaneous (recorded at the time), specific (dates, times, names, locations), and verifiable (supported by records, reports or professional witnesses).

Well-recorded facts and evidence are often the most persuasive foundation for resolving disputes and concerns.

Create a Chronology of Facts

A chronology is often the most important document you will produce. It is a factual, dated record of significant events. Record facts as they happen, not weeks or months later — contemporaneous records carry far greater weight.

Record significant facts across:

Home

- Child-to-parent violence and abuse (CPVA)
- Aggression
- Property damage
- Threats
- Running away
- Self-harm
- Missing episodes
- Family safety concerns
- Emotional dysregulation

School

- Behaviour incidents

- Exclusions and suspensions
- Attendance concerns
- Educational difficulties
- SEN concerns
- Safeguarding concerns

Community

- Police involvement
- Youth offending concerns
- Anti-social behaviour
- Community incidents
- Missing episodes
- Risk-taking behaviour

Health

- CAMHS involvement
- Crisis presentations
- Paediatric assessments
- Neurodevelopmental assessments
- FASD assessments
- Mental health concerns
- Medication changes

Use a simple table to record facts:

Date	What Happened (the Fact)	How It Can Be Verified	Impact

Create an Evidence File

Your evidence file brings together the factual records that support your concerns. Keep copies of:

- Emails and letters
- Assessments and care plans
- EHCP documents
- School records
- CAMHS and mental health reports
- Medical reports

- Police records
- Meeting minutes
- Complaint responses
- Adoption support records

Ask yourself: What independent record exists that confirms this fact occurred?

Identify Witnesses and Corroborating Professionals

One of the most overlooked steps is identifying professionals who can independently verify the facts you have recorded. Their professional observations turn your recorded facts into corroborated evidence.

Potential witnesses may include:

- Teachers and SENCOs
- Headteachers
- Educational Psychologists
- CAMHS clinicians and Psychiatrists
- Paediatricians and GPs
- Occupational Therapists
- Speech and Language Therapists
- Adoption Support Workers
- Family Support Workers
- Advocates
- Youth Workers
- Police Officers
- Social Workers
- Foster carers (where relevant)

Create a simple witness log:

Name	Role	What Facts They Can Verify

Communicate With Relevant Professionals

Do not assume professionals will automatically be contacted or that their observations will be shared. Where appropriate, ask them to:

- Clarify their professional opinion in writing

- Confirm concerns they have previously raised
- Verify specific incidents they have observed
- Confirm attendance at meetings and the advice given

Where the same facts and concerns have been observed and recorded independently across home, school, health and community settings, this provides powerful corroboration that the problems are real, consistent and multi-dimensional.

How to Write an Effective Complaint

Keep It Short

Aim for 2 to 4 pages with clear headings, bullet points and evidence-based arguments.

Avoid:

- X Long narratives
- X Repetition
- X Waffling
- X Emotional language
- X Personal attacks

Decision-makers are far more likely to engage with concise, factual complaints.

Separate Facts From Opinions

Example

Fact: "The assessment dated 12 March states there were no concerns regarding emotional regulation."

Corroborating evidence: "School records dated 10 March and CAMHS records dated 14 March independently document significant dysregulation."

Concern: "It appears that relevant factual records were not considered in the assessment."

This is far stronger than: "The social worker clearly doesn't understand trauma."

Use AI as an Editing Tool

Before sending a complaint, consider asking AI:

- Is this concise?
- Is this clear?
- Is this too emotional?
- Have I separated fact from opinion?
- Have I repeated myself?
- Is my requested outcome clear?
- Is there any unnecessary criticism?

AI can be a useful proofreading and tone-checking tool. However, always review any AI output carefully. AI is a tool to help you communicate facts more clearly — it is not a substitute for evidence, legal advice or lived experience.

Using AI Safely

Before uploading documents to any AI platform, consider whether they contain personal, confidential or identifying information about you, your child, family members or professionals. Where possible, remove names, dates of birth, addresses, case reference numbers and other identifying details. Check the platform's privacy terms and organisational policies before sharing sensitive information.

AI can help improve clarity and structure, but families remain responsible for ensuring information is accurate, appropriate and shared lawfully.

Pick Your Battles

Not every issue requires a complaint. Ask: Will pursuing this improve things for my child?

Families caring for children with trauma and complex needs are often exhausted. Do not spread yourself too thin. Focus on:

- ✓ Significant concerns affecting your child's safety or wellbeing
- ✓ Support needs that are going unmet
- ✓ Serious procedural failings
- ✓ Professional misconduct
- ✓ Important inaccuracies in records

Trying to fight every battle often weakens the strongest arguments.

Who Should I Complain To?

Local Authority

Who	Suitable For
Social Worker	Clarification, minor concerns, record corrections
Team Manager	Assessment concerns, communication concerns, failure to respond
Service Manager / Head of Service	Repeated concerns, practice issues, escalated complaints
Director of Children's Services	Serious safeguarding concerns, significant failures, systemic concerns
Chief Executive	Organisational failings, escalated unresolved complaints, significant injustice

Regional Adoption Agency (RAA)

Suitable where concerns relate to adoption support, adoption assessments, post-adoption services, Adoption Support Fund issues, matching information or permanence support.

Social Work England — and the Regulators Across the UK

Social Work England (www.socialworkengland.org.uk) is the professional regulator for social workers in England. Before raising a concern, there are several important things to understand.

1. The Social Worker Must Be Registered

Social Work England can only act in relation to registered social workers. Check the register on their website to confirm the individual is registered before submitting a concern.

2. Different Regulators Cover Different Nations

Nation	Regulator	Website
England	Social Work England	socialworkengland.org.uk
Scotland	Scottish Social Services Council (SSSC)	sssc.uk.com
Wales	Social Care Wales	socialcare.wales
Northern Ireland	Northern Ireland Social Care Council (NISCC)	nisc.info

3. This Is Not a Complaints Service — It Is a Fitness to Practise Regulator

The Most Important Distinction

Social Work England does not investigate complaints about poor service, decisions you disagree with, or mistakes in judgement. Those concerns go through the Local Authority complaints process.

Social Work England investigates fitness to practise concerns — where a social worker's conduct raises serious questions about whether they should continue to practise.

Ask yourself: Is this a poor decision or poor service — or is this a fundamental breach of professional standards and integrity?

4. The Professional Standards

Social Work England publishes Professional Standards on its website. These set out what every registered social worker is required to do. They are publicly available and written in plain language — and they are directly relevant to many of the experiences families describe.

The standards most relevant to families include:

Standard	What It Covers
Promote the rights of people	Upholding the rights and wellbeing of children and families; advocating on their behalf
Establish and maintain trust	Being honest, transparent and acting with integrity in all professional relationships
Maintain quality in their work	Making sound, evidence-based decisions; keeping accurate records; applying professional knowledge
Act safely and with professional integrity	Behaving respectfully; not abusing their position; maintaining appropriate boundaries
Make ethical decisions	Applying professional ethics; acting in the best interests of those they work with
Promote equality	Not treating anyone less favourably — including where a family has made a complaint

Where there is evidence that a family has been treated unfairly because they raised concerns, this may be relevant to professional standards and should be documented

5. Risks to the Public Are Taken Seriously

You Are the Public

Social Work England exists to protect the public. Families using children's services are the public.

A well-evidenced fitness to practise concern — particularly one that demonstrates a risk to children or families — is treated with the utmost seriousness. Serious substantiated concerns may result in regulatory action, which can include conditions on practice, suspension or removal from the register.

This is a significant power. It should be used carefully, with clear evidence, and only where the concern is genuinely about fitness to practise — not frustration with a decision you disagree with.

How to Raise a Concern With Social Work England

Visit www.socialworkengland.org.uk and use the online referral form. You will be asked to describe the concern, explain why it relates to fitness to practise, and provide supporting information. You do not need a solicitor to submit a referral, though legal advice is always worth considering for serious concerns.

The Complaints Route: Local Authority First

For most concerns — poor communication, decisions you disagree with, assessments you believe are flawed, failure to provide support — the correct route is the Local Authority's own complaints process, not the regulator.

The Local Authority is legally required to:

- Provide you with a clear complaints procedure
- Tell you who to complain to at each stage
- Tell you the timescales for response at each stage

If you do not have this information, ask for it in writing. They must provide it.

Ofsted — Children's Services (England)

Ofsted inspects and regulates children's social care services in England. It does not investigate individual complaints. However, concerns submitted to Ofsted may be considered as part of inspection activity, particularly where they indicate:

- Wider service failings across a team or department
- Unsafe or unlawful practice
- Poor leadership or management
- A pattern of concerns affecting multiple families

Email: enquiries@ofsted.gov.uk

Note: Ofsted covers children's services. For adult social care in England, the equivalent regulator is the Care Quality Commission (CQC) at www.cqc.org.uk.

The Local Government and Social Care Ombudsman (LGSCO)

The Local Government and Social Care Ombudsman (LGSCO) is the final stage of the complaints process for most families in England. It investigates where the Local Authority's own complaints process has been exhausted and concerns remain unresolved.

The Ombudsman can investigate:

- Maladministration — where a service has been poorly managed or administered
- Unreasonable delay
- Failure to follow proper procedure
- Poor complaint handling
- Failure to provide services to which a family is entitled
- Injustice caused by the actions of a council

The Ombudsman can recommend apologies, remedial action, changes to practice and financial remedies. It cannot overturn court decisions or professional regulatory findings.

The Correct Order

- Step 1: Local Authority complaints process (all stages)
- Step 2: If not resolved — Local Government and Social Care Ombudsman

Do not go to the Ombudsman before completing the LA complaints process, or your complaint may be returned.

For fitness to practise concerns about a named social worker — Social Work England (or the relevant national regulator) runs separately and can be used alongside or after the complaints process.

Taking Concerns Further

Local Safeguarding Children Partnership (LSCP)

Every area has a Local Safeguarding Children Partnership, which brings together the Local Authority, Police and Integrated Care Board. Its role is to oversee safeguarding practice, identify learning and review serious safeguarding concerns.

You may wish to contact the LSCP where there are concerns about:

- Serious safeguarding failings
- Agencies not working together
- Repeated missed opportunities
- Significant harm
- Patterns affecting multiple children or families
- Concerns extending beyond a single worker or team

Contact the Business Manager, Partnership Manager, Independent Scrutineer or Independent Chair. Contact details are usually on your local LSCP website.

Child Safeguarding Practice Reviews (CSPRs)

A CSPR is not a complaints process. Its purpose is to identify learning and improve safeguarding systems. Parents cannot request a CSPR directly, but they can ask safeguarding partners to consider whether a review is appropriate.

Keep your request brief and factual:

- ✓ What happened
- ✓ What harm occurred
- ✓ Which agencies were involved
- ✓ Why you believe there may be wider safeguarding lessons

Focus on learning, improvement and accountability — not individual blame or personal grievances.

Useful Questions to Ask

- "What learning processes have been considered?"
- "Has a Rapid Review been considered?"
- "Has a Child Safeguarding Practice Review been considered?"

Children's Commissioner

Useful where concerns relate to children's rights, national policy issues or wider systemic concerns. Less useful for resolving individual disputes.

Family Rights Group (FRG)

A valuable source of advice for families involved with children's services. Can provide advice, guidance, rights-based support and information about complaint routes.

NYAS

Can provide advocacy for children, young people and families in some circumstances.

Contacting Your MP

MPs can be highly effective. They can contact Local Authorities and government departments, escalate concerns, challenge delays and raise policy issues.

Provide:

- A one-page summary
- Your chronology of facts
- Key evidence
- A clear and specific request

Contacting Local Councillors

Consider contacting the Lead Member for Children's Services, Scrutiny Committee Members or Ward Councillors. They can challenge and escalate concerns internally.

Legal Advice

Do not wait until matters become critical. Consider specialist legal advice regarding:

- Children's law and adoption law
- Special Guardianship
- Judicial Review
- Human Rights
- Public law and professional negligence
- Discrimination

A short fixed-fee consultation can often help clarify your options. In some circumstances legal aid or specialist advice services may be available.

GDPR and Data Protection

Common concerns include inaccurate records, incorrect information sharing, missing records, failure to respond to Subject Access Requests, and confidentiality breaches.

If there is a potential breach:

- Step 1 — Raise concerns with the organisation
- Step 2 — Request correction or explanation
- Step 3 — Report concerns to the Information Commissioner's Office (ICO) where appropriate

Do not overlook data protection concerns. Inaccurate records can have significant long-term consequences for children and families.

Compensation and Damages

Where significant harm has occurred, families may wish to seek specialist legal advice regarding human rights breaches, negligence, data protection breaches, discrimination, or unlawful actions by public bodies. Not every case justifies legal action, but families should know these options exist.

Practical Tips

Be Aware of Parallel Investigations

Some organisations may not investigate whilst another process is active, including court proceedings, police investigations, safeguarding investigations, Ombudsman reviews, and professional regulatory investigations. Always check whether another agency is already investigating.

Protect Yourself

Good record keeping is often the difference between a successful and unsuccessful challenge. Keep:

- ✓ A chronology of facts
- ✓ An evidence file
- ✓ A witness log
- ✓ Copies of all complaints
- ✓ Copies of all responses
- ✓ A record of all incidents
- ✓ A record of professional involvement
- ✓ A clear statement of your desired outcomes

If You Are Reading This In Crisis

This guide focuses on challenging poor practice, correcting records, improving decision-making and holding organisations to account.

However, many families reading this may be doing so in the middle of a crisis.

You may be exhausted. You may be frightened. You may be dealing with violence, allegations, school difficulties, mental health concerns, family breakdown, safeguarding involvement, or the fear that everything is becoming unmanageable.

This guide cannot cover every aspect of crisis support.

Separate guides are available covering:

- Family safety planning
- Child-to-parent violence and abuse (CPVA)
- Crisis support and escalation pathways
- Education and school-based crises
- Trauma, FASD and neurodevelopmental needs
- Allegations and safeguarding investigations
- Building support around the family

If your situation feels urgent, start with the guide most closely related to the immediate problem you are facing. Sometimes the first priority is not challenging poor practice. Sometimes it is getting through the next day, the next week, or the next crisis safely.

You do not have to solve everything at once.

Pick the problem directly in front of you. Deal with that first. Then come back to the wider issues when you have the capacity to do so.

Final Thoughts

Families caring for children affected by trauma, abuse, neglect, FASD, neurodevelopmental differences and complex needs are often managing extraordinary levels of challenge. You do not need to become an expert in law, safeguarding or social care. You do need to become organised.

The most effective challenges are:

- ✓ Factual — grounded in recorded, objective facts
- ✓ Child-focused
- ✓ Evidence-based — facts brought together to demonstrate the concern
- ✓ Concise
- ✓ Corroborated by independent professional witnesses
- ✓ Outcome-focused

Focus on:

- What happened — the facts
- What can be evidenced — the records that confirm those facts
- Who can verify it — independent professionals who observed the same facts
- What needs to change
- What will improve outcomes for the child

Core Principles

- > Facts over assumptions
- > Evidence over emotion
- > Corroboration over assertion
- > Outcomes over arguments
- > The child's needs at the centre of decision-making.

A Final Word

Have a voice, have some fight, but do not give all your energy away. Complaints, reviews and investigations can be exhausting, and outcomes are not always within your control.

Be realistic about what you can take on. Pace yourself. Focus on what matters most.

Check in with trusted people. Ask for help when you need it. Use peer support groups and communities who understand your journey.

If the process is affecting your wellbeing, consider speaking with your GP, accessing counselling or therapy, seeking mental health support, or exploring local wellbeing services.

Most importantly, look after yourself. You are not just an advocate, investigator or complainant — you are a parent, carer and human being. Protect your energy, protect your wellbeing, and keep yourself safe.

You matter. Your experiences deserve to be heard, and your concerns deserve to be considered fairly.

Reading

- NICE guidance
- Social Work England Professional Standards
- Research on developmental trauma
- Research on FASD
- Adoption UK resources
- Family Rights Group resources