

SAFELY REDUCING THE NUMBER OF CHILDREN GOING INTO CARE

April 2021



The Centre for
Social Justice

Safely Reducing the Number of Children Going into Care
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Published by the Centre for Social Justice,
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designbysoapbox.com

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About the Centre for Social Justice

Established in 2004, the Centre for Social Justice is an independent think-tank that studies the root causes of Britain's social problems and addresses them by recommending practical, workable policy interventions. The CSJ's vision is to give people in the UK who are experiencing the worst multiple disadvantages and injustice every possible opportunity to reach their full potential.

The majority of the CSJ's work is organised around five 'pathways to poverty', first identified in our ground-breaking 2007 report *Breakthrough Britain*. These are: educational failure; family breakdown; economic dependency and worklessness; addiction to drugs and alcohol; and severe personal debt.

Since its inception, the CSJ has changed the landscape of our political discourse by putting social justice at the heart of British politics. This has led to a transformation in government thinking and policy. For instance, in March 2013, the CSJ report *It Happens Here* shone a light on the horrific reality of human trafficking and modern slavery in the UK. As a direct result of this report, the Government passed the Modern Slavery Act 2015, one of the first pieces of legislation in the world to address slavery and trafficking in the 21st century.

Our research is informed by experts including prominent academics, practitioners and policy-makers. We also draw upon our CSJ Alliance, a unique group of charities, social enterprises and other grass-roots organisations that have a proven track-record of reversing social breakdown across the UK.

The social challenges facing Britain remain serious. In 2019 and beyond, we will continue to advance the cause of social justice so that more people can continue to fulfil their potential.



Acknowledgements

Vincent Masterson, Tom Watling and Harvey Shaw carried out interviews, both in person and online, as part of the evidence for this report.

I would like to pay special tribute to the Credo Foundation and to Cristina Cardellini, whose guidance and leadership proved invaluable in the research for this report.

Relationships

I think that social workers shouldn't move around as much because they just get to know your life story and you have to try to trust them but how can you trust them when you don't even know them or have hardly ever met them?

Care Leaver, to Coram Bright Spots

I have one son, Ronnie who is 12. I am a single mum, since we left my partner after a long period of domestic abuse. The most important thing I learned was having 1:1 play time with Ronnie, this really rebuilt our relationship, and that was the turning point for us.

Claire, Fegans Charity

Practitioners tend to concentrate on the individual, ignoring the nexus of significant relationships that have affected their behaviour and thinking. This is short-sighted.

Dr Sara Bonetti, Director of Early Years, Education Policy Institute

After 16 months as a mentor, my 21 year old mentee Jamie completed a lifeguard course. I had rung him every day to make sure he was on his way to the pool after a muddle on Day 1. On the final day I was driving to Cornwall, my wife answered and Jamie said he had just finished and passed the exam and he wanted me to be the first person he told. Two days later, when I was able to see him, as he opened his door he gave me a great hug – the first time he had shown any emotion. 10 years later he rang me on Father's Day.

Richard Davey, Somerset Promise Works Charity

It would be better if I could stick with one Social Worker, they change a lot.

Care Leaver to Coram Bright Spots

The trusted relationships our West London Zone Link Workers build with children and families are at the centre of all the support we provide. They have the therapeutic qualities that ensure children feel they always have someone to talk to who will listen, and they enable us to understand the children really well so that we can ensure they get right support at the right time in the right way to get on track socially, emotionally and academically to thrive in adulthood.

Louisa Mitchell CEO West London Zone

For our most disadvantaged young people having access to trusted relationships is often the only way in which they can gain the confidence, belief and the social skills needed to ensure they realise their full potential... Relationship based practice can be scaled to ensure a generation is defined by their talents and potential and never their circumstances.

Iain MacRitchie Founder & Chair, MCR Pathways

In Leeds we quickly recognised that if we wanted to transform children's outcomes and become the most child-friendly city in the country, we needed to strengthen their family.

Nigel Richardson, former Director of Children's Services, Leeds

Parenting is health: the well-being of parents, families, and communities is the ultimate protection of all people's lifelong health. Investing in families, not systems alone, is the best use of public resources.

Kevin Campbell, founder, Centre for Family Finding and Youth Connectedness

We know that children who grow up in strong, nurturing and stable home environments have better overall life chances. The Triple P – Positive Parenting Program® is designed to build parents' skills so they can raise confident, healthy, happy children and teenagers, enjoy stronger family relationships, and create protective, safe environments for their families.

Matt Buttery CEO Triple P

Foreword

The state is a poor parent. Despite the best efforts of the staff in the care system, a child or young person who has lived in care is more likely to be recruited into gangs, to be vulnerable to child sexual exploitation and to become homeless. Around 50% of the young people not in education, employment or training (NEET) have had experience of social services or care. A quarter of the prison population has had some experience of care. In later life, people who had been in residential care were three times more likely than those who had lived with their parents to report their health as poor.

Despite failing many of its charges, the children's care system costs £10 billion annually. It carries further associated costs, too, in the other public services - from health to welfare to criminal justice - that people with experience of care make disproportionate use of.

Given these poor outcomes, the increase in children and young people in care should alarm us all. The number of children going into care has never been greater - 68,270 as of June 2020 - an increase of 3% over the previous year.

This is a social justice issue. Children living in deprived areas are 11 times more likely to have a child protection plan than children living in the most affluent areas of England. Non-White young children make up a disproportionate share of looked after children.

Children with special educational needs and disabilities (SEND) are also over-represented in the care system: 49% of Children in Need and 58% of Children in Care have SEND, compared to 17% in the general population.

Our report shines a light on these troubling statistics while also providing a potential solution: a new, relational approach.

The approach starts from the fact that children are not 'the problem': the problem is the support system around them. Only 2 per cent of the care population were placed there due to 'socially unacceptable behaviour' of their own. The overwhelming majority are in care as a result of abuse, neglect or family breakdown.

The 'problems' flow from these relational deficits. Developments in neuroscience show that the infant brain grows in response to a mother's nurturing, while debilitating stress hormones course through the body of a victim of abuse.

Research shows that children and young people who do not benefit from the network of connections and support provided by neighbours, community associations, school leaders and mentors, suffer an attainment gap which manifests as early as five years old and widens as children progress through school.

Our social and health services have yet to catch up with developments in neuroscience. Practitioners too often focus on the individual removed from the web of relationships they inhabit.

When risk indicators such as a parent's mental health issues or substance misuse are ignored, support is postponed. Once the opportunity for prevention is missed, needs escalate, requiring an intervention that will be both more intensive and more expensive. Often children and young people will have undergone exclusion and possibly abuse and violence. By the time they go into care their needs are so complex and significant, they need to be placed in the most expensive, secure residential care.

We should learn from our country's successful Covid-19 vaccination programme. Relying on professional partnerships, including with charities, faith groups and volunteers from all backgrounds, the health service henceforth will prioritise the diagnosis of underlying health conditions among the most vulnerable in order to support them to stay healthy rather than wait for them to fall ill.

The same lessons should be applied to the children's care service. Prevention, and integration of a wide range of support, can identify warning signs of underlying issues such as parental neglect, domestic abuse, family breakdown, and strengthen positive relationships to keep families intact and children from care.

Covid-19 has magnified the call on children's support services as well as the need for reform. It also offers an opportunity: services and stakeholders, policy-makers and the public have experienced seismic changes in health, the economy, education and welfare. Reformers can see, in the overturning of the status quo, a chance to alter the way we safeguard and protect children. We are at a critical juncture: with everything in flux, preconceived notions and traditional approaches are called into question. This report sets out the way ahead.

Danny Kruger MP

Executive summary

The care system delivers poor outcomes at immense cost. It fails vulnerable children. We, and they, pay heavily for this.¹

One key principle should underpin any system change: **relationships**. Neuroscience shows how they determine physical and mental health as well as brain development.

Given the impact of relationships for good and ill, the care system should be organised in such a way that continuous stable relationships are encouraged – both within the family and with professionals.

This is not always the case.

To facilitate long-term positive relationships, we recommend that professionals dealing with vulnerable children:

- consider the impact of all decisions on the continuity and quality of children's relationships with trusted adults;
- routinely identify parents' needs;
- identify the "teachable moments", when parents and children are most eager to change and most connected to services;
- ensure fathers are part of the pregnancy and child-birth;
- ensure family buy-in – it makes interventions more effective;
- train in identifying and mitigating the impact of trauma.

At present organisational structures fail to promote these relational aims. We call for adjustments in the roles of Health Visitors, registrars, family hubs, schools, voluntary organisations and social workers.

¹ £850,000 is our cost calculation of a child who aged 8 undergoes four assessments, spends one year as a Child in Need before being taken into care for four years, attends a Pupil Referral Unit for three years, then ends up for two years in residential placement. This is without taking into account the incalculable loss to this child's future chances.

Recommendations

1. **Embed attachment and trauma awareness** in schools and social work. Researchers found in children who have experienced the trauma of abuse and neglect similar amygdala activity to that observed in soldiers after they have been exposed to combat.² Practitioners who deal with post-traumatic stress disorder (PTSD) in veterans are required to be especially-trained for the task. We should demand that practitioners dealing with traumatised children also receive training in trauma awareness. A Teacher Tapp poll carried out by the CSJ³ shows that the majority of teachers feel inadequately prepared for dealing with such vulnerabilities – and would welcome the opportunity to learn the neuroscience behind them.
2. **Widen the professionals' assessment lens** to take into account family circumstances and dynamics: 98% of children are in care because of the needs of parents not the child. Practitioners need to know the backstory to understand which key relationships can be supported and which should not.
3. **Promote key supportive relationships** by ensuring the same care professional meets with a child in need on a regular basis. Neuroscience shows that a positive, **continuous**, relationship with a trusted grown-up helps a child overcome even the worst Adverse Childhood Experiences (ACEs).
4. **Britain's successful vaccine programme has shown that a preventive** system saves lives. Yet spending on the lower-level tier of family support by LAs has been cut by 60% since 2010, as funds increasingly target children in crisis. Reversing this trend will save in the long term: the Early Intervention Foundation estimated that the national cost of 'late intervention' was £16.6 bn.⁴
5. **Capitalise on the "teachable moment"** in interventions that support vulnerable parents and children to turn their lives around: when parents are expecting a child, and are ready to make life choices and change poor habits; when a child (or parent) experiences a near-death, life-changing incident.
6. **Extend the impact of the popular Health Visitor** by including a community nurse or a voluntary organisation employee/volunteer in each visit. These less skilled (and less expensive) assistants can undertake the measuring, weighing and immunisation to free the Health Visitors for more specialist and time-consuming tasks.
7. **Roll out family hubs** as they have the potential to transform family services by delivering timely, solid, and wide-spread support for relationships. Ring-fencing

2 <https://iris.ucl.ac.uk/iris/publication/355058/1>

3 Forthcoming CSJ-Teacher Tapp poll

4 Chowdry, H., & Oppenheim, C. (2015). Spending on late intervention: How we can do better for less. [available at: www.eif.org.uk/report/spending-on-late-intervention-how-we-can-do-better-for-less]

approximately £235 million (over three years) of anticipated underspend within the Married Couple's Allowance, will allow the establishment of a Family Support Transformation Fund to accelerate roll-out.

8. **Ensure Local Authority (LA) commissioners are familiar with local voluntary groups**, and grassroots networks. They see things that local authorities and other state agencies miss, allow support services to scale and create a protective scaffold around vulnerable families. A designated "community coach" in family hubs can link commissioners to local voluntary organisations.
9. **Move birth registration to a family hub**. An informal setting for this universal offer presents an opportunity to signpost support to families – from parental conflict to breast-feeding.
10. **Recognise the importance of fathers by ensuring health and maternity** services frame infant care as part of "preparing for parenthood" rather than "motherhood". To boost attendance of ante-natal appointments among low-income fathers (only a third attend) all employee fathers should be entitled to statutory time to attend four ante-natal appointments.
11. **Given that kinship care** produces better outcomes and is significantly less expensive than alternative care arrangements such as fostering and residential care,⁵ central Government and LAs should incentivise potential kinship carers.⁶
12. **International kinship care** remains an untried alternative arrangement: improving data on the number of children in care who have family abroad, the placement of children from care with family abroad, and the outcomes for these placements would help determine the appropriateness of international kinship carers.
13. **LAs should raise their aspirations** for children at risk: they should monitor not only that they stay in school, but pursue further education, and suitable employment. Every LA should track pupils' destinations and ensure schools follow government guidance to publish those destinations.
14. **Parental engagement** is nearly always a protective factor in reducing risk among vulnerable children and young people,⁷ and should be integral to all schools' agenda. Schools could use their Pupil Premium to fund this.
15. **LA data about a child's relationships** – whether they have a parent in prison, or are raised by only one birth parent – should be systematically recorded in a central database.

Covid, and the government's upcoming review of the children's care system, offer a chance for change. We should seize it.

5 Family Rights Group (2017). Initial Family and Friends Care Assessment: A good practice guide [available at: www.frg.org.uk/images/Viability_Assessments/VIABILITY-MASTER-COPY-WHOLE-GUIDE.pdf]

6 Kinship Care (2020). First Thought Not Afterthought: Report of the Parliamentary Taskforce on Kinship Care [available at: www.frg.org.uk/images/Cross_party_PT_on_KC/KinshipCare_parliamentary-report-September20.pdf]

7 Children's Commissioner (2019). Keeping kids safe [available at: www.childrenscommissioner.gov.uk/wp-content/uploads/2019/02/CCO-Gangs.pdf]

Introduction

The number of children going into care has never been greater – 68,270 as of June 2020 – an increase of 3% over the previous year. The cost to the tax-payer is £10 billion annually.⁸ The number of Local Authority (LA) legal applications for care orders have reached record levels.⁹ In the first six months of the pandemic (April–September 2020) incidents involving death or serious harm because of suspected negligence or abuse to under-1-year-olds increased by 31% over the same period in 2019. Among one to 5-year-olds, it increased by 50%.¹⁰

Outcomes for children in care can be better than those for children who have ever had contact with a worker; but compared to their peers who have not had dealings with social services, children in care fare poorly.¹¹

A landmark, longitudinal study reveals that adults who have had any care experience are 70% more likely to die prematurely and 3–4 times more likely to report their health as poor.¹² They are more likely to be recruited into county lines and gangs, be vulnerable to CSE and to becoming homeless.¹³ Around 50% of the NEET population (those not in education, employment or training) was defined in need by social services or had direct care experience; while a quarter of the prison population had some experience of care.¹⁴

Outcomes are poor, and process is flawed. Typically, a child with needs will meet a succession of social workers and different experts for assessment; they contribute to a chop and change approach that prevents real relationships from forming.

- Data collection and sharing routinely fails to capture the key relationships around a child, including whether they are living with both birth parents, or with domestic violence.
- Fathers report that midwives, health visitors and social workers ignore them during pregnancy and childbirth.
- Schools fail to engage children's parents.

8 www.communitycare.co.uk/2020/12/04/children-in-care-pandemic-placement-shortage-adcs-report-warns

9 mdpi.com/2075-4698/10/4/89/html

10 <https://mk0nuffieldfounpg9ee.kinstacdn.com/wp-content/uploads/2021/03/Protecting-young-children-at-risk-of-abuse-and-neglect-Nuffield-Foundation.pdf>

11 DfE (2019). Help, protection, education: concluding the Children in Need review [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809236/190614_CHILDREN_IN_NEED_PUBLICATION_FINAL.pdf]

12 <https://mailchi.mp/a8c4c5576d3c/8>

13 The Children's Society (2019), Counting lives: Responding to children who are criminally exploited [available at: www.childrensociety.org.uk/sites/default/files/2020-10/counting-lives-report.pdf]

14 Youth Futures Foundation (2020), Young, vulnerable, and increasing – why we need to start worrying more about youth unemployment [available at: https://youthfuturesfoundation.org/wp-content/uploads/2020/04/YFF_NEET_Report51.pdf]

- Extended families report that they are called in to support at the last minute and without adequate compensation.
- Local voluntary groups report that although they may be familiar with the child/family, and have capacity for fostering relationships, their services (even when delivered by volunteers for free) are ignored or treated with suspicion.

The present model of delivering support to children is failing. We propose a new approach, based on relationships. Neuroscience confirms this, highlighting the significant impact relationships have on brain development and subsequent behaviour, physical and mental health. Even only one, continuous and positive relationship with a trusted grown-up can prove a lifeline to a child who has experienced adversity.

The definition of relationship is broadened beyond the parent/child dyad to include the often-neglected impact of fathers, the extended family, and the community.

The present organisational structure of the children's care system does not promote relationships. A relational system would require a significant adjustment to the roles of professionals dealing with vulnerable children, including midwives, health visitors, birth registrars, schools, social workers and local voluntary organisations.

Data collection will also need to change, to support a more relational system: at present, assessments of children who present with any additional need do not take into account that child's family dynamics, family structure, or parental needs. Yet we know 2 per cent of children are in care because of their own mis-behaviour – the rest are there because of their parents' needs. The lens of assessment needs to expand from individual to relational, from the child's "me" to the family's "we".

Once professionals dealing with vulnerable children take a relational approach, they will need an understanding of attachment and trauma. Researchers have shown that the brain's amygdala activity, which affects emotional responses, including "fight or flight", in a child who has been subject to abuse or neglect is very similar to that in a veteran suffering from post-traumatic stress disorder (PTSD). Yet while we expect that those dealing with a veteran with PTSD should recognise trauma and how to deal with it, we do not demand the same of professionals dealing with traumatized children. Teachers, in a Teacher Tapp poll to be published by the CSJ, acknowledge that they feel ill-equipped to deal with these vulnerabilities and the majority would welcome further training in the workings of the brain. In those settings that deliver such training, children and adolescents fare much better:¹⁵ schools that offer these supports can point to a reduction in exclusions, absenteeism, and pupils becoming NEET. Trauma awareness among those who deal with vulnerable children should become routine rather than exceptional.

At present, children's care services are not designed for the scale of support needed to promote and strengthen relationships. By relying on the traditionally under-used (and often undermined) grassroots voluntary organisations, service professionals could greatly amplify their reach and their impact. Informal networks have shown their value during the pandemic, engaging the most vulnerable across the country. This is non-institutional support, inexpensive, flexible, familiar with the local context, and free of jargon and the

15 www.education.ox.ac.uk/research/attachment-aware-schools-programme-evaluation

constraints of process and bureaucracy. The 150 family hubs that have mushroomed across the country in an informal network have a key role to play here. They can deliver and signpost services, from weighing babies to parental conflict resolution, and also deliver outreach that engages with hard-to-reach parents. They can include “community coaches”, able to pinpoint the local charities and neighbourhood associations that can deliver support – sometimes for free – and that are often not on the radar of the LAs.

The Government, recognising their importance, is funding a two-year evaluation programme of family hubs. There has never been greater need for them and we suggest the means to fund an acceleration of the hubs’ roll out.

Our report will follow a child’s journey through social services – from identification through assessment, court proceedings and placement. We will cost every step of this trajectory to highlight the many missed opportunities to prevent the child’s needs escalating. The result is a succession of ever more expensive and intensive interventions.

We examine the lens through which children and young people are assessed – and explain why this must change, to take into account the most important influence of all, the family.

We present a synopsis of childhood adversity and trauma, including neuroscience findings and adverse childhood experiences (ACEs) explaining how this research can help motivate a preventive strategy for children on the edge of care.

We identify where and when there are opportunities for all parents to access support and for a practitioner to identify not only their needs and their children’s, but what will help.

Finally, we look at some of the programmes that exist and have evidence of positive and lasting impact on the lives of children and their parents. These are not off the shelf programmes that can be translated into any context, however. Interventions work when they are carried out in a relational environment, delivering support to children and young people through positive and continuous relationships. They must be rolled out at the right time too – to avert a crisis rather than respond to it – and in a spirit of partnership, to tap into the immense and under-used resource represented by local charities and voluntary groups.

After one year of research and evidence-gathering, the author of this report has found, among the heart-breaking tales and troubling trends, room for optimism.

Those determined to make a difference in vulnerable children’s and young people’s lives need not start from scratch. Many key elements – successful interventions, knowledgeable voluntary organisations, visionary local leaders – are already in place. As Britain’s successful vaccine programme has shown, a preventive, integrated system spares suffering, saves lives and ultimately reduces public spending.

Methodology

This report provides a synthesis of findings from key research studies and literature. It also draws on:

- semi-structured interviews (prevalently online) with social workers, local government representatives, academics, and care leavers.
- administrative data sets, local government data sets
- on-site visits to programmes offering high-impact interventions for struggling families
- on-site visits to Family Hubs
- written evidence submitted to the Centre for Social Justice
- discussions at consultation events organised by the Department of Work and Pensions (DWP), Commission for Early Years (Fabian Society and CSJ), Family Hubs Network, Royal Foundation webinar, Joyce Morrissey MP.

The identification of key research and data sources was assisted by a Commission chaired by Danny Kruger MP. Commission Members contributed their diverse expertise, including of the legal and charitable sectors, as well as academia.

Our Commission

Danny Kruger MP (Chair)

Elected the MP for Devizes in the December 2019 election. From July-December 2019 he was Political Secretary to Prime Minister Boris Johnson in 10 Downing Street, and formerly the Government's Expert Adviser on Civil Society at the Department for Digital, Culture, Media and Sport. Between 2008 and 2016 he founded and led two charities, the criminal justice project Only Connect and the West London Zone for Children and Young People. He was chief speechwriter to David Cameron MP as leader of the opposition; chief leader writer at the *Daily Telegraph*; and Director of Studies at the Centre for Policy Studies. He has a D.Phil in history from Oxford University and an MA from Edinburgh University. He is the author of *On Fraternity: Politics beyond Liberty and Equality* (Civitas, 2007).

Emmanuel Akpan Inwang

Emmanuel Akpan-Inwang is the founder and Director of Lighthouse, an organisation committed to improving outcomes for looked after children by setting up relationship-focused children's homes.

Emmanuel is a former English teacher who trained on the Teach First programme between 2011 and 2013 and taught English at a school in Birmingham.

Cristina Cardellini

Co-founder of The Credo Foundation. Credo's work focuses primarily on addiction and mental health through a trauma lens specifically amongst young people. Under Cristina's leadership Credo has funded innovative interventions and research in addiction recovery support. She sits on the Addiction Unit Advisory Board of the Centre for Social Justice. Cristina's background is investment banking having worked for Goldman Sachs in the Equities and Investment Management Divisions in London. Cristina holds a MSc from CASS Business School, London.

Francis FitzGibbon QC

Francis FitzGibbon is a QC practicing criminal law from 23 ES Chambers.

Mary Gibson

Originally trained and practiced as a commercial barrister but has spent the last two decades working in the field of youth and restorative justice and for the disadvantaged and underrepresented, working with Lambeth and Wandsworth youth offending teams and a number of local and national charities including the St Michael's Fellowship, Future Men, the Fathers Development Foundation, Growing Against Violence, 2020 Change, Mailforce and the *Evening Standard's* Dispossessed, Grenfell and Excluded Funds. She is also a restorative justice facilitator.

Carol Homden CBE

Chief Executive of Coram, a group of specialist children charities reaching 2.5 million children, families and professionals every year. Formerly a member of the Youth Justice Board for England and Wales, she served on the Adoption Leadership Board for seven years and is also a continuing member of the Children's Interagency Group and the Association for Child and Adolescent Mental Health. Carol is Chair of the National Autistic Society, which operates seven specialist schools and multiple adult services and delivers national accreditation. Carol was awarded a CBE in 2013 for her contribution to services for children and families.

Deborah Lee

American-trained Clinical Developmental Psychologist experienced in working with children and adolescents in residential care. She consults to schools in the state and independent sectors to promote family and school collaboration. She has been involved with the Westside School, an Ofsted Outstanding Alternative Provision for children in danger of exclusion, since its inception.

Prof Eamon McCrory

Professor of Developmental Neuroscience and Psychopathology at UCL and Co-Director of the Developmental Risk and Resilience Unit. His research uses brain imaging and psychological approaches to investigate the impact of childhood maltreatment on emotional development and mental health. The long-term aim of his work is to understand how and why mental health problems can unfold following early adversity, and how we might intervene to promote more resilient outcomes for children. Professor McCrory is also Director of the UKRI Adolescent Mental Health and Wellbeing Programme, Co-Director of the UK Trauma Council, Director of Postgraduate Studies at the Anna Freud National Centre for Children and Families, and Visiting Professor at the Child Study Centre, Yale University.

Harriet Sergeant

Research Fellow for the Centre of Policy Studies for which she wrote five think tank reports including one on the care system, *Handle with Care* and *Wasted – the betrayal of white working class and black Caribbean boys*. During her research Harriet met and befriended a south London gang, two of whose members were in care and wrote a book on the experience, *Among the Hoods – my years with a South London gang* published by Faber. She has also written books on South Africa under apartheid, a history of Shanghai in the 1920s and 1930s, both published by Jonathan Cape and one on Japan, published by John Murray.

Chris Wright

Chief Executive of Catch22, the social business driving public service reform. He leads the team of 1,800 staff and volunteers that supports over 100,000 people nationally. His background spans practice (Chris originally trained as a social worker and probation officer, establishing Nottingham's first multi-agency Youth Offending Team) and policy (as Head of Performance at the Youth Justice Board). Chris is a 2017–2018 Grant Thornton 'Face of a Vibrant Economy,' a Fellow of the British Exploring Society, a founding member of Catch22 Multi-Academy Trust, a non-executive director at Capacity and a non-executive director at Big Society Capital. He is also the Chair of Catalyst Choices CIC and teaches on the Charity Masters' Programme at City University's business school.

Cristina Odone

Lead Researcher and author. Head of the Family Policy Unit at the Centre for Social Justice. Founder of the Parenting Circle charity and author of *Concentrated Parenting: Seven Key Moments in the Lives of Children* and the audio book, *Talk, Read, Play*. A former columnist for the *Daily Telegraph*, *The Guardian* and *The Observer*, Cristina has wide broadcast experience including on Question Time, Any Questions and Radio 4's Today programme.

Lockdown stats



90 children going into care per day¹⁶



A third of children and young people aged 8–24 across Great Britain said they had **experienced an increase of mental health and wellbeing issues** including stress, loneliness and worry.¹⁸

723,000

The total number of children in England currently receiving statutory support or intervention¹⁷
(last year's figure of 710,000)



Over **500,000 children** (roughly 4%) lived in homes where parent–child relationships had worsened¹⁹

¹⁶ Norfolk County Council Commissioning Conference 2020. Available at: www.youtube.com/watch?v=XyBny363Vsc&feature=youtu.be

¹⁷ www.childrenscommissioner.gov.uk/wp-content/uploads/2019/07/cco-vulnerability-2019-tech-report-1.pdf

¹⁸ www.barnardos.org.uk/news/generation-lockdown-third-children-and-young-people-experience-increased-mental-health#:~:text=Boredom%20%2851%25%29%2C%20worry%20%2828%25%29%20and%20feeling%20trapped%20%2826%25%29,factor%20in%20supporting%20children%E2%80%99s%20mental%20health%20and%20wellbeing

¹⁹ www.childrenscommissioner.gov.uk/2020/06/04/children-should-not-bear-the-burden-of-the-pandemic-recession



Children in low-income households were 70% more likely to be in a family where the **parent reported a deterioration in parent-child relationships**²⁰

350,000 children in the first lockdown lived in a household where someone had been forced to skip a meal in the last week and **249,000 were in families that had accessed foodbanks**²¹



Early estimates suggest that

300,000 children

have been pushed into poverty by the disruptive effects of lockdown on unemployment²²

One in ten (13%) children in care, and almost one in ten (9%) care leavers said that they have **not had any contact from their social worker or personal adviser since the lockdown**²³



²⁰ www.childrenscommissioner.gov.uk/2020/06/04/children-should-not-bear-the-burden-of-the-pandemic-recession

²¹ www.nyas.net/wp-content/uploads/NYAS-Coronavirus-Survey-Report-Young-Lives-in-Lockdown-May-2020.pdf

²² www.childrenscommissioner.gov.uk/2020/06/04/children-should-not-bear-the-burden-of-the-pandemic-recession

²³ www.nyas.net/wp-content/uploads/NYAS-Coronavirus-Survey-Report-Young-Lives-in-Lockdown-May-2020.pdf

chapter one

The science of relationships

A toddler comes to school regularly sporting bruises. A six-year-old won't play with other children. A teenager continuously gets into punch-ups with his classmates. The good practitioner will ask "why?" What is the backstory when a child presents with an additional need? Inevitably, the backstory will reveal a relationship or a set of relationships that fail to support the child.

The quality and stability of relationships in a child's early years lay the foundation for developmental outcomes, from self-confidence and good mental health, to motivation and self-control.²⁴

Evidence shows that just one continuous, trusted relationship can lead an individual to overcome even the most adverse experience.²⁵

These relationships provide the scaffolding and protection that buffer children from developmental disruption. **Children who have overcome hardships almost always have had at least one stable and responsive relationship with a parent, caregiver, or other adult who provided vital support and helped them build effective coping skills.**²⁶ As Kevin Campbell, founder of the Centre for Family Finding and Youth Connectedness in Seattle, Washington told us, "the difficulty is not the hardship, we can deal with that; the difficulty is when we cannot rely on a network of support when dealing with that hardship."

24 <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2004/04/Young-Children-Develop-in-an-Environment-of-Relationships.pdf>

25 <https://developingchild.harvard.edu/science/key-concepts/resilience>

26 https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2016/05/Key_Findings_Breakthrough_Impacts.pdf

The infant brain

Advances in neuroscience have confirmed how crucial a child's first 1001 days are.²⁷ In the first three months after childbirth, a baby's brain grows by one per cent each day, with every experience shaping the architecture of the brain including its limbic system, known as the "emotional brain", which affects fear, learning, and memory.²⁸

Positive experience, such as "attachment", when a baby bonds with their parent(s), expands the brain. The psychoanalyst John Bowlby first described attachment theory while researching the effects of separation between infants and their parents.²⁹ Those who experienced inconsistency or negligence from their caregivers were likely to feel more anxiety.

Neuroscientists have found that the hormone oxytocin sets in motion attachment. One aspect of the bond between carer and baby is the interaction between them. This has been framed within a "serve and return" metaphor: the baby's expectation that their cry, cooing or smile prompts the carer's caress, cooing or smile. This "serve and return" provides an important buffer against stress;³⁰ it also provides a template for the child's future relationships: an expectation of being valued and having their needs met.

Securely attached children are more likely to attain higher academic grades, have greater emotional regulation, social competence, willingness to take on challenges and have lower levels of ADHD and delinquency³¹

Parental negligence, by contrast, results in poor attachment, which the baby experiences as stress and anxiety. Without the back-and-forth communication the brain's architecture does not form as expected, which can affect learning and behaviour long-term.³²

The adolescent brain

Although the brain is at its most plastic in infancy, neuroscience shows that the adolescent brain undergoes profound structural changes as well. Studies using Magnetic Resonance Imaging (MRI) have shown that a specific region of the brain called the amygdala that is responsible for immediate reactions including fear and aggressive behaviour matures before the corresponding area that allows for self-regulation (the pre-frontal cortex)

27 The 1001 Critical Days: The Importance of the Conception to Age Two Period (2014) [available at: www.nwscnsenate.nhs.uk/files/8614/7325/1138/1001cdmanifesto.pdf]

28 Ibid.

29 Flaherty, S. C., & Sadler, L. S. (2012). A Review of Attachment Theory in the Context of Adolescent Parenting [available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC3051370/]

30 Lavitt, P. (2014) Toxic Stress and its Impact on Early Learning and Health: Building a Formula for Human Capital Development [available at: www.purdue.edu/hhs/hdfs/fii/wp-content/uploads/2015/07/s_wifis32c02.pdf]

31 www.bathspa.ac.uk/media/bathspaacuk/education-/research/attachment-aware/Attachment-Aware-Evaluation-Stoke-virtual.pdf

32 National Scientific Council on the developing child (2014). Excessive Stress Disrupts the Architecture of the Developing Brain [available at: https://developingchild.harvard.edu/wp-content/uploads/2005/05/Stress_Disrupts_Architecture_Developing_Brain-1.pdf]

which continues to mature into the 20s.³³ In other words, their brain development causes adolescents to act on impulse, misread or misinterpret social cues and emotions, engage in dangerous or risky behaviour.³⁴

The adolescent brain also experiences a rapid increase in the connections between the cells, making the brain pathways more effective.

Ongoing changes in the brain, along with physical, emotional, and social changes, can make teens particularly vulnerable to mental health problems – such as schizophrenia, anxiety, depression, bipolar disorder, and eating disorders.³⁵

Adverse Childhood Experiences (ACEs)

Neuroscience teaches that the interaction of genes and experiences shapes the circuitry of the developing brain.

Policymakers and politicians in America as well as in the devolved nations are beginning to use the Adverse Childhood Experiences (ACEs) model as a tool to identify the risks to a child's well-being and development.³⁶ The model singles out ten key experiences with long-term impact: mental/physical/sexual abuse; emotional/physical neglect; witnessing domestic violence; divorce; substance abuse; mental illness; incarcerated relative.

Such a tool is valuable at the community or group level: when teachers in school know that their local area includes many families with complex needs, they can adapt their approach to pupils accordingly. (ACEs are not recommended as a diagnostic tool for the individual child, however, as this might lead professionals to overlook other significant needs.)

Experiences of adversity can represent a form of toxic stress – prolonged activation of the stress-response system. The impact of such stress is long lasting; the survivor is likely to exhibit violent behaviour, misuse substances, and show poor cognitive development.³⁷

Childhood abuse, neglect and other forms of significant adversity can affect key regions of the brain in relation to both structure and function. Brain systems that have been affected include those involved with emotion regulation (including the pre-frontal cortex), threat processing (including the amygdala and salience circuitry), reward and motivation (including the ventral striatum) and memory processing (including the hippocampus).³⁸

33 Raws, P. (2018). Thinking about adolescent neglect: A review of research on identification, assessment and intervention [available at: www.saferchildrenyork.org.uk/Downloads/thinking_about_adolescent_neglect_report-ChildrenSociety.pdf]

34 www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/The-Teen-Brain-Behavior-Problem-Solving-and-Decision-Making-095.aspx

35 www.nlm.nih.gov/health/publications/the-teen-brain-7-things-to-know/index.shtml

36 Longfield, A. (2020). Vulnerability and resilience: how ACEs can help us to identify and reduce risks in children's lives [available at: www.eif.org.uk/blog/vulnerability-and-resilience-how-aces-can-help-us-to-identify-and-reduce-risks-in-childrens-lives]

37 Division of Violence Prevention (2019). Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence [available at: www.cdc.gov/violenceprevention/pdf/preventingACES.pdf]

38 <https://iris.ucl.ac.uk/iris/publication/1269083/1>

Cues and reactions

When a child is experiencing high levels of stress the system that controls the stress response (the hypothalamic pituitary adrenal axis) is activated, and adrenaline and cortisol are released. This “fight or flight response” becomes particularly problematic when activation of this system is maintained. The ensuing toxic stress affects brain structure and function, the hormonal and immune systems and DNA transcription. As a result, the child’s ability to form relationships, regulate emotions, and even their cognitive functions may be impaired.

Researchers using fMRI scanners have shown how children who have experienced abuse and neglect show patterns of *hypervigilance*, involving a hyper-awareness to potential threats in the child’s environment. They found altered amygdala activity similar to that observed in soldiers after they have been exposed to combat.³⁹ This similarity is telling: practitioners who deal with post-traumatic stress disorder (PTSD) in veterans are required to be specially-trained for the task. There is no such requirement for practitioners who deal with PTSD in children.

They may show greater brain reactivity to threat cues – like facial expressions of anger. This hyper-vigilance may help them stay safe in a threatening family environment, but can prove unhelpful at school, or in a care placement where this behaviour risks alienating others. As a result they will experience “social thinning”, as individuals around them withdraw. The ensuing isolation robs the child of the potential buffering of a positive relationship.⁴⁰

Just as the child who has been maltreated over-reacts to threat cues, they may hardly register reward cues – whether a smile or a word of praise. This reduced reaction may make sense in a family environment where adults rarely expressed encouragement or a positive attitude. But at school, a child who is less receptive to praise and encouragement will distrust others, and may not be motivated to make an effort. This will have an impact on their potential to build and maintain relationships.

Brain changes associated with abuse and neglect are evident even before mental health problems emerge.⁴¹

A child who experiences abuse and neglect may well adapt to their circumstances in order to survive, but they may manifest an increased vulnerability to mental health problems as they grow older.⁴² This is known as “latent vulnerability”, and the model has been validated recently in a longitudinal study of care-experienced adults, showing the disproportionate number of physical and mental health issues they endured.⁴³

39 <https://iris.ucl.ac.uk/iris/publication/355058/1>

40 McCrory, E., et al (2019). Neurocognitive Adaptation and Mental Health Vulnerability Following Maltreatment: The Role of Social Functioning [available at: <https://journals.sagepub.com/doi/abs/10.1177/1077559519830524>] and McCrory, E., et al (2017). Annual Research Review: Childhood maltreatment, latent vulnerability and the shift to preventative psychiatry – the contribution of functional brain imaging [available at: <https://acamh.onlinelibrary.wiley.com/doi/full/10.1111/jcpp.12713>]

41 McCrory, E. (2020). Childhood adversity and the brain: What have we learnt? [available at: www.eif.org.uk/blog/childhood-adversity-and-the-brain-what-have-we-learnt/]

42 McCrory, E., et al (2019). Neurocognitive Adaptation and Mental Health Vulnerability Following Maltreatment: The Role of Social Functioning [available at: <https://journals.sagepub.com/doi/abs/10.1177/1077559519830524>] and McCrory, E., et al (2017). Annual Research Review: Childhood maltreatment, latent vulnerability and the shift to preventative psychiatry – the contribution of functional brain imaging [available at: <https://acamh.onlinelibrary.wiley.com/doi/full/10.1111/jcpp.12713>]

43 University College London (2020). Looked-after Children Grown Up [available at: <https://mailchi.mp/a8c4c5576d3c/8>]

Prevalence of ACEs

ACEs are wide-spread: over 80% of the 399,500 children who were identified as being in need in England last year had experienced at least one ACE.⁴⁴

Professor Mark Bellis, providing oral evidence from the studies of ACEs, compared adults who had suffered 4 or more categories of ACE with those with none: they are 6 times more like to have unplanned pregnancy; 7 times more likely to have been involved in violence in last year; 11 times more likely to be heavy drug user. He concluded that addressing ACEs “would see a 52% reduction in violence perpetration, 51% reduction in violence victimisation and a third a reduction of almost a third of unplanned teenage pregnancies.”⁴⁵

An English study has suggested that 12% of binge drinking, 14% of poor diet, 23% of smoking, 52% of violence perpetration, 59% of heroin/crack cocaine use and 38% of unintended teenage pregnancy prevalence nationally could be attributed to ACEs, creating a clear need for prevention.⁴⁶

ACEs are not a diagnostic tool but they can prompt professionals, as part of a wider assessment, to consider how a child’s background may be impacting their behaviour and what specific support they need.⁴⁷

Focusing on ACEs – and childhood trauma and adversity more generally – is integral to a social justice strategy. Findings show that although adverse experiences occur across the whole population, there is a relationship with deprivation. A study undertaken in England has found an association between areas with high rates of child poverty and high frequency of ACEs. In Scotland, researchers found that children at age 8 living in households with the lowest income had odds around seven times higher of having one or more ACEs than the most affluent children.⁴⁸

The presence of ACEs in vulnerable families is highlighted in the recent Children’s Commissioner report on children in need, which identified three ACEs in particular – domestic violence, substance abuse and parental mental ill health – as a “toxic trio”. The Commissioner estimated that 100,000 children in England (0.9% of all children in England) are in a household where a randomly-selected adult faces all three ‘toxic trio’ issues to a severe extent, while 420,000 children (3.6% of all children in England) are in a household where a randomly-selected adult faces all three ‘toxic trio’ issues to a moderate/severe extent.⁴⁹

44 Asmussen, K., et al (2020). Adverse childhood experiences What we know, what we don’t know, and what should happen next [available at: www.eif.org.uk/files/pdf/adverse-childhood-experiences-summary.pdf]

45 Public Health Wales (2015). Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population [available at: [www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)]

46 Institute of Health Equity (2015). The impact of adverse experiences in the home on the health of children and young people, and inequalities in prevalence and effects [available at: www.instituteoftheequity.org/resources-reports/the-impact-of-adverse-experiences-in-the-home-on-children-and-young-people/impact-of-adverse-experiences-in-the-home.pdf]

47 Longfield, A. (2020). Vulnerability and resilience: how ACEs can help us to identify and reduce risks in children’s lives [available at: www.eif.org.uk/blog/vulnerability-and-resilience-how-aces-can-help-us-to-identify-and-reduce-risks-in-childrens-lives]

48 Independent Care Review (2020). the promise [available at: www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf]

49 Children’s Commissioner (2018). Estimating the prevalence of the ‘toxic trio’ [available at: www.childrenscommissioner.gov.uk/wp-content/uploads/2018/07/Vulnerability-Technical-Report-2-Estimating-the-prevalence-of-the-toxic-trio.pdf]

Analysis of serious case reviews shows the prevalence of the so-called 'toxic trio' risk factors in cases where children have been seriously harmed or died, and abuse or neglect is suspected to have played a part.⁵⁰

Among the 293 Serious Case Reviews (SCRs) published between 2011 and 2014, domestic abuse was present in 54% of SCRs, parental mental ill health in 53% and parental alcohol or drug misuse in 46%.⁵¹

ACEs show how relationships affect a child for good and ill. The ten experiences that comprise the ACEs model are the result of negative, or "toxic", relationships. The converse is also true however: as we have seen one stable and good relationship with a trusted adult can help a child overcome even the most adverse experiences.

Given the impact of relationships for good and ill, the care system should be organised in such a way that continuous stable relationships are encouraged – both within the family and with professionals.

This, as we shall see, is not always the case.

50 Institute for Fiscal Studies (2018). Public spending on children in England: 2000 to 2020 [available at: www.ifs.org.uk/publications/13061]

51 Children's Commissioner (2018). Estimating the prevalence of the 'toxic trio' [available at: www.childrenscommissioner.gov.uk/wp-content/uploads/2018/07/Vulnerability-Technical-Report-2-Estimating-the-prevalence-of-the-toxic-trio.pdf]

chapter two

A child's journey: Josh's story

Cost escalator of children's social care

The cost of supporting vulnerable children can vary significantly depending on where they live and their needs. The state has little control over these but can affect how and when it supports vulnerable children and their families. The case study below illustrates the difference in cost and outcomes that result from two different scenarios: the escalating costs of providing support too late; versus the initial expense of averting a crisis in the interests of a better life and better cost benefit to society.

Josh's story

Josh [not his real name] was 14 years old when he was taken into care. He had been on the edge of care for several years and experienced neglect while one of his parents struggled with drug addiction. Josh had also been repeatedly excluded from school. His teachers suspected that he had special educational needs but he was not receiving any formalised support as the Education, Health and Care Plan application process was not completed.

Josh first came into contact with children's social care when he was 8 years old. He would often go to school in dirty clothes and his teachers were concerned about his behaviour and appearance. Social workers carried out a total of four child and family assessments with Josh and his family, and he was designated as a child in need after the third assessment, before finally being taken into care. By that point he had been permanently excluded from his latest mainstream school and had two younger siblings who entered care at the same time.

Josh's parents had given their consent for the children to be taken into care after no relatives could be found to care for them. Josh went to live with different foster carers to his siblings as the local authority could not find a carer to look after all three children together. Josh was devastated and desperately wanted to return to live with his family. Being separated from his siblings and parents was a huge loss for Josh, and this was compounded by his social worker changing now that he was no longer a child in need. He often went missing during his first year in care, usually in attempts to see his family. Josh also started at a Pupil Referral Unit during that year, but he was regularly absent.

Around a year later, Josh's siblings started living with relatives, under a special guardianship arrangement, but the local authority still could not find any family members to look after Josh and so he was told he would stay in care until he was 18. This left Josh feeling hurt and rejected, causing his behaviour to deteriorate further. He had been placed with his first foster carers on the basis that it would be a short-term placement and so, as well as dealing again with the separation from his birth family, he had to face up to the fact that he could not stay with his current carers either. The LA did explore with the carers whether Josh could continue to live there until he was 18, but the carers felt they could not meet his needs in the long term.

Josh's second fostering placement was intended to be long-term but it lasted only nine months. Josh struggled to settle into this new home, often clashing with his carers as his frustration and sadness manifested as anger. He didn't understand why he had moved, nor why he was not able to live with family like his siblings. Josh was angry at not seeing his siblings regularly, despite being promised this by his social worker. This second placement ended abruptly and he was placed in residential accommodation while the LA sought another fostering placement. Josh's behaviour improved at this point, with Josh himself saying that he was happier there, and so the LA decided not to move him again.

The table below sets out how this is all combined based on the most recent available estimates. Since it is not adjusted for inflation, this is a conservative estimate.

One childhood in numbers: the cost calculation

In addition to his loss of potential, the financial cost to the state in supporting Josh between the ages of 8 and 18 is estimated to be almost £850,000.

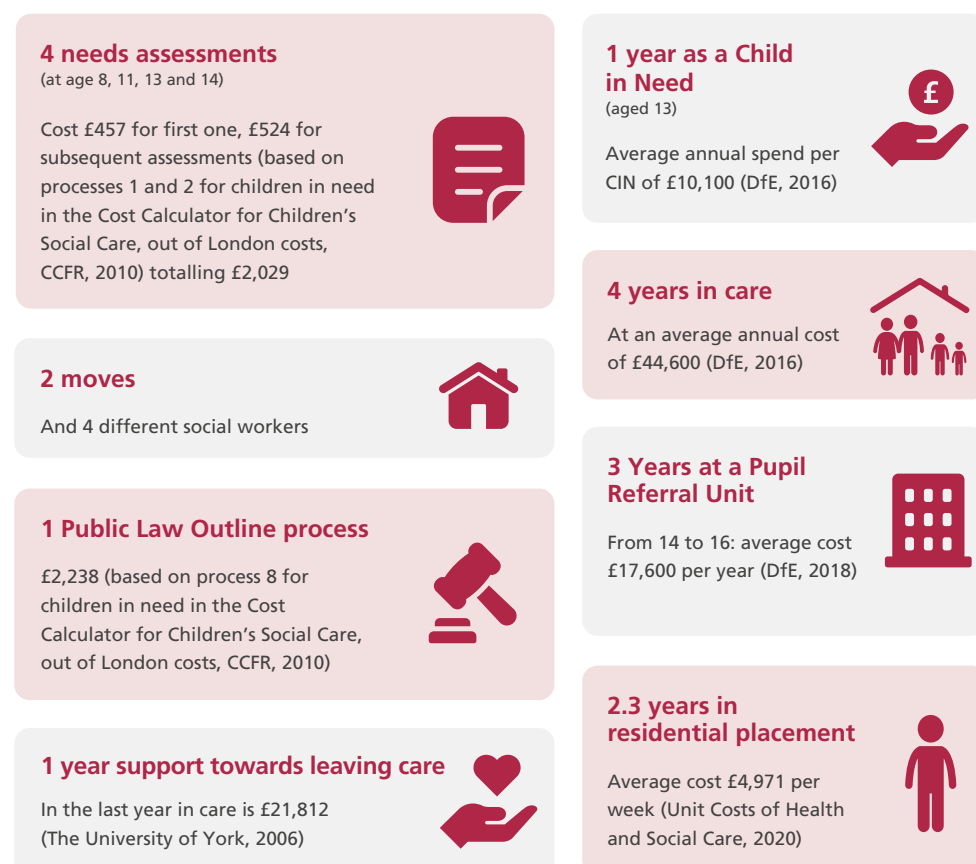


Table 1

Josh's age	8	9	10	11	12	13	14	15	16	17
Cumulative Spend	£457	£457	£457	£981	£981	£11,605	£76,567	£203,390	£524,082	£848,986
Assessment	£457			£524		£524	£524			
CIN						£10,100				
PLO							£2,238			
CLA							£44,600	£44,600	£44,600	£44,600
PRU							£17,600	£17,600	£17,600	
Residential								£64,623	£258,492	£258,492
Leaving care										£21,812

Looking ahead: the cost to a life

Since Josh's education had suffered significantly and he was unable to pass any GCSEs, leaving school with no plans to continue in education or training and no job, the cost to the state will continue to accumulate beyond his 18th birthday, through leaving care support to age 21, loss in potential tax revenue from earnings, benefit payments and his dependency on adult support services. Research done by the University of York (2010) estimated the aggregate life-time welfare costs for various case studies: the lower estimate for a NEET care leaver was £218,906, up to £2m if they spend significant time in jail.

A different cost for a different life?

If the right support had been provided to Josh from the outset, the cost to the state would have been greater in the early years. An Education, Health and Care Plan may have resulted in a place at a non-maintained special school (c. £40k pa) and the prospect of achievement of qualifications and work and pro-active family support for Josh as a child in need, and early targeted treatment of his parent's substance misuse issues might have kept him, and his siblings, out of the care system.

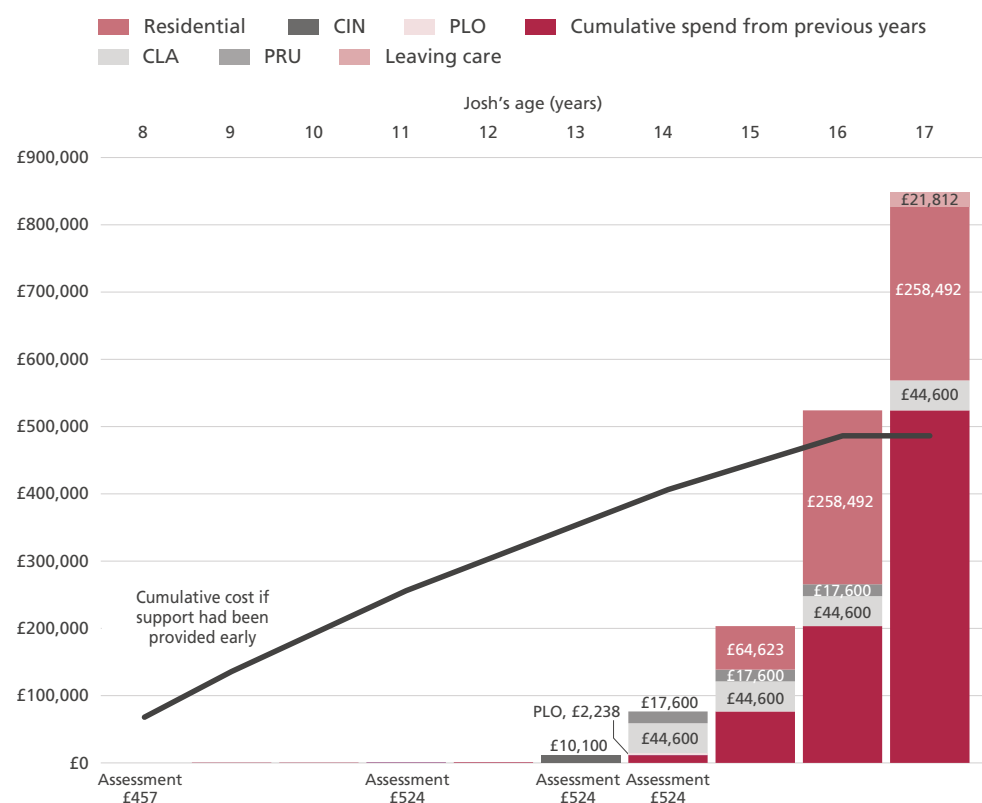
While the total cost to the state may be comparable once Josh reaches 16 years old, it is the ongoing cost thereafter, through the failure to enable Josh to realise his potential, that is avoided if the right support is provided at the right time.

The number of children who, like Josh, have contact with the care system is alarming – and increasing.

More than 400,000 children are classified as in need. The number of children in care has increased by 28 per cent in the past decade.⁵²

52 Department for Education (2019), Children looked after in England including adoption: 2018 to 2019 [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850306/Children_looked_after_in_England_2019_Text.pdf]; and Department for Education (2009), DCSF: Children Looked After in England (including adoption and care leavers) year ending 31 March 2009 [available at: [https://webarchive.nationalarchives.gov.uk/20130329233009/www.education.gov.uk/researchandstatistics/statistics/statistics-by-topic/childrenandfamilies/safeguarding/a00196185/children-looked-after-in-england-\(including-adoption\)](https://webarchive.nationalarchives.gov.uk/20130329233009/www.education.gov.uk/researchandstatistics/statistics/statistics-by-topic/childrenandfamilies/safeguarding/a00196185/children-looked-after-in-england-(including-adoption))]

Figure 1: Cost escalator of children's social care



Note: This chart shows the cumulative cost of a young man (here known as Josh) in his trajectory into care from the first time he was referred to children's services. The line shows what that cost is estimated to be if the right support had been provided early to Josh and his family. The bars show the cost that the current system is likely to incur: the grey bar represents the cumulative spend from the preceding years, while the other bars show the cost incurred for specific services in the year.

Source: Coram i.

Non-White young children make up a disproportionate share of looked after children compared to the wider population.⁵³ Children with special educational needs are also over-represented in the care system 49% of Children in Need (CIN) and 58% of Children in Care have SEND (Special Education Needs and Disability) (much more than the general pupil population, where this is 17%). The 5,070 child asylum seekers represent around 6% of all children looked after in England.⁵⁴

More than 52,000 children are subject to a child protection plan to keep them safe from harm – an increase of 53 per cent since 2010. (The NSPCC estimates that for every child on a protection plan, another eight are being maltreated.⁵⁵)

Meanwhile, the number of children whose characteristics put them at risk of needing to rely on the care of the state is also rising: admissions for under-18s who have been assaulted with a sharp object rose 20% between 2015/16 and 2016/17 (from 399 to

53 www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/researchreportonpopulationestimatesbyethnicgroupandreligion/2019-12-04

54 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850306/Children_looked_after_in_England_2019_Text.pdf

55 NSPCC Learning (2020). How safe are our children? [available at: <https://learning.nspcc.org.uk/research-resources/how-safe-are-our-children>]

483).⁵⁶ 325,000 children are persistently absent from primary schools (8% of primary school pupils). Mental health issues affect one in 10 children.⁵⁷ Permanent exclusions are up 67% compared to 2012/13 (from 4,630 to 7,720). The number of 10–17 year-olds cautioned/convicted for possession of weapons offences rose 12% between 2016 and 2017 (from 2,763 to 3,088).

The pandemic, with its attendant lockdowns, looks set to increase all of these figures. Directors of Children's Services reported that as a result of Covid-19 families face less support, more investigations and more removals of children in response to their difficulties.⁵⁸

Already, the children's social care services that must support these vulnerable children were struggling to meet demand: by August 2018, the Office for Standards in Education, Children's Services and Skills (Ofsted), which inspects a local authority's children's services approximately every three years, had judged 58% of local authorities as 'Inadequate' or 'Requires improvement to be good' in regard to their children's services.⁵⁹ The National Audit Office found that "Nationally the quality of help and protection for children is unsatisfactory and inconsistent, suggesting systemic rather than just local failure".

"Josh's" journey into care offers some insights into where the present system falters.

Identification

One of Josh's parents struggled with drug addiction. We have seen this is an ACE that frequently drives children into care, yet it was not identified until Josh attended school, and his bedraggled appearance raised the alarm among teachers. The GP, midwife, health visitors, birth registrar could have spotted this marker in Josh's infancy and referred parents to an intervention.

Four separate assessments

A succession of social workers suggests a chop and change approach that is unlikely to encourage relationship-building; moreover the need for four different assessments suggests professionals in charge with Josh's case were unfamiliar with his circumstances.

Exclusion from school

Engaging with teachers, peers, and academics, a well-regulated schedule, and access to sports and extra-curricular activities offer crucial protection to a 14-year-old with Josh's additional needs.

56 Children's Commissioner (2019). Estimating Children's Services spending on vulnerable children [available at: www.childrenscommissioner.gov.uk/wp-content/uploads/2019/07/cco-vulnerability-2019-spend-report.pdf]

57 www.mentalhealth.org.uk/a-to-z/c/children-and-young-people

58 Skinner, G., et al (2020). The 'Toxic Trio': how good is the evidence base? – Summary [available at: www.ncb.org.uk/sites/default/files/uploads/files/20201119_ToxicTrioSummary.pdf]

59 DfE (2019). Pressures on children's social care [available at: www.nao.org.uk/report/pressures-on-childrens-social-care/]

Under-estimating relationships

Josh's separation from parents and siblings, and from the social worker assigned to him as a child in need, trigger misbehaviour (truancy, episodes of going missing) and fuel feelings of loneliness and inadequacy.

There is a mismatch between what we know to be important for all children – stable positive relationships – and what we are delivering to the most vulnerable.

Who is a “child in need”?

Any practitioner – a health visitor, teacher, GP, family support worker, school nurse, health visitor, parent or carer and/or special educational needs co-ordinator – can refer a child to the local authority's children's social care. This could be for a variety of reasons: suspected abuse or neglect; persistent school absence; anti-social behaviour. It should be noted that children with disabilities are also defined as “in need”.

When a child is referred, action is provided under section 17 of the Children Act (children in need); or under section 47 (when there is “reasonable cause to suspect the child is at risk of significant harm”).

After an initial assessment, the local authority can decide to take no further action, or refer a child to more universal services, such as those provided by children's centres and family hubs. When instead the local authority decides a child requires further support, it defines them as a “child in need”, who must be provided with a range and level of services appropriate to their needs.⁶⁰

A child in need is a child at risk. The risk includes going into care, becoming NEET, being vulnerable to recruitment by gangs and to child sexual exploitation and ending up in prison. As Chief Inspector Alan Rhees-Cooper, Staff Officer to the National Police Chiefs' Council Lead for Missing People, told us, “criminals running county lines exploit children in order to escape detection and will target vulnerable children. Children on the edge of care are especially at risk as they have often experienced trauma in their lives and relationship breakdowns. Their mental health state and family circumstances sometimes make them more receptive to anyone offering a chance to belong.”

These children are the subject of our report.

They will be involved with a number of different services including universal provision (in school, for instance), targeted provision (family support or adolescent mental health), services focused on specific issues (e.g. youth offending), and statutory children and young people's services.

60 DfE (2019). Pressures on children's social care [available at: www.nao.org.uk/report/pressures-on-childrens-social-care]

Thresholds and assessments

Assessment is a relatively expensive process: it costs more than £2,000 just to refer a child for specialist mental health support.⁶¹ The services to support children are tiered, 1–4. Tier 1 and 2 levels of services include school counselling or parenting support, and are non-statutory.

Each LA will decide, with the police and the NHS, how to set the threshold for children's care services. These thresholds vary significantly from one LA to the other: "A young person with mental health problems might remain on the edge of care if they have access to CAMH yet in another area they won't have access and therefore need to be in care."⁶² Anne Marie Carrie – Bridges Outcome Partnership, and former Director of Children's Services, Kensington and Chelsea, told us that "We don't have one care system, we have 152 care systems."

Two proxy measures show the wide variation in the effectiveness of work between local authorities. In the year ending 31 March 2015, the rates of:

- re-referrals to children's social care during the year varied from 6% to 46%; and
- children with repeat child protection plans varied from 3% to 44%.⁶³

The same kind of family services provided by a local charity in one area will be provided by the LA in another.

Children living in deprived areas are 11 times more likely to have a child protection plan than children living in the most affluent areas of England.⁶⁴

Children with more acute needs will require Tier 3 and 4 levels of services, such as specialist child and adolescent mental health support; these are statutory children's social care services.

Any experience with social care – not just being a looked after child – can have negative consequences for a child or young person. Controlling for a range of other factors such as special educational needs, low income, ethnicity, English as an additional language, past school moves and where a child lives, children who needed a social worker in the year of GCSEs are half as likely to achieve a strong pass in English and Maths than those who were not.⁶⁵ One in three children in need end up in care.⁶⁶

61 Holmes, L., et al (2010). Extension of the cost calculator to include cost calculations for all children in need [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182479/DFE-RB056.pdf]

62 Dixon, J., et al (2015). Supporting Adolescents on the Edge of Care. The role of short term stays in residential care. [available at: https://media.actionforchildren.org.uk/documents/EOC_REPORT_Final.pdf]

63 National Audit Office (2016). Children in need of help or protection [available at: www.nao.org.uk/report/children-in-need-of-help-or-protection]

64 National Audit Office (2016). Children in need of help or protection [available at: www.nao.org.uk/wp-content/uploads/2016/10/Children-in-need-of-help-protection.pdf]

65 DfE (2019). Help, protection, education: concluding the Children in Need review [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809236/190614_CHILDREN_IN_NEED_PUBLICATION_FINAL.pdf]

66 CSJ (2019). 12 by 24 [available at: www.centreforsocialjustice.org.uk/library/12-by-24]

Poor outcomes

Outcomes for these children are poor.

A recent ground-breaking longitudinal study of over 350,000 people, over a span of 42 years, reveals that being cared for in institutional or family settings is associated with increased risk of poor health and premature death decades later. Adults who grew up in any type of care setting were 70 per cent more likely to die prematurely than those who had not. Most of these deaths were due to self-harm, accidents and mental/behavioural causes. Risk increased across the decades (1971 to 2001) for adults who had been in care, and decreased for adults who had lived with their parents in childhood. Care settings had a significantly different impact: 10-, 20- and 30-years later, people who had been in residential care were 3–4 times more likely than those who had lived with parents to report poor health. The risk of poor health was 2–3 times for foster care and 1–2 times for relative care.⁶⁷

Though conscious that their complex health needs will have driven many children into these care settings in the first place, these statistics are alarming, especially when the overall elevated risk of death in adults who had been in care increased over time, from 40 per cent in the 1971 cohort to a staggering 360 per cent in the 2001 cohort.⁶⁸

⁶⁷ University College London (2020). Looked-after Children Grown Up [available at: <https://mailchi.mp/a8c4c5576d3c/8>]

⁶⁸ Ibid.

chapter three

Parents: the root cause

The evidence is clear: parents are the reason the overwhelming majority of children go into care. Only two per cent of children in care were placed there due to ‘socially unacceptable behaviour’ of their own; the rest are in care as a result of abuse, neglect or family breakdown.⁶⁹

Birth parents continue to exert significant influence on young people in care, including those who have lived separately from them for many years. Where birth parents have continuing problems, these threaten to overwhelm young people’s concentration at school – even when they are in stable, long-term, successful foster placements.⁷⁰ When the Sutton Trust analysed the factors that give rise to the gap between higher income vocabulary test scores and low- to middle-income scores, the most important single factor was parenting and the home environment.⁷¹

The 2020 Study of Early Education and Development⁷² findings confirm that while childcare and early years settings can contribute to a child’s school-readiness, they do not influence a child’s development in the way that family does.

Parents who engage with their child, respond with warmth and sensitivity and set clear boundaries, are exhibiting ‘Positive parenting’, which has been shown to improve children’s outcomes in terms of social and emotional development as well as early language and cognitive development.⁷³

The *International Early Learning and Child Well-being Study*⁷⁴ measured and compared key indicators of child development that are predictive of children’s later outcomes in three countries; England, Estonia and the United States. It found that parent-child activities are positively associated with children’s social-emotional skills. This was true for both child-parent activities (e.g. back-and-forth conversations) and parental involvement in early education and care settings.

69 DfE (2019). Children looked after in England (including adoption), year ending 31 March 2019 [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850306/Children_looked_after_in_England_2019_Text.pdf]

70 www.education.ox.ac.uk/wp-content/uploads/2019/05/301411.pdf

71 Waldfogel, J., & Washbrook, E. V. (2010). Low income and early cognitive development in the UK: A report for the Sutton Trust. Sutton Trust [available at: www.suttontrust.com/public/documents/1Sutton_Trust_Cognitive_Report.pdf]

72 DfE (2020). Study of Early Education and Development (SEED): Impact Study on Early Education Use and Child Outcomes up to age five years [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/867140/SEED_AGE_5_REPORT_FEB.pdf]

73 Social Mobility Commission (2017). Helping Parents to Parent [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/592452/Helping_Parents_to_Parent_report.pdf]

74 www.oecd.org/education/school/early-learning-and-child-well-being-study

But what of parents who, like Josh's, fail to adequately care for their children?

In 2019, 54% of children were assessed because of abuse or neglect; 15% because of family dysfunction including parental substance misuse and parental conflict.⁷⁵ Recording of domestic violence in children's social care assessments has increased by 26% since 2014–15. These same drivers are present in children and young people associated with county lines, gangs, CSE or who become NEET.⁷⁶

Identifying parents' needs is a necessary first step in supporting their child. As Essex Council's "integrated whole life pathway" shows in Figure 2, **there are several touch points when even hard-to-reach families will meet with services (statutory or volunteer) – offering an opportunity for identifying underlying needs. GPs, midwives, Health Visitors, birth registrars meet with families in the ante-natal, post-natal and infancy stages. Schools are another universal point of contact, later on in the child's journey. Moreover evidence shows how, in key "teachable moments", parents will resolve to change their behaviour and mindset. The children's care system needs to better exploit these opportunities.**

Policies

The Children's Act 1989 is the landmark legislation setting the foundational powers, duties and responsibilities local authorities, courts, parents, and other agencies have to promote children's safeguarding.

The Sure Start Programme 1998 launched a targeted scheme aimed at children under 4, delivering holistic services designed to support all-round wellbeing, learning and emotional skills.

Children (Leaving Care) Act 2000 streamlines the arrangement for financial support of young people leaving care and the local authorities supporting responsibilities.

Children Standards Act 2000 legislates for the administration of various care institutions, including children's homes.

Adoption and Children Act 2002 rationalised the legal framework for domestic and inter-country adoption, simultaneously placing a duty on local authorities to uphold an adoption service and deliver adoption support services.

The Children's Act 2004 develops on its 1986 predecessor in the light of Victoria Climbié inquiry; reinforcing that all people and organisations working with children have a responsibility to help safeguard and promote children's welfare.

The Every Child Matters 2004 paper promoted an innovative and radical three-tiered strategy to support young people and families, making it a launch-pad for later legislation.

Children and Adoption Act 2006 endowed courts with flexible powers to facilitate child contact and enforce contact orders when separated parents dispute.

The Care Matters 2007 paper prioritised young people 'on the edge of care' and pushed for their shielding from unnecessarily entering or remaining in care.

75 Children's Commissioner (2018). Vulnerability Report 2018 [available at: www.childrenscommissioner.gov.uk/wp-content/uploads/2018/07/Childrens-Commissioner-Vulnerability-Report-2018-Overview-Document-1.pdf]

76 Children's Commissioner (2019). The characteristics of gang-associated children and young people [available at: www.childrenscommissioner.gov.uk/wp-content/uploads/2019/02/CCO-Characteristics-of-Gang-Associated-Children-and-Young-People1.1.pdf]

Children and Young Persons Act 2008 picked up the 2007 Care Matters white paper recommendations, bolstering high-quality care and services for children in care.

The Marmot Review Report – “Fair Society Healthy Lives” 2010 centred on six policy objectives to close the health inequality gap between disadvantaged and privileged children.

The Munro Review of Child Protection 2011 galvanised support through recommending social work reform which enables professionals to make the best judgements to help children suffering from abuse or neglect.

The Early Intervention Grant introduced in 2011/12 and replaced several specific grants, purporting greater flexibility at a local level. The grant at inception provided 11% less money than the preceding funding streams, and, as of 2019, has been cut by 60%.

Troubled Families Programme 2012–15 conducted targeted interventions for families experiencing multiple problems, including crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse.

Children and Families Act 2014 notably provides for “fostering for adoption” and the “staying put” arrangement. The act equally introduces time limits on court decisions where the judgment may result in a child going into care.

The Social Care Innovation Programme 2014 devised a re-thinking of social work with children and families, proposing new initiatives for adolescents on the edge of care.

Partners in Practice 2016 partners local and central government to bring together the leaders in children’s social care to drive sector-led improvement between local authorities.

Residential Care in England 2016 reviews children’s residential care and urges reform for the betterment of social workers. The report reasons for an imaginative approach to creating a child-centred system.

Putting Children First 2016 created a 5-year framework for children social care reform. The paper proposes developing the social work profession through assessment and accreditation, supporting innovation, establishing a new What Works Centre, and exploring new governance and accountability arrangements.

The Children and Social Work Act 2017 advances the existing framework supporting looked after children and care leavers, and builds provisions pertaining to social workers’ regulation. The act introduced several laws which promote education, extend the courts considerations and fixes enhanced duties on local authorities.

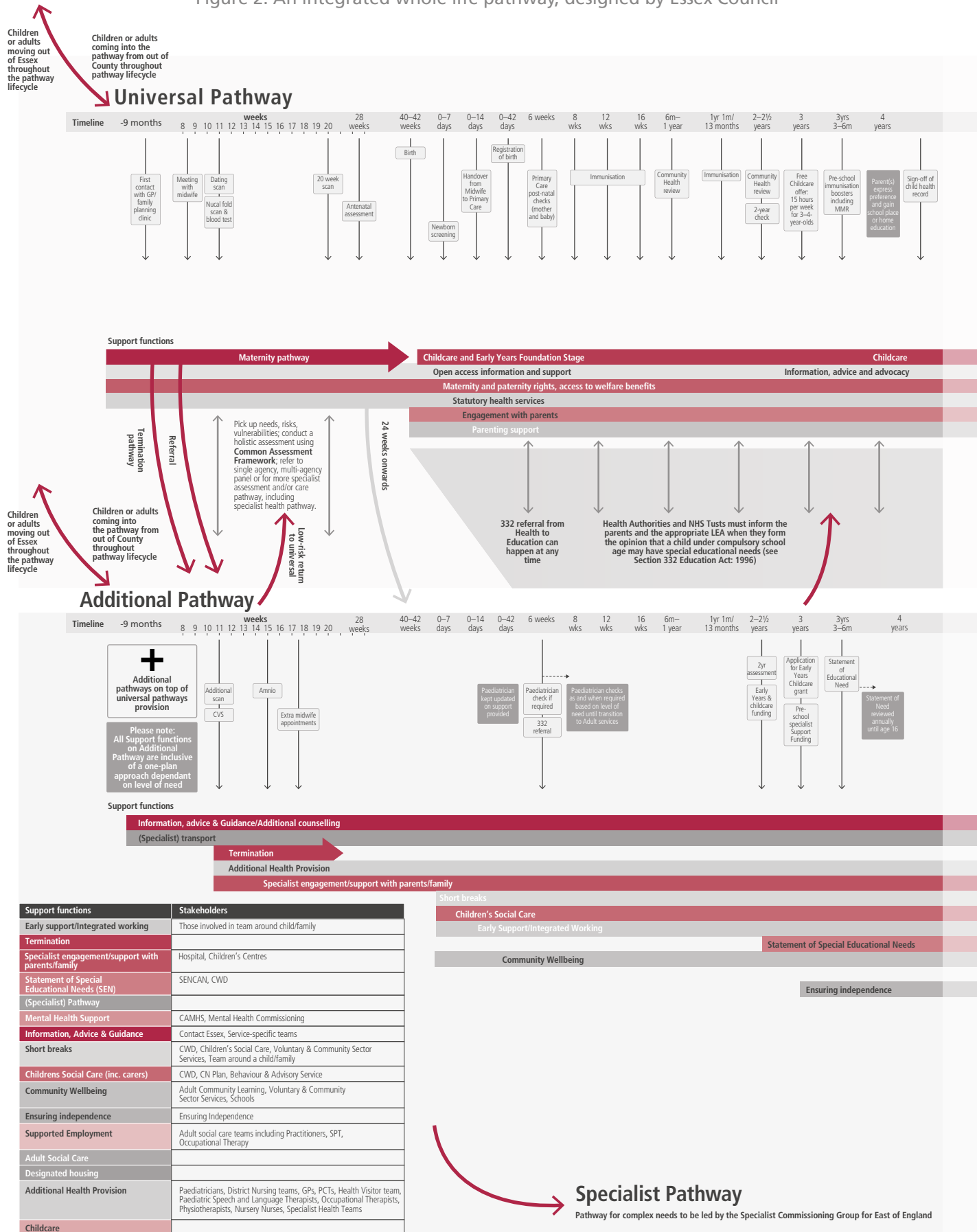
Serious Violence Strategy 2018 devices tactics, challenging: (i) county lines and misuse of drugs; (ii) early intervention and prevention; (iii) supporting communities and local partnerships law enforcement; and (iv) and the criminal justice response.

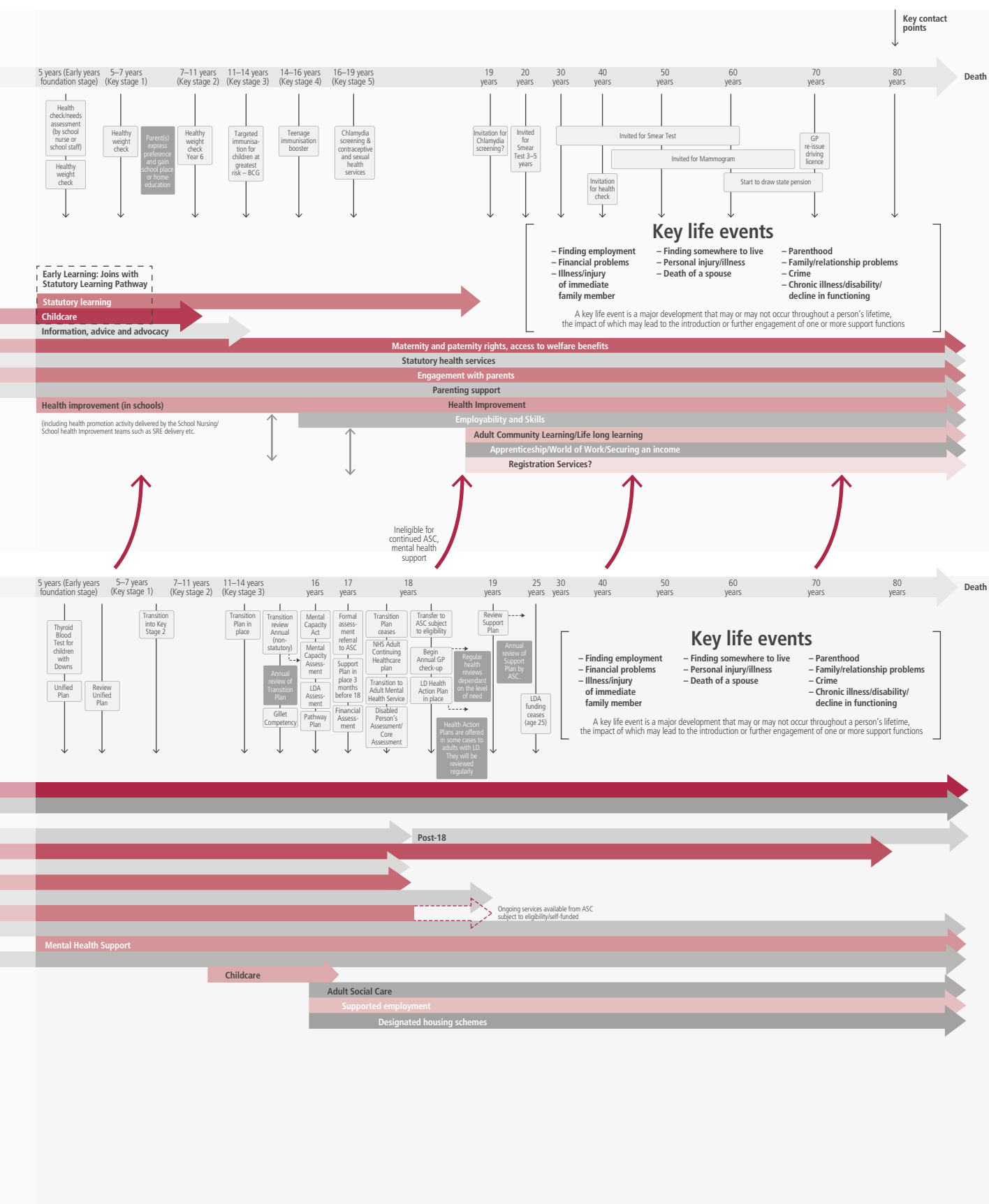
The Child Safeguarding Practice Review Panel, established in 2018, analyses severe child abuse and neglect cases, looking towards preventing such behaviour’s recurrence.

Review of Children in Need 2019 established evidence to comprehensively appreciate what makes a difference to in need children’s educational outcomes and what works in practice to improve those outcomes.

Health Equity in England, The Marmot Review 10 years on 2020 momentarily finds that improvements in life expectancy have stalled, people can expect to spend more of their lives in poor health, society’s health gap has grown, and geography drastically impacts health.

Figure 2: An integrated whole life pathway, designed by Essex Council





Maternal Mental Health

When parents are crucial to their child's well-being and outcomes, a mother's mental health is a significant risk factor. Alarming, one in five women in the perinatal period is affected by mental health problems; and the leading cause of maternal death in the first year after childbirth is post-natal depression.⁷⁷ These trends will doubtless have grown during the pandemic when isolation – including during child-birth – has increased for so many.

Identifying mothers at risk of perinatal mental health is vital. Yet some practitioners fail to ask women – even women who are expecting a child or have just given birth – about their parenting. As Dr Crispin Day at the Maudsley told us, “without knowing about a mother's relationship with her partner, with her child, with her own parents, we cannot hope to understand her case adequately.”

The Department of Health and Social Care's research into the quality of parents' attachment relationships with their babies⁷⁸ showed the link between a mother's mental health and her ability to attach with her baby; lower birth weight; higher rates of premature births; lower cognitive performance; and a greater chance of being born into care. Around one in 200 children in England are born into care, a figure that has almost doubled in a decade,⁷⁹ and that has risen even further during Covid-19.

The introduction of the 6–8 week GP appointment for mothers to discuss their mental health, and commitments in the NHS long term plan for 66,000 women with perinatal mental health problems to get the support they need by 2023/4 mark an important development.⁸⁰

Commissioners across 27 LAs have funded parent–infant teams to support attachment. The team of specialists works with a range of other professionals to support families whose complex needs make early relationships more difficult to establish and maintain. A recent evaluation of the Parent-Infant Programme (PIP)⁸¹ found that the service, by allowing psychologists and psychotherapists to work alongside social workers and other practitioners, had significant positive results: a key outcome was that 85.4% of families were enabled to remain, or reunite with their child, compared with an estimated 50% of 'edge-of-care' cases nationally. This supports the need for similarly oriented interventions that could help lower the incidence of child removals.

77 House of Commons & Health and Social Care Committee (2019). First 1000 days of life [available at: <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1496/1496.pdf>]

78 Department of Health and Social Care 7 DfE (2018). Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf]

79 University of Huddersfield (2020). Research shows that the number of children born into care almost doubled between 2008 and 2018 [available at: www.hud.ac.uk/news/2020/june/children-born-into-care-in-england-now-one-in-200/#:~:text=ACADEMICS%20at%20the%20University%20of,50%25%20higher%20than%20previously%20believed]

80 Longfield, A. (2020). Best beginnings in the early years [available at: www.childrenscommissioner.gov.uk/report/best-beginnings-in-the-early-years]

81 www.tandfonline.com/doi/abs/10.1080/09649069.2018.1493651

Recurrent care proceedings

Evidence suggests that at least 43,500 mothers and 30,000 fathers between 2007 and 2014 appeared in recurrent care proceedings. Most interventions aiming to reduce recurrence follow a mother-centred approach, involving a holistic and/or long-term service delivered via a trusted key-worker. In contrast, there are no couple-focused or father-specific services, to address the challenges faced by recurrent fathers.⁸²

A recent study revealed that around half had experienced abuse and/or neglect in childhood, along with parental separation (parental separation was prominent among non-recurrent fathers also).⁸³ Researchers proposed that programmes working with recurrent fathers should support “emotional scaffolding” and emphasise “the foundational, fundamental, but also restorative nature of our relationships with others.”⁸⁴

One in four birth mothers who appear in care proceedings are expected to reappear in a subsequent set of proceedings within seven years.⁸⁵ **In Suffolk, in 2020, we learned from a Bridges Trust Partnership webinar (May 2020) that the Pause scheme was working with 23 mothers who had 140 children between them in care.**

A recent study⁸⁶ found that approximately 40% of the women in their case file study had spent a period being formally looked after, with the largest proportion entering care aged 10 years or older. They also found that 64% of recurrent mothers were under 20 when they had their first baby and many described their pregnancies as unplanned.

These mothers have multiple vulnerabilities with less access to a relationship network.

Initiatives such as Pause, which now is delivered in 35 LAs, invest in long-term (18 months) and intensive “engagement” with mothers. They focus, as founder Sophie Humphries explained, “On strengthening relationships not only with mothers but also among the professionals working with them.” Staff (usually former police, social workers, mental health workers) is experienced in working with vulnerable children (and adults) and undertakes further training: “we look at individuals in terms of who they are – not just at the labels, like ‘mother in recurrent care proceedings’. We seek what motivates them, what is the ‘hook’?” Pause is leading the way in terms of providing alternative support to women whose child has been taken into care.⁸⁷ To the frustration of Humphries, however, the programme is usually delivered once women have had more than two or three children taken into care; a better preventive strategy would be to identify those very young mothers with key characteristics (such as having had experience of care themselves) who are likely to have their children taken into care – and engage them with the programme before their first child is taken from them.

82 www.mdpi.com/2075-4698/10/4/89/htm

83 www.mdpi.com/2075-4698/10/4/89/htm

84 www.mdpi.com/2075-4698/10/4/89/htm

85 Broadhurst, K., et al (2017). Vulnerable Birth Mothers and Recurrent Care Proceedings [available at: www.nuffieldfoundation.org/sites/default/files/files/rc-final-summary-report-v1_6.pdf]

86 Ibid.

87 Pause (2020). How we work with women [available at: www.pause.org.uk/what-we-do/the-pause-model]

Pause is relationship-based. It is worth quoting here from “Vulnerable Birth Mothers and Recurrent Care Proceedings”,⁸⁸ the report co-authored by the Centre for Child and Family Justice Research and the University of Lancaster: “An overarching message from birth mothers, but also from our detailed review of case files, is that relationships matter. This statement is not new, but needs to be re-stated because as yet, our public services do not sufficiently provide the conditions for workers to offer bridging relationships that afford the kind of continuity and consistency that will bring about change. Where parents, and indeed children within child welfare services, are isolated and disconnected from nurturing and supportive relationships, difficulties will persist or worsen.”

Evidence from the DfE’s own evaluation of projects delivered via its £200 m Innovation Programme, revealed that those projects with the greatest impact were relationship-based.⁸⁹

“Parenting can moderate the influence of adversity – as well as exacerbate it.” Dr Crispin Day, at the Maudsley Hospital, told us. “Various governments have tried to address childhood poverty but without avail. But parental mental health has not featured enough. Yet we know that this is crucial. ‘How does this affect your parenting’ should be a question our adult mental health staff asks – yet they shy away from it. They see only the individual not the relationships, stand-alones rather than connected and set in a nexus of relationships. Having a support system of relationships is an indicator of feeling confident as a parent. Practice varies enormously but parents’ mental health is a hot potato. When social workers whose duty and role is to look after the best interest of the child recognise there is a parental mental health problem they refer to adult mental health services; when children see CAMHs they are seen as individuals not in terms of their parents.”

Fathers

Why are fathers so often overlooked? It starts already during the perinatal period – which has been shown to be a critical time for support services or voluntary organisations to engage both parents.⁹⁰

Yet a 2018 poll of 1800 fathers, ‘How was it for you?’,⁹¹ found that 65% of respondents reflecting on the antenatal services they had received, said the healthcare professionals had rarely or never discussed fathers’ roles and more than half (56%) said they had rarely or never been addressed by name. NHS staff visiting after the birth spoke about fathers’ roles ‘rarely’ or ‘never’, according to nearly half the respondents.

Almost seven out of ten (69 per cent) new fathers said they thought “fathers were made to feel like a ‘spare part’ during the pregnancy period”. Six in ten fathers told us that they had no conversations at all with a midwife about their role. When it comes to Health

88 Broadhurst, K., et al (2017). Vulnerable Birth Mothers and Recurrent Care Proceedings [available at: www.nuffieldfoundation.org/sites/default/files/files/rc-final-summary-report-v1_6.pdf]

89 FitzSimons, A., & McCracken, K. (2020). Children’s Social Care Innovation Programme Round 2 Final Report [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/937041/Childrens_Social_Care_Innovation_Programme_Round_Final_Report.pdf]

90 https://8fbf97f6-6e4d-4a0a-9faf-9cfbc91277dc.filesusr.com/ugd/7a0b7c_315faf0f86d940978e1fd7e3b63a68fe.pdf?index=true

91 The Fatherhood Institute (2018), [available at: www.fatherhoodinstitute.org/wp-content/uploads/2017/12/How-was-it-for-you-UK-results.pdf]

Visitors, approaching half (44 per cent) of all fathers told us they received little or no advice at all from them on their role as a dad. Only half (49 per cent) of new and expectant fathers say the NHS “caters well” for them, with 40 per cent saying that it does not.⁹²

The scoping study for the Family Justice Observatory⁹³ highlighted that data collection generally lacks information on fatherhood and does not always reflect the importance of fatherhood to men and children. For example, the national data on looked after children contains information on when a young woman in care becomes a parent,⁹⁴ but does not collect the same data on parenthood for young men in care.

Engaging fathers

Yet evidence shows that fathers have a significant influence on mothers’ healthy behaviours in pregnancy and mental health outcomes following birth.⁹⁵ Moreover, almost two thirds of new mothers identify their partner as being their primary source of support, almost three times as much as the next option (their own mother); only 5 per cent say health care professionals are their primary support.⁹⁶

Engaging fathers early on is linked to later engagement.⁹⁷ According to the National Perinatal Epidemiology Unit survey of mothers’ views of maternity care, 82 per cent of fathers were present for the early dating scan and 84 per cent for the anomaly or ‘20 week’ scan. Similarly high numbers were present for the labour (82 per cent) and birth (87 per cent).⁹⁸

Attending ante natal appointments means taking time off work however.⁹⁹ **Only a third of low-income fathers attend antenatal and parenting classes, compared to nearly three-quarters of middle earners. Employee fathers could be given statutory time to attend four appointments. While more than half of low-income fathers say they did not receive information or guidance before becoming a father, the figure for those with higher incomes was less than a third.**¹⁰⁰

In an analysis conducted by the CSJ of inspection frameworks related to maternity services, Health Visitors, and Children’s Centres, there were few direct mentions of ‘fathers’. In particular, within the inspection framework for maternity services, the word ‘father’ is conspicuously absent – despite the Department for Health and Social Care’s own guidance strongly emphasising their importance.¹⁰¹

92 www.centreforsocialjustice.org.uk/library/testing-times-supporting-fathers-during-the-perinatal-period-and-early-parenthood

93 Woodman, J., et al, (2017) Towards a Family Justice Observatory A scoping study Who cares for children? Population data for family justice research [available at: www.researchgate.net/publication/320427437_Towards_a_Family_Justice_Observatory_A_scoping_study_Who_cares_for_children_Population_data_for_family_justice_research]

94 Department for Education (2019), Children looked after by local authorities in England [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/795375/CLA_SSDA903_2018-19_Guide_Version_1.3_.pdf]

95 NSPCC (2014). All Babies Count: the Dad Project [available at: <https://library.nspcc.org.uk/HeritageScripts/Hapi.dll/search2?searchTerm0=C5193>]

96 www.centreforsocialjustice.org.uk/library/testing-times-supporting-fathers-during-the-perinatal-period-and-early-parenthood

97 CSJ (2018). TESTING TIMES Supporting fathers during the perinatal period and early parenthood [available at: www.centreforsocialjustice.org.uk/core/wp-content/uploads/2018/12/Testing-Times-FINAL.pdf]

98 www.centreforsocialjustice.org.uk/wp-content/uploads/2018/12/Testing-Times-FINAL.pdf

99 Ibid.

100 <https://fathersdevelopment.org/helpful-links>

101 CSJ (2018). Testing Times: Supporting fathers during the perinatal period and early parenthood [available at: www.centreforsocialjustice.org.uk/core/wp-content/uploads/2018/12/Testing-Times-FINAL.pdf]

Parenthood as well as motherhood

Health and maternity services can reverse this trend by framing infant care as part of “preparing for parenthood” rather than “motherhood”, and routinely draw fathers into perinatal education and care through letters, leaflets and websites, promotional material and publicity.

They can emphasise that parenting is an activity shared by both fathers and mothers, and sensitise fathers to the demands child-birth places on mothers.¹⁰²

In addition, training for all health, maternity and support services should include information about the importance of positive father-child relationships.¹⁰³

Research by the Department for Work and Pensions shows that children with highly involved fathers do better at school, have higher self-esteem, and are less likely to get into trouble in adolescence.¹⁰⁴

A 2016 study found that the children of “engaged” fathers were up to 28 per cent less likely to suffer behavioural problems in their pre-teen years compared to children without a father figure at home.¹⁰⁵ And a University of Edinburgh study found that children growing up in low income households have significantly improved chances of escaping poverty where they have an active father figure at home. But the CSJ has calculated that across the UK almost 1 in 5 of all dependent children will be living without a father at home.¹⁰⁶

Can we teach parenting?

The Social Mobility Commission has urged policy-makers to address the issue of parenting and how Government can support families – “to help all parents to be the best parents that they can be.”¹⁰⁷

Parenting classes and discussion groups can introduce parents to skills and habits that they can use in raising their children. Schools could use their Pupil Premium to fund these. The Early Intervention Foundation found evidence that some classes, including Triple P and Empowering Parents, Empowering Communities, improved children’s behaviour and parents’ confidence.¹⁰⁸ Parenting skills classes have been shown to boost parents’ aspirations, while reducing their sense of isolation.¹⁰⁹

102 NSPCC (2014). All Babies Count: the Dad Project [available at: <https://library.nspcc.org.uk/HeritageScripts/Hapi.dll/search2?searchTerm0=C5193>]

103 Howl, J. (2019). Engaging Fathers in the Perinatal Period to Support Breastfeeding [available at: www.wcmt.org.uk/sites/default/files/report-documents/Garratt%20J%202017%20Final.pdf]

104 www.centreforsocialjustice.org.uk/wp-content/uploads/2018/12/Testing-Times-FINAL.pdf

105 Opondo, C., et al (2016). Father involvement in early child-rearing and behavioural outcomes in their pre-adolescent children: evidence from the ALSPAC UK birth cohort [available at: <https://bmjopen.bmj.com/content/6/11/e012034.abstract?sid=e282dc31-1996-4d28-958b-4ba328b2247d>]

106 CSJ (2017). The forgotten role of families: why it's time to find our voice on strengthening families [available at: www.centreforsocialjustice.org.uk/core/wp-content/uploads/2017/11/The-forgotten-role-of-families-why-its-time-to-find-our-voice-on-families-1.pdf]

107 Social Mobility Commission (2020). Helping Parents to Parent [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/592452/Helping_Parents_to_Parent_report.pdf]

108 “Foundations for Life: what works to support parent-child interaction in the early years?” Early Intervention Foundation, July 2016

109 www.eif.org.uk/report/the-best-start-at-home

The EIF found programmes that target parents based on early signals of risk, such as child behaviour problems, insecure attachment, delayed development of speech and lack of maternal sensitivity, benefited families. These programmes are cost effective: £1–2,000 range per indicative unit cost¹¹⁰ (though private providers can charge much higher fees). By bringing parents together, even if only virtually, classes and discussion groups can reduce loneliness and isolation. When parents share their difficulties, they recognise that they are not alone in facing challenging circumstances or behaviours and that they can learn from one another. Peer to peer learning has been shown to be extremely effective¹¹¹ and to build a “community of interests” such as Weight Watchers and Alcoholic Anonymous.

The challenge, as the EIF evaluation makes clear, lies in engaging hard-to-reach families. This calls for classes delivered in universal settings, such as schools and family hubs, which do not carry stigma.¹¹² More widely, this could be affected by treating parenting as a public health issue. An advocate for this approach as a means of prevention is the Carolina Distinguished Professor in Psychology at the University of South Carolina, Ronald Prinz. In a recent work he raised three reasons to take a population approach to parenting: data under-estimates the extent of “problematic” parenting; communities need to normalise involvement in parenting support programs rather than stigmatising targeted parents – this creates “positive social contagion” so that even parents who have not engaged in interventions are “infected” with positive parenting skills; and finally a population approach could prevent behavioural and emotional problems in early childhood which would have longer term impact, including improved school readiness and reduced risks of mental health issues in adolescence.¹¹³

A public health approach to parenting would entail harnessing existing universal resources such as health visitors, family hubs, child care and parenting classes to serve a population.

There is evidence that a strategy that supports parents as agents of culture change will “improve parent skills so they can give sound advice and be good mentors to their children, and, in turn [parents] will gain skills and relationships to give sound advice to the community – and that advice will make a better system of help for them and for other families”.¹¹⁴

Understanding the way the brain works, for example, could help parents calibrate their relationships with their children and within the family. In Blackpool the Better Start initiative is piloting “The Brain Works” workshops as part of its agenda to support vulnerable families.¹¹⁵ An evaluation is underway; this could prove an invaluable tool for engaging parents who struggle with their children.

110 “Foundations for Life: what works to support parent-child interaction in the early years?” Early Intervention Foundation, July 2016

111 <https://tomprof.stanford.edu/posting/418>

112 Asmussen, K., et al (2016). Foundations for Life: What works to support parent-child interaction in the early years? [available at: www.eif.org.uk/report/foundations-for-life-what-works-to-support-parent-child-interaction-in-the-early-years]

113 Prinz, Ronald J (2017). A Population Approach to Parenting Support and Prevention: The Triple P System [available at: www.oxfordclinicalpsych.com/view/10.1093/med-psych/9780190629069.001.0001/med-9780190629069-chapter-3]

114 www.rwjf.org/content/dam/farm/reports/reports/2016/rwjf430225

115 <https://democracy.blackpool.gov.uk/documents/s13827/Appendix%206a%20Better%20Start%20Strategy.pdf>

Parental conflict

Their parents' relationship has a significant impact on children's wellbeing and outcomes: inter-parental conflict is predictive of children's poor mental health and academic performance.¹¹⁶ Among 11 to 16 year-old girls, 63.8% with a probable mental disorder had seen or heard an argument among adults in the household, compared with 46.8% of those unlikely to have a mental disorder.¹¹⁷

In some cases separation of parents can contribute to neglect, and the re-constitution of families when a step parent is introduced (sometimes along with their children) can prompt older adolescents to run away from, or be forced out of, home.¹¹⁸

The pandemic has seen a surge in parental conflict: recent EIF survey found that almost three-quarters (74%) of local authorities had seen an increase since the start of lockdown.¹¹⁹

Family relationships are consistently in the top three most common reasons why children contact ChildLine.¹²⁰ Already before Covid-19, 280,000 children a year saw their parents separate, and 135,000 saw their parents divorce.¹²¹

Contact disputes remains the top issue for the Family Legal Support Service consistently over many years.¹²²

The 'spill-over' effect of their parents' conflict can lead to children suffering high levels of stress – and this is especially true when the child is the locus of battle between rowing parents.¹²³ Separation/divorce also raises legal concerns bearing on the well-being and custody of children.

A better alternative is dispute resolution through mediation which can help parents agree on the details of how they will look after their children, including where the children will live, when they spend time with each parent, when and what other types of contact take place (phone calls, for example) and child maintenance payments.

Parents are models

Research shows that the quality of the relationship within a couple, whether together or apart, influences both how mothers and fathers parent as well as children's outcomes and life chances. Parents model relationships for children, as studies of perpetrators of

116 Crenna-Jennings, W. (2018). Key drivers of the disadvantage gap – Literature review [available at: <https://epi.org.uk/wp-content/uploads/2018/07/EPI-Annual-Report-2018-Lit-review.pdf>]

117 See above

118 Raws, P. (2018). Thinking about adolescent neglect: A review of research on identification, assessment and intervention [available at: www.saferchildrenyork.org.uk/Downloads/thinking_about_adolescent_neglect_report-ChildrenSociety.pdf]

119 Ghiara, V., et al (2020). Reducing parental conflict in the context of Covid-19: Adapting to virtual and digital provision of support [available at: www.eif.org.uk/report/reducing-parental-conflict-in-the-context-of-covid-19-adapting-to-virtual-and-digital-provision-of-support]

120 NSPCC (2019). Childline Annual Review [available at: <https://learning.nspcc.org.uk/media/1898/childline-annual-review-2018-19.pdf>]

121 Lepper, J. (2018). Teenagers and Single Parents 'at Highest Risk of Domestic Abuse' [available at: www.cypnow.co.uk/News/article/teenagers-and-single-parents-at-highest-risk-of-domestic-abuse] & NSPCC (2020). Coronavirus (COVID-19), lockdown and separated parents [available at: www.nspcc.org.uk/keeping-children-safe/support-for-parents/separation-and-divorce]

122 <https://childlawadvice.org.uk>

123 Ibid.

domestic abuse have shown: having experienced DA in the home as they were growing up predisposes a child to think this is the norm, Dame Vera Baird found in her report on domestic abuse and its impact on children.¹²⁴ Persistent, hostile and unresolved conflict has a negative impact on children's outcomes.¹²⁵

Fathers' parenting may be more adversely affected by parental conflict (by withdrawing or becoming hostile) yet, as we have seen, fathers are less likely to be reached by support services.¹²⁶

Understanding changes in family structure and its consequences is critical to professionals working with children.¹²⁷

Too often, however, child or adult care services fail to consider the quality of the parental relationship.¹²⁸ Indeed, parental conflict is 'a neglected site' for early intervention.¹²⁹

When front line practitioners fail to recognise the impact that their parents' conflict can have on children, they leave families at risk of breaking down. Incredibly, even child mental health services and schools fail to automatically look into this aspect of children's emotional lives. The "Sort It Out" campaign, backed by MPs and relationship organisations, seeks to make parental conflict be assessed for when a child presents with any issue.

Reducing parental conflict, and ensuring that families stay together, is key to supporting children because a less stable family structure is strongly linked to poor outcomes in relation to childhood adversity.¹³⁰ The Office for National Statistics (ONS) found that adults who lived in single-parent households are more likely to be victims of domestic abuse in the last year than adults living in a two-parent household or a household with no children – though the household structure may have changed as a result of the abuse. Adults who were separated or divorced were more likely to have experienced domestic abuse compared with those who were married or civil partnered, cohabiting, single or widowed.¹³¹

124 https://s3-eu-west-2.amazonaws.com/victcomm2-prod-storage-119w3o4kq2z48/uploads/2020/03/Sowing-the-Seeds_final_web.pdf

125 Nuffield Foundation (2020). How are the lives of families with young children changing? Summary [available at: <https://mk0nuffieldfounpg9ee.kinstacdn.com/wp-content/uploads/2020/11/SUMMARY-How-are-the-lives-of-families-with-young-children-changing-Nuffield-Foundation.pdf>]

126 Harold, G., et al (2016). What works to enhance interparental relationships and improve outcomes for children? [available at: www.eif.org.uk/report/what-works-to-enhance-interparental-relationships-and-improve-outcomes-for-children]

127 www.ncbi.nlm.nih.gov/pmc/articles/PMC6313686/

128 Harold, G., et al (2016). What works to enhance interparental relationships and improve outcomes for children? [available at: www.eif.org.uk/report/what-works-to-enhance-interparental-relationships-and-improve-outcomes-for-children]

129 Molloy, D. (2019). "Turning up the dial" on reducing parental conflict [available at: www.eif.org.uk/blog/turning-up-the-dial-on-reducing-parental-conflict]

130 Hobcraft, J., & Kiernan, K. (2010). Predictive factors from age 3 and infancy for poor child outcomes at age 5 relating to children's development, behaviour and health: evidence from the Millennium Cohort Study [available at: www.york.ac.uk/media/spsw/documents/research-and-publications/HobcraftKiernan2010PredictiveFactorsChildrensDevelopmentMillenniumCohort.pdf]

131 Wedlock, E., & Molina, J. (2020). Sowing the Seeds Children's experience of domestic abuse and criminality. [available at: https://s3-eu-west-2.amazonaws.com/victcomm2-prod-storage-119w3o4kq2z48/uploads/2020/03/Sowing-the-Seeds_final_web.pdf]

Long term impact of family breakdown

The CSJ Family Policy Unit published the most comprehensive statistical review of the impact of family breakdown in partnership with ComRes in 2019. This work shows that those who experience family breakdown when aged 18 or younger, are:

- Over twice as likely (2.3 times) to experience homelessness
- Twice as likely (2.0 times) to be in trouble with the police or spend time in prison
- Almost twice as likely (1.9 times) to experience educational underachievement
- Almost twice as likely (1.9 times) to experience not being with the other parent of their child/ren
- Approaching twice as likely (1.8 times) to experience alcoholism
- Approaching twice as likely (1.7 times) to experience teen pregnancy
- Approaching twice as likely (1.7 times) to experience mental health issues
- More likely (1.6 times) to experience debt
- More likely (1.4 times) to experience being on benefits

A recent survey of social workers working with older teenagers in care, suggested that “step-parent problems” and “family breakdown” were among the most common issues they had to deal with.¹³²

Family breakdown is a social justice issue. There is a significant gap, in socio-economic terms, between the rate of marriages among the bottom 20% income earners, and middle class parents. For those in the top socioeconomic group, 75 per cent of children are born to parents who are married; another 22 per cent are jointly registered to parents cohabiting; 2 per cent are jointly registered to parents living apart, and just 1 per cent registered by one parent only.

At the bottom end of the scale, 35 per cent are born to married parents, 38 per cent to cohabiting parents, 21 per cent jointly to parents living apart and 6 per cent registered by just one parent.¹³³

Local government leaders and commissioners can play a key role in reducing the impact of parental conflict on children by investing in specialist interventions for reducing parental conflict, and ensuring their workforce feels confident in identifying and acting on conflict between parents.¹³⁴

¹³² www.youtube.com/watch?v=S1-hQ0WfmvU

¹³³ www.centreforsocialjustice.org.uk/core/wp-content/uploads/2020/08/CSJJ8372-Family-structure-Report-200807.pdf

¹³⁴ Lewing, B. (2018). Why reducing parental conflict matters for local government [available at: www.eif.org.uk/report/why-reducing-parental-conflict-matters-for-local-government]

Reducing Parental Conflict programme

The Reducing Parental Conflict programme, run by the DwP, is working with councils across England to help them integrate services which address parental conflict into local provision for families. The DwP allocated £39 m to the programme, which has now trained over 23,000 front line practitioners in 31 LAs on Reducing Parental Conflict. The training supports workers in how to frame questions about family life, what to do if conflict emerges as an issue and how to help.

A new Reducing Parental Conflict Challenge Fund will allocate £2.7 million to innovative projects – this is for digital projects and projects which support families with CIN, or where parents have physical or mental health problems.

The All Party Parliamentary Group (APPG) for Supporting Couple Relationships and Reducing Inter-parental Conflict has called on the Government to make relationship support free of charge to all parents in ongoing conflict.

Given that their parents and carers model behaviour that children replicate, a positive relationship between parents is crucial for a child's well-being; the Government's Reducing Parental Conflict Programme should be offered nationally through the new family hubs, which focus on bolstering relationships.

This is not to ignore that separation in some cases may be the necessary outcome; the issue for children then lies in clear communication and reliability of arrangements. Children's voices are rarely taken into account in these decisions and the development, in the USA, of Parenting Together Apart as a mandatory, three hour programme before court process, might point to a way forward.¹³⁵

The teachable moment

Mei Lim, Director of the Reach Children's Hub in Feltham, tells us that a key focus for interventions that aim to support vulnerable parents is the "teachable moment: when they are expecting a child, and both parents are ready to make life choices and change poor habits". The hub, situated in an area of significant deprivation, has links with local GPs, midwives and Health visitors who refer expectant mothers to the Reach drop-in perinatal classes, thus "building a positive relationship early on, and offering continuity of care". Through this universal offer, she and her staff can pinpoint the vulnerable parents, struggling with substance abuse, domestic violence, or isolation, who will need specialist support. Over 100 parents have been referred in this way.

The same principle fuels the work of the For Baby's Sake Trust, which works with perpetrators and victims of domestic abuse when a baby is on its way. This is "the teachable moment" when parents are most likely to be ready to break the cycle of violence that threatens their own and the future baby's well-being.

¹³⁵ 16th Circuit Court of Jackson County, Missouri (2012). PTLA – Parenting Together Living Apart [available at: www.16thcircuit.org/ptla-parenting-together-living-apart#:~:text=PROGRAM%20DESCRIPTION,and%20reactions%20to%20parental%20conflict]

The programme identifies and directly addresses the trauma or traumas that lie at the heart of the abuse.

The charity found that many of the mothers and fathers, all of whom voluntarily participate in the programme, explain that their motivation for change stems from their desire to provide a better life for their children and to be different kinds of parents in order to prevent their children having the same upbringing as they did. The approach, according to practitioners, is crucial in engaging service users and in facilitating healthy parenting behaviours, leading to secure attachments.¹³⁶

Many fathers in particular reported feeling supported by the programme.

Another key mechanism for change was identified as the ability to develop a close therapeutic relationship with a highly skilled practitioner over a long period of time. Practitioners reflected that they were able to focus in a detailed way on one member of the family, while working with their colleagues to develop a holistic picture of the issues for all members of the family.¹³⁷

A four-year evaluation of the programme, piloted in London and Hertfordshire, found that development outcomes for the babies, at one and two years, were in the normal range and that only a third of families needed any social care input at the two-year stage – in contrast to 70% at baseline.¹³⁸

Parents who engaged with For Baby's Sake programme reported that parenting support is of great value and learning about child brain development and attachment boosted their confidence as parents and improved communication within the family.¹³⁹

Case study: For Baby's Sake

My name is Nick and I had an extensive criminal record, a history of violence towards women, and several children who wouldn't speak to me when I found out I was having another kid. I was 39. My case was picked up by social services after my partner's ex complained about my behaviour. When they did their search, they found out about the non-accidental injury I had inflicted on one of my children ten years before and they referred us to For Baby's Sake.

By the time we started, my partner had left me, it was all too much and she wanted out, but because we both wanted to be parents, they took us on separately. She'd also become pregnant with our second boy.

I had an interview with Steve and he became my councillor. I had to talk about my abuse of women, and of my then ex-partner, and that wasn't easy. But he listened and he was upfront with me. He said, "you can sit here and tell me you have green hair and I'll agree with you, but we'll both know you were lying and it won't get you anywhere." After that, we met every week for an hour, sometimes more.

136 Domoney, J. et al (2019). For Baby's Sake: Intervention Development and Evaluation Design of a Whole-Family Perinatal Intervention to Break the Cycle of Domestic Abuse [available at: https://kclpure.kcl.ac.uk/portal/files/105167209/Domoney_et_al_2019_JoFV.pdf]

137 Ibid.

138 The Stefanou Foundation 92020). The Evaluation of For Baby's Sake [available at: www.forbabysake.org.uk/evaluation]

139 Domoney, J. et al (2019). For Baby's Sake: Intervention Development and Evaluation Design of a Whole-Family Perinatal Intervention to Break the Cycle of Domestic Abuse [available at: https://kclpure.kcl.ac.uk/portal/files/105167209/Domoney_et_al_2019_JoFV.pdf]

When I was angry at my ex-partner, I told him; when I crossed the line, he told me. At one point, he said to me that he would recommend to social services that I shouldn't be allowed to see my kid yet because I wasn't emotionally stable. He explained his reasons and didn't dance around the truth. It sounds weird but that was the first time I'd really felt respected by any form of social service. He wasn't making false promises or light work for himself; he was being honest and it felt like he really cared.

He went out of his way to help me. He was available late at night, on the weekends, whenever, even if it was out-of-hours. He helped me build up contacts for work and he would have a coffee with me whenever I was low. He offered me a huge amount of support.

FBS also organised therapy sessions for me to work through paternal abuse I'd suffered when I was younger. It was the first time I'd properly talked about it and it highlighted some links between what I had suffered then and what I was doing now.

I finished the course a year ago. I see my boys once every three weeks, I have a great relationship with my ex and I'm still in contact with Steve. I send him pictures of the boys once a month or so, and he checks up on me. This is the only programme I've done where the support doesn't just end once you've finished and that's been instrumental in my stability.

When they told me that the first five years of a child's life will set them up for the rest of their life, I realised I had to change. I've gone out of my way to make sure my two boys have a really good time with me and, most importantly, they know and see that I love them.

Domestic abuse affects one in five children in the UK.¹⁴⁰ It is one of the biggest drivers into care: last year, half of the children assessed as in need of being looked after by their local authority had experienced domestic abuse.¹⁴¹

The Children's Commissioner estimates that three million children under the age of 17 live in a home where an adult has experienced domestic violence. In terms of numbers and proportions, this makes children the biggest group affected by domestic abuse: 7.9% of women survived domestic abuse in 2018, while 4.2% of men did.¹⁴²

The pandemic has seen a surge in the incidence of this crime: national help lines are reporting a significant increase in calls – the National Domestic Abuse Hotline says they saw a spike of 65%. SafeLives, the national charity, surveyed front line workers who said their case load had increased by more than a quarter. Between April and September 2020 calls to the NSPCC almost doubled, reflecting the huge increase in the number of children affected.

Research shows that living with domestic abuse between parents is as psychologically harmful to children as when they are direct victims of physical abuse themselves. Dame Vera Baird QC, Victims' Commissioner for England and Wales, has found that a child with experience of domestic abuse will be more likely to indulge in offending behaviour.¹⁴³

¹⁴⁰ Home Office (2018). Children affected by domestic abuse to benefit from £8 million fund [available at: www.gov.uk/government/news/children-affected-by-domestic-abuse-to-benefit-from-8-million-fund]

¹⁴¹ Wedlock, E., & Molina, J. (2020). Sowing the Seeds Children's experience of domestic abuse and criminality [available at: https://s3-eu-west-2.amazonaws.com/victcomm2-prod-storage-119w3o4kq2z48/uploads/2020/03/Sowing-the-Seeds_final_web.pdf]

¹⁴² Safe Lives (2019). One Front Door [available at: <https://safelives.org.uk/one-front-door>]

¹⁴³ Ibid.

Trauma of abuse

The trauma continues beyond the home and into the courtroom, where the child may become the bone of contention between the perpetrator, who demands access; and the victim, who fears for their child's welfare and longs to sever all connection with their tormentor. In many cases, domestic abuse may cause a child to lose their home and contact with grandparents and other relatives; it may also mean starting a new life in a refuge – or for older children, in semi-independent accommodation. There is “concerning evidence”, according to Dame Vera Baird's review, that these accommodations expose young people to an increased risk of criminal exploitation: “Young people who feel pushed out from the family home due to the domestic abuse, finding themselves increasingly on the street or in dangerous situations and looking for love and attention in proxy familial relationships such as gangs.”¹⁴⁴

The new Domestic Abuse Bill acknowledges the horrific trauma that this crime causes in children. For the first time the legislation explicitly refers to children as victims, not just witnesses, of domestic violence.

This is welcome, as are the establishment of a Domestic Abuse Commissioner and Office.

More can be done, however. Research shows that 62% of children who have experienced domestic abuse have also experienced 4 ACEs+ (compared to 8% for England), even though few cases referenced this.¹⁴⁵

Almost half (40%) of children directly harmed by domestic abuse were not known to social care on intake to a specialist domestic abuse service. A review of 293 serious case reviews between 2011–2014 noted that despite the majority of families being known to children's social care, often because of domestic abuse, only 20% of the children had been the subject of a Child Protection Plan.¹⁴⁶

When risk indicators are ignored, support is postponed: typically, the victim of domestic violence will have come to children's social services four times before an intervention.¹⁴⁷

The charity Safe Lives has developed a programme, One Front Door, that brings together a wide range of statutory and non-statutory agencies to ensure that there is a breadth of professional expertise to assess – as early as possible – risk to all family members. Sharing data much sooner builds a picture of the whole family so that interventions can be offered earlier, before they escalate to the point of meeting statutory thresholds for social care intervention.¹⁴⁸

144 Wedlock, E., & Molina, J. (2020). Sowing the Seeds Children's experience of domestic abuse and criminality [available at: https://s3-eu-west-2.amazonaws.com/victcomm2-prod-storage-119w3o4kq2z48/uploads/2020/03/Sowing-the-Seeds_final_web.pdf]

145 DfE (2019). Characteristics of children in need: 2017 to 2018 [available at: www.gov.uk/government/statistics/characteristics-of-children-in-need-2017-to-2018]

146 Safe Lives (2019). Seeing the Whole Picture: An evaluation of SafeLives' One Front Door [available at: <https://safelives.org.uk/sites/default/files/resources/Seeing%20the%20Whole%20Picture%20-%20An%20evaluation%20of%20SafeLives'%20One%20Front%20Door.pdf>]

147 Ibid.

148 Ibid.

The “whole” family means engaging with the perpetrators as well as the adult and child victims. This has proved a controversial point, with many in the sector challenging the notion of funds being diverted from supporting the victim to engaging with the perpetrator. As a consequence, interventions that engage the perpetrator have received a minimal proportion of government funding: fewer than one per cent of perpetrators, including repeat offenders, receive any kind of specialist intervention; no effort is made to explore the potential to change and break the cycle of abuse where applicable. Yet survivors overwhelmingly agree: there can be no solution to abuse without dealing with perpetrators.¹⁴⁹

Because of the long term impact of trauma, and the importance of parental modelling, the re-education of perpetrators, victims and children in a domestic abuse situation is a necessary part of any strategy to keep children from going into care.

Safeguarding

One Front Door draws together multi-agency specialist teams of statutory and voluntary sector partners to identify a family’s needs before they meet safeguarding thresholds. This focus on prevention has led to significant improvement of outcomes: in the first four months of One Front Door implementation in 2016, across nine Local Authorities, 31% of DA contacts from police progressed to a social care assessment, compared to 3% in the same four months the previous year. The number of contacts which were not closed with ‘No Further Action’ increased by 25% for the same time periods.¹⁵⁰

Practitioners who deal with safeguarding of infants and young children – health visitors, social workers, GPs – have to decide whether the infant’s parents have the will and ability to change their behaviour and circumstances in order to help their baby develop healthily. This life or death decision is made in the context of child homicides most likely being perpetrated by a parent or step parent; and a handful of high-profile, tragic cases such as Victoria Climbié and Baby P, which showed the risk of leaving children with their families.¹⁵¹

Factors which have been shown to reduce the likelihood of significant harm include the presence in the household of a non-abusive partner; parents’ recognition of their problems and willingness to take responsibility; their engagement with services; and their empathy for the child.¹⁵²

Trauma awareness

Domestic abuse is but one example of trauma affecting children: parents who struggle with substance abuse, or with mental health, will also profoundly affect their children’s development and, ultimately, life chances.

¹⁴⁹ Ibid.

¹⁵⁰ Ibid.

¹⁵¹ NSPCC Learning (2020). Statistics briefing: child deaths due to abuse or neglect [available at: <https://learning.nspcc.org.uk/research-resources/statistics-briefings/child-deaths-abuse-neglect>]

¹⁵² Hindley, N., Ramchandani, P, G., & Jones, D. (2006). Risk factors for recurrence of maltreatment: a systematic review [available at: <https://pubmed.ncbi.nlm.nih.gov/16840503/>]

To effectively counter trauma, however, professionals in the care system need specialist training. Research, we have seen, has revealed the similarity between the post-traumatic stress experienced by veteran soldiers; and the post traumatic stress disorder (PTSD) experienced by neglected children. But while soldiers struggling with PTSD routinely receive specialist support, our most vulnerable children do not.

Adopting a trauma-informed approach for children's care system means practitioners widen their lens in assessing children's needs, from focusing exclusively on the individual to taking into account their family circumstances and dynamics – from “me” to “we”; and equip them with the necessary skills for forging positive relationships that can heal the vulnerable child.

Given that the main causes for children's assessment are abuse or parental substance misuse¹⁵³ all assessments should be carried out by a specialist who has these skills – and not, as is predominantly the case at present, by a social worker without these qualifications. This risks producing an inadequate picture of needs and interventions called for.

In October 2020 Neil Harrison, of the Rees Centre at Oxford University, published a report that found attachment and trauma awareness training had enabled participants to understand the importance of relationships, and of “emotional coaching”. Harrison studied 24 primary schools across eight local authorities before the Covid-19 pandemic. Data were collected prior to the school receiving attachment and trauma awareness training (in 2018 and early 2019) and then one year later. 494 school staff, spanning senior leaders, middle managers, teachers, teaching assistants and those fulfilling other roles (e.g. administrative) were involved.¹⁵⁴

The results were encouraging: most respondents reported making changes to their everyday practice as a result of the training. These included “a new emphasis on relationship-building, revised responses to challenging incidents and the use of specific techniques such as ‘emotion coaching’”.

An ACEs Framework

Adopting ACEs as part of an assessment framework also would improve the practitioner's understanding of a child presenting with a particular need. The ACEs framework places family relationships at its core which can be useful in designing and delivering interventions in children's services.

The devolved nations are ahead of England in adopting an ACEs framework. As of 2017 Scotland has embedded ACEs prevention across all areas of public service, including education, health, justice and social work. It has committed £1.3 million to practitioner training and has convened a multi-sectorial ACE hub, to further shape their public health approach to ACEs and other child and adult vulnerabilities.¹⁵⁵

153 Children's Commissioner (2018). Vulnerability Report 2018. [available at: www.childrenscommissioner.gov.uk/wp-content/uploads/2018/07/Childrens-Commissioner-Vulnerability-Report-2018-Overview-Document-1.pdf]

154 The Alex Timpson trust (2020). Attachment and trauma awareness training: analysis of pre-Covid survey data from staff in 24 primary schools [available at: www.education.ox.ac.uk/wp-content/uploads/2019/05/Timpson-working-paper-1.pdf]

155 www.healthscotland.scot/publications/adverse-childhood-experiences-in-context

Public Health Wales has raised ACE awareness through the publication of six reports describing the prevalence of ACEs in England and Wales. The government is also currently offering trauma-informed training to many of its frontline workforces, including health visitors, the housing sector and police force.¹⁵⁶

The Northern Irish government also recognises children and young people's resilience to ACEs as a specific government goal. It too has implemented training in trauma informed care for a wide variety of frontline workforces.

Some frontline agencies are using ACEs screening to increase public awareness of childhood adversity and to help individuals access appropriate support. In some cases, this screening is used to produce an 'ACEs score', which reflects the number of ACEs experienced before the age of 18.

Although childhood experiences can determine development, an ACEs score is not a sensitive clinical instrument when it comes to identifying assessing and supporting individual children. It risks ignoring other conditions and circumstances, and upsetting or confusing children who are tasked with identifying painful past episodes.

ACEs and a Holistic Approach

Dr Louise Dalton and Dr Elizabeth Rapa of the Oxford University Department of Psychiatry tell us that "It is vital that everyone working with children and families, including parents and frontline professionals understand the critical and dynamic relationship between the burden of adversity and the pivotal role of positive supports, skills and abilities in contributing to resilience. These concepts should be adopted as core tenants of universal public health messaging in order to facilitate dissemination of this important knowledge across all sectors."

In England, although the Department of Health and Social Care and the Department for Education have acknowledged the "emerging evidence that Adverse Childhood Experiences (ACEs)... may have negative impacts on future mental health and wellbeing outcomes", the government has yet to embrace a national policy on childhood adversity.

One reason is that **practitioners in children's social services do not always take a holistic approach that investigates parents' needs as the cause of children's developmental difficulties. As Dr Crispin Day of the Maudsley Hospital told us, "Too many services see only the individual not the relationships – stand-alones rather than connected and set in a nexus of relationships."**

Practitioners have argued that adopting this holistic approach takes time and that an over-burdened social worker rushing from case to case cannot afford to spend even a few minutes investigating a child's bonds with parents, siblings or extended family. But adopting a wider lens from the outset in assessing a child's needs will in fact save time (and money) as it will prevent wrong diagnoses and missed opportunities for improvement.

¹⁵⁶ <https://phw.nhs.wales/news/responding-to-adverse-childhood-experiences-an-evidence-review>

As we have seen, services routinely failed to ask questions about parents' relationships. Yet when a child's home is a battle-zone, interventions that do not address the parental relationship will fail.

This narrow focus is symptomatic of a wider system failure that has profound consequences. Under-estimating relationships as the cause of poor development results in under-estimating them as the pathway to prevent or improve those results. In its 2020 report on ACEs, the Early Intervention Foundation reported that "comprehensive interventions offered to families with a child at the edge of care have the potential to stop abuse and neglect and improve a variety of child and family outcomes."¹⁵⁷

Comprehensive interventions

Several voluntary organisations are delivering interventions which focus on the whole family rather than on the individual who has presented with needs. One model is the wrap-around service offered by the charity Safe Families for Children. A church-based volunteer organisation, Safe Families for Children delivers temporary foster care to support families in crisis. The model originates in Chicago in 2003 and was imported to this country in 2012. It is currently expanding across the North East as part of the Innovation Programme.

Safe Families offers a befriending service where a volunteer will act as a mentor/befriender for the family in crisis and offer financial support for the family in terms of goods or skills.

This is a relation-based model, where volunteers develop strong relationships with the families they host, supporting the vulnerable family so that it can be self-sufficient, modelling behaviours and providing support for positive parenting. Embedded in the local community, volunteers introduce the vulnerable family to local services and resources – children's centres and family hubs, housing advice and Job Centre.

The programme has reduced the flow of children into care by between 9–16% and is now working in more than 30 LAs. It numbers 4,500 volunteers from over 1,000 churches and community groups, and 100 professional staff. It has engaged 1,000 families and hosted 7,515 bed nights and supported 11,234 children.

A Northumberland County Council evaluation of work there found that during the support period of 2018, 25 children of the 44 families supported by SFFC were diverted from becoming LAC. This represents a reduction in the LAC flow of 14%, based upon a flow figure of 177 children who started to be looked after in Northumberland during 2018. Families reported:

157 www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next

100%

improved/maintained social networks

98%

improved/maintained wellbeing

98%improved/maintained ability to meet
children's needs**100%**

improved/maintained confidence

93%

improved/maintained family relationships

98%improved/maintained confidence in
positive parenting

The average duration of closed cases during this period was just over five months. To ensure that families have established better support networks and greater resilience and will not require further Children's services support, some volunteers will remain involved with families for considerably longer, with the longest period of support to date in Northumberland being 52 weeks.

The direct cost avoided as a result of diverting children away from local authority care is estimated as a minimum of £51,720 – based upon costings provided by NCC: bed nights provision at £733.78 per week and mum and baby placement £1,200 per week. Specific cases and cost estimates are included in Appendix 3. Costs £1,500 outside London; £1,750 inside London.

Case study: Safe Families for Children

Cherie

Cherie became pregnant at 17 and by the time she was referred to Safe Families for Children, aged 22, she had twin 4-year-old boys and a 3-year-old boy. The boys' father had been physically abusive and was no longer in the picture. Pre-proceedings were in place to take the children into care. Safe Families for Children provided a local volunteer who met with Cherie and the boys once a week for just over a year and hosted the boys. Volunteers also provided white goods, food vouchers and other resources to help Cherie get her house sorted.

"I love my boys and I was trying my best for them. But it was all too much sometimes and I felt overwhelmed and didn't have anyone to talk to. I was always being told what I was doing wrong but didn't know what to do to get it right. Especially when the boys misbehaved I didn't know what to do. They said the boys might be taken off me and I was scared because I didn't want to lose them.

When I first met Safe Families for Children they just listened to me, it was amazing to feel like someone listened and wanted to know what help I needed and what I wanted. Fiona (from Safe Families) then said she had a local person who wanted help me.

Mark is a teacher and met me in the park once a week and gave me advice on what to do when the boys were running wild. He showed me how to talk to them differently and not just shout.

Every couple of weeks the boys went to stay with Mark and his family and that gave me the first break I'd ever had. It gave me a chance to get the house cleaned up and Safe Families for Children got me a washing machine. And I got to celebrate my birthday for the first time. It really helped my mental health having some space and something to look forward to.

The boys loved their weekends away and would talk about the fun stuff they got to do.

When we went into lockdown Mark would come and take the boys outside and Safe Families got me Asda vouchers which really helped because I didn't have much money.

They helped me move house and get a fresh start. We all love the new house. Now they said I was closed to services and the boys would be staying with me and I can look forward to life again, I'm much more confident. Mark is going to keep seeing the boys which is great because I think he's a good role model for them and I can ask his advice."

Troubled Families

Government recently extended another whole-family support programme: the Troubled Families programme, which covers 120,000 families.¹⁵⁸

The Troubled Families programme received a boost of £165m from Government in recognition of its impact. The programme provides an excellent template for whole-family support that draws on national and local charities, including Safe Families for Children, Family Action and others as well as representatives from local and central government.

To be eligible for support, families must have multiple complex needs – including substance misuse, unemployment, and domestic violence; many of these issues are inter-generational. 400,000 families have participated already.

The latest evaluation results are impressive, showing that, compared to families with similar characteristics who have not been on the programme, 19–24 months after starting to receive support, 2.5% of the comparison group were looked after compared to 1.7% of the programme group, a 32% difference for this cohort. It has reduced number of children going into care by a third.¹⁵⁹

In staff surveys, 90% of keyworkers believe the programme is successful in helping families avoid statutory intervention. Case study research also noted that children's social care services were collaborating with early help teams to reduce the burden on social workers.¹⁶⁰

158 Ministry of Housing, Communities & Local Government (2020). Improving families' lives: Annual report of the Troubled Families Programme 2019–2020 [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889452/Improving_families_lives_-_Annual_report_of_the_Troubled_Families_Programme_2019-2020.pdf]

159 MHCLG (2019). Building Resilient Families: Third annual report of the Troubled Families Programme 2018–19 [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/790402/Troubled_Families_Programme_annual_report_2018-19.pdf]

160 MHCLG (2019). National evaluation of the Troubled Families Programme 2015–2020: Findings [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/786889/National_evaluation_of_the_Troubled_Families_Programme_2015_to_2020_evaluation_overview_policy_report.pdf]

In addition, the programme reduced the number of adults claiming Job Seeker's Allowance. The result was a total net public benefit for the 2017/18 cohort estimated to be £366m. This suggests every £1 spent on the programme delivers £2.28 of benefits. The total net fiscal benefit for the 2017/18 cohort is estimated to be £147m. This suggests that every £1 spent on the programme delivers £1.51 of fiscal benefits, although not all of these will be cashable, particularly in the short term.¹⁶¹

The programme has shown the importance of data sharing: as part of the scheme councils share the personal information on individuals and families (such as names and dates of birth) who have been assessed as meeting criteria for the programme and those who have participated in the additional services with the government's nominated evaluation partner, the Office for National Statistics.

They link this with information routinely collected by government departments to develop a wider picture of the needs and progress families have made.

The results are shared with central government and LAs, but in a de-personalised form to protect families' privacy.¹⁶²

Over-represented in care

Although children with family vulnerabilities represent the largest proportion of children going into care there are two groups of children and young people who are also over-represented in the care system. The first is children with special educational needs: 49% of Children in Need and 58% of Children in Care have SEND – much more than the general pupil population, where this is 17%.

The second group is unaccompanied asylum seeker children, who automatically are offered "looked after" status. The number of UASC increased by 11% to 5,070 and they represent around 6% of all children looked after in England. They can be highly vulnerable and can be particularly at risk of going missing due to trafficking and exploitation. Because of the circumstances they have faced, they often have additional needs. The special support required to address these needs must begin as soon as the child comes into local authority care. The Scottish Care Review recommends that this "will be most effective where this support is provided through a stable, continuous relationship with the child."¹⁶³ An UASC, like any looked after child, is entitled to a health plan and a personal education plan. They also are entitled to accommodation, provided by the LA. This can be foster care placement or supported lodgings, where an UASC over 16 years of age lives in a family home but with a lower level of monitoring than in foster care. Local authorities report this provision is under-used because the public seems to be unaware that being a supported lodging host is an option.¹⁶⁴

¹⁶¹ Ibid.

¹⁶² <https://fisd.westminster.gov.uk/kb5/westminster/fis/advice.page?id=xRcNdYFY6Mg>

¹⁶³ www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf

¹⁶⁴ DfE (2017). Safeguarding Strategy Unaccompanied asylum seeking and refugee children [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656425/UASC_Safeguarding_Strategy_2017.pdf]

chapter four

Two key universal touch points

At present there are only two universal pathways to referral in a child's infancy and early years – health visits and birth registration. Both offer a crucial opportunity to identify an issue within the family, and to signpost to appropriate services. Right now, neither opportunity is fully realised.

Health visitors

Popular with the public and not regarded as stigmatising,¹⁶⁵ Health Visitors are an indispensable means of capturing crucial data about families.

The 7,000 Health Visitors hold degree qualification in specialist community public health visiting and are often also trained in midwifery or nursing. Responsibility for training health visitors and school nurses sits with the NHS and Health Education England.¹⁶⁶

Health Visitors are locally commissioned and usually visit parents in their homes, though they may also deliver services in a family hub, GP surgery, children's centre. They offer ante natal checks, when they weigh and measure the baby; immunisation; or assist the mother with breastfeeding. They can engage with fathers; identify maternal mental health issues; parental conflict; and a parent's learning disability, a crucial contributing factor to children entering into care, as between 40% and 60% of parents with learning disabilities have their children removed from their care.¹⁶⁷

The first visit from a Health Visitor occurs in pregnancy. In principle at least, every child receives the five mandated visits through the Healthy Child Programme: from 24 weeks pregnancy; new birth 10–14 days; 6–8 weeks; 9–12 months; 2 years. From next year children are supposed to receive three assessments from education professionals (the 2 year Early Years Foundation stage, or EYFS, check, the reception baseline assessment at 4, and the EYFS Profile at 5).

¹⁶⁵ Ibid.

¹⁶⁶ House of Commons (2019). The reduction in the number of health visitors in England [available at: www.local.gov.uk/sites/default/files/documents/LGA%20briefing%20-%20Reduction%20in%20the%20number%20of%20health%20visitors%20in%20England%20WEB.pdf]

¹⁶⁷ Institute of Healthy Visiting (2019). iHV launches 'Health Visiting in England: A Vision for the Future' [available at: <https://ihv.org.uk/news-and-views/news/ihv-launches-health-visiting-in-england-a-vision-for-the-future>]

Ideally all 5 mandated reviews should be completed by the same Health Visitor, as continuity of practitioner is important for the first 3 (Antenatal, new birth and 6 weeks) to build relationships and elicit need/ vulnerability.

The Institute of Health Visiting has recommended that the five mandated visits be extended to eight, adding a visit at 3–5 weeks; 3–4 months; 3–5 year school readiness. This is already happening in Better Start Blackpool where it has been part of the Early Years programme.¹⁶⁸ (Evaluation of the impact will be published in 2022–3.)

There is evidence that Health Visitors are effective: when their number doubled, between 2010 and 2015, a review by Public Health England found that this increase may have led to some of the improvements in outcomes for teenage pregnancy, smoking in pregnancy, low birthweight at term, infant mortality, excess weight at 4–5 years. Crucially, hospital admissions for injuries under 5 years¹⁶⁹ were also lower, pointing to a possible reduction in parental abuse and neglect.

Taking advantage of their popularity and universal access, Health Visitors could be better used to engage with hard-to-reach families who will otherwise steer clear of services. A visit could include: improving uptake of the 2 year Early Years offer from DfE; supporting children of alcohol dependent parents/couple conflict; supporting parents to manage childhood illnesses; Healthy Start uptake; or Troubled Families. The 2-and-a-half year check could include Strengths and Difficulties Questionnaires (SDQ) to screen for emerging emotional health or behavioural problems, as well as looking for communication issues.¹⁷⁰

Guidance was issued in 2020 to Health Visitors to help improve speech and learning communication for children aged 2–2-and-a-half, including an Early Language Identification Measure which has been shown to identify 94% of toddlers with early language needs.¹⁷¹

Expanding the Health Visitor's role to these areas would represent important savings in terms of CAMHs, youth and criminal justice proceedings, and care placements.

The service is under immense pressure however. The Institute of Health Visiting's 2018 survey¹⁷² found that one in five health visitors had caseloads of over 500 children – and some as much as 750 compared to the maximum of 333 children targeted by the Department of Health and Social Care. In addition to reduced numbers, the health visiting service has to contend with variations in delivery between LAs. This means some children fall through the gaps:¹⁷³ one in five children are missing out on the vital health visitor's checks.¹⁷⁴ The proportion of children missing out rises to 65% in some areas.¹⁷⁵

168 Ibid.

169 Public Health England (2016). Review of mandation for the universal health visiting service [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/592893/Review_of_mandation_universal_health_visiting_service.pdf]

170 Ibid.

171 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939833/ELIM_Summary_report_December-2020.pdf

172 Institute of Healthy Visiting (2018). Three years on from a move to local authority commissioning in England, what has changed? [available at: https://cdn.ps.emap.com/wp-content/uploads/sites/3/2018/12/181205_Institute_of_Health_Visiting_survey_results_Dec_2018.pdf]

173 Children's Commissioner (2020). Best beginnings in the early years [available at: www.childrenscommissioner.gov.uk/report/best-beginnings-in-the-early-years]

174 Ibid.

175 Ibid.

There is also little evidence that local areas are ensuring that their vulnerable young children are checked: the Children's Commissioner reported recently that only 13% of local authorities could identify whether a child who missed their check was also from a disadvantaged family; only 30% could identify whether a child was a Child in Need; and only 12% could identify whether a child had Special Educational Needs.¹⁷⁶ A recent survey of health visitors found almost three quarters reported that children are not routinely followed up at 3 years if early language difficulties or delay are identified at the check.¹⁷⁷

To better exploit the opportunity represented by these popular visits, the Health Visitor could be accompanied by a less skilled (and less expensive) colleague who could undertake some of the measuring, weighing and immunisation. Already the 290,000 Community Nursery Nurses or staff nurses are integral members to local Health Visitor service model. The service could expand to include staff (or volunteers) from voluntary organisations in its model. With their assistance, the Health Visitors would be freed to conduct health reviews that require specialist skills to identify developmental issues like autism; as well as identifying the wider determinants of health such as domestic abuse, parental mental health problems, substance misuse and signposting to services.

When the Health Visitors team identifies behavioural/emotional/social difficulties, an outreach worker from one of the family hubs that are now becoming more widespread could follow up. The outreach worker could offer practical advice to parents in the home, such as how to introduce daily routines and improve diet and exercise; as well as signpost families to further specialist services offered at the family hub.

Birth registration

Another universal offering that can reach even the most marginalised parent is birth registration: more than 95% of parents in the UK will register their child's birth. A number of organisations (including the CSJ) have made recommendations to government that birth registration be moved from civic buildings (there are 180 registration districts in England and Wales) to Family Hubs, children's centres or an appropriate local charity where family/parenting support is offered: this would ensure all parents in a local community 'come through the doors'. Here, in a more supportive setting, parents access practitioners who can identify additional needs. There are no legal or regulatory changes necessary to enable birth registrations to take place outside civic offices. Indeed, some Children's Centres already offer this.

The Government has promoted joint registration of births in recognition of the significant influence that a father's absence from children's lives has on the children's and family outcomes.¹⁷⁸ Joint registration, which ensures fathers acknowledge paternity at birth, brings home the responsibilities as well as the rights of both parents.

¹⁷⁶ Ibid.

¹⁷⁷ Ibid.

¹⁷⁸ Department for Work and Pensions (2007) [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/228776/7160.pdf]

We know one parent families account for nearly a quarter of overall numbers. Only one in ten births (71,917) were registered jointly by parents living at separate addresses, with only 36,122 (5.2 per cent) of births registered by the mother alone. In other words, at this stage, parents are together; this is the time to support them.¹⁷⁹

Birth registration in a family hub setting could offer an opportunity to signpost parental relationship support to keep families together. We agree with the parliamentary signatories of the newly published “Strengthening Families Manifesto” that Government “should bring into force Schedule 6 of the 2010 Welfare Reform Act which requires all fathers to be included on Birth Certificates (with appropriate exemptions). This would enable local authorities to identify almost all fathers in their local area and would ensure support could be offered to fathers at an early stage”.¹⁸⁰

Research shows that sole registered births are much more common among younger mothers, and particularly common for those who gave birth under the age of 21.¹⁸¹ This is the cohort most likely to have children taken into care; birth registration therefore presents a timely opportunity to reach these mothers and identify any additional needs.

Timing is of the essence

Health visitors and birth registrations occur in the early years of a child’s life. At this stage, the brain is at its most plastic; and poor habits and behaviour not yet ingrained. These years represent a particularly opportune “window” for interventions, research shows. In 2016, the Early Intervention Foundation estimated that the national cost of ‘late intervention’ was £16.6 bn.¹⁸² They noted that this “does not capture longer-term cumulative costs which will be considerably larger; it also does not capture wider cost to individuals and society”. The cost derived mostly from expenditure on children’s social care, crime and anti-social behaviour and youth economic inactivity, fell largely on local government, the NHS, the Department for Work and Pensions and the police and criminal justice system.

Similarly, around two-thirds of parents in focus groups conducted across nine local authorities in 2013 stated that they would have liked help sooner. And in consultations held with young people who were in care or care leavers, 43% believed that they would not have had to come into care if there had been more support available for their families at an earlier stage.¹⁸³

Yet spending on services that target children under the age of 3 represents a small share of the government budget for the early years; and spend on the lower-level tier of family support by local authorities has been cut by 60% since 2010, as funds increasingly target children in crisis.

This is a short-sighted approach.

179 www.centreforsocialjustice.org.uk/library/transforming-birth-registration

180 Strengthen Families Manifesto (2017). A Manifesto to Strengthen Families: Policies for a Conservative Government to strengthen families [available at: www.strengtheningfamiliesmanifesto.com/assets/Family_Manifesto.pdf]

181 Department for Work and Pensions (2007) [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/228776/7160.pdf]

182 Chowdry, H., & Oppenheim, C. (2015). Spending on late intervention: How we can do better for less [available at: www.eif.org/report/spending-on-late-intervention-how-we-can-do-better-for-less]

183 Dixon, L. et al (2015). Supporting Adolescents on the Edge of Care. The role of short term stays in residential care [available at: https://media.actionforchildren.org.uk/documents/EOC_REPORT_Final.pdf]

chapter five

Family hubs

As their name suggests, family hubs deliver support for parents and children. They extend the focus of earlier children's centres on the early years, to families with children up to the age of 19.

Included in the Conservative Party Manifesto – and originally proposed by the CSJ in 2014 – the hubs have the potential to transform family services so that they deliver timely, solid, and wide-spread support for relationships. Their roll-out should be a matter of urgency for government.

At present family hubs exist in a variety of models and settings – some in the 2000 children's centres that remain, but extending the offer beyond the early years; some based in schools, GP surgeries or libraries; others still, exist only virtually.

In this one setting, the voluntary sector, LAs, and Multiple Academy Trusts can deliver health and social services. Co-location ensures cost savings in terms of staff, administrative and digital elements, as well as data bases. To ensure that families access statutory and voluntary support; and that LAs are familiar with voluntary community services hub can appoint a designated "community coach" or "community connector" (as is used in Blackpool Better Start family hubs) with a deep knowledge of the local community.

Outreach is a crucial component of the hubs' support infrastructure: when carried out by voluntary organisations rather than statutory agencies, hard-to-reach vulnerable families are more likely to engage.

Multi-agency hubs share a "one front door approach" that erases stigma. They can deliver both universal services, like Health Visitors and birth registration, and targeted services such as DA support or housing advice. In particular, when they include specialist services such as mental health and substance misuse, they contribute valuable information and expert analysis which can prevent escalation for families experiencing complex needs.

The Family Hubs Network of more than 150 hubs has developed nationally, grown organically as a response to local needs. At their heart, Dr Samantha Callan, Family Hubs Network co-founder tells us, is the relational approach: strengthening relationships, whether through parenting support, or couples conflict services; and building relationships in the locality, and reflecting that locality in their variety.

Although these hubs at present lack the evidence base necessary for scaling, the government's recent £2.5m grant establishing a National Centre of Family Hubs and Integrated Family Services and funding research into best practice should fill this gap.

Such progress would be welcome: with their whole family focus and integrated services offer that extends the original children's centres from Early Years to young people under age 19, hubs can become a one-stop setting where identification, signposting and service delivery can take place.

Place-based support

Because the hubs are a universal service that carries no stigma, parents are more likely to feel comfortable engaging with services here. Many vulnerable families will include parents who lack confidence, a social network, any kind of continuous support. These parents will find parenting skills classes and follow-up discussion groups helpful. Evidence suggests that once they are able to adopt the approaches learned in the classes, and forge relationships with other parents, their children's outcomes improve in terms of school readiness and the gap between the most vulnerable and the rest.¹⁸⁴ The hubs' role in delivering these classes is crucial given that only half of school offer parenting classes.

Hubs' reliance on volunteers promotes community engagement and builds social resilience to fuel our national recovery. By using schools, libraries, and church halls as settings, hubs are able to "sweat assets" that are under-used or not used at all during certain hours in the day and months in the year.

The hubs' focus on relationships will be especially useful in the wake of the pandemic. The consequences of confinement, loss of income and the loss of childcare will likely have a serious impact on family relationships with increased family separation and an increase in the number of families in relationship distress. The hubs can be used as contact centres for parents who require supervised interaction with their children and facilitate the delivery of mediation services for couples in conflict. They can also provide a pathway away from going to court or a legal route for separating parents, which can be expensive and can put greater strain on the family's relationship. Conflict resolution is unnecessarily overly reliant on the court service and the legal profession and new approaches are needed to implement alternative dispute resolution services.

Family Hub provisions introduce opportunities for local staff to up-skill and expand their roles. Continuous Professional Development (CPD) could be offered to staff working in Private, Voluntary and Independent settings (PVI's.) The hubs also could serve as training centres for apprenticeships in administration/mental health work/social work; provide work and opportunities within communities; and link in with existing providers/universities. They could also offer employment support to job-seekers.¹⁸⁵

¹⁸⁴ <https://familyhubsnetwork.com/catch-up-on-our-family-hubs-webinar>

¹⁸⁵ All Party Parliamentary Group on Children's Centres (2016). Family Hubs: The Future of Children's Centres Strengthening family relationships to improve Life Chances for everyone [available at: <https://democracy.leeds.gov.uk/documents/s150825/app%208%20appg%20on%20childrens%20centres%20-%20family%20hubs%20report%20final.pdf>]

Family Support Transformation Fund

To build on the Budget announcement the Chancellor should establish a Family Support Transformation Fund. This fund would provide a resource for top tier Local Authorities (LAs) to implement a Family Hubs model across their area.

LAs would use money from the fund to develop an implementation plan to either develop a localised Family Hubs network or extend existing provision of Family Hubs.

The Family Support Transformation Fund would provide the resources for a nationwide roll-out of Family Hubs delivered nationally. The Fund would work alongside the National Centre for Family Hubs and Integrated Services, with evaluation carried out using research funds announced in Budget 2020.

The ambition of the fund should be to see every Local Authority in England move towards delivery of Family Hubs, with a plan to ensure every family has or will have access to a family hub by the close of the fund.

The fund would include:

- Money for staffing resource to enable an LA officer to establish the hubs.
- The development of missing services, particularly proactive relationship education, relationship support and post-separation support, as these are still not found in many Hubs.
- Working alongside the National Centre for Family Hubs and Integrated Services to understand ‘what works’ and embed good practice within their Family Hubs offering.
- Capital funding to repurpose existing infrastructure, such as Children’s Centres so it is appropriate for parents with older children and teenagers themselves. Many Children’s Centres were designed with the early years – and mothers – in mind, so they are not necessarily father-friendly or suitable as youth spaces.

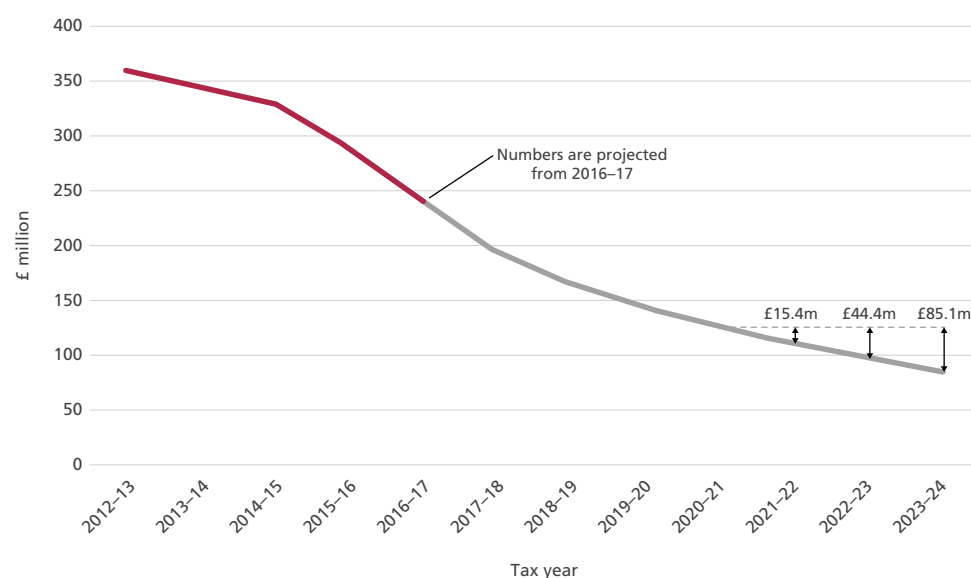
A potential source of revenue has been identified by the Centre for Social Justice by capturing approximately £235 million (over three years) of anticipated underspend within the Married Couple’s Allowance. This money should be ring-fenced to provide funds for a proposed Family Support Transformation Fund.

This money has been found through the declining uptake of the MCA and would incur no new expenditure or loss of benefits to existing claimants.

Due to the age-limited nature of MCA,¹⁸⁶ government expenditure on this tax relief is declining rapidly and is likely to disappear altogether within the next decade. Using the cost of the reliefs from the last five years, we have projected the likely costs over the next three years and calculated the amount saved as these costs decrease.

¹⁸⁶ Married Couple’s Allowance [accessed via: www.gov.uk/married-couples-allowance]

Figure 3: Married Couple's Allowance cost to the Treasury



Money for the proposed fund could be found by maintaining expenditure on the MCA at 2019/20 levels (estimated at £127.18 million) for a three-year cycle of funding, re-allocating the difference between this level and the amount claimed over this period. The above chart projects a decreasing drawdown on the budget for the MCA over a three-year period. Based on this calculation, it is anticipated that this fund would provide £15.4 million in Year 1, £59.8 million in Year 2, and £160.3 million in Year 3.

The Government should commit to ensuring savings from the decreasing drawdown on MCA is used to fund a Family Support Transformation Fund. This would be cost-neutral to the HMT and existing claimants would continue to receive MCA payments.

The Wigan Deal

Donna Hall, when Chief Executive of Wigan Council in 2007, established family hubs in schools to deliver “early intervention and prevention with the community and a whole family approach at the heart of activity.”

The council faced a £160 m budget cut, prompting Hall to draw up “The Deal”, a social contract between the borough and its residents, which froze council fees and stoked community engagement in exchange for residents’ pledge to recycle more and volunteer in local groups. The council established training for frontline workers which drew on ethnographic techniques, emphasising listening and allowing the service user to take the lead and set the agenda.¹⁸⁷

School buildings were used in a different way, out of hours and during school holidays. By delivering universal and targeted services from school, services could reduce duplication, increase uptake, improve targeted action and potentially reduce demand for more costly

187 Hall, D., et al. (2019). ‘Tight on values, loose on delivery’: Donna Hall on leading The Deal in Wigan [available at: www.centreforpublicimpact.org/insights/tight-values-loose-delivery-donna-hall-leading-deal-wigan]

specialist services. On site, wrap around services such as the School Nurse and Health Visitor assisted in more timely interventions. Co-locating officers across agencies within the school prompted services to share data and intelligence.¹⁸⁸

The Deal replaced some expensive services with grants to small voluntary organisations. Hall focused on early intervention, prevention and increasing life expectancy, particularly with regard to closing the gap between rich and poor. She reduced the numbers of looked after children in the borough by 10% within six years of introducing The Deal.

“Every single person in the council is trained in ethnographic practice – we had an anthropologist come in to support us with that... There are 323,000 people in Wigan, each with different assets, needs and expectations. An ethnographic approach recognises and honours that. We don’t fund one group or offer one solution and ignore those whose needs don’t match. We really focus on how everyone in the community interacts with each other and how public services in that particular place interact with each individual. One result is that we now fund 500 community projects, meeting needs that have been identified by the communities themselves. We didn’t tell them what they needed; we listened.”¹⁸⁹

The results were significant, with Wigan reducing the number of social works by 30% and increasing ‘healthy life expectancy’ from 2009–11 to 2015–17.¹⁹⁰

Empowering communities

The lesson from Wigan is that positive relationships beyond those with the immediate family can prove transformative. The pandemic brought this home, more recently. **Covid-19 and its lockdowns have spurred community engagement, up and down the country. It is estimated that 4,000 ‘mutual aid groups’ were set up during the lockdown, and some 83% of people aged over 70 received an offer of support.**¹⁹¹

This spontaneous grassroots response should be encouraged and harnessed in the campaign to achieve better outcomes for vulnerable families.

Statutory interventions are necessary but not sufficient to produce transformative health improvements and generate population-wide change. Services reach only a small portion of the people affected, and their cost makes them the last resort in a crisis rather than an integral part of a preventive strategy. The answer lies instead in building “community capacity” – the ability of people to provide support and assistance for each other and generate solutions for locally prioritized issues. Communities with high community capacity have extensive networks of relationships through which reciprocity can flow and foster the kind of actions to influence whole systems.¹⁹²

188 Solomon, E. (2016). Rethinking Children’s Services Fit for the Future? [available at: www.ncb.org.uk/sites/default/files/uploads/files/Rethinking%2520Childrens%2520Services.pdf]

189 Hall, D., et al. (2019). ‘Tight on values, loose on delivery’: Donna Hall on leading The Deal in Wigan [available at: www.centreforpublicimpact.org/insights/tight-values-loose-delivery-donna-hall-leading-deal-wigan]

190 Ibid.

191 Kruger, D. (2020). Levelling up our communities: proposals for a new social covenant [available at: www.dannykruger.org.uk/files/2020-09/Levelling%20Up%20Our%20Communities-Danny%20Kruger.pdf]

192 [www.academicpedsjnl.net/article/S1876-2859\(16\)30496-X/pdf](http://www.academicpedsjnl.net/article/S1876-2859(16)30496-X/pdf)

When residents engage in their local community they benefit from reduced sense of isolation and loneliness; lower mortality; less chance of developing heart disease and a lower risk of premature death.¹⁹³

The New Local network, founded by Donna Hall, champions the Wigan model based on the principle of reciprocity, arguing that it uses the same drive to “take back control” that fuelled Brexit supporters to increase “a willingness to take responsibility for beneficial individual and collective outcomes.”

The work of including citizens in decisions in their communities needs Government buy-in.¹⁹⁴ This would involve “ensuring that local authorities, health bodies and other public agencies bring the public, especially marginalised groups, into decision-making as early as possible.”

Case study: West London Zone

The charity West London Zone, situated in one of the most unequal areas in the country, focuses on building a “Trusted Relationship” with the most vulnerable children. Louisa Mitchell, its CEO, summarises the charity’s ethos as “relational” and “place-based”. Its staff engages with the child’s wider support networks (friends, family, teachers, other professionals). Success, Mitchell explains, is measured not only with hard metrics such as academic achievement, but also in terms of the child’s growing self confidence and sense of well-being.

The charity covers an area with 60,000 school-age children and young people, among whom one in five is at risk of leaving school without the proper skills to thrive. 29 schools across four councils refer children to the charity because of needs such as low grades, poor attendance, wellbeing concerns, low levels of parental involvement. All children referred are below the threshold for additional statutory support. “They would, in other words slip through the net,” according to Mitchell.

West London Zone provides a school-based link worker who identifies goals and sets individual support plan – with parental engagement. They also can signpost – “because they are familiar with the local area, they will know which charity, which services, best meet the child’s and the family’s needs.” Deeply embedded in a community, the West London School Zone knows which paid for and free support programmes are available to meet individual needs.

School staff will rarely have the time to explore underlying issues with a child and their parents – but “we firmly believe parents are part of the equation and we look at the quality of homelife.” The link worker will encourage parents who are struggling with their children to attend parenting classes or discussion groups: “getting it right in the family is the first crucial step,” Mitchell explains.

The charity has developed a collective impact funding model, whereby a commissioner pays when each child achieves a milestone. This ensures constant tracking of progress, as well as the ability “to dive in and review the case, sometimes adapting the support or the time frame.” West London Zone also receives contributions from central government, foundations and philanthropists.

During lockdown, the charity measured their impact in terms of well-being and peer relations; as well as academic progress in maths and English. On all scores, children who had been supported by the charity showed improvements of up to 82% in terms of well-being, 67% in terms of their English and 62% in maths.

¹⁹³ Ibid.

¹⁹⁴ Woodhouse, J. (2015) The voluntary sector and the Big Society [available at: <https://commonslibrary.parliament.uk/research-briefings/sn05883>]

chapter six

Restorative practice

A care system that places relationships at its centre recognises that the best interventions are those that engage parents as co-pilots rather than passengers. Restorative practice treats parents as agents capable of co-designing, with practitioners, the programme that will best meet their needs.

The evidence base for the use of restorative practice is still developing, but existing empirical work shows families claim to feel positive about their involvement in planning for their children; high levels of agreed, safe plans produced by families; affirming or developing family connections; and increased opportunities for children to be cared for within their kinship networks.¹⁹⁵

The Social Care Innovation Programme (SFPC) was launched in 2014 to promote a re-thinking of social work in relation to children and families, and to promote new initiatives for adolescents on the edge of care. It includes the Strengthening Families, Protecting Children programme, a Department for Education funded programme investing £84 million over five years to support up to 20 local authorities to improve work with families and safely reduce the number of children entering care. SFPC has supported selected local authorities to adapt and adopt one of three children's social care innovation programme projects in their own area. The three projects are Leeds Family Valued; Family Safeguarding in Hertfordshire and No Wrong Door in North Yorkshire.¹⁹⁶

Nigel Richardson, former director of Children's Services in Leeds, stressed that Leeds Family Valued was about "promoting a whole cultural shift in the city... We relied on restorative practice in the form of Family Group Conferences, guided by a mediator to explore the reason for behavioural issues, and how these causes could be addressed to restore good relationships. They identified that services working in silos were hindering proper support, causing families to undergo multiple assessments. The family would have to tell their story repeatedly, which could prove painful. We established instead that all agencies meet to discuss the family, so that they could apply a wide lens perspective to the family's needs."

Promising models selected for future research to examine scale and spread are the Family Group Conferences and the Family Drugs and Alcohol Courts.

¹⁹⁵ DfE (2017). Leeds Family Valued programme [available at: www.gov.uk/government/publications/leeds-family-valued-programme]

¹⁹⁶ DfE (2020). Children's Social Care Innovation Programme: insights and evaluation [available at: www.gov.uk/guidance/childrens-social-care-innovation-programme-insights-and-evaluation]

Family Group Conference

The Family Group Conference model is key in making that shift from state to family.

Martin Pratt, Camden Council

Family Group Conferences (FGCs) are offered to families in a large number of local authorities to address child welfare issues. Trained social workers, caseworkers, counsellors, youth care workers deliver the programme to families who have received a pre-proceedings letter from their local authority. The programme brings together parents (and when age-appropriate, their child) as well as the wider family and anyone deemed important to the child, to agree on a plan to improve the child's development and well-being. The conference lasts up to three or four hours, and will take up to four weeks to prepare; the cost of each FGC ranges between £1–1500.

In preparation for the conference, the co-ordinator identifies the family network – extended family, friends, neighbours – meets with them to discuss the reason for the meeting and invite them to participate. During the conference, the co-ordinator/ agency staff provide information to enable the family to develop a plan for the child. This might include school counselling, obtaining transportation to and from CAMH sessions, or arranging a short term stay with grandparents to give parents a brief respite. Participants discuss the possible plan, then the family meets in private to discuss it. The plan can be amended if necessary until all participants agree to it.

Daybreak, the country's leading national voluntary organisation focused on the delivery of FGCs and related training, commissioned an independent evaluation that showed use of FGC increased by 15% the number of children safely staying within their family network and decreased by 21% the number of cases going forward into proceedings. It also registered high level of satisfaction from family and professionals who participated in the FGC's.

Local Authorities, in a recent survey by What Works for Children's Care, identified FGC as their favoured specific method for reducing the need for care. The report highlighted the considerable variation in the point at which a family group conference was offered: some local authorities offered it early in involvement, while others did so when care or return from care was an option.¹⁹⁷

In Leeds in 2015, Nigel Richardson, Director of Children's Services, used part of a £4.5m grant from the DfE Social Care Innovation Programme to expand FGC as part of "Family Valued", a whole-sale systems reform. Top priority for Leeds Children's Services was to keep children within families – and where this was not possible because of concerns about the safeguarding or welfare of the child, to support families in deciding what needs to happen. In 2017 an evaluation was carried out, showing that of 54 participating families interviewed:

197 What Works for Children's Social Care (2020). Improving Evidence for Better Outcomes [available at: <https://whatworks-csc.org.uk>]

100%

felt involved in the process

98%

felt their values had been respected

99%felt their FGC had helped address
their problems**91%**felt the services they were offered
were appropriate to their needs

Case study: Family Group Conference

Faye in Camden

After my daughter, Savannah, was born, I became very ill. I would randomly fall asleep as I was looking after her. After a year of going to hospital for tests, at the age of forty, I was diagnosed with leukaemia and started chemotherapy.

I needed help looking after Savannah, who was only two at the time, but I didn't know where to find support. I was estranged from my family and Savannah's father was mentally unwell. I had friends in the community but I felt scared to ask them for help, not only because I was worried about rejection but because I was worried that they would look at me like I was a bad mum.

I was wary to ask social services for help. Immediately after Savannah was born, I had been called into a child protection conference. Social services didn't think I was mentally prepared for a child. It was filled with people I didn't know and they talked about me, over me, everything but to me. I was terrified; I felt like I had done something wrong. After I stood up and demanded to be heard, desperate to keep my child and avoid court proceedings, they labelled her a child in need and we were allowed to stay together, but I felt physically and emotionally harmed by that meeting.

But facing my illness, I was forced to call them. I didn't think I had any other options. Because I had already had a child protection conference, they suggested I try out a Family Group Conference (FGC).

They put me in contact with an FGC coordinator, Christina, and she explained to me that an FGC was a meeting bringing together members of my support network to help alleviate the pressures I faced by developing a plan. Social services were not involved; it was meeting by family and friends for family and friends.

It took hours to come up with a list of contacts who might attend. I didn't feel comfortable asking for help. When I mentioned that Savannah's godmother lived upstairs and I spoke to her regularly, Christina questioned why I didn't think she would want to help. I thought well we can try but I don't think they will have the time. After we'd come up with a list, I went away and Christina called all of them and explained.

I wasn't convinced until the day before the meeting, when all these people started to confirm their attendance. Ten people attended and fifteen more offered to help. That blew me away. I honestly didn't think anyone would show up. And not only did people offer to help but they reminded me that I'd helped them in the past, and that of course they wanted to help. I'd lived here for 27 years but that was when I realised I'd actually made another family out of my community, that people really cared.

We drew up a plan, which consisted of a rota for people to take Savannah to school and bring her back, to help her get organised and dressed for school, to come to the house to help me, clean the house and keep it in order, get me dressed and organised, we even had a rota for taking me to and from hospital. They essentially surrounded me in cotton wool to give me time to recover from my treatment, which at times left me unable to stand up, and Savannah's life to continue uninterrupted.

People need to know about FGCs because they allow families, parents and children, to have a voice.

FGCs are not frightening, there's no authority there, it's just family and friends working out a plan to navigate the difficulties ahead. It still helps me to this day, six years since the meeting.

It had such a positive impact on my life that I decided to become a family group conference coordinator myself after I recovered, first as a volunteer and then I did the training. Now I help people all over my community, and people respond to me because I empathise with them. After all, I have been through what they're going through.

As an FGC coordinator, I don't take notes, I'm not there to glean information, I'm not a social worker, I empower the family in need to reach out to their support network and build a plan. When all is done, I sent it to the social worker, who ticks it off and the plan begins.

Family Drugs and Alcohol Courts

Research suggests that rates of adult mental ill health and alcohol misuse are strongly correlated with rates of Looked After Children.¹⁹⁸

The Family Drug and Alcohol Court (FDAC) pioneered by Coram and the Tavistock and Portman NHS Foundation Trust, with the Wells Street Court provides an alternative to the traditional family court for care proceedings. The Court is specially designed for parents who struggle with alcohol or drug misuse and are at risk of losing their child. The presiding FDAC judge refers parents to FDAC. The multi-disciplinary team – including specialists in substance abuse, mental health, domestic abuse – carries out a multi-disciplinary assessment of the parents and those who enter the programme begin a fully-supported “trial for change”.

The team provide a key worker for the parent who does direct work with the parent and co-ordinates all the services identified in the plan. A judge supervises fortnightly the parents, without any lawyers present, to monitor their progress in rehabilitation.

Lancaster University carried out an evaluation in December 2016 with a cohort of 240 cases (350 children) and compared the outcomes for the 140 FDAC mothers and their 201 children. This cohort comprises the cases that entered FDAC and received assistance over the period from its inception in 2008 to 2012 and comparison cases entering the same court, for the same reasons, but heard in ordinary care proceedings.¹⁹⁹

198 DfE (2019). Review of children in need [available at: www.gov.uk/government/publications/review-of-children-in-need/review-of-children-in-need]

199 Lancaster University (2016). Family Drug and Alcohol Court has a lasting positive effect on troubled families [available at: www.lancaster.ac.uk/news/articles/2016/family-drug-and-alcohol-court-has-a-lasting-positive-effect-on-troubled-families]

The study found new evidence that FDAC is better able to build on the potential of mothers to change, in both the short and the longer term. In the short term, FDAC mothers were more successful than comparison mothers in stopping their misuse of drugs and/or alcohol by the end of the care proceedings. Where that is not possible a decision can be to achieve permanence in appropriate timescale.

The evidence also suggests that there may be a continuing longer term 'FDAC effect' that enables some mothers to maintain positive change after care proceedings and the intensive FDAC intervention come to an end. The risk of substance misuse was significantly lower at the 5-year follow-up stage for the FDAC mothers. In addition, a significantly higher proportion of FDAC families reunited at the end of the proceedings did not experience any disruption. Whilst concerns in relation to children may remain, FDAC appears to have achieved its objective: building resilience and promoting effective coping strategies to help parents face future difficulties more confidently and to parent better over the longer term."²⁰⁰

Every £1 spent on FDAC saves £1 over 2 years and £2.30 over 5 years. Moreover, a recent report by the Centre for Justice Innovation has calculated (Ref: Better Courts, Centre for Justice Innovation) that FDAC savings to NHS and criminal justice system due to reduced crime resulting from reduced levels of substance misuse are significant – the savings over four years per abstainer as £5,640 for the criminal justice system, and £420 for the NHS.²⁰¹

Despite this, the funding mechanisms need to be aligned to ensure that replication of FDACs can be achieved and sustained. Coram is conducting a Randomised Control Trial for the What Works Centre to examine the potential for scale and benefit of FDACs.

Dr Mike Shaw, director of the Family Drug and Alcohol Court National Unit

"Over a third of our families go home with their kids. In normal court proceedings this is 20%.

"We say let's look at what are the drivers. When a family ends up in a family court, it is a profound interference in family life. Personal things are exposed and discussed and proceedings can result in a major sanction, which is children can be removed from you.

"With complex social problems, a different court is needed. Although we do have judge and court, we add problem-solving. We have spotted some determining factors that turn up again and again: parents with substance misuses, parents in abusive partner relationships, mental and physical issues. Until these problems are addressed, children will be taken away.

"We have standard court proceedings but we have a hearing where judge meets parents and members of a therapeutic team trained by me. Judge talks about what is going well to parents tries to encourage them but also reminds them of need to change in a certain time frame.

"At present, capacity is small – after 12 years, it still represents less than one % of all court proceedings, and we run only in London, Southampton, Leeds and Milton Keynes. We believe 50% of cases would be suitable for this.

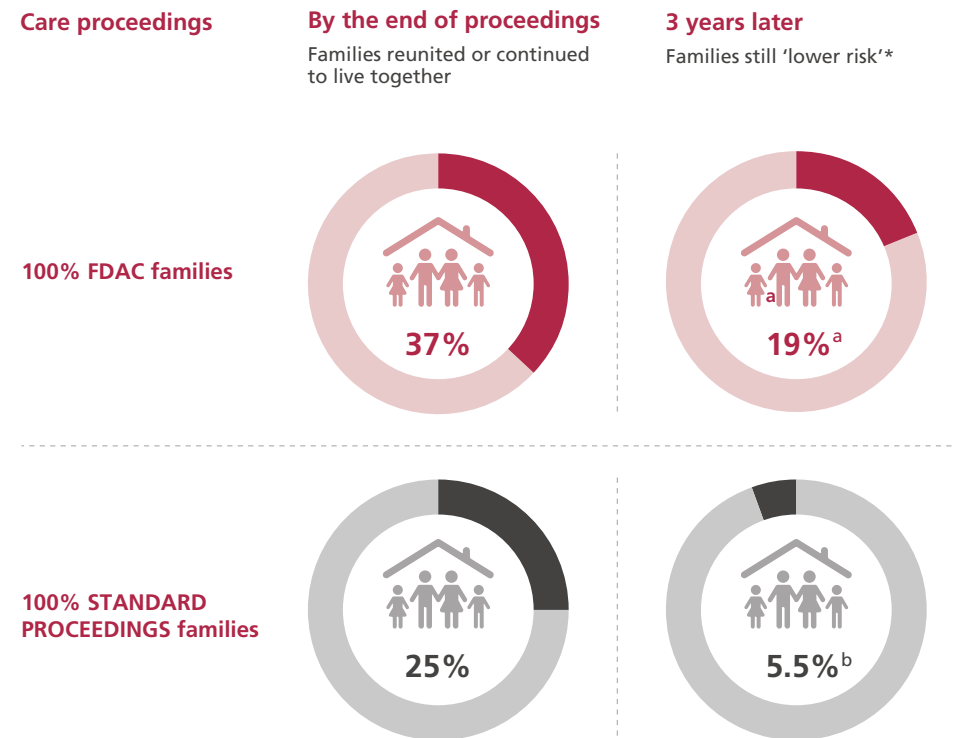
200 "After FDAC: Outcomes Five Years Later", Lancaster University, December 2016

201 Whitehead, S., & Bowen, P. (2015). Better Courts: a blueprint for innovation [available at: <https://justiceinnovation.org/publications/better-courts-blueprint-innovation>]

"We conducted a survival analysis of the first 100 cases. Three years after proceedings no further abuse no relapse into violence no return to court. Half of them had made it. But for families who don't go through our system, they are four times more likely to go back to court."

"£14k per case, paid for by LAs. Cost benefit analysis shows the money is recouped after two years."

Figure 4: Outcomes at the end of proceedings and 3 years later



* Where 'Lower Risk' is defined as no relapse of the parent's problems *and* no further abuse or neglect, *and* no change of placement *and* no return to court. Where (a) 19% lower risk in FDAC is calculated ($51\% \times 37\% = 18.87\%$) and (b) 5.5% lower risk in standard proceedings is calculated ($22\% \times 25\% = 5.5\%$)

Restorative practice can also be applied beyond the family nucleus to the wider community. The impact on vulnerable children of strengthened relationships across their school and neighbourhood can be of great benefit. Two models with impressive evidence of impact are the Functional Family Therapy and Multi-Systemic Therapy.

Functional Family Therapy

This intervention is aimed at 10–18 year olds who have violent, behavioural or conduct problems or a history of offending. Brigitte Squire, who has practiced FFT for over 20 years, told us that it is fundamental to "start with family therapy because you need the base of the family to support individual therapy". She stressed that "practitioners do not tell the parents or the adolescents what to do, they don't judge, just teach new skills to equip the family to become a safe haven."

The Bridges Outcomes Partnerships, which works with commissioners and providers to design support projects and provides the working capital for these, service, collaborated with three delivery partners – Family Psychology Mutual, Family Action and South West London and St George's Mental Health NHS Trust – to offer FFT in Norfolk, Northampton and across ten London boroughs. Squires said the FFT allows therapists to “change family dynamics, and modify behaviours – reducing parent-child conflict around communication, rules and respect.” The key is how to communicate with these families – this is where the training comes in and is so effective.”

Functional Family Therapy offers on the job training, with weekly supervision – oversight by paper or video. It costs £12–15k per family over two years and has shown a 90% success rate with family stability.

Multi-Systemic Therapy

Related to FFT but more intensive (and more micro-managed) are MST interventions, where the emphasis is on supporting the whole family, including children aged 11–17 years old. It is designed for families with complex needs that have not engaged with other services and where a young person may be at risk of reception into care or custody. MST therapists can include social workers and psychologists who have received specific training on the model. A team of 3–4 therapists will be on call 24 hours a day every day and will provide support within the home, in school, in the neighbourhood. Goals for the family are set early in the intervention and reviewed weekly. The input can last between three and six months.²⁰²

Research and audit data from the MST teams based across the UK and Ireland shows that it is possible to replicate the positive results and that MST:

- Keeps children in their homes – 93.9% of young people remain at home;
- Keeps children in school – 77.7% are in school or working;
- Keep children out of trouble – 90.0% have no new criminal charges.²⁰³

202 Raws, P (2018), Thinking about Adolescent Neglect: A Review of Research on Identification, Assessment and Intervention [available at: www.saferchildrenyork.org.uk/Downloads/thinking_about_adolescent_neglect_report-ChildrenSociety.pdf]

203 Bridges Outcomes Partnerships (2020). IMPROVING SERVICES, IMPROVING LIVES [available at: www.bridgesoutcomespartnerships.org]

chapter seven

Kinship Care and International Kinship Care

A children's care system that values relationships will investigate thoroughly an option to keep children within their extended family when it is not possible to keep them with their birth parents. But the recent "Options for Change" Care Crisis Review reported that options for safe care within family and community are not being used sufficiently. This finding is echoed by the cross-party Parliamentary Task Force on Kinship Care: LAs are failing to "evaluate potential kinship care placements as a realistic option at an early stage".

This represents a missed opportunity: research found that the 180,000 children placed in kinship care generally do as well, if not better, than children in unrelated foster care.²⁰⁴

A 2014 study of Special Guardianship Orders identified that around 94.3% of children and young people remained with the kinship carer for at least five years (and so only 5% returning to the care system over a five-year period). The disruption rate is slightly higher than that for children who had been adopted (99.3% who were still with their adoptive parents after five years) but much lower than for children who had been subject to a residence order (85.3% still in placement after five years).²⁰⁵ Children in a kinship foster placement when they took their GCSEs had a higher GCSE points score than children in non-kin foster care and a much higher score than all looked after children or all children in need.²⁰⁶

204 Family Rights Group (2017). Initial Family and Friends Care Assessment: A good practice guide [available at: www.frg.org.uk/images/Viability_Assessments/VIABILITY-MASTER-COPY-WHOLE-GUIDE.pdf]

205 Grandparents plus (2020). Kinship Care: The Opportunity [available at: www.grandparentsplus.org.uk/wp-content/uploads/Final_economic_case_text.pdf]

206 Ibid.

Given that kinship care produces better outcomes and is significantly less expensive than alternative care arrangements such as fostering and residential care,²⁰⁷ central Government and LAs should encourage this element of the system.

To do so, they should incentivise kinship carers: at present this group receives little support despite research showing the prevalence of long-term health issues, disabilities and deprivation among kinship carers.²⁰⁸

This is palpably unjust: the most disadvantaged are taking on a role that saves the state huge fees. Many have to rely at least in part on the benefits system.

The process for kinship care is also flawed. It is often a last-minute option, with the assessment process rushed, often carried out over the telephone (sometimes over a brief 15 minute call) – sometimes without the prospective carers even understanding that they are being assessed. The prospective carers report lacking sufficient information about their rights or about the child's needs, which prevents them from making an informed decision.²⁰⁹

Over half (51%) of children in kinship care in England are being raised by grandparents and almost a quarter (23%) by older siblings.

International Kinship Care

In 2019, 34.3% of all children born in England and Wales had either one or both parents born outside of the UK.²¹⁰

Children and Families Across Borders (CFAB), the only UK charity with an international children's social work team, estimates that there are over 18,000 Looked After Children in England and Wales who may have family members abroad that could – and should – be explored as options for their long-term care.

In a freedom of information (FOI) request to over 200 UK local authorities made exclusively for the CSJ in 2020, CFAB asked how many Looked After Children had a) family members abroad who had been explored as potential carers, and b) subsequently been placed abroad in the period from 2015 to 2017. With a 95% response rate, half of the local authorities admitted that they had not explored any family members abroad in this timeframe. 47 local authorities confirmed they sent children to live with family abroad in the period 2015–2017 inclusive, with an approximate total of 128 children reunited with family. Of those that did, none reported placing more than an average of three Looked After Children abroad per year – an equivalent of only .00004% the total Looked After Children population in the UK.

207 Family Rights Group (2017). Initial Family and Friends Care Assessment: A good practice guide [available at: www.frg.org.uk/images/Viability_Assessments/VIABILITY-MASTER-COPY-WHOLE-GUIDE.pdf]

208 Kinship Care (2020). First Thought Not Afterthought: Report of the Parliamentary Taskforce on Kinship Care [available at: www.frg.org.uk/images/Cross_party_PT_on_KC/KinshipCare_parliamentary-report-September20.pdf]

209 Kinship Care (2020). First Thought Not Afterthought: Report of the Parliamentary Taskforce on Kinship Care [available at: www.frg.org.uk/images/Cross_party_PT_on_KC/KinshipCare_parliamentary-report-September20.pdf]

210 Office for National Statistics. (2020). Births by parents' country of birth, England and Wales: 2019 [available at: www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/parentscountryofbirthenglandandwales/2019#:~:text=In%202019%2C%2034.3%25%20of%20all,up%20from%2033.8%25%20in%202018]

Case study: David Nyoke

My name is David, and I am eight years-old. My mother is British, and my father is Nigerian. I was born at Lewisham Hospital and attended Rainbow Tree nursery whilst my mother worked in the finance department of a big law firm in Canary Wharf. My father was never around, and my mother told me he often had business overseas. When I was older, maybe six or seven, my mother collapsed at work. My neighbour picked me up from school and told me my mother had a nervous breakdown. I thought she would be home in a few days, but she never came back. Social workers came to my house and told me to pack a bag with everything I would need for a week-long trip. I had to stay with a man and woman I did not know. They had a bedroom for me, but it smelled funny and did not have my favourite safari sheets. In the beginning I didn't have to go to school, but after a few days they said it would be better if I saw my teachers and friends.

My social worker, Anne, visited regularly. She told me that they were trying to locate my father but that he was in Nigeria. She asked if I wanted to join him in Nigeria, where I might meet my new brother and two sisters, or if I wanted stay in England with foster carers and my friends. I remember being very scared, as I couldn't remember what my father looked like, and I just wanted my mother back. Anne said she was trying to figure out if I had Nigerian citizenship and that she would bring me photos of my father, my siblings and their house.

I don't know how long I stayed with my foster carers. It felt like a long time. Anne said there was a lot to do: police record checks, parenting assessments, immigration evaluation, education transcripts, court orders, legal aid application and more. I didn't know what any of that was. She said everything took longer as there were different rules in Nigeria than in England. She said she found a charity to help her figure it all out. My father came to London a few times to visit with me, and I remembered what he looked like and smelled like. It made me happy to remember him. He told me that he would bring everything from my old room to my new room in Nigeria. He showed me photos of my siblings and my new school. On his last visit, he said Anne would join me on an airplane to take me to Nigeria. Before Anne left me with my father, she gave me a story book with photos my life with my mother in London and my new life with my father in Lagos. Whenever I miss my mother, I look at it and remember the nice life we had together. But I am also happy to be with my father, brother and two sisters.

Many social workers hesitate to place children with families abroad because they would not be able to monitor any problems with placements in another country.²¹¹ Moreover, navigation of different languages, legislation, immigration, time differences, and cultural barriers make overseas kinship assessments extremely complex.

Carolyn Housman, CFAB CEO, told us that between March–Dec 2020, the top 3 countries for children joining family members overseas have been Spain, Lithuania and Latvia. Nigeria and Pakistan also feature in the top 10 countries for family reunification – and here there could be concerns of forced marriage, though any family reunification assessment takes into account the risk of country/culture factors (e.g. forced marriage, FGM, re-trafficking, etc).

There is no statutory authority charged with monitoring how many children are sent from local authority care to live with family abroad nor is there any national regulation of these placements. CFAB, which has received funding from the Home Office and the National

²¹¹ CFAB (2018). Cross-border child safeguarding: Challenges, effective social work practice and outcomes for children [available at: www.basw.co.uk/system/files/resources/Main%20report%20WEB%20VERSION%20V2.pdf]

Lottery to offer its free national Advice Line to social workers, NHS workers, police and other child protection professionals, has seen a 70% decrease in welfare visits requested of children placed abroad over the last five years.

To counter this trend, Carolyn Housman calls for improved data on the number of children in care who have family abroad, the placement of children from care with family abroad, and the outcomes for these placements; specific training for social workers dealing with international kinship care; and early case assessment to determine the appropriateness of international kinship carers.

chapter eight

The voluntary sector

The pandemic has unleashed an extraordinary voluntary movement in this country, and revealed how motivated and effective volunteers can be in supporting the most vulnerable. Up and down the country, small local charities have worked in innovative and flexible ways to help feed, clothe, educate and advise families in this difficult period. Rich and deep-rooted, this tradition of altruism fuels individual groups and whole communities – and should be built upon: here is a promising source of ideas, energy, and cost-effective interventions. As Isabelle Trowler, Chief Social Worker, told us, “the moment is ripe for community organisations. They play a central role in delivering family support services.”

Incidents of abuse call for specific child protection and safeguarding support. But, Trowler agrees, “80–90% of children’s social care work is about health and well-being. This can be responded to at a community level.”

By working alongside service professionals, voluntary organisations can amplify their reach and impact. They can help scale programmes that would otherwise remain constrained by the limited number of professionals, and/or their limited time. The aim is not to replace expertise but to increase its benefits.

Vulnerable families like volunteers because they are able to dispel the suspicion that they are “in it for the money” as one volunteer told us: “When I can answer “nothing” to their question, “how much do you get paid to see me?” I can see what a difference it makes to them.” The absence of the “profit motive” allows volunteers to strike up relationships more easily; and in many cases, local volunteers may already be familiar with the parents, children, their circumstances, and their neighbourhood.

Even before the pandemic, 19.4 million people volunteered through a group, club or organisation in 2018/9; 35% of young people 16 to 24 year-olds volunteered while 39% of 65 to 74 year-olds did.²¹²

Representatives of the voluntary sector report, however, that they feel under-valued and undermined.

212 NCVO (2020). What are the demographics of volunteers? [available at: <https://data.ncvo.org.uk/volunteering/demographics>]

They face serious obstacles in getting funding from local government and nongovernmental organisations.²¹³ They complain of government funding coming in a large number of discreet, time-limited funds, pilots and initiatives which are too short-term for small charities to cope with.

Research shows that frontline workers and LA commissioners often are unaware of the voluntary support available in their area.²¹⁴ Anne Marie Carrie, former Director of Children's Services, acknowledges that Commissioners need to familiarise themselves with local small charities; while the "big guys" are "a known quantity, few commissioners will be aware of the small, grassroots charity that could deliver the same service at a fraction of the cost. They tend to be suspicious of unfamiliar organisations: will they be able to keep to budget, will they have data protection or comply with safeguarding regulations?"

One way to overcome this ignorance/suspicion is, as we have suggested, to place a designated "community coach" in every Family Hub. This guide to resources will signpost services, both voluntary and statutory; but also keep up to date with the work carried out by even the smallest grassroot charity.

Anne Marie Carrie also recommends that charities team up as sub-contractor to a larger organisation that acts as lead contractor when pitching for government/local government contracts. This would allow the larger contractor to hold the risk but also "to navigate the bureaucracy and arduous application process."

Government can also ensure that Job Centre Plus staff are aware of the amount of volunteering claimants can take part in, and correctly informing them of it; and it can include information on volunteering in the pensions pack sent to those who reach retirement age, as was recommended by the House of Lords committee on civic engagement.²¹⁵

A faster, cheaper, smoother process for obtaining DBS checks would also encourage the public to volunteer.

Government can also enforce the stipulation that public service commissioners' contracts meet "social value" criteria. The taxpayer spends £300 billion a year on goods and services through hundreds of thousands of separate contracts that follow guidance laid down by government.²¹⁶

The Public Service (Social Value) Act 2011 required commissioners to consider the wider social value of bids when awarding contracts for services. Despite this Social Enterprise UK found that only eight per cent of the £300 billion public sector procurement budget actively champions socially and environmentally responsible business practice.

213 National Institute for Health Care Excellence (2016). Community engagement: improving health and wellbeing and reducing health inequalities [available at: www.nice.org.uk/guidance/ng44/chapter/The-committees-discussion]

214 Woodhouse, J. (2015) The voluntary sector and the Big Society [available at: <https://commonslibrary.parliament.uk/research-briefings/sn05883>]

215 Kay, L. (2018) Include information on volunteering in government pension information, says Lords' report [available at: www.thirdsector.co.uk/include-information-volunteering-government-pension-information-says-lords-report/volunteering/article/1462478]

216 Kruger, D. (2020). Levelling up our communities: proposals for a new social covenant [available at: www.dannykruger.org.uk/files/2020-09/Levelling%20Up%20Our%20Communities-Danny%20Kruger.pdf]

The post-pandemic economy will see a surge in unemployment. Channelling the energy and creativity of job-seekers and the job-less, especially among the young, into community engagement will benefit these individuals and the local area. According to DwP guidance, volunteering can count for up to 50% of a job-seeker's time that they are spending taking reasonable action to find a job.

Practitioners from the voluntary sector have told us that they would welcome greater inclusivity from large statutory partners; this is not always forthcoming, and some voluntary sector workers have found they come up against a defensive, "territorial" mindset among statutory partners. A survey undertaken among the small local charities working with families that are members of the CSJ Alliance in the course of January 2021 for this report, elicited some revealing responses, reproduced here below:

"It's as if they see themselves in competition with us"

"It has not always felt like a mutually respectful platform"

"I think some budget holders see us as competition e.g. we have had occasional times where the cost benefit the LA has been willing to attribute to services has been down scaled because of concerns it would result in them losing staff."

"It's as if they see voluntary as secondary."

"The demands to fall in line with "clunky" operating systems and LA databases can be prohibitive from a resource perspective with a small staff structures."

"There is a definite sense that we are helping them with 'their' cases."

The introduction of the government's Innovation Partnership model may help counter this: it allows commissioners to work with potential providers on the design of a contract, seeking to leverage their resources to support the public budget using simpler, outcomes-based contracts.²¹⁷

It would be a shame for the goodwill, energy and flexibility of the voluntary sector to be wasted by bureaucracy and wrong assumptions. Government must act urgently to ensure that charities are included in meeting the needs of the most vulnerable.

Somerset Promise Works programme

Rod Salter told us about his small local mentoring charity in Somerset, which teams up volunteers with young people facing exclusion, becoming NEET, or recruitment into gangs/county lines. "It used to be a local authority initiative then Somerset told us the budget had run out so we took it over and took into charitable sector. In a world of shrinking resources, volunteers can step in and make a difference.

217 Briefing Note, "Innovation Partnerships" for goods and/or services – Gov.uk

“Children who are having a tough time are not learning. When a teenager is raised in a chaotic or violent family it is the child who carries the burden. We have come to realise that by supporting the child we end up supporting the parent: the mentor’s relationship with the child becomes a role model for the family even though this is not what we set out to do. We work with a young person for at least two years – self-confidence takes long to build up. Mentoring may mean accompanying them to family court, prepping them for a job interview, making sure they have filled in their benefits form correctly.

“We select mentors through a rigorous interview process – they have to convince us that they are dependable, and will invest the two years that every young mentee deserves.

“We feel that as volunteers we can complement social workers: even though most professionals are cagey about volunteers – “the amateur taking over our job” – we can give the young people we work with face to face time in a way that few social workers can do these days: they spend so much time on the computer, they hardly have direct contact with the people they want to support.

“Social workers should be trained to see volunteers as a useful resource not as rivals – regard them as asset with huge potential.”

chapter nine

Schools as Relationship Hubs

Research shows that a child's transformational relationships can be outside their immediate family circle;²¹⁸ school staff will often have far more frequent contact with a child than a social worker, and are more likely to be immediately available when a child needs someone to confide in.

When "Josh", our case study, appeared in school wearing dirty clothes, teachers immediately spotted signs of negligence. In doing this, they were fulfilling their role as whistle-blower, identifying additional needs. (Schools are the second largest source of referrals to children's social services (18%).²¹⁹) But a caring school-teacher can do much more than identify a troubled pupil. They can provide them with the support that promotes resilience.²²⁰ And they can raise the child's (and their parents) aspirations, teaching them that it is not enough to survive, they deserve to thrive.

This vision, absent from too many areas of children's care, inspires the government's Virtual School model.

Virtual Schools

Virtual Schools, despite the name, are not digital schools, but teams that cater for the looked-after children in a school.

The Children and Families Act 2014 obliges local authorities to introduce Virtual School Heads (VSHs).²²¹ There are now 150 of these schools, tracking all the LA's looked-after children and unaccompanied asylum-seeking children, as if they attended one school –

218 www.eif.org.uk/report/building-trusted-relationships-for-vulnerable-children-and-young-people-with-public-services

219 DfE (2020). Social workers to work with teachers in schools [available at: www.gov.uk/government/news/social-workers-to-work-with-teachers-in-schools]

220 Education Endowment Foundation (2011). Teaching and Learning Toolkit [available at: <https://educationendowmentfoundation.org.uk/evidence-summaries/teaching-learning-toolkit/>]

221 DfE (2015). Pupil premium: virtual school heads' responsibilities [available at: www.gov.uk/guidance/pupil-premium-virtual-school-heads-responsibilities]

their “virtual school”. Virtual Schools ensure that they attend appropriate, full-time provision and get the right support within it. They also monitor schools’ spending of pupil premium and pupil premium plus.²²²

In some LAs, Virtual School teams are stretching to support vulnerable children as well as looked-after children. (See case study below.) These teams help with the drawing up of the Personal Education Plan (PEP) to make sure it has adequate resources and addresses the child’s needs. Darren Martindale, told us how important it is to engage parents in co-designing their child’s PEP: “we ask, what are you doing at home to encourage your child’s learning? and this can be very revealing – there should always be a suitable quiet place in which the child in care can study or they are constantly moving from one care home to another and there is little stability.”

Darren Martindale reports that “although they have recognised the impact of virtual schools in helping to reduce exclusions and promoting good school attendance for pupils in care”, in evaluating the impact of Virtual Schools Ofsted and the DfE have focused exclusively on GCSE and end of Key Stage results, and taken into account only children and young people who have been in care for over 12 months: “We have a number of children who did better than they would have done otherwise, but they still cannot score high on a maths test. They should take into account the child’s well-being and development of social skills, which we promote through holidays, links to colleges and universities, mentoring programmes. This kind of enrichment is discounted, which seems unfair.”

Case study: Specialist Teacher for Virtual School

This Specialist Teacher (name withheld) has been working as part of a Virtual School team in the North East. A high proportion of her children and YP are in care because of parental substance abuse, physical and emotional neglect, or DV. She sees the turn-over of social workers as a particular challenge, as it is difficult for families with complex needs to learn to trust anyone: “Continuity is also invaluable because the workers become familiar with the children and their parents – and the dynamics between them.” For instance, knowing their family history means “I know when to call for the educational psychologist to do a full cognitive profile of a child who is misbehaving.

“In some extreme cases they might ring and say, there has been an allegation against this child, how can school/VS support? If the child has taken a prohibited item into school or is guilty of suggested mis-conduct, support is put in place, one to one support until any assessments are completed. To make sure the child and their classmates are protected we may suggest they use disabled toilets or be on a moderated time table. There has to be a balance in terms of what the child has done and the impact on their peers. Moving to a respite school placement can actually benefit a vulnerable child because they will be properly assessed, and discover if they have an underlying need, this can include SALT assessment that show they may use language but struggle to appreciate the implications and understanding of it.

“Additionally VS staff are very conscious that there is work to be done alongside parents, not just children: the parents sometimes don’t have the skills to raise a child with challenging behaviour or special needs.”

222 Drew, H., & Banerjee, R. (2018). Supporting the education and well-being of children who are looked-after: what is the role of the virtual school? [available at: <https://navsh.org.uk/wp-content/uploads/2019/02/Drew-2018-Role-of-VS.pdf>]

Academic achievement

Children who have needed a social worker do significantly worse than others at all stages of education.²²³ This matters: even low level qualifications can dramatically improve a young person's future earnings and opportunities.

Approximately half of Children in Need (CIN) have identified special educational needs and/or disabilities; with social, emotional and mental health as the most common primary SEN. Children in Care (CIC) and CIN were more likely than their peers to complete their secondary education in special schools, pupil referral units (PRUs) and alternative provision (AP). They also attended schools in which mean attainment at Key Stage 2 was lower than average, and eligibility for Free School Meals was higher.²²⁴

Given that in 10% of primary schools and 8% of secondary schools, disadvantaged pupils are doing better than the national average for all pupils – we know that the best-performing schools can narrow the attainment gap. It makes a difference. A small improvement in young people's GCSE qualifications yield significant increases in their lifetime productivity returns and in national wealth. A study by the Department for Education found that individuals who achieve 5+ good GCSEs including English and maths as their highest qualification, have estimated lifetime productivity returns in excess of £100,000, compared to those with below level 2 or no qualifications.²²⁵

Keeping engaged in education is an important protective factor for children at the risk of being taken into care. The conversation with pupils about their interests and future destinations (whether this be a job, vocation training or academic studies) needs to take place before they choose their GCSEs. Inviting parents in these conversations is important.²²⁶

Rochdale: engaging young people

Jo Manfred is Skills and Participation Development Officer for Rochdale Council.

"This work began 13 years ago with schools in Rochdale recognising that the proportion of NEETs across the borough was too high. We understood that Careers Education, Information, Advice and Guidance (CEIAG) was everyone's responsibility and priority as they prepared their pupils for life after year 11. At a conference we ran for Head teachers, we asked them to work with us and ensure there was a member of the SLT with this area of responsibility and where possible, an operational lead within the school community. We are half MATs and half LA schools.

223 DfE (2019). Help, protection, education: concluding the Children in Need review [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809236/190614_CHILDREN_IN_NEED_PUBLICATION_FINAL.pdf]

224 University of Bristol (2020). Children in Need and Children in Care: Educational Attainment and Progress [available at: www.bristol.ac.uk/media-library/sites/policybristol/briefings-and-reports-pdfs/PolicyReport58BerridgeCICEduOutcomes.pdf]

225 DfE (2014). The economic value of key intermediate qualifications: estimating the returns and lifetime productivity gains to GCSEs, A levels and apprenticeships [available at: https://dera.ioe.ac.uk/21533/1/RR398A_-_Economic_Value_of_Key_Qualifications.pdf]

226 DfE (2014). The economic value of key intermediate qualifications: estimating the returns and lifetime productivity gains to GCSEs, A levels and apprenticeships [available at: https://dera.ioe.ac.uk/21533/1/RR398A_-_Economic_Value_of_Key_Qualifications.pdf]

Career advice in every school especially targeted CIN and CIC, as both groups more likely to become NEET. I commissioned Positive Steps, a provider of young people's service, to support their model.

Positive Steps track the children through a management information system. (The LA does not track students – even though this is statutory.) Monthly management information shows children by age and by school and the number of NEETs. This is shared with every LA and every school, prompting operational leads to share data and copy best practice – “how did you get your number down?”

Positive Steps makes sure we publish school destinations (many schools still fail to despite it being statutory). We wanted to work with all young people in schools from year 10 through into year 11 and then into years 12 and 13. As LA funding has decreased year on year, schools have been responsible for ensuring their pupils have the opportunity for ‘universal’ information, advice and guidance. The LA at present funds the most vulnerable, those with an EHCP and LAC.

Our community team connects with NEET young people on a daily basis. We offer parent sessions: “Pathway Sessions”. We invite them to school for a one hour session – hear about jobs from experts. We try to keep continuous contact with parents.

I hired a Specialist Career Adviser to do one to one, handholding to college or to employment... up to four days a week in school. (They went digital during Covid.) There is a Career Adviser in each school who will be very much a member of staff but also independent, so appealing to students. Because there is one, continuous, adviser, we can make sure no one slips through the net. The adviser will offer both targeted and universal service. When they spot the child, who needs a more targeted approach, they will work with school staff to do more hand-holding. There are young people who have more barriers to employment, and they need more service.

Following the first career appointment the adviser may refer, point them to CAMH or to other interventions. The adviser focuses on building a relationship with the young person. Their work is supported by the “mentor”, who is on staff, and whose role is as enabler more than just offering experience. They will be the ones saying, “let's get you to that interview”, “come on, you can do it!”

We make sure to engage parents in this – and we remind them that they are a huge influence on their children.

For business or peer mentor we go to the Career and Enterprise Company. I should add that we're starting to see the data coming through for Covid – and it shows it has had a huge impact unfortunately on our 2021 and 2022 leavers. Apprenticeship opportunities are down 78%.

We have coordinated with LAs and schools, as well as local businesses (with whom we have a good relationship) to find apprentices and work-based experience. Rochdale Council has given every 16–18 a free transport pass.”

Schools can encourage positive relationships by including counsellors, social workers and mentors among their staff. Key, according to Darren Martindale, is for the whole school staff to receive attachment and trauma awareness training. “At Wolverhampton we have adopted an ‘emotion coaching’ approach throughout schools: everyone, whether they work in the canteen or in the Head's office, should be trained in attachment theory and trauma. We recommend schools undertake a thorough needs assessment, that takes in issues at school but also within the family. This can expose barriers within school, like staff attitude or students' attitude towards the child. But we also look at the resilience factors: what are the strengths that can be built on? Sometimes this is a particular interest, or it can be a place or a person in their lives. That's often enough to give you a hook through

which to engage with the child and begin a journey.” A strengths-based, relationship-driven approach, he emphasises, can prove transformative for children already in contact with services as well as those who are “at risk”.²²⁷

As a forthcoming Teacher Tapp poll by the CSJ will reveal, the majority of teachers acknowledge that they are ill-prepared to deal with such vulnerabilities among their students and would welcome the opportunity to learn the neuroscience behind these traumas.

Preventing exclusions

Keeping children in schools is crucial. School instability – absences or fixed-term/permanent exclusions – is a significant predictor of poorer attainment.²²⁸ As Leo Feinstein at Better Start Blackpool told us, “Schools, as sources of referrals and as a setting where children can access support, prevent bad outcomes for CIN/CIC.”

But when a child’s misbehaviour includes carrying a knife into the classroom or continuously disrupting classes for fellow students, teachers and school leads need specific skills and understanding to support these “at risk” pupils.²²⁹

Without these skills and understanding, teachers will see exclusion as the only solution for “tricky” children. Pupils who have ever needed a social worker between 2012/13 and 2017/18 were on average two to four times more likely to be excluded than their peers. 15% of vulnerable children experience 58% of multiple fixed term exclusions.²³⁰ Educationalist Angela Dickinson told us that the number one reason for exclusion is undiagnosed needs – educational or environmental. Disabilities and developmental issues, as well as family issues such as domestic abuse or parental mental health issues can provoke learning difficulties from illiteracy to attention deficit disorder (ADHD) which in turn can trigger misbehaviour at school.

Research shows that school exclusion is often the first step on a child’s trajectory to care – and trouble. The Timpson Review concluded that exclusion, which prompted feelings of aimlessness and rejection, is a trigger for “significant escalation of risk” for children and young people joining gangs, being criminally/sexually exploited, becoming NEET as well as going into care.²³¹

Given the negative role it plays in vulnerable children’s lives, the present surge in exclusion is alarming: 6,000 boys and 1,900 girls were permanently excluded in 2018–9; 438,300 pupils were excluded from a school for a set period of time.²³²

227 National Youth Agency (2020). Hidden in Plain Sight [available at: <https://nya.org.uk/wp-content/uploads/2020/06/NYA-Hidden-in-Plain-Sight-1.pdf>]

228 www.bristol.ac.uk/media-library/sites/policybristol/briefings-and-reports-pdfs/PolicyReport58BerridgeCICEduOutcomes.pdf

229 DfE (2014). The economic value of key intermediate qualifications: estimating the returns and lifetime productivity gains to GCSEs, A levels and apprenticeships [available at: https://dera.ioe.ac.uk/21533/1/RR398A_-_Economic_Value_of_Key_Qualifications.pdf]

230 Social Finance (2020). Maximising Access to Education: Who’s at Risk of Exclusion? An Analysis in Cheshire West and Chester [available at: www.socialfinance.org.uk/sites/default/files/publications/whos_at_risk_of_exclusion.pdf]

231 The Alex Timpson trust (2020). Attachment and trauma awareness training: analysis of pre-Covid survey data from staff in 24 primary schools [available at: www.education.ox.ac.uk/wp-content/uploads/2019/05/Timpson-working-paper-1.pdf]

232 NAHT (2020). Permanent and fixed-period exclusions in England (2018/2019) [available at: www.naht.org.uk/news-and-opinion/news/pupil-support-and-safeguarding-news/permanent-and-fixed-period-exclusions-in-england-2018-2019/#:~:text=Fixed%20period%20exclusion%20refers%20to,increase%20from%20410%2C800%20to%20438%2C300]

Some schools have set up “inclusion units” where the teacher to pupil ratio is much better than in mainstream school. But, warns Deborah Lee, a clinical psychologist who works with adolescents at Westside School, rated outstanding by Ofsted as an “Alternative Provision” (AP), some units can be “too penal in atmosphere – windowless and with small cubicles, they are a holding pen of sensory deprivation.” She highlighted the need for schools to see these inclusion units as a means to work out a problem rather than as a punishment.

In Wolverhampton, Darren Martindale, set up an Inclusion Support and AP Panel that includes representatives of key agencies, from Health, Police, SEN and schools. “We meet every few weeks and invite heads to come to use with any issues they have with a child who is at risk of being excluded. We then discuss what the school can do to help and what LA-controlled support we can offer.”

By ensuring that these discussions are held early on, the Panel can deliver timely support. This is crucial, as the Royal Society of Arts study, “Pinball Kids” found when surveying 1,500 teachers. When asked to explain why they excluded children, 45% said they would not have had to exclude if the child and family had received early help.

Attachment and trauma training

Practitioners – including clinical psychologists and social workers – report that they find many teachers show little understanding when responding to children’s non-attendance at school; this risked making children vulnerable to external influences such as gangs and childhood criminal exploitation.²³³ With better preparation teachers and school leads could adopt a different more inclusive approach with the most vulnerable children. Teacher training however does not offer this preparation: neither attachment nor trauma awareness training is part of the traditional course. Only some teacher training includes the growing body of research on the development of the brain.²³⁴ This leaves many teachers without the skills necessary to identify and address some of their pupils’ core challenges.²³⁵

The former Children’s Minister Edward Timpson recommended that all teachers receive “attachment awareness” training. Attachment and trauma awareness training is readily available, both online and in person and is relatively inexpensive and of brief duration.

Patrick Shields, head at St Mary’s Croydon, a state school where 32.6% student are on Free School Meals, is part of the first wave of schools on the Trailblazers mental health programme. “I came here six years ago, knowing that among our 500 plus student body there were several young students who were unaccompanied asylum-seeking children and that we had a large proportion of looked after children. The main challenge though was that many of our students had been recruited into or affected by gangs.

233 Wedlock, E., & Molina, J. (2020). Sowing the Seeds Children’s experience of domestic abuse and criminality. [available at: https://s3-eu-west-2.amazonaws.com/victcomm2-prod-storage-119w3o4kq2z48/uploads/2020/03/Sowing-the-Seeds_final_web.pdf]

234 Ibid.

235 DfE (2019). Help, protection, education: concluding the Children in Need review [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809236/190614_CHILDREN_IN_NEED_PUBLICATION_FINAL.pdf]

"I decided that I would take a whole school approach to mental health – working with CAMHS and school nurses and social care and wider services as a team around the school. Once on the programme, the 15–20 social workers we were bringing in were reduced to one embedded in the school carrying the entire case load."

The Trailblazers programme has meant staff received training to identify signs at early stages, as well as attachment awareness training.

Exclusions, which previously had been due to knife violence and gangs, have been reduced by 80% since the introduction of the programme: "Our staff knows to search for the underlying behaviours which caused the reaction, rather than the reaction itself. The programme has made a large impact in a short space of time.

"I think this approach represents a huge savings for government: our students are no longer being a burden to crime justice, health, care systems –think of the cost of AP, custodial sentence, residential care..."

In Wolverhampton, Virtual Head Darren Martindale has introduced Trauma and Attachment Awareness Training in schools as part of a strategy to reduce exclusions: the result was an astonishing 50% reduction in exclusions for all children. The number of permanent exclusions in Wolverhampton during autumn term 2020 were about 50% reduced from autumn term 2019. Critically these figures are for all Wolverhampton pupils, not just children in care. Key, according to Darren Martindale, is for the whole school staff to receive the training. "At Wolverhampton we have adopted an 'emotion coaching' approach throughout schools: everyone, whether they work in the canteen or in the Head's office, should be trained in attachment theory and trauma. We recommend schools undertake a thorough needs assessment, that takes in issues at school but also within the family. This can expose barriers within school, like staff attitude or students' attitude towards the child. But we also look at the resilience factors: what are the strengths that can be built on? Sometimes this is a particular interest, or it can be a place or a person in their lives. That's often enough to give you a hook through which to engage with the child and begin a journey." A strengths-based, relationship-driven approach, he emphasises, can prove transformative for children already in contact with services as well as those who are "at risk".²³⁶

These results confirm the findings in the Rees Centre at Oxford University study on attachment and trauma awareness training.²³⁷ Neil Harrison found staff in 24 primary schools better able to forge good relationships, and to place misbehaviour in context (and therefore to respond more constructively). At the school level, changes included a review of behaviour policies to reduce reliance on sanctions, an increase in the use of mentoring and counselling, greater staff involvement in discussions about individual young people and the development of new physical spaces to support safety and calm."²³⁸

236 National Youth Agency (2020). Hidden in Plain Sight [available at: <https://nya.org.uk/wp-content/uploads/2020/06/NYA-Hidden-in-Plain-Sight-1.pdf>]

237 The Alex Timpson trust (2020). Attachment and trauma awareness training: analysis of pre-Covid survey data from staff in 24 primary schools [available at: www.education.ox.ac.uk/wp-content/uploads/2019/05/Timpson-working-paper-1.pdf]

238 Ibid.

Alternative Provision

If a child is to be excluded, leaders of local safeguarding agencies and head teachers should collaborate to ensure an immediate response in providing suitable fulltime (25 hours) education a week.²³⁹

This Alternative Provision (AP) across the country is patchy, and recent research by the CSJ's education unit revealed some alarming findings, including that in AP schools 17 per cent of teachers are unqualified.²⁴⁰ In 13 LAs not a single child in AP has passed their English and maths GCSE in the past three years. In three, not a single teacher in AP is qualified. And there is no area in the country where the rate of young people not in education, employment or training (NEET) after leaving AP equals even the very worst-performing area for children from mainstream.²⁴¹

Parental engagement

When schools are part of a relationship-focused care system, they engage with parents, especially those of their more vulnerable students. Lord Marmot's review into health inequalities reported that "evidence on the most important factors influencing educational attainment suggests that it is families, rather than schools, that have the most influence."²⁴²

Parental engagement is nearly always a protective factor in reducing risk among vulnerable children and young people,²⁴³ and the What Works in Children's Social Care centre urges that programmes create strong links between parents and guardians."²⁴⁴

At Westside School, an Ofsted Outstanding Alternative Provision, Deborah Lee told us that parental engagement is crucial for children who are at risk of exclusion or have been excluded: "If a child is five minutes late for school their parents receive a call. Crucially, if a child has been on time five days in a row their parents are also informed. In this way a collaborative approach is fostered that is key for many of the more vulnerable parents who themselves have had a difficult time at school. They may expect an adversarial relationship – and it's important to create a partnership. Every improvement and every accomplishment needs to be recorded and celebrated."

Some schools offer a Family Liaison Officer, whose role is forging strong links between parents, the school and the wider community (including LAs). A teaching assistant, a counsellor or mental health support worker can serve as Family Liaison Officer, and the school's lead on safeguarding will have oversight of their work. Focusing mainly on reducing pupils' absenteeism, the Liaison Officer can help identify underlying family problems which cause a pupil's irregular attendance.

²³⁹ Ibid.

²⁴⁰ CSJ (2020). Warming the Cold Spots of Alternative Provision [available at: www.centreforsocialjustice.org.uk/wp-content/uploads/2020/05/CSJ8057-Cold-Spots-Report-200507-v1-WEB.pdf]

²⁴¹ Ibid.

²⁴² Health Equity in England: The Marmot Review Ten Years On, The Health Foundation, February 2020

²⁴³ Children's Commissioner (2019). Keeping kids safe [available at: www.childrenscommissioner.gov.uk/wp-content/uploads/2019/02/CCO-Gangs.pdf]

²⁴⁴ Sanders, M., et al (2020). What Works in Education for Children Who Have Had Social Workers? Summary Report. [available at: https://whatworks-csc.org.uk/wp-content/uploads/WWCSC_what_works_education_children_SWs_Feb20.pdf]

Data sharing

Schools report that they often lack the right information from children's social care, police and health; without this data school is less able to identify the impact of the barriers facing children, and may mistake them for a lack of motivation to learn.²⁴⁵

Ignoring existing guidance, local authorities often do not share with schools the fact of a child currently having a social worker.²⁴⁶

Data-sharing between school nurses, dentists and GPs are not common practice, so that health professionals who see the same child do not always have the most up-to-date information to monitor that child's progress. This data gap delays supportive interventions – sometimes, significantly.²⁴⁷

An exception to this rule is Operation Encompass, piloted in Devon and Cornwall and now adopted in North Yorkshire. When police is called into a home for “a domestic” where there are children present, they notify the school that the children attend. The designated safeguarding lead at the school will deliver necessary support the following day(s). As Chief Constable Shaun Sawyer explains, “Having been exposed to domestic violence, a child goes to school the next day often requiring urgent emotional help and assurance but unable to express what they have witnessed and the support they need. Designated teachers can help children and young people overcome the traumatic events they have been exposed to.”

In North Yorkshire, over 2018 alone, there were more than 600 referrals.²⁴⁸

Danger in the community

Covid and its attendant lockdowns have severely reduced services for children and young people such as afterschool activities, holiday clubs, play centres and youth clubs – which benefit the most vulnerable adolescents most.

By age 17, mental health increases from the least to the most common reason for a young person needing a social worker.²⁴⁹ The community replaces the family as the place of risk at this stage.

²⁴⁵ www.eif.org.uk/report/building-trusted-relationships-for-vulnerable-children-and-young-people-with-public-services

²⁴⁶ Secretary of State for Education (2019). Timpson Review of School Exclusion [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807862/Timpson_review.pdf]

²⁴⁷ Ofsted et al. (2018). Growing up neglected: a multi-agency response to older children [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722740/Older_children_neglect_FINAL_060718.pdf]

²⁴⁸ <https://northyorkshire.police.uk/news/operation-encompass-continues-to-protect-children-affected-by-domestic-abuse/>

²⁴⁹ DfE (2019). Help, protection, education: concluding the Children in Need review [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809236/190614_CHILDREN_IN_NEED_PUBLICATION_FINAL.pdf]

Risks in the community include child criminal and sexual exploitation, gang involvement, county lines, and trafficking, as well as serious violence, and peer-on-peer abuse. These risks can occur online as well as in person. These risks often can be further exacerbated by a child's own vulnerabilities, for example if they have a learning disability, or have already experienced adversity.²⁵⁰

Case study: Action for Children Newcastle: Serious Crime Prevention scheme for vulnerable young people

Building on a successful intervention in Glasgow, Action for Children is offering an intervention to keep “at risk” children and young people aged 11–18 from criminal behaviour. The project will use ‘peer mentors’, many themselves former young offenders, to be role models for teenagers who have previously resisted other types of mainstream support. Over a three-year period, Action for Children with police, crime and council partners will work with families and schools in communities to target vulnerable young people on the cusp of serious organised crime such as drug supply and distribution, stealing and illegal enforcement. The service delivers target support through intensive one-to-one peer mentoring, education and employment training. A key aim is to strengthen families and relationships, especially by promoting positive parenting, in order to enable young people to stay at home.

The Glasgow project, launched in 2013, delivered significant benefits: one teenager who had committed almost 600 offences has not reoffended since taking part in the project. Two thirds of teenagers supported by Glasgow project have significantly improved their offending behaviour. An Edinburgh University evaluation in 2015 found that 75% of the young people supported by the Glasgow project subsequently stabilised their behaviour and committed no new offences. Analysis by Glasgow City Council in 2017 found that 71% of young people supported by the project were kept out of secure care for at least six months and two thirds made “demonstrable improvements in their offending behaviour.” The study concluded that “By diverting ‘high risk’ young people from secure care, the project saved Glasgow City Council over half a million pounds in this six-month period alone.”

Strengthening positive peer-to-peer relationships, social inclusion and networks, all are protective factors against exploitation and abuse. So is intensive advice and guidance. The provision of one-to-one advisory support, and continuity of adviser throughout an intervention period, emerge as key to successful outcomes.²⁵¹

School counsellors

The government has committed to train educational mental health practitioners to work in schools.²⁵² Applicants do not need degree-level qualifications but provide interventions such as cognitive behavioural therapy (CBT) meditation, advice on sleep and healthy eating and other low intensity interventions.

250 Ibid.

251 Newton, B., et al (2020). Supporting disadvantaged young people into meaningful work [available at: <https://youthfuturesfoundation.org/wp-content/uploads/2020/04/v14-IES-evidence-review-FINAL.pdf>]

252 www.healthcareers.nhs.uk/explore-roles/psychological-therapies/roles-psychological-therapies/education-mental-health-practitioner

The Children's Society found evidence that school-based counselling improved attainment, attendance and behaviour of children who have accessed services; and helped to reduce levels of school exclusion by around 31%.²⁵³ It is widely available to children and young people, with between 70,000–90,000 cases seen in secondary schools each year. This is a non-statutory service, however, and provision is patchy, despite the alarming impact of Covid-19 on children: 41% say they are more lonely than before lockdown, 38% and more sad and 37% more stressed.²⁵⁴

78% of parents with children aged under 18 believe that counselling or psychotherapy should be available to all school children.²⁵⁵

Once again, the devolved nations out-perform England in providing school counselling: Wales has statutory provision of school-counselling for all secondary-school age children and Northern Ireland has a national school-based counselling programme. Scotland announced last year that it is to invest £80 million over the next four years in providing counsellors in education.²⁵⁶

In-school psychologists have a valuable role to play in providing staff training on re-engaging 'hard to reach' students, as this may not be covered by teacher training. They can also fill the role of trusted, consistent advisor – which, we have seen, can prove beneficial in turning around vulnerable young people, helping them sustain engagement and momentum in achieving their ambitions.²⁵⁷

The Government's Guidance 'Counselling in Schools – a blueprint for the future' estimated that 70% of secondary schools and 52% of primary schools had access to counselling in 2015. This guidance also came with the expectation that 'over time, all schools should make counselling services available to all their pupils.' Yet data from 2018 suggests there has been relatively little expansion in counselling provision since government guidance in 2015.²⁵⁸

Healthy Minds

In-school mental health interventions include "Healthy Minds", a whole-class intervention during the first four years of secondary school. Lessons either replaced the one hour-a-week of Personal, Social, Health and Economic (PSHE) timetabled lessons or were built into the school week at other times and were taught by school staff. The course was made

253 Department of Health and Social Care (2018). Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf]

254 Barnardo's (2020). Generation lockdown: a third of children and young people experience increased mental health difficulties [available at: www.barnardos.org.uk/news/generation-lockdown-third-children-and-young-people-experience-increased-mental-health]

255 Ibid.

256 Mental Health Today (2019). Three quarters of people believe schools should offer counselling [available at: www.mentalhealthtoday.co.uk/news/teach-me-well/three-quarters-of-people-believe-schools-should-offer-counselling]

257 Youth Futures Foundation (2020). Young, vulnerable, and increasing – why we need to start worrying more about youth unemployment [available at: https://youthfuturesfoundation.org/wp-content/uploads/2020/04/YFF_NEET_Report51.pdf]

258 House of Commons (2019). Debate on Children and Mental Health [available at: serviceswww.local.gov.uk/sites/default/files/documents/Debate%20on%20children%20and%20mental%20health%20services%2C%20House%20of%20Commons%2C%2016%20July%202019.pdf]

up of 14 modules, based on evidence on health education and covered a range of topics including: social and emotional learning, healthy lifestyle and relationships. The Early Education Foundation is testing it in 30 schools, and the evaluation report is due shortly.

Another in-school mental health intervention is Education for Wellbeing, England's largest research trial of school-based mental health interventions, commissioned by the Department for Education. Pupils in participating schools will complete a battery of questionnaires at three points over 2019–2021 as part of the evaluation.²⁵⁹

Youth groups, mentors and coaches

Mentoring is one example of a relationship-based intervention largely targeted at children and youth at risk of going into care. A more experienced individual, either an older person or peer, helps to guide the 'mentee', offering support and a trusted positive relationship. This is especially necessary when the mentee may be lacking a positive relationship/role model at home.

A number of evaluations of mentoring programmes show mentoring has a positive impact on commitment to, and engagement with, learning; attendance; attainment; and progression.²⁶⁰ As we have seen, it takes just one positive relationship with a trusted and committed adult for a child to overcome even the most adverse experiences.

Additional activities such as sport, volunteering and performance arts, help to develop the skills and behaviours children and adolescents need to succeed at school and in life. These activities particularly benefit disadvantaged children, whose experiences might not otherwise help them develop these skills and behaviours.

The informal nature of youth work allows for the young person to work at their own pace with the staff member, building trusting, positive relationships over time. The aim of youth work is to engage young people as partners, rather than doing things *for* them.

According to the practitioners and young people who attended the December 2020 APPG on Knife Crime, youth services' impact is "powerful, as it is a voluntary relationship between the young person and the professional."²⁶¹

The recent Welsh ACE and Resilience Survey highlighted how regular participation in groups could moderate the increased risk of mental ill health from ACEs.²⁶²

259 The Children's Society (2019), *Transitions to adulthood: The Case for a Cross-departmental Taskforce* [available at: http://allcatsrgrey.org.uk/wp/download/children/transitions-to-adulthood_0.pdf]

260 Hooley, T. and Dodd, V. (2015). *The economic benefits of career guidance*. Careers England [available at: <https://derby.openrepository.com/bitstream/handle/10545/559030/Careers%20England%20Research%20Paper%20-The%20Economic%20Benefits%20of%20Career%20Guidance%20-%20July%202015.pdf?sequence=1&isAllowed=y>]

261 www.preventknifecrime.co.uk/wp-content/uploads/2020/03/Securing-a-brighter-future-the-role-of-youth-services-in-tackling-knife-crime-v.2.pdf

262 Hughes, K., et al. (2018). *Sources of resilience and their moderating relationships with harms from adverse childhood experiences* [available at: [www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20\(Eng_final2\).pdf](http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20(Eng_final2).pdf)]

Young people who participate in youth centres activities, learn about opportunities for their futures and combat loneliness and an absence of purpose.²⁶³ The YMCA found that²⁶⁴ LAs in England and Wales combined spent £1.41bn in real terms on youth services in 2010/11 but by 2018/9 this had been reduced to £429m – a 70% reduction in funding. This risked affecting disadvantaged young people most of all, as between 4–6pm (the hours after school) have emerged as the key time when crime happens.²⁶⁵

Covid-19 has accelerated and intensified the reduction of provision of sports clubs and groups: since the first lockdown, many have only been able to operate at 10% their normal capacity. The National Youth Agency said that one million young people have been missing from youth centres this year when compared to previous years. 2,000 of the 10,000 youth projects in England will struggle to re-open following the lockdowns.²⁶⁶

Benefits of sport

“£1 spent on community sport and physical activity generates nearly £4 for England’s economy and society.”²⁶⁷ Sport England’s new campaign, Uniting the Movement, highlights the crucial benefits of physical activity, emphasising its potential role in the levelling up agenda: “The combined ‘social community development’ impact – of sport and physical activity is estimated at £20bn to the UK.”

For a vulnerable child, sport can offer supervised activity, entertainment, and, crucially, positive relationships with an adult role model and with their peers. These relationships, which teach habits and setting boundaries, build resilience and a sense of belonging. Sports clubs and groups that are accessible to all also promote community engagement and constitute an integral part of the social justice agenda.

The benefits of physical activity include improved mental health, academic achievements and, ultimately, professional earnings.²⁶⁸ Yet data from Sport England’s Active Lives Children and Young People survey shows that one third of children are achieving less than half of the Chief Medical Officer’s guideline of 60 minutes of daily activity.

The positive role that sport can have for young people who have experienced complex trauma as a result of gang violence either as bystanders or members is also valuable.²⁶⁹

Sports charity Made by Sports found that children and young people participating in in-school sports and clubs are 5.6 times more likely to report high resilience levels and 20 per cent less likely to suffer from a mental health disorder; and 25 per cent less likely to be at risk of anxiety and 11 per cent less likely to self-harm (girls).²⁷⁰

263 HM Government (2018). Serious Violence Strategy [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf]

264 www.ymca.org.uk/wp-content/uploads/2020/01/YMCA-Out-of-Service-report.pdf

265 Vulliamy, P., et al (2018). Temporal and geographic patterns of stab injuries in young people: a retrospective cohort study from a UK major trauma centre [available at: <https://bmjopen.bmj.com/content/bmjopen/8/10/e023114.full.pdf>]

266 National Youth Agency (2020). Hidden in Plain Sight [available at: <https://nya.org.uk/wp-content/uploads/2020/06/NYA-Hidden-in-Plain-Sight-1.pdf>]

267 www.sportengland.org/why-were-here/uniting-the-movement/why-moving-matters

268 Ibid.

269 Ibid.

270 www.centreforsocialjustice.org.uk/wp-content/uploads/2020/12/CSJ-Sports_Policy_Paper-FINAL.pdf

Findings from a recent DCMS committee report focussing on the social impact of participation in culture and sport found that (i) reoffending rates can be reduced through access to sport or cultural programmes, (ii) involvement in the arts and sports provides a constructive influence on young people with positive role models and (iii) participation in sport positively influences educational attainment.²⁷¹

After-school sports and cultural activities crucially offer an alternative to being on the street during the most dangerous time for under-16s – between 4 and 6pm. This is when they are most likely to become a victim of knife crime, according to a study by the Royal London hospital published in the British Medical Journal.²⁷² Approximately half of under-16 stabbings occur in this time period. Sports can steer young vulnerable people away from being recruited by gangs by offering an alternative relational network and sense of belonging. Research by the CSJ showed that seven out of ten teenagers and parents say that anti-social behaviour is due primarily to boredom.²⁷³

Destinations and NEETS

Not to be in education, or in a job or in training is to risk lifelong disadvantage. For vulnerable children especially, who rarely enjoy the connections and opportunities that open doors to solid employment, qualifications are hugely important. There is clear evidence that young people who have repeated and/or long-term spells of unemployment are much more likely to be out of work later in life, to be in poor quality work and have lower earnings. There are also knock-on effects for physical and mental health. Research by York University has estimated the lifetime cost to the public purse of a young person being Not in Education, Employment or Training (NEET) at £56,000 a year.²⁷⁴

Keeping a child from becoming NEET should be a priority.

An estimated 757,000 young people (aged 16 to 24 years) in the UK were not in education, employment or training (NEET) in July to September 2020.²⁷⁵ Almost half of these young people were defined in need by social services or had direct care experience.²⁷⁶

Their number is set to increase as the impact of the pandemic continues to affect the economy: the Institute for Employment Studies (IES) and Learning and Work Institute (LWI) estimate that an additional 500,000 young people will become long term unemployed over the next 18 months.²⁷⁷

271 <https://old.parliament.uk/business/committees/committees-a-z/commons-select/digital-culture-media-and-sport-committee/news/social-impact-report-published-17-19>

272 www.bmj.com/content/363/bmj.k4721

273 www.centreforsocialjustice.org.uk/wp-content/uploads/2020/12/CSJ-Sports_Policy_Paper-FINAL.pdf

274 NAO (2014). Children in care [available at: www.nao.org.uk/wp-content/uploads/2014/11/Children-in-care1.pdf]

275 www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/bulletins/youngpeoplenotineducationemploymentortrainingneet/november2020

276 Youth Futures Foundation (2020), Young, vulnerable, and increasing – why we need to start worrying more about youth unemployment [available at: https://youthfuturesfoundation.org/wp-content/uploads/2020/04/YFF_NEET_Report51.pdf]

277 Boshoff, J., et al (2019). Inequality in education and labour market participation of young people across English localities: An exploration based on Longitudinal Education Outcomes (LEO) data [available at: <https://cver.lse.ac.uk/textonly/cver/pubs/cverbrf010.pdf>]

The Children's Commissioner has repeatedly highlighted that the same risk factors that can tip a young person into joining a gang, or being sexually exploited or going into care are found in young people who risk becoming NEET.²⁷⁸

Some LAs are developing tools for schools that list factors in young people's personal and family lives, and in their personalities, which might put them at risk of becoming NEET.²⁷⁹ These are known as 'Risk of NEET Indicators' (RONI).²⁸⁰ While some authorities rely predominantly on "hard" measurable indicators or risk factors such as gender, ethnicity and FSM; other LAs include 'Softer' indicators, such as family breakup, drug and alcohol misuse, teenage parent/pregnancy.²⁸¹

Over half of the pupils currently in Year 13 will not go onto higher education. They must now find a job without completing the academic year or having access to any career advice. For those leaving education with low qualifications and/or little or no work experience there will be high barriers to finding their first employment opportunity.²⁸²

With many councils failing to register young people's destinations (despite the fact that destination data was to be included in national school performance tables since 2017), monitoring the most vulnerable is a challenge.²⁸³

To counter this Local Government Association (LGA) and the Association of Directors of Children's Services have developed a planning tool for local Councils and their partners to track young people's progress and reduce the number of young people who go "missing".

The planning tool calls on all councils to have a NEET-reduction plan in place, with effective mechanisms for identifying early young people at risk of becoming NEET, and for targeting support for young people who are at risk of not making a successful transition during Year 11.

There is evidence that by offering employment engagement activities, schools reduce their students' risk of becoming NEET as an adult.²⁸⁴

Case study: MCR Pathways Hertfordshire and Glasgow

MCR Pathways was founded by entrepreneur Iain MacRitchie in 2007 in Glasgow. This mentoring programme focuses on educational outcomes because, as MacRitchie explains "they lead to job choices and life chances. Young people need self-belief and confidence to thrive, and achieving good GCSEs ensures they do." MCR matches a trained external mentor volunteer to engage with a school child during the school day. The emphasis is on building a relationship for one study period a week, over one or two years. The mentor can be of any age

278 Filmer-Sankey, C., & McCrone, T. (2012). developing indicators for early identification of young people at risk of temporary disconnection from learning [available at: www.nfer.ac.uk/publications/INDI02/INDI02.pdf]

279 Filmer-Sankey, C., & McCrone, T. (2012). developing indicators for early identification of young people at risk of temporary disconnection from learning [available at: www.nfer.ac.uk/publications/INDI02/INDI02.pdf]

280 Ibid.

281 Ibid.

282 Boshoff, J., et al (2019). Inequality in education and labour market participation of young people across English localities: An exploration based on Longitudinal Education Outcomes (LEO) data [available at: <https://cver.lse.ac.uk/textonly/cver/pubs/cverbrf010.pdf>]

283 www.local.gov.uk/sites/default/files/documents/tracking-young-people-pla-49d.pdf

284 Ibid.

any background. “40% of our mentors are male – ranging from CEOs to taxi drivers. We offer them three hours of training. The mentor is not told of the young person’s past because this is about their future.” In the third term of secondary school, the pupils are invited to try bite-sized (half day) job trials they get to pick. The mentor drives home the point that “if you want to do this, you have to be really good at maths, or get at least a B in English.” Mentors invited the young people to identify their interests and helped them with college and job applications.

Evaluation by ScotCen in 2017 found that mentored students had better attendance record, reported improved self-confidence and social skills. 70.7% of mentored pupils continued their education compared with 60.1% of their non-mentored peers. 87.8% of mentored pupils achieved at least one SCQF Level 5 qualification compared with 66.8% of their non-mentored peers. 81.6% of mentored pupils went on to a positive destination compared with 56.3% of their non-mentored peers.²⁸⁵

The programme is now being introduced to Hertfordshire where schools can use Pupil Premium Plus to fund training.

Publicly funded provision of career guidance is found in schools, colleges and universities, in the National Careers Service and in Jobcentre Plus. As Rochdale showed, career guidance can play an important role in providing individuals with access to information and intelligence that is outside of their immediate social network, offsetting some of the disadvantages offered by inequalities in social capital.²⁸⁶

285 “Independent Impact Evaluation of MCR Pathways: 3 Year Quantitative and Qualitative Study” ScotCen Social Research for The Robertson Trust, 2017

286 Gatsby (2021). Embedding the Good Career Guidance Benchmarks in Schools and Colleges [available at: www.gatsby.org.uk/education/programmes/embedding-the-benchmarks-in-school-and-college-practice]

chapter ten

Crime and care

The risk factors for offending are similar to the risk factors for entering care: neglect or abuse, substance misuse, anti-social peers, mental health difficulties.²⁸⁷

Preventive factors for offending are also similar to preventive factors for entering care: a strong continuous relationship. Families, schools, mentors, coaches, counsellors: engaging children and young people in positive activities with trusted grown-ups keeps them from being vulnerable to mental health problems, recruitment by gangs, exploitation (sexual and otherwise) by criminals. Strengthening positive peer-to-peer relationships, social inclusion and networks, also serve to protect against exploitation and abuse.²⁸⁸

Red Thread is a Youth Violence Intervention programme based in A&E departments across London and the Midlands. Youth workers engage with young people who have come in with violent injuries or who are suspected of having been abused or exploited. This therapy-based programme is rooted in the “teachable moment” – capitalising on the near-death, life-changing incident that brought them to hospital to turn around the young person.

The intervention can last up to 12 weeks. One-to-one casework with a trusted youth worker builds young people’s self-esteem and personal resilience, and raises their aspirations. Between 2017 850 young people were helped across three hospital sites.²⁸⁹

Case study: Red Thread

Sean Monaghan, a youth worker in Birmingham, has been working for Redthread since 2018.

“I work in Queen Elizabeth Hospital now. I’m still a youth worker, I’m not a doctor by any means, but I work with a team to intervene in a young person’s life when they’re at their most vulnerable. This is when they are most susceptible to change, what we call their teachable moment.

With other intervention programmes, it tends to be reactionary. With Redthread, we’re there at the hospital waiting, before the young person has even got there.

287 Staines, J. (2016). Risk, Adverse Influence and Criminalisation Understanding the over-representation of looked after children in the youth justice system [available at: www.prisonreformtrust.org.uk/Portals/0/Documents/risk_adverse_influence_criminalisation_lit_review_lo.pdf]

288 Newton, B., et al (2020). Supporting disadvantaged young people into meaningful work [available at: <https://youthfuturesfoundation.org/wp-content/uploads/2020/04/v14-IES-evidence-review-FINAL.pdf>]

289 Redthread (2019). The Youth Violence Intervention Programme [available at: www.redthread.org.uk/wp-content/uploads/2019/06/Redthreads-Core-Programmes.pdf]

When a young person comes in for a serious injury, they're likely to be coming in under a trauma report. They'd come into the resuscitation bay in the emergency department. That's where we're based. We're part of a specialist team dealing with trauma, linked on the pager with consultants, clinicians, anaesthetist and nurses.

We also have access to patient records to make sure we don't let the less obvious incidents go unnoticed. With a code red or a stabbing, it's not hard to spot, but with something like a black eye, when they're not in the hospital for that long and it doesn't seem problematic, it might not get flagged up. Having access to patient records allows us to recognise recurring incidents and intervene when we need to.

The first contact we have with them is without agenda: they're likely very scared, in an unfamiliar setting surrounded by a group of adults wearing strange outfits, talking in a 'different' language, talking about you, over you, but not to you. Our job is as a comforting presence, dealing with the basic needs. Water, call to parents etc, anything that makes them feel comfortable.

After that, we work together to build a safety plan. We help young people identify the risks they face once discharged. We can advise, we have a professional skillset, but a young person knows where the risks are. Our role is just to help them identify them.

We make sure they are linked up with any services they may need. Just sending them somewhere or giving them a phone number is not enough, though. It is too daunting a prospect to come out of trauma and be expected to handle your affairs alone. We hold their hand through that process until they feel more comfortable with the services they need to engage with. We call it scaffolding.

We had a boy come in overnight a couple of years ago who had suffered multiple machete wounds. A large group had broken into his house and attacked him and his mother. He was very wary of medical intervention; he didn't know what they were going to do, he didn't feel like he understood what he was being told and he was being quite aggressive. Those behaviours represented to us something much more than just a patient being challenging and we intervened.

He was under significant threat; the perpetrators knew where he lived and they'd harmed his mother, which was highly unusual. He refused all referrals to social services and would not give up any information to the police because he didn't know how that information would be used or where it would end up. A lot of my role was actually mediating between him and the Officer in Charge.

We eventually managed to get him and his mother a place that was safe. We helped him realise that the thoughts and feelings he had of anger, rage and sadness were things that could be addressed by therapy and talking about it, and – over nine months – we helped him to adapt to his new life."

Failure to engage young people instead is to risk their ending up in crime as well as in care. Like children with any experience of services, children in custody report poor educational engagement and achievement: as Laura Janes of the Howard League told us, "When I listen to young offenders, exclusion is inevitably part of their story." Eight out of ten children in custody have been excluded, according to the Just For Kids Law charity, who report that gangs deliberately target children who are on the streets, deprived of the protections mainstream school affords.²⁹⁰ Gangs can entice young people into

290 Just for Kids Law (2020). Excluded, exploited, forgotten: Childhood criminal exploitation and school exclusions [available at: https://justforkidslaw.org/sites/default/files/fields/download/JfKL%20school%20exclusion%20and%20CCE_2.pdf]

county lines, and trafficking, as well as serious violence, and peer-on-peer abuse. These risks can occur online as well as in person and are further exacerbated by a child's own vulnerabilities, such as having already experienced adversity.²⁹¹ "When you ask them about their first memories, Laura Janes, of the Howard League told us, "they will describe their dad beating up mum, or police storming into their home... "

Just For Kids Law warns that Covid-19, which has kept children out of school for six months, will have increased the risk of exploitation for these children. Moreover, there is danger of a spike in exclusions once schools re-open fulltime, as "schools struggle to reintegrate children who have experienced trauma or a lack of support for additional needs back into education when they reopen. This would result in more children out of mainstream school and at risk of criminal exploitation."²⁹²

A significant proportion of the prisoner population of England and Wales have experience of the care system. 24 per cent of the prison population were taken into care as a child, a figure which increases to 31 per cent for female prisoners alone. (In contrast, approximately two per cent of the general population were taken into care as a child.²⁹³)

When we consider the youth estate, the figures are even more stark. **A survey of five young offender institutions and three secure training centres conducted by Her Majesty's Inspectorate of Prisons found that over half (52 per cent) of the children reported having been in the care of a local authority.**²⁹⁴ Data shows that children who have been looked after for at least 12 months are five times more likely to offend than all children.²⁹⁵

Parental imprisonment

While there is a lack of reliable quantitative data on the number of children of prisoners, it has been estimated that some 312,000 children are separated from their parents through imprisonment each year.²⁹⁶ Parental imprisonment can have far reaching consequences for the children left behind – each of which is at risk of suffering psychological, economic and social harms.²⁹⁷ Indeed, the imprisonment of a household member is one of the ten Adverse Childhood Experiences (ACE) known to cause significant trauma and harm to the long-term health, wellbeing, and life chances of an individual. It is also associated with a fivefold increase in exposure to other ACEs, even after adjusting for demographic and socioeconomic characteristics.²⁹⁸

291 Ibid.

292 <https://justforkidslaw.org/news/government-must-act-protect-vulnerable-children-excluded-school-and-exploited-criminal-gangs->

293 Prison Reform trust (2019). Bromley Briefings Prison Factfile [available at: www.prisonreformtrust.org.uk/portals/0/documents/bromley%20briefings/Winter%202019%20Factfile%20web.pdf]

294 Her Majesty's Inspectorate of Prisons (2020). Children in Custody 2018–19 An analysis of 12–18-year-olds' perceptions of their experiences in secure training centres and young offender institutions [available at: www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2020/02/Children-in-Custody-2018-19-Web-1.pdf]

295 DfE (2020). Statistics: looked-after children [available at: www.gov.uk/government/collections/statistics-looked-after-children]

296 Crest Advisory, Children of Prisoners: Fixing a broken system. February 2019. Page 7

297 Mears, P., & Seinnick, S. (2015). Young Adult Outcomes and the Life-Course Penalties of Parental Incarceration [available at: <https://journals.sagepub.com/doi/10.1177/0022427815592452>]

298 Turney, K. (2018). Adverse childhood experiences among children of incarcerated parents [available at: www.sciencedirect.com/science/article/abs/pii/S0190740918300525]

The consequences can be particularly severe for children of imprisoned mothers who are often the primary and sometimes sole caregivers in the home. It is estimated that 17,000 children are affected by maternal imprisonment each year.²⁹⁹ For many of these children, it will be the first time they will have been separated from their mothers for any significant length of time.³⁰⁰ The vast majority, some 95 per cent,³⁰¹ of children facing maternal imprisonment will have to move out of the family home. Only nine per cent will be cared for by their fathers while their mother is in prison,³⁰² while 40 per cent will be looked after by their grandparents or other family members.³⁰³ A significant proportion will end up passing into local authority care.

As highlighted by Dr Shona Minson in ‘Maternal Sentencing and the rights of the Child’, there is an absence of provision when a child is separated from their parents in the criminal courts, unlike the family courts where the interests of the child are paramount.³⁰⁴ The lack of reliable qualitative data on the numbers of children affected by parental imprisonment each year means these children remain an invisible group. As stated in the Joint Committee on Human Rights’ report, “The right to family life: Children whose mothers are in prison”: *Children cannot receive help if those who are responsible for providing that help do not know that a child has a parent in prison. (Paragraph 64).*³⁰⁵

299 Kincaid, S., & Roberts, M. (2019) Children of prisoners: fixing a broken system [available at: www.crestadvisory.com/post/children-of-prisoners-fixing-a-broken-system]

300 Prison Reform Trust (2017). Why focus on reducing women’s imprisonment? [available at: www.prisonreformtrust.org.uk/Portals/0/Documents/why%20focus%20on%20reducing%20women%27s%20imprisonment%20BL.pdf]

301 Ibid.

302 Home Office (2007). The Corston Report: A report by Baroness Jean Corston of a review of women with particular vulnerabilities in the criminal justice system [available at: <http://criminaljusticealliance.org/wp-content/uploads/2017/07/Corston-report-2007.pdf>]

303 Prison Reform Trust (2017). Why focus on reducing women’s imprisonment? [available at: www.prisonreformtrust.org.uk/Portals/0/Documents/why%20focus%20on%20reducing%20women%27s%20imprisonment%20BL.pdf]

304 Minson, S. (2020). Maternal Sentencing and the Rights of the Child [available at: www.palgrave.com/gp/book/9783030327378]

305 Joint Committee on Human Rights, The right to family life: Children whose mothers are in prison. 2019. Paragraph 64.

chapter eleven

Social workers

The relationship between social services and families is difficult. There is a fear factor on both sides; the worker doesn't want to get it wrong and the family doesn't want to be intruded upon, nor suffer the stigma of a social worker coming into their life.

Faye, a mother with a CIN

Young people and their families report that the relationship they forge with a social worker is crucial to their progress. Children with experience of the care system echo these sentiments. Coram's "Our Care, Our Lives" survey of 10,000 children in care and care leavers, part of the charity's Bright Spots Programme in conjunction with the Oxford University Rees Centre, found that what both children in care and care leavers wanted from the relationships with people in the care system was to "Have social workers that they trust who do not change." They also asked to "Know who their social workers are and can easily get in touch with them."³⁰⁶

The Government acknowledges the central role of the social worker in the children's care system – and that the role needs reform: it has appointed Josh MacAlister, founder and CEO of FrontLine, to head its review of children's care services. The FrontLine charity seeks to develop best practice and inspiring leadership in social work – and models itself on the Teach First concept for education. It seeks to reform, rather than lobby for, the sector.

This is a timely development. In a relationship-focused system, adjustments will need to be made to the social worker's role.

That role is demanding – supporting the most vulnerable children – and conflicted: the social worker is supposed to both support the parents, winning over their trust, and then (when necessary) take away their children.

The DfE's evaluations of projects delivered via its £200m Innovation Programme found that three elements were crucial in facilitating positive relationships between service users and providers: increasing practitioner time capacity and service capacity to enable sufficient time for work (including direct work) on each case; using shared, evidence-informed practice methodologies and tools; and providing training and skilled supervision to support this.³⁰⁷

³⁰⁶ Coram Voice (2021). Bright Spots Programme [available at: <https://coramvoice.org.uk/for-professionals/bright-spots-2>]

³⁰⁷ Ibid.

Many families instead report that they must deal with a succession of social workers who engage with them for a few weeks or months before moving on; and whose poor communication skills “had let them down”, and shown they had “not wanted to know”. One parent described seeing 14 social workers in a 12-month period. Another parent described making repeated calls to the duty and assessment team and leaving messages after her 12-year-old daughter had refused to return home, with no one calling her back for a week.³⁰⁸

Working with a succession of professionals allows for only superficial bonding and requires the young person to ‘tell their story’ repeatedly³⁰⁹ which often feels awkward and painful. Others report that they feel social workers work for the families, rather than alongside them; this deprives parents (and their children) the feeling of agency that is necessary to affect positive change.

Isabelle Trowler, chief social worker for children and families in England, recently branded as “an injustice” the practice under which some authorities take away children who could safely stay with parents at home. One indication of a mistaken approach is that the number of families subjected to a formal child protection investigation in which no future action was taken more than tripled from 43,400 in 2010 to 134,620 in 2020. The tendency of social workers to be “overly-zealous” in taking children from families may be a reaction to scandals, widely covered in the media,³¹⁰ such as the deaths of Baby P and Victoria Climbié – children who, despite contact with social services, died horrific deaths at the hand of family members.

The primacy of paper work

Social workers, meanwhile, report that relationships with service users have fallen victim to their profession’s increased emphasis on paperwork (report writings, form filling, etc.) and administrative tasks. Thirty years ago, only 30% of a social worker’s time was spent on paperwork.³¹¹

In a 2016 Unison survey, barely over half said they had been able to pay a visit to someone’s house and only 42% reported having had contact with service user – child or family – in an institutional setting. Three-quarters (74%) of respondents said this was due to their being unable to get necessary paperwork completed.³¹²

Practitioners admitted to the Scotland Review of Children in Care that the system reduced relationships to a post-script: “Self-evaluation and inspection regimes are overly complex with indicators which are too numerous and focused on the existence of policies and procedures. Evidence of improved outcomes is based on what can be measured rather than what is most important. These processes are driving out a clear focus on relationships.”³¹³

308 Ibid.

309 www.eif.org.uk/report/building-trusted-relationships-for-vulnerable-children-and-young-people-with-public-services

310 www.communitycare.co.uk/2017/08/03/ten-years-baby-p-social-works-story

311 CSJ (2008). *Couldn’t Care Less* [available at: www.centreforsocialjustice.org.uk/wp-content/uploads/2018/03/CouldntCareLess.pdf]

312 Unison (2017). *A day in the life of social work* [available at: www.unison.org.uk/content/uploads/2017/03/CC-SocialWorkWatch_report_web.pdf]

313 www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf

The pandemic has also hindered the forging of relationships. Fear of contagion and successive lockdowns have meant that face to face visits were no longer practicable and many meetings had to move online. The Association of Directors of Children's Services found that the adoption of a hybrid approach, relying on both face to face and digital contact, meant LAs were able to increase the frequency of visits at a time when most children weren't being seen in school.³¹⁴

A matter of confidence

There were 30,700 full-time children and family social workers in 30 September 2019. The average caseload per children and family social worker was 16.9.³¹⁵

Morale in the sector is low: recruitment and retention are difficult, with vacancies currently standing at 16%.³¹⁶ Staff burn-out is a significant problem – just under two-thirds of those leaving local authority employment in 2017 had worked for less than five years.³¹⁷ Ofsted has recorded concerns about caseload levels in 14 councils inspected since January 2016. Fifty-six per cent of respondents (up from 53% in 2014) said that the size of their workload had been influenced by staffing shortages, for example because of unfilled vacancies or long-term sickness in the team.³¹⁸ The number of locums employed by local authorities in 2019 increased from 5,530 to 6,090.³¹⁹

The pandemic has accelerated and increased this downward trend. Indeed, a third of social workers are considering quitting the profession in the wake of the Covid-19 pandemic, a Social Workers Union survey has found.³²⁰

If social workers are the lynchpin of the care system, we cannot afford to allow this state of affairs to continue. To build their confidence, social workers need better skills training; career development; and support.

314 DfE (2020). Children's Social Care Government consultation response [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/915980/Childrens_social_care_-_Government_consultation_response_3.pdf]

315 DfE (2020). Official statistics: Children and family social work workforce in England, year ending 30 September 2019 [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/868384/CSWW_2018-19_Text.pdf]

316 University of Bristol (2020). Children in Need and Children in Care: Educational Attainment and Progress [available at: www.bristol.ac.uk/media-library/sites/policybristol/briefings-and-reports-pdfs/PolicyReport58BerridgeCICEduOutcomes.pdf]

317 University of Bristol (2020). Children in Need and Children in Care: Educational Attainment and Progress [available at: www.bristol.ac.uk/media-library/sites/policybristol/briefings-and-reports-pdfs/PolicyReport58BerridgeCICEduOutcomes.pdf]

318 Ibid.

319 DfE (2020) Children's social work workforce 2019 [available at: www.gov.uk/government/statistics/childrens-social-work-workforce-2019]

320 BASW (2020). SWU: Social Work's Six-Point Urgent Action Plan [available at: www.basw.co.uk/media/news/2020/jul/swu-social-works-six-point-urgent-action-plan]

Skills training

“There is too little clarity on what a children’s social worker should know at graduation – that needs to change, quickly – and there is a question mark over the entry calibre of too many students. We need greater assurance about both the academic standards and the quality of work experience at different universities: we can take little comfort from either of the current inspection regimes.”³²¹

Sir Martin Narey’s damning verdict was issued on July 2016. Since then the Government has launched significant changes in the professional development of social workers.

The What Works Centre for Children’s Social Care has been created, promoting multi-agency collaboration to improve safeguarding.³²²

In addition, a new regulator, Social Work England, and a National Assessment and Accreditation System (NAAS) have been set up. Social Work England was established to review the training given to children’s social workers.³²³

NAAS aims to give social workers and their employers an opportunity for professional development; and in this way raise the national standard of practice, thereby improving outcomes for children and families.

Although NAAS is paused until Spring 2021, and is a voluntary assessment, Isabelle Trowler, Chief Social Worker, is confident it will bring a “step-change in the learning offer” to social workers.³²⁴

The assessment represents an investment for those social workers who undertake it – it is a four-hour test taken in an “assessment centre”.

Social Work England will ensure training of social workers will include knowledge of child development science and in particular the importance of adverse early years experiences. This is urgently needed: only front line workers with an understanding of the impact of ACEs and trauma, and with the skills to deal with these scarring events, can truly support vulnerable children and families.

The voluntary sector can also be drawn upon to support the social worker. We have heard from both practitioners and families that there is little time, with huge case loads and frequent turn-over, to build a strong relationship. Voluntary sector organisations could supply a local volunteer or staff member to complement the social worker role. This support could be in the guise of mentoring, coaching or more specialised services; would provide continuity; and would allow the key worker to have space and time to dedicate themselves to the family’s needs.

321 Narey, M. (2016). Residential Care in England [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/534560/Residential-Care-in-England-Sir-Martin-Narey-July-2016.pdf]

322 Ibid.

323 La Valle, I., et al (2019). How do we know if children’s social care services make a difference? Development of an outcomes framework [available at: www.education.ox.ac.uk/wp-content/uploads/2019/07/CSCS-Outcomes-Framework-July-2019.pdf]

324 Skills for Care (2020). ASYE pathway to NAAS [available at: www.skillsforcare.org.uk/Learning-development/social-work/asye-child-family/ASYE-pathway-to-NAAS.aspx?utm_source=email&utm_medium=sfc&utm_content=asyeleads&utm_campaign=naas]

chapter twelve

Getting data right

When children are assessed as individuals unmoored from relationships, information about their family is not systematically collected. Published data is not available at local levels for child abuse and neglect; family functioning; interparental conflict; and parenting.³²⁵

We do not have national pictures of the income levels, employment status, housing circumstances or educational background of the children's families. We also do not know about the ethnicity, partnership or marital status, health or disabilities, or age of the parents.³²⁶

Moreover, among local authorities only 30% could identify whether a child was a Child in Need; and only 12% could identify whether a child had Special Educational Needs.³²⁷ Many had no record of how many children are receiving 5 statutory visits from the Health Visitor; how many are enrolled in AP; or how many are NEET. This extraordinary data void compromises prevention and support. It must be addressed as a priority.

In England, the National Pupil Database, co-ordinated by the Department for Education, gives every single British school child a unique identifier number to track them throughout their school life. The database holds information about attainment, school moves, free school meal eligibility, English as a first language. A new database, LEO, offers better insights than we've had from any previous datasets about young people from a disadvantaged background including what qualifications they have, and where they went to school.³²⁸

Yet practitioners and commissioners repeatedly tell us that problems with social care data make it difficult for professionals and decision makers to have a clear insight into how children and young people themselves feel about the quality of their lives – this is crucial when it comes to repairing and strengthening relationships.

The data void can also prove fatal – Serious Case Reviews reveal that poor information sharing between multi-agency partnerships can lead to the serious harm, abuse or death of a child.

325 www.eif.org.uk/resource/evaluating-early-help-a-guide-to-evaluation-of-complex-local-early-help-systems

326 Prior, S, J., et al. (2020). Person-centred data collection methods to embed the authentic voice of people who experience health challenges [available at: <https://bmjopenquality.bmj.com/content/9/3/e000912.full>]

327 Ibid.

328 <https://impetus.org.uk/policy/youth-unemployment>

We have heard from small charities how they feel excluded from “the commissioners’ table” yet they often are the repository of key information about local residents.³²⁹

Predict and prevent

In order to predict, and prevent, we need better information about the kinds of adversity households face. A recent Research in Practice Change Project³³⁰ worked with 19 local authorities to explore their data usage at a local and regional level. The focus of the project was on support for children and young people at the edge of care. The study identified how data was often not recorded in a systematic way across the local authorities, and instead was recorded in separate, non-centralised databases, and/or spreadsheets.

At present, findings relate to a randomly-selected adult in a household and therefore do not capture issues affecting other adults in the household. This results in an under-estimation of the vulnerability in the household. The Commissioner called for incorporating additional local area data, such as caseloads for related services (e.g. hospital admissions or police recorded offences), as relative weights across different local areas.”³³¹

Three myths about information sharing need to be busted, according to the DfE:

1. Data protection legislation is a barrier to sharing information. No – the Data Protection Act 2018 and GDPR do not prohibit the collection and sharing of personal information, but rather provide a framework to ensure that personal information is shared appropriately.
2. Consent is always needed to share personal information. No – you do not necessarily need consent to share personal information.
3. Personal information collected by one organisation/agency cannot be disclosed to another No – this is not the case, unless the information is to be used for a purpose incompatible with the purpose for which it was originally collected.

329 Children’s Commissioner (2018), Estimating the Prevalence of the ‘Toxic Trio’ [available at: www.childrenscommissioner.gov.uk/wp-content/uploads/2018/07/Vulnerability-Technical-Report-2-Estimating-the-prevalence-of-the-toxic-trio.pdf]

330 Bowyer, S., et al. (2018). Edge of Care Cost Calculator Change Project Report [available at: www.researchinpractice.org.uk/media/2389/edge_of_care_cost_calculator.pdf]

331 Children’s Commissioner (2018). Estimating the prevalence of the ‘toxic trio’ [available at: www.childrenscommissioner.gov.uk/wp-content/uploads/2018/07/Vulnerability-Technical-Report-2-Estimating-the-prevalence-of-the-toxic-trio.pdf]

chapter thirteen

In and out of care

For most children, care is a continuum rather than a final destination. Some care placements provide positive modelling, stability and the opportunity for children to develop relationship skills and resilience. When this occurs, the child can return to the family and re-integrate successfully. At present, however, evidence suggests that between 37% and 65% of children who return home re-enter care.³³²

Temporary foster care (or support care)

This is the most commonly used category of foster care. Temporary care may be used in an emergency and also while the needs of the child are being assessed. It may provide a chance to defuse a parent-child conflict situation, to support parents who are in a crisis and to enable a risky situation to be assessed and managed. Temporary fostering may also be used to give parents a short break or respite, for example, if their child is disabled or has complex health needs.

Support carers look after the child on a part-time basis, while at the same time a package of other support services is offered to the family, giving them time and guidance to work through their problems.

As well as helping families stay together, support care helps carers who report that they struggle when children are first placed with them. It is also effective in helping to prevent adoption breakdown, and it can be a breathing space for some families whose children don't hit the criteria for short breaks for disabled children but desperately need some support.³³³

About 80 per cent of admissions into temporary foster care are made with the parents' agreement. Research shows that parents are frequently relieved and valued the respite highly. Parents do not necessarily see temporary care as a threat to the fundamental bonds of their family, unless court proceedings for a care order are initiated. Research findings however show that children do not like sudden moves into care and moving placement without preparation.³³⁴

332 www.researchgate.net/publication/265725982_Supporting_children_and_families_returning_home_from_care_counting_the_costs

333 The Fostering Network (2013). Unit Costs of Support Care [available at: www.thefosteringnetwork.org.uk/sites/www.fostering.net/files/resources/wales/unit_costs_of_support_care_.pdf]

334 Foster Care Associates (2020). Short Term Fostering [available at: www.thefca.co.uk/about-fostering/types-of-fostering/short-term-fostering]

Foster care

Nurturing foster families can provide vulnerable children with a safe stable environment and strong positive relationships that can help counter adverse childhood experiences. Foster parents and siblings can serve as good role models. All foster parents receive a foster care allowance to cover the cost of caring for a child. This ranges between £132 and £231, depending on where the foster care lives and their experience as a foster carer; the child's age and special needs; the fostering service used.³³⁵

The average cost of foster care in England in 2017/18, according to the Unit Cost Database funded by the Department of Communities and Local Government Troubled Families Unit is £685 per week per child (2019). This is a fraction of the cost of a residential care placement – the standard unit cost for maintaining a child for a week in residential care is £3,970.³³⁶

For these reasons Local Authorities prefer to place looked after children in fostering placements: 55,200 (73%) children looked after at 31 March 2018 were in foster placements.³³⁷

Fostering capacity, however, remains “not anywhere near enough to meet demand”, especially considering the rise in the number of children going into care.³³⁸

Foster carers can be funded by the Local Authority or by a private agency. Some foster carers volunteer through third sector groups (church, voluntary organisation, etc.) In most studies the majority of foster carers are married couples who have school age children, but there are considerable variations between and within agencies.

Two-thirds of carers were aged over 50, with a quarter over 60.³³⁹

Many of the children coming into foster homes are especially vulnerable: 16% of children referred to Barnardo's fostering services, for example, had suffered sexual exploitation; 17% of children referred were unaccompanied asylum seekers or had been trafficked; 5% of children referred had offending behaviour; and 6% of referrals indicated harmful sexual behaviour.³⁴⁰

335 GOV.UK (2021). Becoming a Foster parent [available at: www.gov.uk/becoming-foster-parent/print]

336 Simpson, F. (2020). Rise in Children's Home Costs Shows 'Limited Impact of Commissioning' [available at: www.cypnow.co.uk/news/article/rise-in-children-s-home-costs-shows-limited-impact-of-commissioning]

337 DfE (2018). Children looked after in England (including adoption), year ending 31 March 2018 [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757922/Children_looked_after_in_England_2018_Text_revised.pdf]

338 Blackwell, A. (2020). Fostering capacity still 'nowhere near enough to meet demand', despite small rise, warns Ofsted [available at: www.communitycare.co.uk/2020/11/12/fostering-capacity-still-nowhere-near-enough-meet-demand-despite-small-rise-warns-ofsted/]

339 DfE (2018). Children looked after in England (including adoption), year ending 31 March 2018 [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757922/Children_looked_after_in_England_2018_Text_revised.pdf]

340 Barnardo's (2017), A Profile of Children Referred to Barnardo's Fostering Services in England [available at: www.barnardos.org.uk/resources/research_and_publications/a-profile-of-children-referred-to-barnardos-fostering-service-in-england/publication-view.jsp?pid=PUB-3040]

The Foster Carers Association surveyed young people who had been fostered and found that “they want carers to listen, to be caring, and to encourage them. They resent harsh discipline, so foster carers must draw a fine line between this and providing them with boundaries.” The FCA³⁴¹ summarised key elements for successful fostering as:

- a parenting style which combines boundaries with warmth
- an expectation that the relationship with the child will survive
- an emphasis on the relationship and on flexible problem solving within it
- facilitating contact with birth parents and avoiding criticism
- flexibility and not being easily upset
- encouragement about education and school.

Matching children with foster families is a challenge made more difficult by the shortage of carers – particularly for siblings, teens and disabled children.³⁴²

A recent report by Ofsted warns of the importance of the careful orchestration involved in fostering: “Chemistry lies at the heart of a good match, but researchers found that this isn’t down to luck. This ‘magic’ can be built through good practice that encourages relationships to flourish.”³⁴³

Over two-thirds of children in foster care surveyed in the Ofsted report felt they had not been asked about their wishes and feelings before they moved into their foster home, while very few of those who were consulted felt their views had made a difference.³⁴⁴

Few survey respondents with past or current experience of care had received information about their foster home before they moved in, with those that did receiving it too late to help them prepare for the move. This was despite the evidence showing that being informed helps children to settle, particularly when they are shown pictures of the family, are invited to ask questions about their prospective carers and can start seeing themselves as part of the family.³⁴⁵

Similarly, carers felt that the information they received about the children coming to live with them was variable. In several cases, information gaps were not filled after the child moved in. Carers also said they found information from previous carers of the child to be “invaluable”, but the Local Authorities all too often failed to provide this.³⁴⁶

341 Foster Care Associates (2020). Short Term Fostering [available at: www.thefca.co.uk/about-fostering/types-of-fostering/short-term-fostering]

342 DfE (2018). Children looked after in England (including adoption), year ending 31 March 2018 [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757922/Children_looked_after_in_England_2018_Text_revised.pdf]

343 Ofsted (2020). New Ofsted report highlights need to get matching right [available at: www.gov.uk/government/news/new-ofsted-report-highlights-need-to-get-matching-right]

344 Blackwell, A. (2020). Fostering capacity still ‘nowhere near enough to meet demand’, despite small rise, warns Ofsted [available at: www.communitycare.co.uk/2020/11/12/fostering-capacity-still-nowhere-near-enough-meet-demand-despite-small-rise-warns-ofsted/]

345 Ofsted (2020). New Ofsted report highlights need to get matching right [available at: www.gov.uk/government/news/new-ofsted-report-highlights-need-to-get-matching-right]

346 Ibid.

The report also advised social workers to do more to help carers support contact between the child and their birth family, with fewer than half of carers surveyed saying their supervising social worker helped them to do so.

The Fostering Network found that among 4000 members only 41% felt that their fostering allowance adequately covered the cost of fostering a child; almost a third (29%) felt that the social worker they deal with did not treat them with respect; and one in four had been prevented from staying in contact with a former foster child.³⁴⁷

Given the average cost of foster care in England in 2017/18, is £685 per week per child, a reduction of 1,000 in the number of children in the looked after system would deliver significant benefits. It would release resources of the order of £40 million every year that could be used to improve outcomes for vulnerable children; and lead to improved educational and other outcomes in the longer term. For this number of children, improved educational outcomes could increase lifetime earnings by £20 million; whilst there would be other long-term benefits in terms of reduced homelessness, levels of crime and anti-social behaviour, and better health.³⁴⁸

Case study: Foster parent Alison Cox

"When Alison, now 50, was still in her early 30s and a scout leader, she decided that she wanted to support young people more than scouting allowed for.

She called her Local Authority – Surrey County Council – and applied to become a single foster carer. 13 years on, she has fostered over 60 children from newborn to teenagers. They come from a variety of situations – "the emergency team at LA might call in the night to say do you have a bed for a toddler left home alone, a parent being rushed to hospital with no childcare or a young migrant we've picked up – other times there might be a more planned process where a child is already in care or a social worker has been working with the family due to concerns over neglect or emotional, physical or sexual abuse, other times a family may refer themselves to social services because they don't feel they can cope with the child's behaviour. Some children would stay for the night, others for months and others sometimes years."

Her first foster child was a teenager who lived in Alison's spare bedroom; within a few years having moved house, three teens were living with her. Along the way she's fostered a "child migrant" who turned out to be 20-something and ran away as soon as provided with new clothes; two Eritrean girls whom the police claimed could not speak English but turned out to be perfectly bilingual; and did parent and child fostering for a pregnant teenager who left her baby in Alison's care after 6 months of trying to gain parenting skills. (Alison has now adopted the little girl.)

Alison believes that sometimes children being in care gives parents the time they need to deal with issues such as addiction or unhealthy relationships; sometimes children can return to another family member better able to support their needs. Some children cannot return home and can flourish in the foster home – two of Alison's long term children went to university. She even has foster grandchildren as part of the extended family.

347 The Foster Network (2020). State of the Nation's Foster Care Impact Report 2020 [available at: www.thefosteringnetwork.org.uk/sites/www.fostering.net/files/content/stateofthenationsfostercareimpactreport2020.pdf]
348 Grandparents plus (2020). Kinship Care: The Opportunity [available at: www.grandparentsplus.org.uk/wp-content/uploads/Final_economic_case_text.pdf]

However Alison points out that there are no standards of how social services support children and foster carers except minimum standards. All foster carers are self-employed. Some LAs will pay for your time, as well as the child's clothes and food etc; others won't. Some LAs have a tiered system, depending on the experience and training of the carer and therefore the level of challenge the children placed with them have others don't. Alison, like most foster carers was allowed to have another job as well, "but you have to be able to drop everything if the child needs you or social services need one of the many meetings or training course etc so it's not always practical especially for single carers as you quite rightly can't put foster children into childcare."

Foster carers are supposed to complete a "Skills to Foster" course before starting. Further training includes regular safeguarding and first aid courses and covers everything from recording medication to preventing extremism. In Surrey foster carers earn a credit for each course they complete which goes towards the tiered payment scheme.

"There is however a vicious circle in that the LA tries to pay as little as possible, which puts off would-be foster carers in their area (especially as there are no pension plans, no health coverage and no payments when you don't have children staying.) The LA then has to go purchasing a foster carer from a private, profit-making fostering agency which is much more expensive and might be out of the child's original geographic area or LA foster carers are pressured into taking children who might not be a good match because they have a bed available."

The LA places a "supervising social worker" in charge of each foster parent. They are supposed to speak on a regular basis and visit the home once every six weeks. They should also conduct an annual unannounced visit to inspect the home environment, check for health and safety etc. This, plus the child's own social worker who should also be visiting a minimum of every six weeks, should guarantee some safeguarding.

The foster carer is also required to do an annual review, which includes the child's written testimony."

Brent Council Accelerated Support Team

Brent Council set up multi-disciplinary teams of ten (including social workers, family support workers, a youth worker plus local charity staff) in 2019, to work with 40 local families that have been referred (usually by their GP or school). This Accelerated Support Team is part of the Early Help Service in Brent, team comprise paid professionals who are on call out of work hours and weekends – when the escalation of parent-child conflict is more likely to occur. They work together with local mental health charities plus a local youth group, Air Network, which takes young people out for a wide range of sports and fitness activities. The programme will be evaluated in the summer. "Parents and young people find it valuable to have someone standing alongside translating for the different generations. They value especially the fact that there is no time constraints – professionals will stand by until the issue is resolved. We've been able to reduce the time young people are staying out of the family – which is important because if the young person is away for too long, a new normal sets in and their return is fraught."

Reunification

On average, children spend a year in temporary foster care. Between 37% and 65% of children who return home re-enter care. Research also suggests that a third of those who do remain at home have poor quality experiences. Support from social services after a child has returned home can be patchy. A quarter of the children in one study had no contact with a social worker following their return. Those who did said support generally focused on practical issues and soon vanished.³⁴⁹

Existing services tend to focus on children rather than supporting whole families which means little is done to help the family prepare for the return of their child; two thirds of children who return home find that the composition of their family has changed.

Only 25 per cent of children in a recent study had contact with their social worker after returning home from care.

Usually, the delay is caused by the need to resolve court proceedings or to decide if a permanent placement, rather than reunification, best meets the child's needs. Sometimes the social worker is waiting to match the child to a more suitable placement.

National guidance does insist that permanent plans for all children are made after four months, at the time of their second Looked After Child (LAC) review – but this is not always so.

Key features for encouraging a successful reunification:

- social workers committed to support parents and carers;
- a multi-agency approach before, during and after placement;
- written agreements between social services, parents and children;
- ensuring good communication between services, parents and children.

349 DfE (2018). Children looked after in England (including adoption), year ending 31 March 2018 [available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757922/Children_looked_after_in_England_2018_Text_revised.pdf]

Conclusion

A consistent, trusting, long-term relationship protects a child against even the most adverse of circumstances.

Acknowledging the centrality of that relationship, and strengthening it, is at the heart of a good social care system. When it comes to the care of children and young people, the system should engage individual families, whole schools, and wider communities in a joint effort to identify as early as possible the child's needs, and to meet them in a timely fashion. Even when it is impossible for a child to stay with their birth family, our research has shown that a strong and positive relationship with a teacher or a mentor can prove transformative. Ensuring that schools train their staff to be attachment and trauma informed bolsters their ability to support their students.

Neuroscience supports our focus on relationships. As does the evidence from the DfE's own evaluations of projects delivered via its £200m Innovation Programme: projects with the greatest impact delivered practice that was relationship-based, strengths-based, and holistic.

We have encountered many other excellent programmes, founded on these principles, that are supporting our most vulnerable children. They share another quality: faith in the family to use its own strengths and resources to identify solutions. Whether this is to keep a child from going into care or to ensure that the period in care is only a temporary measure, to secure some respite for the rest of the family, engaging parents in co-designing an intervention improves its chances of success.

Finally, let's learn from our experience during Covid-19. Community spirit is alive and willing. Voluntary organisations have administered vaccinations, regulated queues, delivered meals throughout the crisis. They are cost-efficient and flexible, carry no stigma, and above all have the time to connect with those they serve. They deserve a place at the table.

It is tempting to apply the saying, "you are only ever as happy as your unhappiest child", to this country. We cannot prosper as a nation while the most vulnerable children born here experience tragedy and face poor outcomes. Our research has revealed a host of initiatives to improve the care system. Let's invest in these – and in our vulnerable children.



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