

A Submission to Government for Implementing the Family Help Teams

November 2022

Table of Contents

About the Centre for Social Justice	1
Executive Summary	2
Introduction	4
<i>Samantha</i>	5
<i>Amy</i>	6
The Family Help Team: a new support	7
Who should be on the team?	7
<i>Social workers: an image problem</i>	8
<i>Introducing a different protocol</i>	8
<i>Voluntary organisations and grassroot groups</i>	9
<i>Fathers matter too</i>	10
<i>Paternity leave and antenatal appointments</i>	11
<i>Safe families: volunteers are key</i>	12
<i>Claire</i>	13
<i>Early identification: Health Visitors</i>	14
<i>Expanding the health visitor role</i>	14
The crisis in health services	15
Parent champions	16
How to Embed Family Help Teams in the Community	17
Postcode lottery	17
Schools as key stakeholders	18
<i>Trauma informed schools</i>	18
<i>Parental engagement: how schools can support the Family Help Team</i>	20
<i>Severe absences post-lockdown</i>	20
<i>Virtual School Heads</i>	21
<i>Day and boarding schools for CLA</i>	22
<i>Youth groups, mentors and coaches</i>	24
<i>Lord Freud Grand Mentors</i>	24
A New Social Infrastructure	25
Family Hubs	25
Social prescribing: a rich new resource	25
<i>Evidence-based</i>	26
<i>HeadStart programmes</i>	27
<i>A role for local business</i>	27
<i>Community foundations</i>	28
<i>Employment Advisory Boards</i>	29
Data Sharing: Key to Safeguarding	30
<i>Sharon, prison officer</i>	32
Conclusion	33

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 2022 and beyond, we will continue to advance the cause of social justice so that more people can continue to fulfil their potential

Executive Summary

The Independent Review of Children's Social Care offers significant insights into the failings, and the potential, of the children's care service. It should be commended for its ambition and scale – calling for a radical reset of the entire children's care system and demanding £2.6 billion of government investment for what has hitherto been dismissed as an orphan issue.

Josh MacAlister's review has highlighted the need for a service that delivers:

- Stronger relationships
- Timely support
- Improved access to opportunities

We endorse this vision and in particular the introduction of a new Family Help Team. Local authorities would oversee the establishment of their local Team(s), while government would set objectives and models of delivery as part of a National Children's Social Care Framework. To implement this new model and introduce Family Help Teams across the country, the CSJ advocates:

- Greater collaboration with small grassroot organisations
- Including a "Parent Champion" in the Team
- Closer links to the business community
- Better use of the government's new relational infrastructure which includes social prescribing link workers based in the integrated care systems
- The adoption of the Multi-Agency Safeguarding Tracker (MAST) a new template for data sharing

The Independent Review calls for a system-wide reform to improve child protection – a recommendation echoed by the national review into the tragic deaths of Baby Arthur Labinjo-Hughes and Star Hobson.¹ Josh MacAlister's reformed children's services would have at its core the family: he urges a new focus on supporting continuous stable relationships, first and foremost within the family but also beyond parents and siblings, to grandparents, aunts and uncles, and friends, teachers and neighbours too.

The CSJ welcomes this new priority and the government's commitment to implement this important Review. Our recommendations for implementation focus on:

- Composition of the Family Help Team;
- Embedding the Team in the local community;
- Improving data sharing to improve the Team's safeguarding capabilities

We acknowledge that professionals have a role to play in supporting and protecting children and young people, and agree with the Independent Review's calls for new training and professional development of social workers as part of the new Family Help Teams. Through the more than 500 grassroot charities that form our CSJ Alliance, however, we have learned that parents are suspicious of – and sometimes downright hostile to – social workers, whom they fear as "child snatchers".

We recommend therefore that Family Help Teams include members of voluntary and community organisations, and a local parent, who are more likely to be welcomed by marginalised families. Moreover, work with grassroot groups has convinced us that community, with its schools, family hubs, and new integrated care systems, has much to offer its more vulnerable members too. The government's adoption of social prescribing can prove invaluable to the Family Help Team, delivering local practical support and signposting to vulnerable families.

1 The Child Safeguarding Practice Review Panel, "Child Protection in England," May 2022, [Accessible via <https://www.gov.uk/government/publications/national-review-into-the-murders-of-arthur-labinjo-hughes-and-star-hobson>]

National and local government can make it easier for smaller, local charities to gain and deliver contracts for social services, including by extending schemes such as the Community Match Challenge. Often, small charities lack the capacity of larger organisations to tender applications with elaborate prospectuses, but have remarkable abilities to adapt, sustain long-term relationships, and understand – and thereby build trust with – those in their communities. Government should demand that councils invite local charities to bid for delivering services to their local community, and that council members be proactive about maintaining strong relationships with their local charity sector so as to ensure closer collaboration.

Local businesses, too, have a role in this new model. Employers can train, employ, or offer an apprenticeship to young people and to the parent member (“Parent Champion”) of a Family Help Team, providing an opportunity for skills training and development as well as raising aspirations and boosting confidence.

Finally, data sharing between partners with mandatory responsibility for safeguarding has proved often to be patchy and challenging. The new Multi-Agency Safeguarding Tracker being piloted in the West Midlands is underpinned by a documented data governance structure to allow partner organisations to share the minimum amount of demographic data to assist safeguarding professionals. Legal frameworks are used and identified from the outset, without which the data sharing would not be possible. To comply with GDPR, partners only share the minimum amount of data necessary to improve information to assist safeguarding decision-making.

MAST is scalable in terms of wider geographical coverage but also in bringing in other datasets and safeguarding partners to further enrich the insights that professionals will be able to take from their searches.

Summary of recommendations

Our recommendations are:

- **Ensure Local Authority (LA) commissioners engage with local voluntary groups** and grassroots networks in Family Help Teams. To this end, Government should require that councils invite their local charities to bid for delivering the services their community needs.
- **Every Family Help Team** should include a representative of a local voluntary group or charity as well as a local “Parent Champion”, selected by Team members following a panel-led interview.
- **Change the assessment protocols to take into account family circumstances and dynamics:** 98 per cent of children are in care because of the needs of parents not the child.² Practitioners should be required to ask about family relationships and family structure in the course of their assessment, rather than consider each child as a lone individual, unmoored by relationships.
- **Use the popularity of Health Visitors to identify issues in a child’s first 1001 days** – which, neuroscience shows, are crucial for brain development. In order to support the HV’s early identification, a community nurse should accompany them on visits to families, to carry out less specialised tasks.
- **Embed attachment and trauma awareness in schools and social work.** Trauma training should be required of all professionals working with children – as is the case in Scotland. This needs only a modest investment of time and resources but evidence shows it to be an effective preventive measure in dealing with children’s mental health.
- **Recognise the importance of fathers** by ensuring that Family Help Teams frame infant care as part of “preparing for parenthood” rather than exclusively refer to “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 appointments.
- **Business has a role to play** in engaging the Teams’ “Parent Champions” and in engaging care leavers. The social entrepreneur James Timpson’s Employment Advisory Boards programme, at present being introduced into release prisons, should be introduced in residential care homes and fostering agencies.
- **Adopt the Multi-Agency Safeguarding Tracker (MAST)** to ensure easier and more timely data sharing among safeguarding partners, to identify those at risk of going into care before their needs escalate.

Josh MacAlister’s review of the children’s care system offers a chance for change. We should take it.

² “Safely Reducing the Number of Children Going into Care,” The Centre for Social Justice, April 2021, [Accessible via <https://www.centreforsocialjustice.org.uk/wp-content/uploads/2021/04/CSJJ8864-Children-In-Care-INTS-WEB-210422v.pdf>]

Introduction

The children's care system delivers poor outcomes. Taxpayers and our most vulnerable children pay heavily for this. More than 80,000 children are in the care of the state³ – that is more than all the children under 15 years of age in Blackpool⁴ and Swansea⁵ combined – at a cost of more than £5.7 billion in England, £680 million in Scotland and £350 million in Wales.⁶

In 2021 Government appointed Josh MacAlister to lead an independent national review of children's care services in England and Wales. MacAlister founded Front Line, a charity that seeks to develop best practice in social work.

For his review MacAlister invited 2330 written submissions from Local Authorities (LAs), charities, academics and individuals with lived experience of children's care and visited 10 LAs to speak with over 1400 social workers. He should be applauded for taking aim at a system that fails the needy while earning millions for the greedy. Family Help Teams, MacAlister's central plank for a new children's care service, are especially welcome. They place families at the heart of support for vulnerable children, and acknowledge that relationships are crucial to a child's short and long term outcomes.

The CSJ has long championed the vulnerable children in the care of the state, including through two recent reports, "How to Safely Reduce the Number of Children in Care"⁷ and "12 By 24".⁸ Our research confirms many of the valuable insights made by this Independent Review and lends us the authority to make recommendations for its successful implementation.

Our advice for this implementation, set out in this report, focuses on Family Help Teams, the central plank of the review. We look at who should be part of the team; how to embed the team in the community; and how to ensure data sharing allows multiple agencies to support the families in need of timely support.

Where is "care" in our children's care system?

3 "Children looked after in England including adoptions", [Accessible via <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2021>]

4 JSNS Blackpool, "Population Estimates" March 2022 <https://www.blackpooljsna.org.uk/Blackpool-Profile/Population.aspx>.

5 Cyngor Abertawe Swansea Council, "Mid-year estimates of population, 2020" June 2021, [Accessible via [https://www.swansea.gov.uk/media/3252/Swansea-Population-2020/pdf/Swansea_Population_2020.pdf?m=1632317964787#:~:text=33%2C500%20\(13.6%25\)%20of%20Swansea's,in%20part%20due%20to%20students.&text=25.3%25%20of%20the%20population%20\(62%2C300,and%20the%20UK%20\(26.1%25\)](https://www.swansea.gov.uk/media/3252/Swansea-Population-2020/pdf/Swansea_Population_2020.pdf?m=1632317964787#:~:text=33%2C500%20(13.6%25)%20of%20Swansea's,in%20part%20due%20to%20students.&text=25.3%25%20of%20the%20population%20(62%2C300,and%20the%20UK%20(26.1%25))]

6 Competition and Markets Authority, "Action needed on "dysfunctional" children's social care market", Home Office, March 10, 2022, [Accessible via: <https://www.gov.uk/government/news/action-needed-on-dysfunctional-children-s-social-care-market>]

7 Centre for Social Justice, "How to safely reduce the number of children going into care", 2020, [Accessible via <https://www.centreforsocialjustice.org.uk/library/safely-reducing-the-number-of-children-going-into-care>]

8 Centre for Social Justice, "12 by 24", 2019, [Accessible via <https://www.centreforsocialjustice.org.uk/library/12-by-24>]

Samantha

I spent nineteen months in my first children's home. On my first day, while filling out my induction paperwork in the office, a staff member commented "what's a girl like you doing in a place like this?". He expressed concern for my safety because, as he put it, I was far too 'nice' to be trapped in their prison-like environment. While his attitude could be construed as demeaning to the other young people in the home, I admit that I understand where he was coming from.

Those barren walls were more akin to a holding cell than a care home. Security cameras covered every angle of the property – except the bathrooms and bedrooms – because any black spots would be used to take drugs or beat up fellow residents. The washing machines were mouldy – the showers too – while the kitchen sink was often stacked up with dirty dishes and rotten food.

The walls were littered with posters about knife crime, gang violence, sexual assault and substance abuse, as though they expected us to be criminals or criminals in-waiting. There was two staff plus a security guard on shift at all times, with a direct line to the police and local fire department in case of fire, criminal activity or violence at the house. The riot-proof doors and walkie talkies also didn't help to create a sense of care and support, although I doubt that they were even trying.

Strict rules governed our activity in and around the grounds, designed to keep us in line and keep the council happy. Use of the food cupboard was overseen by staff, with only those who had not yet had their benefits approved being permitted access to supplies. Similarly, selling food packages was strictly prohibited and would result in a ban from the local food banks. Drugs were also a big no-no, although that didn't stop a young man from London who was placed in the house while awaiting trial for drug charges from making and selling crack cocaine from his bedroom.

I felt less 'cared for' and more kept captive during my time there. If I hadn't fallen off the wagon by the time I arrived, it was expected that I would do so while inside. The council saw group homes as places of convenience: where they could keep 'undesirables' out of sight and mind while still fulfilling their legal obligations. Put simply, they did the bare minimum and bided their time, waiting for us to become the screw-ups they already believed us to be.

I grew up in care and had only intermittent, limited contact with my family. I was brought up by white people, in foster homes and institutions that were designed and delivered by white people. Little time was spent supporting me to explore my heritage, or at a minimum, helping me understand that people would treat me differently.

BAME children in England are overrepresented in the care system. Giving children a 'colour blind' upbringing, or making their difference feel like a burden, is wrong – but all too common still.

Due to a lack of Black and Minority Ethnic foster carers, children who are not white typically end up being placed with white families, a process referred to as transracial placements. It is suggested these placements often have a negative impact on us. The intervention of being removed from our homes is often traumatic, which can be intensified by being placed with a family of a different race or heritage. Unintentional actions of carers that go against our cultural beliefs and norms, for example being given, or being deprived of, certain foods, can be deeply upsetting.

When I lived in residential care, phrases like black bastard weren't uncommon. I was known across the children's units as "Paki Amy" even though I've never been told my heritage traces back to Pakistan. Staff called me Pocahontas and when I'd wake up in the morning if my hair was curly a senior member of staff would sing Shaka Khan at me. I wasn't given extra money to be waxed so lip hair came back as did my mono brow. I asked for it to be covered in toiletry money but was told no.

School was hard: I was bullied ... I'd come home crying and my foster parents didn't know what to do. Even getting a haircut had to be formally requested to a children's panel and consent obtained by my biological mother who was more often than not sectioned and unable to provide consent for her own self, let alone me.

I don't know anyone from Bangladesh. I've never tried the food. I've never visited or taken part in the celebrations. I never felt at home, in my foster family.

9 Interview with the CSJ, 2021.

The Family Help Team: a new support

The present children's care system offers a binary choice: staying in a home where the child may be at risk of harm; and moving into care which, research shows, is likely to compromise their physical and mental health, long term.

Following tragic cases such as Baby Arthur, Labinjo-Hughes, and Star Hobson, and the public outcry they prompted, social services are understandably nervous of leaving children in potentially harmful family situations. But removing children from their parents and their family network has serious consequences, too. Balancing the need for safety and the need for love is the unenviable task that care professionals must discharge – and some lack the skills and confidence to do so.

Josh MacAlister's Independent Review acknowledges this gap, as well as the need to prioritise family relationships. The central plank of his vision for a new children's care system is the Family Help Team.

"Family Help Team ... can provide help, including a domestic abuse practitioner who works with victims of abuse, and a probation officer who works with perpetrators of abuse to assess risk and help them to recognise and change their behaviour. A substance misuse practitioner helps parents to access local drug and alcohol programmes and monitor treatment. Benefit advisers help families to manage their finances, consolidate problem debt and claim benefits they're entitled to. Any key worker is also empowered to utilise a devolved budget to help a family and address material deprivation. A youth worker, social worker and safer schools officer work across the local secondary schools... There are specialist workers in disability who help parents get access to the support they need."¹⁰

A successful implementation of this model can keep families together rather than wrenching them apart – which leads to tragic but unsurprising consequences, such as children's recruitment by gangs who prey on their isolation and rootlessness; young people's and/or parents' substance misuse, as they try to overcome loneliness and despair; young people's homelessness as they run away or "graduate" from a care home that is far from their original family home; and their poor academic and health outcomes.

Who should be on the team?

The Independent Review quite rightly focuses on the social worker as pivotal to the children's care system. It seeks to reform social workers' career pathway; raise standards for those engaged in protection work; and offers support in the form of a new multi-disciplinary Family Help Team. The Review plans to reduce the caseloads and increase the development opportunities for the 30,700 full-time children and family social workers. This should stem burn-out in an environment where a third of the workforce is considering quitting the profession.¹¹

Comprised of domestic abuse workers, mental health practitioners and other professionals the Team would offer targeted early help to about half a million children, according to the Review's estimates: not only those in vulnerable families already in the Family Support Programme, but also children in need and children on a child protection plan. The team will serve to reduce case load pressure on social workers while complementing their role with expert support. It would also allow social workers to deliver 100 hours of front-line work – at present rarely the case.

The Family Help Team is to collaborate with families: birth parents, foster and kinship carers, will be effectively codesigning the support they receive from the Team, bringing to their attention any need or challenge. The Team would provide a key worker to those families with more acute needs – this might be a family support worker, a youth worker, a social worker or another practitioner depending on the issue raised.

¹⁰ The Independent Review of Children's Social Care, May 2022 [Accessible via <https://childrensocialcare.independent-review.uk/final-report/>]

¹¹ BASW, "SWU: Social Work's Six-Point Urgent Action Plan," 2020. [Accessible via www.basw.co.uk/media/news/2020/jul/swu-social-works-six-point-urgent-action-plan]

Social workers: an image problem

These significant improvements will no doubt boost social workers' morale and skills. The Review should recognise however that vulnerable families are wary of social workers. From some of our more than 500 small grassroot charities, the CSJ has learned that many parents view social workers with "suspicion", "hostility" and "fear": these professionals are, after all, the ones who will decide whether to take parents' children away.

Many parents' experiences of social workers have been of continuous disruption. While continuity is key in supporting vulnerable children, Coram's "Our Care, Our Lives" survey of 10,000 children in care and care leavers, found that families 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.¹² A recent Barnardo's report shows that 60 per cent of children in care, experienced at least one change of social worker in 2017/18, and just over a quarter of children experienced two or more changes.¹³

Engaging with a succession of professionals requires the young person to 'tell their story' repeatedly¹⁴ which often feels awkward and painful, as our Alliance charity partners report. Families have reported to the charities that they feel social workers do things "to" them, rather than "with" them, robbing parents of any agency – even though this is necessary to affect positive change.

Introducing a different protocol

The social worker's approach to families has to change too.

The present protocol for social workers fails to place individuals in a relational framework. Too many social workers approach a case on an individualist basis, without raising questions about parental conflict, parent-child and sibling relationships, or family structure. This narrow lens leaves care professionals in the dark about a child's web of relationships. Yet as we have seen these relationships can make all the difference in that child's ability to overcome adversity. They can improve outcomes, raising aspirations, promoting resilience, instilling a sense of being valued.

To establish a relationship-focused system, social workers should per force inquire about family dynamics.¹⁵ At present this is 'a neglected site' for early intervention.¹⁶

Practitioners need to know the backstory to understand which key relationships can be supported and which should not. The tragic tales of Baby Arthur and Star Hobson highlight the danger of ignoring the parents' own personal history – an omission that leaves parents to repeat the violence and neglect they experienced as a child. Inter-generational abuse can only be prevented by addressing childhood trauma. This is an aspect of case work that the Review fails to explore, yet the CSJ has come across evidence-based programmes that support perpetrators in reforming their behaviour, such as For Baby's Sake.

Their image problem reduces the positive impact that social workers have on precisely those families most in need of support.

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 per cent of a social worker's time was spent on paperwork,¹⁷ today barely over half said they had been able to pay a visit to someone's house.¹⁸

12 Ibid.

13 Nicola Smith, "From Pillar to Post," Believe in Children Barnardo's, May 2022. [Accessible via [https://cms.barnardos.org.uk/sites/default/files/2022-05/From per cent 20Pillar per cent 20to per cent 20Post.pdf](https://cms.barnardos.org.uk/sites/default/files/2022-05/From%20Pillar%20to%20Post.pdf), p. 7.]

14 Early Intervention Foundation "Building trusted relationships for vulnerable children and young people with public services," 2018. [Accessible via <https://www.eif.org.uk/report/building-trusted-relationships-for-vulnerable-children-and-young-people-with-public-services>]

15 Brandon D'Onofrio, "Parental divorce or separation and children's mental health" 2018. [Accessible via www.ncbi.nlm.nih.gov/pmc/articles/PMC6313686/]

16 Donna Molloy, "Turning up the dial" on reducing parental conflict. 2019. [Accessible via www.eif.org.uk/blog/turning-up-the-dial-on-reducing-parental-conflict]

17 Centre for Social Justice, "Couldn't Care Less," 2018.

18 Unison, "A day in the life of social work," 2017. [Accessible via https://www.unison.org.uk/content/uploads/2017/03/CC-SocialWorkWatch_report_web.pdf]

To overcome parents' hostility, while supporting social workers, the CSJ suggests that in establishing Family Help Teams, local authorities administer and regulate their formation to always include representatives of local grassroots groups and/or voluntary organisations; a Health Visitor; and a local parent. These familiar figures will appeal to parents who feel marginalised and detached from professional services and an "interfering state".

Voluntary organisations and grassroots groups

Grassroot groups represent a significant resource in supporting local families: run mostly by volunteers, they can reduce the costings of the Independent Review's "ask" of government (£2.6bn) while providing flexibility, familiarity with the local context, and freedom from cumbersome process and bureaucracy.

Vulnerable families like volunteers because they are not "in it for the money" as Lord Freud, founder of Grand Mentors charity, told the CSJ: "For vulnerable young people it makes a big difference to learn that our volunteers come to see them without being paid."¹⁹

Even before the pandemic, 19.4 million people volunteered through a group, club or organisation in 2018/9; 35 per cent of young people 16 to 24 year-olds volunteered while 39 per cent of 65 to 74 year-olds did.²⁰

The Review should explore why voluntary sector providers remain so under-represented in the children's care system.²¹ A recent survey of the CSJ Alliance of more than 500 charities found that grassroots organisations – not only in the care sector -- felt they were consistently side-lined by statutory services, and that their key workers (often volunteers) were treated with hostility.²² Yet here is a less expensive, place-based resource to draw upon: local voluntary organisations and grassroots groups often know best about community services and charities that can step in and support vulnerable families and/or children. A member of these grassroots organisations should be included in all Family Help Teams.

Representatives of the voluntary sector report, however, serious obstacles in getting funding from local government and nongovernmental organisations.²³ They complain of government funding coming in a large number of discrete, time-limited funds, pilots and initiatives which are too short-term for small charities to cope with; and that their work is often ignored by LA commissioners.²⁴

A range of practitioners from the voluntary sector have told the CSJ 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 recent survey²⁵ undertaken among the small local charities working with families that are members of the CSJ Alliance, 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"

19 Lord Freud, interview with CSJ, May 2022.

20 NCVO, "What are the demographics of volunteers?" 2020. [Accessible via <https://data.ncvo.org.uk/volunteering/demographics/>]

21 Ibid.

22 "Safely Reducing the Number of Children Going into Care," The Centre for Social Justice, April 2021. [Accessible via <https://www.centreforsocialjustice.org.uk/wp-content/uploads/2021/04/CSJ8864-Children-In-Care-INTS-WEB-210422v.pdf>, p. 85.]

23 National Institute for Health Care Excellence, "Community engagement: improving health and wellbeing and reducing health inequalities" 2016. [Accessible via <https://www.nice.org.uk/guidance/ng44/chapter/The-committees-discussion>]

24 Woodhouse, "The voluntary sector and the Big Society" 2015. . [Accessible via <https://commonslibrary.parliament.uk/research-briefings/sn05883/>]

25 Centre for Social Justice, "Safely reducing the number of children going into care" April 2021.

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.”

National and local government should make it easier for smaller, local charities to gain and deliver contracts for social and other services, including by extending schemes such as the Community Match Challenge. Government should encourage councils to be proactive about maintaining strong relationships with their local charity sector so as to ensure they are well-equipped to hear about and bid for providing the services their community needs.

Fathers matter too

Representatives of voluntary organisations and grassroot groups, some of which explicitly support fathers, will be able to engage fathers in a way that, all too often, health professionals fail to do.

Health and social services have routinely ignored this key figure in children’s lives. The Independent Review’s acknowledgement of this is welcome – though the report fails to give guidance to health and maternity services, as well as employers, to change the culture around fatherhood, and encourage fathers taking an active role in raising their children.

The perinatal period is a critical time for support services or voluntary organisations to engage both parents.²⁶ Yet a CSJ poll of 1,800 fathers, ‘How was it for you?’,²⁷ found that 65 per cent of respondents said that during antenatal visits healthcare professionals had rarely or never discussed fathers’ roles and more than half (56 per cent) said they had rarely or never been addressed by name. Approaching half (44 per cent) of all fathers said they received little or no advice at all from Health Visitors 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.²⁸

In addition, the national data on children looked after (CLA) contains information on when a young woman in care becomes a parent,²⁹ but does not collect the same data on parenthood for young men in care.

Yet evidence shows that fathers have a significant influence on mothers’ healthy behaviours in pregnancy and mental health outcomes following birth.³⁰ Moreover, almost two thirds of new mothers identify their partner as being their primary source of support, while only 5 per cent say health care professionals are their primary support.³¹

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.

26 K. Trevillion et al., “For Baby’s Sake: Final Evaluation Report,” n.d. [Accessible via https://8fbf97f6-6e4d-4a0a-9faf-9cfbc91277dc.filesusr.com/ugd/7a0b7c_315faf0f86d940978e1fd7e3b63a68fe.pdf?index=true]

27 The Fatherhood Institute, “Report for How was it for you? How well do UK maternity services support dads?” 2018. [Accessible via <http://www.fatherhoodinstitute.org/wp-content/uploads/2017/12/How-was-it-for-you-UK-results.pdf>]

28 Centre for Social Justice, “Testing times: supporting fathers during the perinatal period and early parenthood” December 2018. [Accessible via <https://www.centreforsocialjustice.org.uk/library/testing-times-supporting-fathers-during-the-perinatal-period-and-early-parenthood>]

29 Department for Education, “Children looked after by local authorities in England” 2019. [Accessible via https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/795375/CLA_SSDA903_2018-19_Guide_Version_1.3_.pdf]

30 NSPCC, “All Babies Count: the Dad” Project.2015. [Accessible via <https://library.nspcc.org.uk/HeritageScripts/Hapi.dll/search2?searchTerm0=C5193>]

31 Centre for Social Justice, “Testing times: supporting fathers during the perinatal period and early parenthood,” December 2018. [Accessible via <https://www.centreforsocialjustice.org.uk/library/testing-times-supporting-fathers-during-the-perinatal-period-and-early-parenthood>]

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.³²

In addition, training for all health, maternity and support services should include information about the importance of positive father-child relationships.³³

Paternity leave and antenatal appointments

Engaging fathers early on is linked to later engagement.³⁴ But attending antenatal appointments means taking time off work,³⁵ so only a third of low-income fathers attend antenatal and parenting classes, compared to nearly three-quarters of middle earners. 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.³⁶

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.³⁷

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.³⁸ 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. High paternal involvement reduces the risk of engagement and potential suspension or exclusion from school. This in turn increases educational attainment.³⁹ A 2004 study found that fathers’ involvement with their pre-teen children improves national examination performance much later in a child’s life. This persists across all social classes.⁴⁰ Moreover, fathers who are involved in childcare early on are almost a third less likely to separate from the child’s mother.⁴¹

Paternity Leave can help fathers become involved in childcare, but the present system is so poorly organised, only ¼ of new dads take it and 170,000 Dads took it overall. The 2021 uptake is down from 213,500 men who took leave in the year 2017-2018⁴² – an indication that men increasingly view the opportunity to take paternity leave as financially impractical.

Statutory Parental Leave is two weeks in duration and both weeks are paid at a flat rate. This can only be taken in one go and must end within 56 days of the child’s birth. For SPL, fathers must have been continuously employed by their employer for at least 26 weeks up to any day in the ‘qualifying week’ (the 15th week before the baby is due).⁴³ The rigidity of this system means fathers cannot offer support for any meaningful length of time in the crucial early postnatal period.

32 NSPCC, “All Babies Count: the Dad Project,” 2014. <https://library.nspcc.org.uk/HeritageScripts/Hapi.dll/search2?searchTerm0=C5193>

33 J. Howl, “Engaging Fathers in the Perinatal Period to Support Breastfeeding,” 2019. [Accessible via [https://www.wcmt.org.uk/sites/default/files/report-documents/Garratt per cent 20J per cent 202017 per cent 20Final.pdf](https://www.wcmt.org.uk/sites/default/files/report-documents/Garratt%20per%20cent%202017%20per%20cent%20Final.pdf)]

34 Centre for Social Justice, “Testing times: supporting fathers during the perinatal period and early parenthood,” December 2018. [Accessible via <https://www.centreforsocialjustice.org.uk/library/testing-times-supporting-fathers-during-the-perinatal-period-and-early-parenthood>]

35 Ibid.

36 Centre for Social Justice, “Testing times: supporting fathers during the perinatal period and early parenthood,” December 2018. [Accessible via <https://www.centreforsocialjustice.org.uk/library/testing-times-supporting-fathers-during-the-perinatal-period-and-early-parenthood>]

37 Centre for Social Justice, “Testing times: supporting fathers during the perinatal period and early parenthood,” December 2018. [Accessible via <https://www.centreforsocialjustice.org.uk/library/testing-times-supporting-fathers-during-the-perinatal-period-and-early-parenthood>]

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

39 “Fatherhood Institute research summary: Fathers’ impact on their children’s learning and achievement” May 2013. [Accessible via <http://www.fatherhoodinstitute.org/2013/fatherhood-institute-research-summary-fathers-and-their-childrens-education/>]

40 Ibid.

41 Centre for Social Justice, “Testing times: supporting fathers during the perinatal period and early parenthood,” p. 13, December 2018. [Accessible via <https://www.centreforsocialjustice.org.uk/library/testing-times-supporting-fathers-during-the-perinatal-period-and-early-parenthood>]

42 Ben Houghton, “Uptake of paternity leaves drops to 10-year low, report finds,” August 2021. [Accessible via <https://www.peoplemanagement.co.uk/article/1747262/uptake-of-paternity-leave-drops-to-ten-year-low#ref>]

43 “Paternity Pay and Leave” Gov.uk [Accessible via <https://www.gov.uk/paternity-pay-leave/eligibility>]

The UK has also been consistently ranked one of the least family-friendly countries in the world for parental leave,⁴⁴ and is ranked in the bottom ten of the 41 countries in the OECD for paternity leave.⁴⁵ We need to engage fathers more, which could be achieved by giving employee fathers statutory time to attend four appointments; improving the terms of statutory parental leave; and training Health Visitors and GPs to engage fathers in their visits/appointments with mothers.

Safe families: volunteers are key

Evidence-based volunteer organisations like Safe Families for Children (mentioned in the Independent Review) represent a huge cost-saving to the taxpayer and crucially offer peer to peer learning to vulnerable families.

The church-based programme, currently expanding across more than 30 LAs primarily in the Northeast, Safe Families offers a befriending service where a volunteer will act as a mentor for the family in crisis and support the family in terms of goods or skills.

Volunteers develop strong relationships with the families they host, supporting them so that they can become self-sufficient, modelling behaviours and providing a role model in terms of positive parenting. Embedded in the local community, volunteers introduce the vulnerable family to local services and resources -- family hubs, housing advice and Job Centres.

The programme has reduced the flow of children into care by between 9 and 16 per cent. It numbers over 8,000 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. Costs: £15,000 outside London; £17,500 inside London.

A Northumberland County Council evaluation of work there found that during the support period of 2018, 25 children of the 44 families supported by Safe Families were diverted from becoming CLA. This represents a reduction in the LAC flow of 14 per cent, based upon a flow figure of 177 children who started to be looked after in Northumberland during 2018. Across the LAs where Safe Families work, they have demonstrated a reduction of the flow of children into care of 8 – 18 per cent.⁴⁶

Families reported:

- 100 per cent improved/maintained social networks
- 98 per cent improved/maintained wellbeing
- 100 per cent improved/maintained confidence
- 98 per cent improved/maintained ability to meet children's needs
- 93 per cent improved/maintained family relationships
- 98 per cent 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 LA 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.

44 UNICEF, "Press Release" January 2020. [Accessible via <https://www.unicef.org.uk/press-releases/unicef-uk-equalises-parental-leave-for-all/#:~:text=In%20a%20recent%20global%20report,Cyprus%2C%20and%20urged%20transformative%20shifts>]

45 Josie Cox, "Paternity leave: The hidden barriers keeping men at work," July 2021. [Accessible via <https://www.bbc.com/worklife/article/20210712-paternity-leave-the-hidden-barriers-keeping-men-at-work>]

46 Kat Osborne, CEO of Safe Families, Interview with CSJ, May 2022.

I came to Safe Families in 2016 because I heard about it from a social worker. At the point of my first referral, I was still with the father of my children – in an abusive relationship. I didn't have the right volunteer and was separated from the father of the children and moved to a refuge.

In 2018 after being referred to Safe Families by a social worker again, I met Sarah. Originally, Sarah helped me move house. I have been diagnosed with MS and diabetes, so my health was bad and it was difficult to move with two young boys who were 4 and 8 at the time. Unfortunately, I couldn't get the support I needed from anyone in my family, but Sarah was there for me. For the first time in my life, I was getting the help I needed. As time passed, Sarah and I became friends. She would often visit me and the children or we would go and spend days at her house. She even visited during the start of the pandemic, ultimately saving my life.

My diagnoses have caused complications and long stays in hospital. At the start of lockdown when no one was allowed in anyone's home, Sarah came and visited and found me in a diabetic coma and called the ambulance. The doctors say I would have died if it had gone on much longer. I ended up on a ventilator for three weeks and Sarah was told to prepare the boys for the possibility of my death.

After leaving the hospital, I was still healing and struggling to look after my then 6- and 10-year-old after. Sarah had taken care of the children while I was in the hospital, and even after I was released, she often visited or we stayed with her. Another volunteer, Laura, also helped with taking the children to school. I wasn't confident doing school runs myself.

Because of my health, my children would be in care if Sarah and Safe Families weren't involved in my life. Sarah is the first encouraging voice that has stayed with me, she has shifted my outlook on the importance of taking care of myself and helping the boys.

I have a bad memory and still have a lot of hospital appointments that Safe Families has helped me keep organised and remember. As a mum and having to physically take care of myself and my children this has made a huge difference. I don't have to worry about my boys being alone if my health deteriorates.

Even though the case with Safe Families closed 11 months ago, Sarah and I are still in each others lives. Even recently, I had to have some radioactive treatment so I couldn't have contact with my children for 11 days – Sarah took care of them. I also still keep in contact with other volunteers who have supported me, they still visit, catch up with the children, and help with the gardening.

I feel like I've got someone in my life right now supporting me, especially my boys. I don't get this help from my family. My sister has five kids and doesn't have the time to help and me and my dad aren't really that close since I met him at 21.

The boys now chose to join Sarah with events in their community like bowling. My youngest one asks to join Sarah and her husband in going to church.

I am very thankful to Safe Families. I find comfort in knowing that if I ever fall ill my boys are safe with people that they know. They saved my life and protected my children.

Early identification: Health Visitors

Delivering timely help prevents issues from developing into crises. Health Visitors, uniquely popular with parents,⁴⁸ can identify issues of mental or physical health early on – from domestic abuse to substance misuse. They should be an integral part of a Family Help Team.

The country's 7000 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.⁴⁹

Locally commissioned, Health Visitors usually see parents in their homes, though they may also deliver services in a family hub, GP surgery, children's centre. They offer antenatal 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 per cent and 60 per cent of parents with learning disabilities have their children removed from their care.⁵⁰

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. As of 2021 children are supposed to receive three assessments from education professionals (the 2-year Early Years Foundation stage, or EYFS, the reception baseline assessment at 4, and the EYFS Profile at 5).⁵¹

Ideally all 5 mandated reviews should be completed by the same Health Visitor, as continuity of practitioner is important to build relationships and elicit need/ vulnerability.

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 years⁵² were also lower, pointing to a possible reduction in parental abuse and neglect. 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 per cent of toddlers with early language needs.⁵³

Expanding the health visitor role

Taking advantage of their popularity and universal access, Health Visitors can engage with hard-to-reach families who will otherwise steer clear of services (and a Family Help Team). 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. The 2 ½ 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.⁵⁴

48 Ibid.

49 "The reduction in the number of health visitors in England," House of Commons, 2019. [Accessible via https://www.local.gov.uk/sites/default/files/documents/LGA_per_cent_20briefing_per_cent_20- per_cent_20Reduction_per_cent_20in_per_cent_20the_per_cent_20number_per_cent_20of_per_cent_20health_per_cent_20visitors_per_cent_20in_per_cent_20England_per_cent_20WEB.pdf.]

50 "iHV launches 'Health Visiting in England: A Vision for the Future,'" Institute of Healthy Visiting, 2019. [Accessible via <https://ihv.org.uk/news-and-views/news/ihv-launches-health-visiting-in-england-a-vision-for-the-future/>.]

51 DfE "Statutory framework for the early years foundation stage Setting the standards for learning, development and care for children from birth to five," March 2021. [Accessible via https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf]

52 "Review of mandation for the universal health visiting service," Public Health England, 2016. [Accessible via https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/592893/Review_of_mandation_universal_health_visiting_service.pdf.]

53 "Identifying and supporting children's early language needs," Public Health England, 2020. [Accessible via https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939833/ELIM_Summary_report_December-2020.pdf.]

54 Ibid.

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.

A recruitment drive to expand the workforce will be necessary, however, as currently, one in five⁵⁵ Health Visitors are dealing with 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. One potential solution would be for community nurses (less skilled and less expensive than HV) to accompany the HV on their visits. The nurse can carry out tasks such as weighing infants, measuring, and immunisation, freeing the HV to identify the child's or the family's additional needs.

The crisis in health services

An extension of the Health Visitors' service would serve to support the most vulnerable families who struggle to contact health professionals. Early Years charities in the CSJ Alliance report that since the onset of the pandemic many routine in person contacts with GPs have been missed or delayed, leaving vulnerable families without support. NHS research confirms this;⁵⁶ while a survey by Parent Infant Partnership found that nearly a third (30 per cent) of parents reported that drop-in health services that had existed before the pandemic no longer operated.⁵⁷

Failure to support vulnerable mothers must be a factor in the post-Covid surge of children into care. Worryingly, some mothers recur in care proceedings. One in four birth mothers who appear in care proceedings are expected to reappear in a subsequent set of proceedings within seven years.⁵⁸

A recent study⁵⁹ found that approximately 40 per cent 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 per cent of recurrent mothers were under 20 when they had their first baby and many described their pregnancies as unplanned.

Initiatives such as Pause and Positive Choices invest in long-term and intensive "engagement" with mothers. They are leading the way in terms of providing alternative support to women whose child has been taken into care. The programmes are delivered, however, once women have had more than two or three children taken into care.

A preventive strategy would restore to pre-pandemic levels drop-in clinics, GP appointments and other opportunities for in-person contacts during a baby's first 1,001 days. These measures would allow for early identification of needs and early (and less costly) interventions. In the case of very young mothers with key characteristics (such as having had experience of care themselves) who are likely to have their children taken into care, preventive measures should include engaging them with programmes such as Pause or Positive Choice before their first child is taken from them.

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

56 "NHS Government Data," NHS digital files, August 2021, <https://files.digital.nhs.uk/31/C19DDDB/cds-aug21-exp-hv.csv>.

57 "No one wants to see my baby," Parent-Infant Foundation, November 2021, <https://parentinfantfoundation.org.uk/wp-content/uploads/2021/11/211108-FI-NAL-No-one-wants-to-see-my-baby.pdf>, p. 4.

58 Karen Broadhurst et al, "Vulnerable Birth Mothers and Recurrent Care Proceedings," 2017, https://www.nuffieldfoundation.org/sites/default/files/files/rc-final-summary-report-v1_6.pdf

59 Ibid.

Parent champions

With their shared experience, parents on the Family Help Team will be especially welcome to families who feel “judged” and misunderstood by services. Peer to peer learning has been shown to be effective, producing long lasting outcomes while reducing loneliness and increasing self-confidence among participants.⁶⁰

Commissioners would advertise widely for a local parent to join the Family Help Team, in order to ensure the selected “Champion” accurately reflects the characteristics of local residents – in terms of age, ethnicity, socio-economic background. Candidates would be interviewed by a panel made up of members of the Family Help Team to secure the best “fit.” As we outline below (“How to Embed Family Help Teams in the Community”) local businesses would be invited to offer apprenticeships or salaried internships to the “Parent Champion”, thereby offering them an incentive to join and stay on the team, as well as professional development.

The concept of Parent Champions has been piloted by the Strengthening Parents Strengthening Communities (SFSC) programme. SFSC draws on social learning theory and uses interactive learning methods, such as encouraging parents to share their experiences and values and undertaking practical activities practiced in the session and then implemented at home. Studies using data gathered from pre- and post-test questionnaires completed by parents have reported statistically significant change in:

- parents’ self-esteem
- parents’ confidence in their parenting
- family relationships
- relationships with children
- child’s self-esteem
- their child’s ability to control their own behaviour

60 Harvard University, “Peer learning: what the research says” 2019. [Accessed via <https://hilt.harvard.edu/wp-content/uploads/2019/10/HILT-2019-HANDOUT-FORMATTED-4-PP.pdf>]

How to Embed Family Help Teams in the Community

Postcode lottery

Knowing the community is essential in drawing together the members of a Family Help Team and embedding the Team in their locality.

CSJ research into the number of children going into care by LAs confirms an alarming variation.⁶¹ Areas with highest CLA rates are Blackpool in Lancashire. All cities in the top 30 for CLA rates are in Northern England/Midlands (with Stoke-on-Trent reporting the highest rate among these cities). There is only one London-based authority included in the highest rate authorities – the City of London. Middlesbrough and Newcastle-upon-Tyne, the top two LAs for severe absences⁶² appear on this list.

It should be noted that high CLA rates are also in areas that take on a great deal of unaccompanied children under refugee resettlement schemes. Middlesbrough, Hartlepool, Darlington, and Stockton-on-Tees rank highly in terms of unaccompanied asylum-seeking children taken in versus town's overall population.

The list of the lowest 30 CLA rates includes Wokingham in Berkshire – which has the lowest rate in the entire analysis. This low-rate list contains a string of multi-ethnic London authorities such as Harrow, Ealing, Hillingdon, Kensington & Chelsea, Redbridge, Westminster, Wandsworth, and Barnet. Two London boroughs with notable Bangladeshi-origin populations are included in the lowest 30 rates list: Tower Hamlets and Newham. In contrast with Middlesbrough and Redcar & Cleveland, North Yorkshire LA is included in the lowest rate areas.

Revealingly, two of the Local Authorities with the greatest number of Children Looked After (CLAs), Middlesbrough and Newcastle upon Tyne, are also the ones with the greatest number of severe absences.

Children Looked-After Rate per 10,000 children – aged under 18 years (thirty highest- and lowest-rate authorities for 2020/21)

HIGHEST		2020/21 Rate	LOWEST		2020/21 Rate
1	Blackpool	210	1	Wokingham (Berkshire)	24
2	North East Lincolnshire	173	2	Richmond-upon-Thames	29
3	Hartlepool	172	3	Harrow	30
=	Middlesbrough	172	=	Merton	30
=	Stoke-on-Trent	172	5	Redbridge	31
6	Kingston-upon-Hull	165	6	Kingston Upon Thames	33
7	Liverpool	157	7	Westminster	34
8	Tameside	134	=	Essex	34
9	Stockton-on-Tees	132	9	Barnet	35
10	St Helens	130	=	Camden	35
11	Torbay	126	=	Havering	35
12	Wirral	123	12	Hertfordshire	36
13	Darlington	120	=	Kensington & Chelsea	36
14	Newcastle-upon-Tyne	116	=	North Yorkshire	36

61 Centre for Social Justice, "Children in Care Rates," 2022.

62 Centre for Social Justice, "Lost but not forgotten: the reality of severe absence in schools post-lockdown" January 2022.

HIGHEST			LOWEST		
		2020/21 Rate			2020/21 Rate
15	Redcar & Cleveland	115	15	Brent	37
16	Sefton	113	=	Ealing	37
17	Sunderland	112	=	South Gloucestershire	37
=	Gateshead	112	=	Windsor and Maidenhead	37
19	Solihull	111	19	Surrey	38
=	Manchester	111	20	Hounslow	39
21	City of London	110	=	Wandsworth	39
22	Isle of Wight	109	=	Wiltshire	39
23	Derby	108	23	Buckinghamshire	40
24	Sandwell	107	24	Bexley	41
=	Halton	107	=	Tower Hamlets	41
26	Rotherham	104	=	West Berkshire	41
=	Rochdale	104	27	Rutland	43
28	Telford & Wrekin	102	28	Newham	44
29	Nottingham	99	29	Bromley	45
30	Walsall	97	=	Enfield	45

Given the different levels of resources available in each LA – varying levels of council taxes, business rates and its own property holdings; and as shown above, varying rates of children in care, Regional Care Cooperatives risk reflecting these disparities and entrenching the post code lottery that already affects children’s care services. A “levelling up” agenda calls for equal outcomes: these are likely to prove elusive when relying on regional bodies drawing on unequal regional resources and care population.

Schools as key stakeholders

Schools sit at the heart of their community. Their staff are well placed to know which children are exhibiting distressed behaviour; are regularly absent; risk joining or have joined local gangs. The Family Help Team is designed to collaborate closely with local schools.

For schools to support vulnerable students best, teachers and school leads need specific skills and understanding⁶³ so that their default position is not excluding that child. 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 per cent of vulnerable children experience 58 per cent of multiple fixed term exclusions.⁶⁴

Angela Dickinson, Lead on Vulnerable Learning at Canterbury Academy, told the CSJ that the number one reason for pupils’ 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 trigger misbehaviour at school.

Trauma informed schools

63 DfE, “The economic value of key intermediate qualifications: estimating the returns and lifetime productivity gains to GCSEs, A levels and apprenticeships” 2014. [Accessible via https://dera.ioe.ac.uk/21533/1/RR398A_-_Economic_Value_of_Key_Qualifications.pdf]

64 Social Finance, “Maximising access to education: who’s at risk of exclusion? An analysis in Cheshire West and Chester” 2020. [Accessible via https://www.socialfinance.org.uk/sites/default/files/publications/whos_at_risk_of_exclusion.pdf]

Margaret Mulholland, SEND and inclusion specialist, reports that the National Association of Virtual School Heads is finding that schools recognise the need for trauma-informed practice for children looked after: “Given that the second most numerous referrals for children’s care services are made by schools, everyone working there should be trained in attachment theory and trauma”.⁶⁵

Neil Harrison at the Rees Centre, Oxford University, has studied attachment and trauma awareness training.⁶⁶ 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.⁶⁷

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.⁶⁸ Practitioners who deal with post-traumatic stress disorder (PTSD) in veterans are required to be especially-trained for the task. Practitioners dealing with traumatised children should have similar training.

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 and only some courses include research on the development of the brain.⁶⁹ This leaves many teachers without the skills necessary to identify and address some of their pupils’ core challenges.⁷⁰

In Scotland’s trauma-informed schools, a child or young person’s actions are not automatically condemned as “anti-social behaviour” but referred to as “distressed behaviour”, taking the behaviour as a sign that they are experiencing challenging circumstances.⁷¹ School staff and leads investigate those circumstances, in order to put in place appropriate support. This understanding of trauma means that in Scotland there were 5 permanent school exclusions vs the 7900 in England and Wales.⁷²

The difference has huge consequences: the former Children’s Minister Edward Timpson warned 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.⁷³

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 (up to £450) and of brief duration (up to ten sessions).⁷⁴ The CSJ supports this recommendation.

65 National Youth Agency, “Hidden in Plain Sight” 2020. [Accessible via <https://nya.org.uk/wp-content/uploads/2020/06/NYA-Hidden-in-Plain-Sight-1.pdf>]

66 The Alex Timpson Trust, “Attachment and trauma awareness training: analysis of pre-Covid survey data from staff in 24 primary schools,” 2020. [Accessible via <http://www.education.ox.ac.uk/wp-content/uploads/2019/05/Timpson-working-paper-1.pdf>]

67 Ibid.

68 Eamon McCroy et al, “Heightened neural reactivity to threat in child victims of family violence,” December 2011. [Accessible via <https://iris.ucl.ac.uk/iris/publication/355058/1>]

69 Ibid.

70 DfE, “Help, protection, education: concluding the Children in Need review,” 2019. [Accessible via https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809236/190614_CHILDREN_IN_NEED_PUBLICATION_FINAL.pdf]

71 Sir Tim Brighouse, “City of London Corporation Conference on Social Mobility,” October 3, 2022.

72 NAHT, “Permanent and fixed-period exclusions in England (2018/2019)” 2020. [Accessible via <https://www.naht.org.uk/news-and-opinion/news/pupil-support-and-safeguarding-news/permanent-and-fixed-period-exclusions-in-england-2018-2019/#:~:text=Fixed per cent 20period per cent 20exclusion per cent 20refers per cent 20to,increased per cent 20from per cent 20410 per cent 20800 per cent 20to per cent 20438 per cent 20300>]

73 The Alex Timpson Trust, “Attachment and trauma awareness training: analysis of pre-Covid survey data from staff in 24 primary schools,” 2020. [Accessible via <http://www.education.ox.ac.uk/wp-content/uploads/2019/05/Timpson-working-paper-1.pdf>]

74 Timpson Programme, “Alex Timpson attachment and trauma awareness in schools program” October 2022. [Accessible via <http://www.education.ox.ac.uk/research/the-alex-timpson-attachment-and-trauma-programme-in-schools/>]

Parental engagement: how schools can support the Family Help Team

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."⁷⁵

Parental engagement is nearly always a protective factor in reducing risk among vulnerable children and young people,⁷⁶ and the What Works in Children's Social Care centre urges that programmes create strong links between parents and guardians.⁷⁷

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.⁷⁸

The 2020 Study of Early Education and Development⁷⁹ 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 not only exert immense influence over their children's lives, but they are also the (sometimes unworthy) recipients of their first love. Filial devotion is one of the reasons why placing children into care, especially when the placement is far from the birth parents, risks compromising children's well-being and long-term outcomes.

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.

Severe absences post-lockdown

The CSJ has revealed that 100,000 so-called "ghost children" were absent from school more than they were present, and at risk of disappearing from the school system.⁸⁰

Severe absence is pervasive across secondary schools and Alternative Provision (AP). In total, around 1 in 6 secondary schools and more than 1 in 5 APs were missing a class-worth of children in Autumn 2020.⁸¹ In the first term back one school reported having 137 severely absent pupils. Eleven schools reported having over 100 severely absent pupils on roll in Autumn 2020.

Schools with the most disadvantaged intakes were 10 times as likely to have a whole class worth of severely absent pupils in Autumn 2020, compared to schools with the most affluent intakes.⁸²

Revealingly, the same top two LAs in terms of rates of children taken into care, Middlesbrough and Newcastle upon Tyne, are also the top two LAs in terms of severe absences. This serves to drive home the crucial link between school and children's welfare.

75 Lord Marmot "Tackling the attainment gap by preventing and responding to Adverse Childhood Experiences (ACES)," 2010. [Accessible via <https://pdf4pro.com/view/tackling-the-attainment-gap-by-preventing-and-responding-to-432ea5.html>]

76 Children's Commissioner, "Keeping kids safe," 2019. [Accessible via <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/02/CCO-Gangs.pdf>]

77 M Sanders et al, "What works in education for children who have had social workers? Summary report 2020," 2020. [Accessible via https://whatworks-csc.org.uk/wp-content/uploads/WWCSC_what_works_education_children_SWs_Feb20.pdf]

78 Waldfogel, J., & Washbrook, E. V., "Low income and early cognitive development in the UK: A report for the Sutton Trust. Sutton Trust," [Accessible via http://www.suttontrust.com/public/documents/1Sutton_Trust_Cognitive_Report.pdf]

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

80 Centre for Social Justice, "Kids can't catch up if they don't show up" 2021.

81 Centre for Social Justice, "Lost but not forgotten: the reality of severe absence in schools post-lockdown" 2022.

82 Ibid

Table: Top 10 local authorities with the highest rates of severe absence

LOCAL AUTHORITY	REGION	Rate of severe absence (per 100)
Middlesbrough	North East	2.4
Newcastle upon Tyne	North East	2.4
Sheffield	Yorkshire and the Humber	2.2
Newham	Inner London	2.2
Bradford	Yorkshire and the Humber	2.2
Nottingham	East Midlands	2.2
Doncaster	Yorkshire and the Humber	2.1
Bristol City of	South West	2.1
Birmingham	West Midlands	2.0
Enfield	Outer London	2.0

According to New Philanthropy Capital, the average cost to society of a persistently absent pupil is £33,000.⁸³ For a severely absent pupil, this figure is expected to be significantly higher. It should also be considered that each excluded pupil costs the state approximately £370,000 in additional education, benefits, healthcare and criminal justice costs across a lifetime, with an annual £2.1 billion cost to the Treasury.⁸⁴

Virtual School Heads

To improve opportunities for CLA children in a school, the Children and Families Act 2014 obliged LAs to introduce Virtual School Heads (VSHs).⁸⁵ 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 – their “virtual school”. Virtual Schools monitor attendance and support within school. They also monitor schools' spending of pupil premium and pupil premium plus.⁸⁶

In some LAs, Virtual School teams are stretching to support children in need as well as looked-after children. The 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. The Children's Commissioner has called for this arrangement to be extended to all children in need.⁸⁷

The Commissioner also recommends a more consistent frameworks to identify vulnerable children missing from education. This would entail recording the information Virtual School Heads (VSHs) hold, record and submit to Ofsted through a uniform template covering attendance, progress, exclusion, employment and training.⁸⁸

83 NPC, “Misspent youth” 2017.

84 IPPR, “Making the difference” 2017.

85 DfE, “Pupil premium: virtual school heads' responsibilities,” 2015. [Accessible via <https://www.gov.uk/guidance/pupil-premium-virtual-school-heads-responsibilities>]

86 H. Drew et al, “Supporting the education and well-being of children who are looked-after: what is the role of the virtual school?” 2018. [Accessible via <https://navsh.org.uk/wp-content/uploads/2019/02/Drew-2018-Role-of-VS.pdf>]

87 Children's Commissioner, “Looked after children policy paper,” August 2021. [Accessible via <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2021/09/Looked-after-children-policy-paper.pdf>]

88 Ibid.

Day and boarding schools for CLA

Family Help Teams can help enlarge significantly the pool of potential kinship and foster carers by introducing them to a boarding school scheme. While only suitable for those children whose abilities and aspirations can be encouraged through such placements – these schemes would represent an important saving to the state while, crucially, maintaining the child within a familiar network.

One schools-based programme that merits particular attention is the “Broadening Educational Pathway Scheme”, delivered by the Royal National Children’s SpringBoard Foundation. The scheme offers bursaries for CLA and children in need to attend independent day/boarding schools. The Foundation acts as an educational “brokering” service that matches a CLA or a child in need to the right school, negotiating significant subsidies from across the independent schools sector, raising LA funding, and carefully planning the child’s transition into the school.

There are approximately 1,400 independent schools (720 secondary) educating 660,000 pupils in the UK. Of these, 400 are independent boarding schools with 60,000 pupils and 30 are state boarding schools with 5,000 pupils.

Since 2017 the SpringBoard programme has supported 500+ CLA & children “in need” to attend 125 boarding schools with a 96 per cent retention rate. The programme re-allocates existing per pupil spend (calculated at £5,000 pa in state schools) into a fund to support boarding (and day) school places. Immediate cost savings are significant, with SpringBoard brokered low-cost boarding model at £13,000 p.a. representing about 10 per cent of equivalent care home cost.

As well as providing an important saving to the taxpayer, the programme has resulted in improved outcomes for participating children: 58 per cent of CLA/vulnerable SpringBoard boarding pupils achieved Grade 5+ in English/Maths GCSEs (93 per cent with 2 A Levels).

The programme offers stability to children in care who otherwise risk being moved from one placement to another – which has been shown to increase the risk of educational underperformance.⁸⁹

Participating schools also report benefiting from the programme. 75 per cent of headteachers felt that the presence of ‘assisted boarders’ had a positive or very positive impact and no headteachers reported that the placements had made a negative impact.⁹⁰

Moreover, Ali Henderson, CEO of the Royal National Children’s SpringBoard Foundation suggests, offering a bursary to CLA “can be appetising for those schools that need extra funding.”⁹¹

A recent study conducted by the Boarding School Partnership and Norfolk County Council of 129 children offered bursaries at boarding schools found almost all young people (96 per cent) said they benefited from boarding school placements, with the majority saying it was a ‘substantial benefit’.⁹²

The study also found:

- 71 per cent of the children showed a reduced level of risk and 63 per cent moved off the high risk register completely (33 of 52)
- 9 of the 17 children in care in the programme were able to return to their families,
- 89 per cent have secured places in employment or further education as opposed to only 69 per cent amongst disadvantaged students nationally.⁹³

89 Centre for Social Justice, “12 by 24” March 2018.

90 Royal National Children’s Foundation, “RNCF 2006 study into assisted boarders” 2006. [Accessible via www.boardingschoolpartnerships.org.uk/assets/user/toolbox/RNCF-2006-study.pdf]

91 Ali Henderson, interview with CSJ, May 2022.

92 Boarding School Partnerships, “Partnerships” 2020.

93 Ibid.

5,000 LAVC having attended a boarding or independent school by 2032

	State Provision (current model)	Boarding school places for CLA/CIN	Independent day school places for CLA/CIN	Outstanding Academies
Education Costs	~£5,000 GAG average	~£5,000 (SB brokered fee)	~£5,000 (SB brokered fee)	~£5,000 GAG average
Residential Care	~£50,000 – 200,000	~£8,000 (brokered fee) + ~£10-17,000 (holiday foster arr.	£50-100,000? small group residential home partnered with clusters of independent day schools & Outstanding Academies	
OR Kinship Care		£0-10,000... pilot has shown power of the use of boarding (36 weeks/yr) to encourage kinship care arrangements (covering holidays/exeats)	£0-10,000... linking priority access to independent school places as route to encourage kinship care (benefits of 3 meals a day, trusted tutors, 8am-6pm day, on-site co-curricular)	n/a
OR Kinship Care		£0-10,000... pilot has shown power of the use of boarding (36 weeks/yr) to encourage kinship care arrangements (covering holidays/exeats)	£0-10,000... linking priority access to independent school places as route to encourage kinship care (benefits of 3 meals a day, trusted tutors, 8am-6pm day, on-site co-curricular)	n/a
Total (cost)	~£55,000 - £205,000	~£13,000 - £30,000	~£55,000 - £165,000	~£55,000 - £155,000
Total (scale)		Capacity for 150 - 200 new pupils each yr (Yr7/12 entry) (1-1,500 at any one time)	Capacity for 500 - 600 new pupils each yr (Yr7/12 entry) (4-5,000 at any one time)	Capacity for 1000 new pupils each yr (Yr7/12) (7,000+ at any one time)

The SpringBoard placements take pressure off local government but also can boost family life: 94 per cent of parents and guardians consulted believed that the placements had a positive or very positive impact on family life. Parents typically referenced their inability to look after their children at home but also their happiness regarding their children's success.⁹⁴

"This scheme can be part of a kinship package, with the boarding school giving would-be carers breathing space," David Laws, a SpringBoard Trustee, explains.⁹⁵ "When relatives knows that their commitment is not 24/7 but a weekend a month, they will be more likely to accept a new responsibility."⁹⁶

94 Royal National Children's Foundation, "RNCF 2006 study into assisted boarders" 2006. [Accessible via [https://www.boardingschoolpartnerships.org.uk/assets/user/toolbox/RNCF-](https://www.boardingschoolpartnerships.org.uk/assets/user/toolbox/RNCF-2006-study.pdf)

2006-study.pdf]

95 David Laws, Interview with the CSJ, April 2021.

96 Ibid.

Youth groups, mentors and coaches

Family Help Teams can also steer vulnerable children and young people at risk of going into care towards mentoring. 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.⁹⁷

Lord Freud Grand Mentors

Lord Freud, the former Minister for Welfare reform, told the CSJ about his programme, Grand Mentors, set up in 2009. Volunteers aged 50 plus support youngsters aged 16-18 as they leave the care system, whether residential or foster care. The programme, run in conjunction with Volunteering Matters, supports care leavers to transition between care and education, employment or training (around 14 per cent leave care at 16).⁹⁸

The plan offers support with finding accommodation, education and training, life skills and access to health services and in particular mental health services. Above all, it provides the young person in care with a continuous caring relationship with a grown-up. "Our 'grandparents commit to one year at least but mainly for two of regular contact"⁹⁹ Lord Freud explained, "usually this takes the form of one-on-one visits, but also accompanying the young person to meeting with a specialist service or Job Centre interview. Because they are volunteers, unpaid and independent of the council, our grandparents instil greater trust. The young person is often repeating to their mentor, 'I couldn't say this if you were a professional.'"

The informal but long-term nature of the relationship allows for the young person to connect at their own pace, building trusting, positive relationships over time. An additional, significant, benefit of the scheme is the feeling of purpose and achievement that mentors report as a result of "shepherding" a young person through challenges. Given the loneliness epidemic, especially among the elderly, this is an impressive outcome.¹⁰⁰

97 T. Hooley, et al, "The economic benefits of career guidance. Careers England," 2015. [Accessible via [https://derby.openrepository.com/bitstream/handle/10545/559030/Careers per cent 20England per cent 20Research per cent 20Paper per cent 20-The per cent 20Economic per cent 20Benefits per cent 20of per cent 20Career per cent 20Guidance per cent 20-%20July per cent 202015.pdf?sequence=1&isAllowed=y](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)]

98 Local Government Association, "Support for care leavers resource pack" n.d. [Accessible via [https://www.local.gov.uk/sites/default/files/documents/15.12 per cent 20Support per cent 20for per cent 20care per cent 20leavers per cent 20resource per cent 20pack_02_1WEB.pdf](https://www.local.gov.uk/sites/default/files/documents/15.12_per cent 20Support per cent 20for per cent 20care per cent 20leavers per cent 20resource per cent 20pack_02_1WEB.pdf)]

99 Lord Freud, interview with CSJ, May 2022.

100 Lord Freud, interview with CSJ, May 2022.

A New Social Infrastructure

Government has established a new relational infrastructure, in the form of family hubs and social prescribing link workers introduced through the new integrated primary care systems.

Family Help Teams should use this social infrastructure to embed themselves in the local community.

Family Hubs

The Independent Review recognises that the family hub can provide the right setting for Family Help Teams.

The CSJ introduced the concept of family hubs in 2014¹⁰¹ for precisely this purpose: a place with one front door for all, that could support families before they hit crisis point. Here in one setting quarrelling parents can find or be referred to the Reducing Parental Conflict programme; a toddler can be diagnosed with language difficulties; and a teenager whose drug taking has become serious can be referred to specialist service. Everything focuses on strengthening the family so that they may overcome difficulties while staying together. Moreover, family hub delivers support for parents and children in a universal and therefore non-stigmatising setting.

At present family hubs exist in a variety of models and settings – some in the 2,000 children’s centres that remain, but extending the offer beyond the early years; some based in schools, GP surgeries or libraries. Place is important for vulnerable families: friends, neighbours, school, as well as relatives are likely to be in one location. They offer a sense of identity as well as a web of supportive relationships.

The hubs have developed nationally, grown organically as a response to local needs. By using schools, libraries, and church halls as settings, hubs can “sweat assets” that are under-used or not used at all during certain hours in the day and months in the year. Co-location ensures cost savings in terms of staff, administrative and digital elements, as well as data bases.

Social prescribing: a rich new resource

The new Integrated Care Systems offer social prescribing link workers to support families and individuals in terms of mental and physical health needs. Here is a free complement to children’s care services, which can reduce caseloads for social workers and lower costs for LAs. The Independent Review, surprisingly, does not take this key new resource into account. Yet social prescribing link workers can support vulnerable families and in this way extend the reach and capacity of Family Help Teams.

The new systems explicitly state that they can support “children and young people through social prescribing”.¹⁰² Link workers can refer young people who present to GP surgeries with conditions that are not directly clinical to a range of social, cultural and sports activities in an effort to improve their quality of life and wellbeing.¹⁰³

Referrals come through GPs – though some areas are introducing self-referrals. The link worker will make initial contact via phone call or text message to book an appointment. These appointments can be face to face, home visit, community visit (park, café, library) or over the phone. The link workers keep track of the child or young person through a follow-up call and the person can be re-referred as many times as needed. Link workers are independent of police, youth offending teams and school.

101 Centre for Social Justice, “Family Breakdown,” 2018. [Accessible via https://www.centreforsocialjustice.org.uk/wp-content/uploads/2018/03/CSJJ2072_Family_Breakdown.pdf]

102 NHS England, “Supporting Link workers in primary care networks” n.d. <https://www.england.nhs.uk/personalisedcare/social-prescribing/support-and-resources/>

103 Children and Young People Now, “Social Prescribing for Children” February 2019. <https://www.cypnow.co.uk/best-practice/article/social-prescribers-for-children>

Gay Palmer, Social Prescribing Link Worker and Team Lead in South Southwark told the CSJ that “The referrals are very light because the GP only has 10 minutes but after meeting with the client, we can make a more bespoke package with them. Young people can email or message me saying “hey remember me?” When you tell them they can contact you any time they do reach out when they need help. We focus on what really matters to the individual – a lot of the time that’s understanding referral processes and systems. The vulnerable families find this especially helpful as we help guide them through complex systems of for example housing. We give them that space and time to share and to get things off of their chest without any judgement. We have a very good connection with children’s services as a whole and are recognised as that go-to if vulnerable families are struggling. Families perceive social workers as someone trying to take my child away or as someone who only appears when things have gone wrong. They don’t look at us in the same way.”

Evidence-based

The Institute for Connected Communities at the University of East London conducted an evaluation of the Social Prescribing for Young People Pilot in three English sites (Sheffield, Luton and Brighton and Hove) between September 2018 and September 2020, funded by the Department of Health and Social Care (Health and Well-being Fund) and managed by StreetGames.¹⁰⁴

Results from the pilot were positive:¹⁰⁵

- personal and mental well-being have improved, particularly for those who had the lowest levels at baseline
- loneliness also experienced a decline for the group most in need, despite the coronavirus pandemic
- mental well-being followed a positive trend recording a statistically significant positive change between baseline and follow up, confirming once again that social prescribing is an effective mental health service
- the young respondents found that the service made them feel welcome, particularly the ‘buddying’ service
- young people reported that link workers contributed to improving their sense of autonomy, reduced their sense of ‘stigma’ around mental health challenges, and filled a gap in mental health service provision by providing almost immediate access to non-clinically based emotional support
- GP consultations and A&E attendance showed a statistically significant decline over the period so that the decline is not likely to be due to chance but the effect of another factor which one could interpret as being the effect of the social prescribing service
- non-elective hospital admissions also declined but without statistical significance - However, the combined savings from GP consultations, A&E attendance and non-elective hospital admissions was limited to a total of £4,668 over the six months period of analysis

104 Marcello Bertotti et al, “A two-year evaluation of the Young People Social Prescribing (YPS) pilot” December 2020. [Accessible via [https://repository.uel.ac.uk/download/5c63906437d90e4093a320b51355232d12648ab00d6df93137b1aefa74dfc892/851983/SP per cent 20for per cent 20young per cent 20people per cent 20evaluation per cent 20final per cent 20report per cent 20for per cent 20publication.pdf](https://repository.uel.ac.uk/download/5c63906437d90e4093a320b51355232d12648ab00d6df93137b1aefa74dfc892/851983/SP%20for%20young%20people%20evaluation%20final%20report%20for%20publication.pdf)]

105 Ibid.

HeadStart programmes

HeadStart have developed interventions and system-based approaches that incorporate the essence of personalised care through social prescribing approaches.¹⁰⁶

- A consultation model in Kernow enabling referral to Youth and Community Facilitators working closely to empower young people to access support, support community provision and build stronger community networks.
- A programme of early intervention support and a multi-disciplinary team in Hull helping young people to access support sooner and reduce impact on clinical services.

In one of HeadStart's Blackpool 10-week support project, Saddle Up,¹⁰⁷ young people aged between 10 and 15 are offered equine therapy as part of a resilience building approach. The project was offered to 63 young people from a pupil referral unit in Blackpool for those who could not attend mainstream schools due to social, emotional, behavioural or medical difficulties. Some of the reported challenges for these young people included anger management, emotional literacy and building relationships. Young people completed a Strengths and Difficulties Questionnaire before and after the programme and improvements were:¹⁰⁸

- 60 per cent of young people reported improvement in their conduct problems
- 71 per cent of young people felt that there had been an improvement in their total difficulties score
- There were also reported improvements in relationships, aspirations, core self and regulation

Commissioners should engage with children, young people, parents and carers to find out what the local needs and preferences to develop a successful social prescribing model.

A role for local business

The Department for Education (DfE) calculates that just 6 per cent of care leavers aged 19-21 go on to higher education, compared to 34 per cent of 19-21-year-olds in the general population.¹⁰⁹

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.¹¹⁰

An estimated 757,000 young people (aged 16 to 24 years) in the UK NEET in July to September 2020.¹¹¹ Almost half of these young people were defined in need by social services or had direct care experience.¹¹²

106 HeadStart, "Social prescribing for children and young people" n.d. [Accessible via https://www.ncb.org.uk/sites/default/files/uploads/attachments/Headstart_per_cent_20report_per_cent_20social_per_cent_20prescribing_0.pdf]

107 HeadStart, "Annual Report" 2021. [Accessible via https://www.boingboing.org.uk/wp-content/uploads/2021/03/AnnualReport_201920_final.pdf]

108 Ibid.

109 Niamh Foley et al., "Support for care leavers" October 2021. [Accessible via <https://researchbriefings.files.parliament.uk/documents/CBP-8429/CBP-8429.pdf>]

110 NAO, "Children in care" 2014. [Accessible via <https://www.nao.org.uk/wp-content/uploads/2014/11/Children-in-care1.pdf>]

111 ONS, "Young people not in education, employment or training (NEET), UK: November 2020" November 2020. [Accessible via <https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/bulletins/youngpeoplenotineducationemploymentortrainingneet/november2020>]

112 Youth Futures Foundation, "Young, vulnerable, and increasing – why we need to start worrying more about youth unemployment" 2020. [Accessible via https://youthfuturesfoundation.org/wp-content/uploads/2020/04/YFF_NEET_Report51.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.¹¹³ 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.¹¹⁴

Over half of the pupils currently in Year 13 will not go onto higher education. 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.¹¹⁵

Local business can step in, by collaborating with schools and family hubs to deliver sessions on CV-writing, interview skills, communications. They can offer secondary school students visits to their work place; apprenticeships; internships; employment. Such outreach is being piloted with ex-offenders (see Box below) and is improving outcomes among this group. Local employers should offer the same opportunities to the Family Help Team's "Parent Champion", thereby increasing the parent's incentive to join the Team. Access to skills training and potentially a job will raise the "Parent Champion"'s aspirations, and boost their self-confidence.

One route to engage local business with the most vulnerable families is through community foundations.

Community foundations

Foundation members work locally with businesses who seek to support local communities. With their extensive networks and local knowledge, they can help identify and support grassroots charities and community projects. Members also help ensure that the most evidence-based groups and projects are put forward for funding and monitor the impact of donations.

Businesses which wish to make a long-term commitment to their community can set up a named fund through their local community foundation. These are tailored to support the area or causes that matter most to staff and handle all the administration while ensuring that businesses receive full recognition for all grants and donations made.

113 Caroline Filmer-Sankey, & Tami McCrone, "Developing indicators for early identification of young people at risk of temporary disconnection from learning" 2012. [Accessible via <https://www.nfer.ac.uk/publications/INDI02/INDI02.pdf>]

114 Local Government Association, "Tracking Young People: A planning tool for Councils" n.d. [Accessible via <https://www.local.gov.uk/sites/default/files/documents/tracking-young-people-pla-49d.pdf>]

115 Janine Boshoff et al, "Inequality in education and labour market participation of young people across English localities: An exploration based on Longitudinal Education Outcomes (LEO) data" 2019. [Accessible via <https://cver.lse.ac.uk/textonly/cver/pubs/cverbrf010.pdf>]

Employment Advisory Boards

The social entrepreneur James Timpson has devised a new scheme to facilitate employment for ex-offenders. We believe this could be adapted to offer young people in care a similar pathway to gainful employment.

The Timpson model rests on Employment Advisory Boards (EAB). At present 40 boards have been set up, but Timpson's ambition is to extend the scheme to cover the 91 release prisons across England and Wales. The programme supports offenders to be "job ready" through CV writing, interview prep, computer literacy etc. It also provides links with local businesses, whose founders or representatives sit on the EAB. Each prison governor; the local MP; a representative from the New Futures Network (part of the Prison and Probation service that brokers partnerships between employers and prisons); and local charities also make up the typical Board. Entrepreneurs who run their own business chair the boards, and drive the programme, recruiting members to the board, linking prison estates with local businesses, ensuring the prison offers resources necessary to create an "employment culture". Each prison holds a regular "Hospitality Day" when employers – representing restaurants, retail, construction, etc – present to offenders, explaining the qualifications needed to secure and maintain a job, the usual interview procedure, benefits and salaries for successful applicants etc.

Timpson told the CSJ he persuaded the Ministry of Justice to stipulate that a prison governor's annual bonus would depend on the number of former inmates who were in work six weeks after leaving prison. Data – collected by DWP and Probation – is shared in order for prisons to compare their success rates.¹¹⁶

Applying the EAB template into a care or foster home would open possibilities of employment for a cohort that all too often ends up NEET.

Implementing a similar scheme would require a point person responsible for setting up and running the EABs in the children's care home or foster agency. Given that these are largely private enterprises, the requirement of hiring a "governor" could be explicitly made in the LA commissioning contract. Terms of Reference could be adapted accordingly.

Given the weekly cost to LAs of a residential placement, the annual salary for a "governor" would be covered within a few months.

116 James Timpson, interview with CSJ, May 2022.

Data Sharing: Key to Safeguarding

In order to predict, and prevent, adversity we need to know more about the vulnerable children and young people who risk going into care. This calls for greater data sharing, as the Review makes clear: “We need coordinated action to support local authorities, health, police and education to make the technical changes they need to achieve frictionless data sharing.”

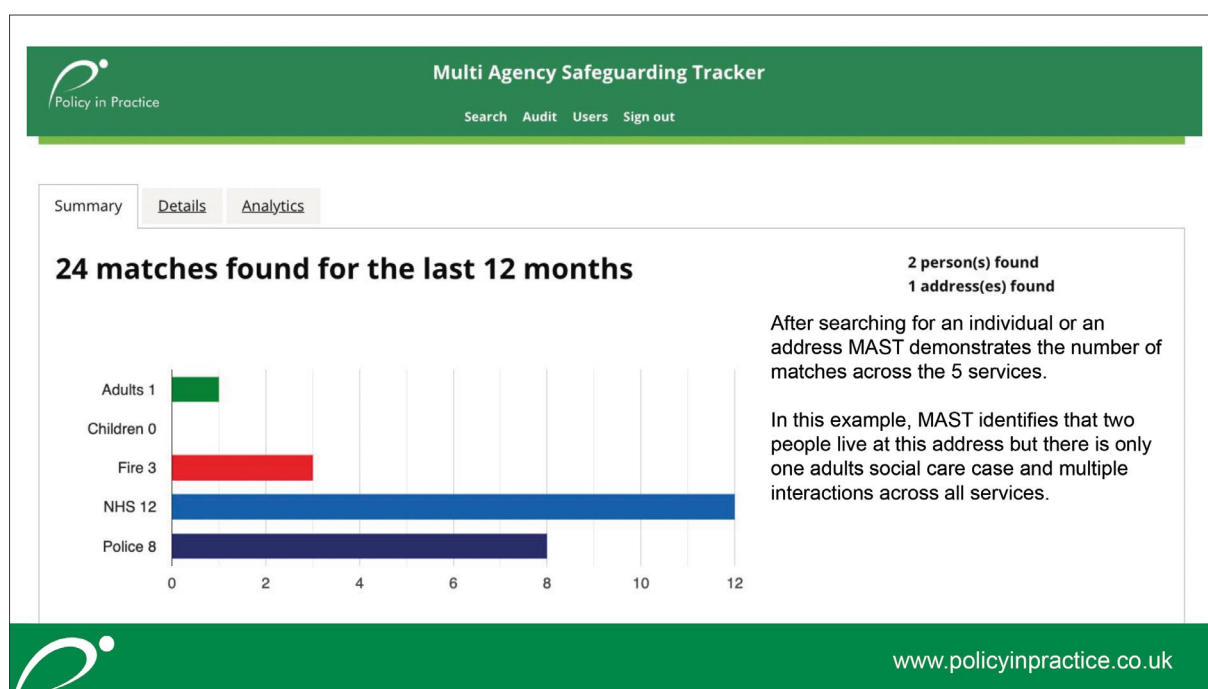
The Multi-Agency Safeguarding Tracker (MAST), funded in part by the Social Care Digital Innovation Accelerator (SCDIA) alongside NHS Digital and Walsall Council, is being piloted in the West Midlands as a solution to data sharing problems. MAST aims to improve data sharing between partners with a mandatory responsibility for safeguarding. Sharing the minimum amount of demographic data, safeguarding professionals can easily identify where individuals have had contact with multiple agencies within a certain timeframe, e.g. 12 months. Currently the scope of this project is across Children’s Social Care, Adults Social Care, Police, Fire and Rescue and Health. This will run in Walsall with a proof of concept ongoing in South Wales and demonstrations to multiple other areas such as London and other local authorities in the West Midlands.

MAST is underpinned by a documented data governance structure to allow the partner organisations to share the minimum amount of demographic data with other partners to assist in the decision-making processes of safeguarding professionals. Legal frameworks are used and identified from the outset, without which the data sharing would not be possible. To comply with GDPR partners only share the minimum amount of data necessary to improve information to assist safeguarding decision-making.

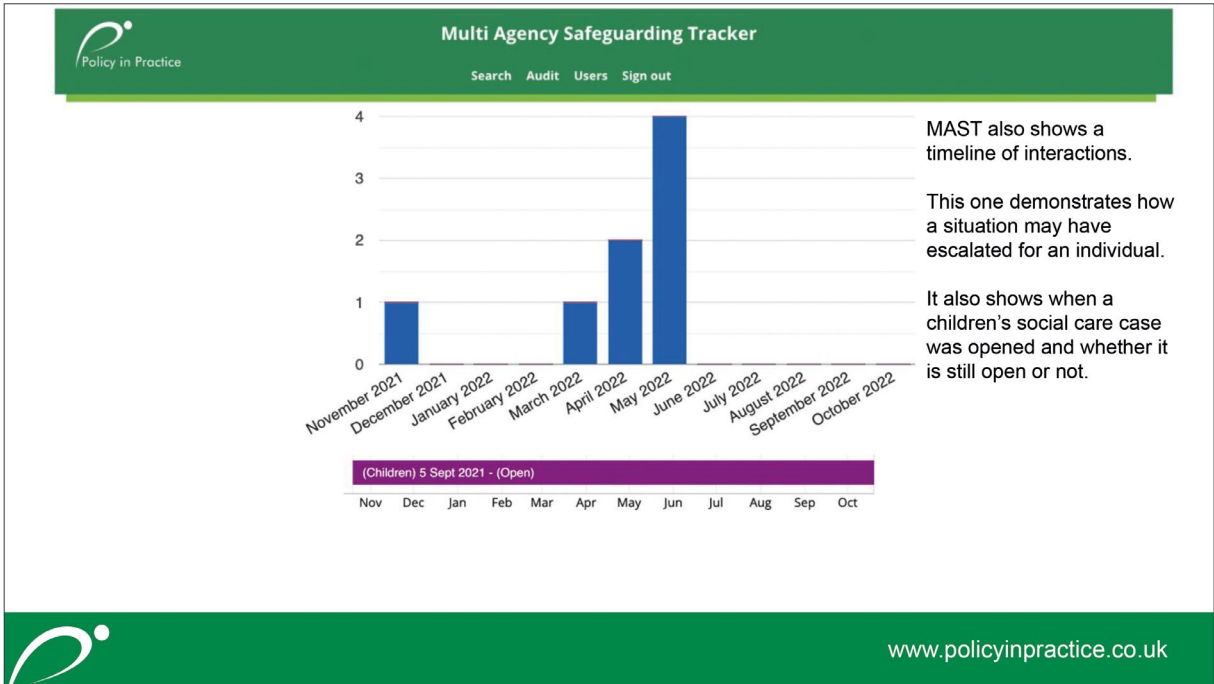
In its current form, MAST shares data across Children and Adults social services (from local authorities), Police, Fire and Rescue and Health with scope to expand to other service areas with a statutory responsibility for safeguarding.

By providing both high-level information about number of contacts and also information about who is best to contact in an organisation to learn more detail about the case MAST reduces the care professional’s workload.

A presentation and demonstration for MAST can be found [here](#). An example of this system is given below:



Source: Policy in Practice, “MAST Demonstration” 2022.



Source: Policy in Practice, "MAST Demonstration" 2022. MAST shows a timeline of interactions. This one demonstrates how a situation may have escalated for an individual. It also shows when a children's social care case was opened and whether it is still open or not.

Multi Agency Safeguarding Tracker

Search Audit Users Sign out

Summary **Details** Analytics

Full Name	Date of birth	Gender	Full Address	Post Code	UPRN	Organisation	Record Date	Ref Id	NHS Number
MAST also has details which will help to reduce the time it takes to find the correct person to contact at a given organisation.			1 Stoops Fold Deven Park PiP Town PiPshire	PP2 9GN	123456884	Police dave.smith@policy.ppn.police.uk		330147	
For example, a social worker looking at this case could find the contact for the safeguarding lead at Police to find out more information about this case.			1 Stoops Fold Deven Park PiP Town PiPshire	PP2 9GN	123456884	Police		330147	
			1 Stoops Fold Deven Park PiP Town PiPshire	PP2 9GN	123456884	Police		330155	
			1 Stoops Fold Deven Park PiP Town PiPshire	PP2 9GN	123456884	Police		330163	

www.policyinpractice.co.uk

Source: Policy in Practice, "MAST Demonstration" 2022.

Sharon, prison officer¹¹⁷

I came to work here two years ago. I talk to the 18–24-year-olds and the number one thing they have in common is that they were in care. A lot of them won't tell me this, they keep it hidden. They'll talk about their mum and how they miss her and how she was so good to them when they were little. But we can have access to their NOMIS prison database and when I look them up I can see that the fact is they had to be taken away from their mother.

The ones who do admit that they were in care tell me that coming here is like moving to another care home – not much difference. Given that here they are locked up in a small cell sometimes 23 hours out of 24 – that tells you all you need to know about their care home experience.

No one seems to have had a stable base. I haven't heard anyone telling me that they were close to their father, in fact some of the young lads I speak to really had issues with their fathers: "I hate my dad because of what he was doing to my mum" or "I didn't have a dad". It's clear though that they want some kind of relationship with their parents still. They would like them around. They really need one person who cares about them and I have to be mindful that they look on me as that one person. They become so attached so quickly, it stirs your motherly instincts, even if I am only a few years older than they are.

¹¹⁷ Prison Officer, Interview with the CSJ, June 2022.

Conclusion

Josh Mac Alister's Independent Review of Children's Social Care calls for urgent change to the way the state engages with its most vulnerable children. The Review boldly challenges the slow procedures, and late interventions, that characterise the children's care system. Above all the Review recognises that the priority, when it comes to children's lifelong welfare, must be to keep them in their family. Only when all possibilities have been exhausted – including next of kin, and family friends – should children be taken from their parents. When this is necessary, for safeguarding purposes, finding a foster family (or an adoptive one) is preferable to residential care. Too often this last resort has been found lacking in "care".

A focus on the importance of family relationships chimes with the CSJ ethos: family first. A loving family offers identity, security, and the confidence to dream big. Keeping families together is a crucial first step in a preventive strategy for keeping children out of care.

If family comes first, community comes second. Here our research found innovative programmes and grassroots groups that the Independent Review overlooks. Whether social prescribing link workers or Employment Advisory Boards, peer to peer schemes or grassroots charities, the voluntary sector has so much to offer in terms of cost savings and effective support. We have seen during the pandemic, and more recently in the response to Ukrainian refugees, that altruism is alive and well in this country. Here is an ingredient for long term and mutual care – not only for our most vulnerable children but also for those who step up to support them.

The Independent Review is a welcome step in the right direction. The CSJ is ready to journey further, until "care" becomes synonymous with our children's care system.

Our recommendations are:

- **Ensure Local Authority (LA) commissioners engage with local voluntary groups** and grassroots networks in Family Help Teams. To this end, Government should encourage councils to maintain strong relationships with their local charity sector so as to ensure they are well-equipped to hear about and bid for providing the services their community needs.
- **Every Family Help Team** should include a representative of a local voluntary group or charity as well as a local "Parent Champion".
- **Change the assessment protocols to take into account family circumstances and dynamics:** 98 per cent of children are in care because of the needs of parents not the child.¹¹⁸ Practitioners should be required to ask about family relationships and family structure in the course of their assessment.
- **Use the popularity of Health Visitors to identify issues in a child's first 1001 days** – which, neuroscience shows, are crucial for brain development. Early identification is key to any prevention strategy.
- **Embed attachment and trauma awareness in schools and social work.** Trauma training needs only a modest investment of time and resources but evidence shows it to be an effective preventive measure in dealing with children's mental health.
- **Recognise the importance of fathers** by ensuring that Family Help Teams 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 appointments.
- **Business has a role to play** in engaging the Teams' "Parent Champions" and in engaging care leavers. James Timpson's Employment Advisory Boards programme, at present being introduced into release prisons, should be introduced in residential care homes and fostering agencies.
- **Adopt the Multi-Agency Safeguarding Tracker (MAST)** to ensure easier and more timely data sharing among safeguarding partners, to identify those at risk of going into care before their needs escalate.

¹¹⁸ The Centre for Social Justice, "Safely Reducing the Number of Children Going into Care," April 2021. [Accessible via <https://www.centreforsocialjustice.org.uk/wp-content/uploads/2021/04/CSJJ8864-Children-In-Care-INTS-WEB-210422v.pdf>]

A Submission to Government for Implementing the Family Help Teams

November 2022

The Centre for Social Justice

Kings Buildings

16 Smith Square

Westminster, SW1P 3HQ

t: +44 (0) 20 3150 2326

Twitter: [@csjthinktank](https://twitter.com/csjthinktank)

www.centreforsocialjustice.org.uk

