



Children's Social Care – putting children's voices at the heart of reform

January 2022

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Foreword from the Children's Commissioner for England, Dame Rachel de Souza

This paper is dedicated to all the children in care who have spoken to me as Children's Commissioner. These children have shared with me their experiences – good, bad, and sometimes traumatic. Lots of the children and young people I meet are grateful for the love and support they have been given. But all too often they can be angry and frustrated about the challenges they face and the way they have been treated. These children in care have told me their thoughts and personal experiences in the hope that I can bring about change for the children who follow in their footsteps. And, I have been constantly impressed by the reflective and sanguine way children in care can discuss their experiences.

As Children's Commissioner I want to put children's voice at the heart of everything we do. I am motivated by all the children I have met and the stories they have shared. That is why, 'The Big Ask', my survey of nearly 600,000 children last year, offered children the opportunity to tell me their hopes, aspirations, and challenges. What was striking was that for children in care they were the same as all other children. They wanted to feel safe, stable, and loved; to maintain the vital relationships with friends and family; to be able to pursue their own interests and make plans for the future, and to be helped and supported when things go wrong. It is these essential elements of a good childhood which are too often missing for children in care and on the edges of it, and it is these fundamentals I want to focus on.

We have a unique opportunity now to change and reform the lives of children in care. With the Review of Children's Social Care, the Special Educational Needs and Disabilities Green Paper, the Schools' White Paper, and reforms to Integrated Care Services all taking place at the moment. This provides a unique opportunity to address these important issues ambitiously, cohesively and in a child-centred way. And my Office continues to contribute to all these ongoing pieces of work.

The case for change couldn't be stronger - we are failing to give children loving, caring and stable homes; we are failing to get children into good schools which can support them, and we are failing to get children vital mental health care to help them recover from trauma. In some cases, as we have been reminded so tragically recently, we are failing to make the interventions that could save a child from trauma, serious harm and even death.

Quite simply, we can and must do better and I will be relentless in pushing for the changes we need to see. This paper focuses on the changes I believe are needed.

I do not pretend this is easy to get right every time, but when we are talking about the lives of children no failure rate is acceptable. We need to focus on the experience we want for every child and commit to building a system that can deliver it. We need to acknowledge that the system must do better and then commit to working together to get it to where we want to be. We must celebrate the good the great social care is doing across the country and use this as a foundation from which to build.

The Social Care Review can be the catalyst to bring about the bold and radical changes children want to see, but it will take all of us to make it a reality for all children within five years.

The children for whom the Review of Children's Social Care needs to deliver.

The below cases, which come from the Children's Commissioner's 'Help at Hand' (HAH) advice and representation service, or from serious case reviews, demonstrate the issues the Review needs to help solve, and the complexity and compounding needs children have. Names, and other identifying details have been changed where necessary.

Katie

Katie is a 15-year-old girl whose mother died of cancer during lockdown. She was the main carer for her mum and her sister while her mum was dying. Since her mum's death, Katie has been living with family friends through a private fostering arrangement and with her grandmother. However, she has suffered with grief, and in the past six months has been engaging in increasingly risky behaviour. She is self-harming and has twice been admitted to hospital to have her stomach pumped after drinking. She is hanging around with a known drug dealer and has not been to school for two months, she is currently on track to fail all her GCSEs, but her school think it is best for her to stay at home.

CAMHS say Katie does not meet their threshold for mental health care. The local authority says that Katie does not meet their threshold for a social worker because she is not at risk from her family.

What needs to change for children like Katie:

Katie is on a trajectory of increasingly poor outcomes, and yet no one is acting. Instead of intervening to help her get her GCSEs, multiple agencies are waiting to see if she gets into even more danger. We need a system which is focused on helping Katie realise her potential and can provide an integrated offer. The thing she most needs is therapy to support her with her grief, this will help her return to school and stop engaging in risky behaviour. But at the moment the educational and social care benefits of providing help is not sufficient rationale for CAMHS to intervene. An integrated system of social care and CAMHS support, with joint thresholds and common outcomes, whereby an assessment by one agency could open-up support from another is needed.

Chris

Chris grew up in a family with domestic violence, and he had ADHD which meant that he sometimes struggled at school. Despite this, Chris did well at primary school.

However, when he got to secondary school he struggled. Chris became involved with gangs and engaged in increasingly dangerous behaviour. By the time Chris was 13 he had been arrested for a range of different offences and had been found with a large quantity of drugs. Chris told authorities he was in fear of his life. During this period Chris' family were repeatedly referred to social services, but it was decided they did not meet the threshold for support. Chris was not attending school but was a virtual pupil at a Pupil Referral Unit. He got short-term support from a Youth Offending Team, which was stopped when he went to live with his uncle. This broke down and he returned to his mum who told the local authority that she thought Chris was going to be killed and asked her housing authority to move her out the area to help protect him. Neither acted. Chris was shot and killed when he was just 14. By the time of his death, Chris had been known to 12 agencies, yet it appears that the last time Chris had a stable and supportive relationship with any professional was when he was at primary school.

More details about Chris's life, and the failures in his care can be read at: [Serious Case Review – Chris \(newhamscp.org.uk\)](https://www.newhamscp.org.uk/serious-case-review-chris)

What needs to happen for children like Chris:

There were significant failures in the police and local authority response to Chris leading up to his murder, but they are indicative of a fragmented system within which no one took responsibility for Chris or took the time to understand what was really happening in his life. Chris was expected to engage with service on their terms, and when he was seen as too difficult, he was simply passed on. Again, Chris needed an integrated offer covering education, health, youth offending, housing and social care, but instead was passed between them.

Rory

Rory is an 11-year-old boy with Autism Spectrum Disorder who is growing up in care. Last year he was living in a children's home when the home evicted him at short notice. Rory had to leave at such short notice he missed his last day at primary school. Rory's local authority had nowhere for him to live locally, so he was placed in another children's home as an 'emergency measure'. Five months later Rory is still in this 'emergency placement' away from home. He does not know where he will be living next, or when he will move. Moreover, because Rory's placement was deemed to be a temporary measure, no school was found for him. Because Rory needs a special

school, a place still has not been found. Rory has now not been at school since last summer.

What needs to change for children like Rory

Firstly, children like Rory should be looked after locally. The local authority should ensure that have sufficient number of homes that can care for children like Rory. Homes should be adapting to the needs of the child, so that children stay put when their needs change, not vice versa. When children do have to move, this should be properly planned and done slowly, with significant penalties for a local authority or children's home which evicts a child at short notice. Rory should know that his next home will be a long-term placement, without him being left in limbo not knowing where he will go next or when. The next home should be part of an integrated plan for Rory, with a home and a school place found in unison, rather than finding a placement and then planning for a school.

Jerome

Jerome is a 16-year-old looked after child with complex learning disabilities, behavioural issues and autistic traits. He has an assessed learning age of 7. After multiple failed placements, he had made great improvements in a children's home with a specialism in Emotional and Behavioural Difficulties, which was out of his local authority's area. He had been there for two years and had developed good relationships with the staff, including the teachers in his specialist educational provision nearby. The local authority decided to move him back into his home area to unregulated accommodation providing semi-independent living, with two adults supporting Jerome. They said this was to make contact with his family easier (although this was sporadic) and to ensure he could transition to adult services in the area. The move was opposed by the children's home manager and professionals working with Jerome locally, as well as his advocate and Independent Reviewing Officer. Jerome consistently said he didn't want to move and refused to engage in any conversations about this. HAH made representations on several occasions but the local authority went ahead. Jerome was highly distressed in the days before the move, which led to him running away and being handcuffed by police on the day he moved.

As feared, Jerome was not able to manage in his semi-independent accommodation. There were several safeguarding incidents, both inside and outside the property, and the staff were not sufficiently trained to support him. Ultimately, the local authority

accepted that the new accommodation was not working for Jerome and moved him to a children's home within his local area, after more than 10 months of disruption.

What needs to happen for children like Jerome?

The local authority were right to want Jerome to live locally but once Jerome was settled out of area, it was not in his best interests to be moved, and have all his relationships turned upside down. Jerome was happy and settled, and the failure to listen to him, or those who knew him best was disastrous for Jerome. Many local authorities look to move children to unregulated accommodation once they reach 16, often for financial reasons but also to help in their transition to independence. We believe all homes in which children live, unless foster or kinship care, should be regulated and inspected. In the short-term, we would like the ban on unregulated accommodation for under-16s to extend to children who have special needs or other vulnerabilities. In this case the local authority were right to start planning for Jerome's transition to adulthood well in advance, but cannot mean compromising the care Jerome needs as a child.

Children who will need support from adult social care beyond 18 need a smooth transition to this service, alongside continued support as a care leaver.

Tommy

Tommy is 15 and had very tough start in life, where he experienced significant early childhood trauma. He has severe autism. Tommy was adopted, but his adoptive parents still needed help. Over many years his adoptive parents sought help from both the local authority and NHS. In the end, his adoptive parents became unable to manage his behaviour, and he was admitted to hospital and then transferred to a mental health unit. The unit was unable to keep him long-term, so the local authority applied for an Interim Care Order and searched for a therapeutic children's home. However, despite contacting hundreds of providers nationally, it was not possible to identify a residential setting that was willing to accept him and could meet his needs. Tommy was assessed as requiring four adults around him at all times, with a Deprivation of Liberty authorisation from a judge so that he could be prevented from absconding. As an interim measure, the local authority rented a house where Tommy lives with his adopted mum and four full-time carers, with floating support from mental health professionals. However, all involved accepted that this could not be a long-term plan because Tommy needs therapeutic support in a specialist residential setting.

What needs to happen for children like Tommy?

There is a critical need for more therapeutic children's homes with specialisms in autism, trauma, learning disabilities and complex needs. However, there are also many parents, like Tommy's, who want to continue caring for their children at home, if they have the right support. It should not be a binary choice between a family being in care or at home. Local, flexible solutions that work with family can ensure more children stay at home, or at least very close to their families. We need more help for families at an early stage, particularly with specialist mental health services for children, support for parents, community care packages and short breaks, which many families desperately need to avoid burnout and breakdown. Investment when parents ask for it could prevent the crises which leave the most vulnerable children unable to stay with their families, and yet judged as too high-risk for most children's homes. This often leaves them in highly unsuitable situations, which cause further trauma and make returning home or to less restrictive settings even more difficult.

Introduction

Last April, the Children's Commissioner launched 'The Big Ask', the largest ever survey of children in England. We received an unprecedented response from looked after children and those with a social worker: almost 6,000 children in care, and 13,000 children in need. The vast majority were happy with their lives and shared the same aspirations as other children – this should be celebrated. There were difficult, though not surprising, messages too: they were more likely to be unhappy with their lives than other children, and many raised concerns about their care.¹ The Office has acted on the findings of this survey, with a range of proposals to improve the lives of looked after children, and we are pleased many of these have already been taken forward.²

More recently, we were reminded what the consequences of failure are. In response to the tragic deaths of Arthur Labinjo-Hughes and Star Hobson, the Children's Commissioner set out that everyone working with children must re-double their commitment to getting to a situation where every child is not only safe, but feels loved and cherished. And we must ask difficult questions and make sure these tragedies do not happen again. What happened was unthinkable, but we must not turn away. A new national ambition for transforming children's social care is needed to ensure not just the safety of all children, but to enable them to thrive.

This document sets out that vision in more detail drawing on our extensive work with children across the social care system, as well as those leaving care, and should be taken as our submission to the Independent Review of Children's Social Care.

Our work with children includes formal research work, both qualitative and quantitative, as well as more informal work including our regular visits to children's homes and engagement with children in care councils. Above all, it is informed by the experiences of the children who contact our helpline, Help at Hand. Every day this service supports children who are navigating complex and challenging situations, many of whom have not received the level of support or care we would expect. It is these experiences which provide the imperative to make sure every child receives the high-quality care and support we know is happening in some places, and acts as a catalyst for reform.

¹The Big Answer, *Children's Commissioner for England*, September 2021, [link](#).

²The Big Answer, Policy Paper: Looked After Children, *Children's Commissioner for England*, September 2021, [link](#).

While we have endeavoured to represent the views of children shared with us in multiple different ways, it is important to emphasise how varied the experiences, and the views, of children in the system are. With this in mind, we publish our suggested solutions as a contribution to the debate, and throughout we stress the need for locally designed services which have the flexibility to respond to children and families as individuals. Much of what children tell us they want can already be seen implemented in areas of England, and it is important to recognise the value of this good practice in setting the foundations for what should come next.

While this submission inevitably focuses on challenges, it is vital to acknowledge that many children do have good experiences in care, and often have far better lives and outcomes than had they not received the love and support of their adoptive or foster family. A strong theme of our work is the appreciation of individual foster and adoptive parents, carers, and social workers, as well as teachers, and all other adults working with them. We meet children and families who tell us how the support from social services kept them together. Unfortunately, experiences are not consistently good – there is variation by geography, by service and even within families. The overarching challenge facing social care is to ensure every family and child get the same quality of care and support that some children currently experience. This is a huge task, but when the safety and quality of children's lives are at stake, no failure rate is acceptable.

The most consistent message from our work with children in care is that they want the same things as all other children: to be loved, to have friends, to make plans for the future and to be able to pursue their own interests. The system fails when it fails to provide these basics. This document is based around the core elements every child, or family, should experience in the social care system. Alongside this, we have outlined some measures which we think would help create the conditions for such services.

The second strong message to come from our work with children is a reminder that children do not experience the social care system in isolation. Rather, their experience is of the totality of services they need. School is of primary importance, as well as additional support if they have a special educational need, disability, or those in need of specialist mental health services. The Independent Review of Children's Social Care will need to be designed with the need for it to complement and be implemented alongside the SEND Review, the Schools' White Paper, and implementation of Integrated Care Systems. Children's experiences will depend on ability of these

changes to be implemented cohesively at a local level, with local leaders, both within local authorities and beyond, supported to deliver these reforms at the same time.

This is why it is vital to focus on how the system is experienced by children. Our belief is that the most effective services will be local, agile and relationship based. They will be rooted in community and work collaboratively with children and families. Children in care tend to be experts in the children's care system, but they should not have to be. Children's experience should be one of having their needs met within their immediate environment wherever possible.

We want to see a system that supports these local and responsive services. This means removing the impediments to good relationships so we can challenge the prevailing sense that the system often serves its own ends over the best interests of children. The system needs to be designed to incentivise good practice, with a focus on positive outcomes, combined with transparency and accountability for the experiences and outcomes of children.

But designing a system is only the first step. Implementing these principles consistently is the real challenge. The Children's Social Care Review is step one in what must be a wider programme of service transformation and improvement. To implement this transformation there must be the capacity to design and deliver high-quality services, locally and nationally. While the Independent Review of Children's Social Care may be the first stage on this journey, it is vital that it lays out what is needed for the wider vision to be realised across the country. We make some suggestions as to what this should include at the end of this document.

Part 1 - what children and young people tell us they want from the services supporting them

In our experience, there are four key things both children and families need when in contact with social care. They are closely linked.

- 1. To be listened to and responded to.** Children and families should not experience things being done 'to them' but *with* them, services should respond to their needs cohesively rather than in silos, and at all levels plans should be a collaborative process.
- 2. To have relationships that are trusting and stable.** This means at least one positive, trusting relationship through which to engage the system. Interactions with the system should be built around this relationship, rather than expecting these relationships to stem from the system.
- 3. To feel loved, supported and stable.** Children need to feel able to make plans and put-down roots, then they need to be able to maintain relationships. This means long-term planning for children in care, and in leaving care. Families need to know they can rely on services to be there for them when they need it.
- 4. To be able to access practical help and support.** Expectations placed on children or families should always be matched by help to meet these. Support should happen at the point it is needed, before needs escalate. This applies to support for both children, and their families where that is the cause of their vulnerability.

Below are a series of measures we think will improve the experiences of children.

Ambition 1: For all children to be listened to and responded to

Challenge: Too often both children and families feel that things are being done to them, not with them. Despite the Children Act 1989 making the best interests of the child the overriding consideration in decision making, the experience of children is too often that the system serves its own ends.

Suggested solutions: below are a set of things which we believe would help children and families have more agency in framing the care they receive.

Children in care

1. Long Term Care Plans which children can shape

Children in care should be confident in shaping their care plan and confident it will be delivered. In order to achieve this, children need to be empowered to exercise real agency in designing care plans with a strong focus on supporting each child's long-term aspirations. The aim should be that every care plan is focused on supporting a child's own ambitions for where they want to be in a year, 3-years and 5-years, with clear commitments as to how these will be supported. Too often the voice of the child is overridden, with the only procedural safeguard the advocacy service. While access to advocacy is a vital safeguard, a child should not be entering a formal process without having been heard, their voice needs to be baked into every stage of the decision-making process. Children should know they will be offered the full protections of being in care until 18, and then a greater support package after 18. Long-term plans which go beyond 18 can help stop the current cliff-edges (see below for more details).

2. Restructure looked After Child (LAC) Reviews

LAC Reviews are a crucial process, but too rarely do we find children believe they can shape the process. Where children attend their LAC Reviews they are often greatly outnumbered by professionals, some of whom they do not know well. Often, we find children do not attend. Children need to have much greater agency in this process, with fewer professionals and support to set the agenda and articulate their position. When children do not want to attend, they need to be confident there is at least one person present representing their views, such as an advocate.

3. Independent Reviewing Officers

The role of Independent Reviewing Officer (IRO) needs to be considered. While important in theory, our experience is that children rarely have a relationship with their IRO outside of LAC Reviews, and therefore do not have confidence that the IRO understands or represents their needs. The experience of our helpline team is that IROs do not operate with sufficient independence from the system to truly challenge decisions yet are not taking sufficient

ownership of the outcomes children in care experience.³ There are clear arguments for the IRO role to be more, or, less independent from the process, but we do not think the current compromise is working for children in care. We would like to see greater connection between IROs and advocacy services to provide more independent challenge at all levels, which children can have greater confidence in.

Children and families in contact with social care

Families need confidence in the process they are being asked to participate in, especially when that is early help, or a Child in Need Plan. As with children in care, this means families need to feel ownership of the plan and share its objectives. Again, this requires families to have real agency at the onset of the process, so that they are not overwhelmed or feel coerced. It also requires consistency of professional support, delivered by a single person, ideally on a consensual basis. We believe approaches that do this, such as Supporting Families and Family Group Conferences, should be adopted more widely and at all levels of intervention.

We believe that addressing some of the wider issues between services and families (see below), would also help rebalance the relationship for informal interactions where a full family group conference may not be needed.

Ambition 2: For all children to have relationships that are trusting and stable

Challenge: The social care system relies on individual relationships between children, social workers, birth and foster parents and other professionals. Getting these right consistently is hard, but is vital for the experience of children and the success of the overall system. We know that one consistent, trusted relationship is absolutely crucial for helping anyone change their behaviour. While lots of children have positive relationships with their social workers, high turnover, and pressures on the roles means that this relationship can break down. The system needs to have the flexibility to recognise the relationships that are important to children and build these relationships into the process. We are often surprised by children in care telling us who their most trusted professional contact is (it may be, for example, a school nurse). But whoever the professional is that a child most trusts, this relationship needs to be utilised in establishing support for the child.

³ 'Our Data', *Children and Family Court Advisory and Support Service*, accessed 24th January 2021, [link](#).

Proposed solutions: below are a set of things which we believe would help support professionals working with children and families and wider relationships that matter to them.

Social workers

Three things which can help promote positive relationships between social workers and children/families.

1. **Small case numbers and limited paperwork.** So that social workers have time to spend with children, ask questions and be professionally curious, with management systems that support that. When social workers have the time to invest in a relationship with children, through informal activities and play, this is really noticed and appreciated by children. Investing in the workforce is a key part of this, but we should also look at structural changes to free up social workers' time. Investment in shared systems, would reduce the need for social workers to fill-out constant duplicate referrals, as could the use of technology to increase the automation when making records.
2. **Stability of relationships.** Children in care can often recite lists of social workers like a rollcall. Overall, three in five children in care experience a change of social worker every year, and one in four have two or more changes in social worker each year.⁴ This type of churn seriously inhibits the strength of relationships. Children should be able to expect their social worker to support them over several years, with a proper handover process whereby children are able to build up a relationship before any crucial decisions are made. In the absence of social worker stability, children need to be offered other supportive relationships, see below.
3. **Access to other services.** One frustration for both social workers and children and families is that social workers are unable to unlock access to the help that children or families need (see below). This puts pressure on the relationship because children and/or families feel they are being asked to make changes, but not supported in doing them.

⁴ Stability Index 2019, *Children's Commissioner for England*, August 2019, [link](#).

Other professionals

In different circumstances, and for different reasons, social workers are not necessarily best placed to be the key relationship. The system needs the flexibility to ensure that other relationships can be relied on. Three examples:

1. Children in foster care often tell us how much they resent having to go back to social workers for very basic decision making – e.g. can they go on a school trip, can they go on a sleepover, can they go on holiday. The system should be able to empower foster parents or children's home managers to manage everyday decisions for children in long-term and stable placements.
2. Families with a history of difficult relationships with social workers may find it easier to engage with a key worker or even a community volunteer.
3. Children in care who have had a difficult relationship with social workers have told us that they want an alternative relationship to be their main point of contact. They contrast the positive relationships they can have with advocates or youth workers with the relationship with a social worker which they feel is constrained by the legal framework and the need for the social worker to make decision which can appear to be driven by the needs of the wider system. The system should be able to identify where relationships are under severe pressure and ensure children have access to at least one other key professional with whom they can have a stable, positive relationship and who can advocate for them. When this professional is identified, they need to be built into the planning for that child.

Siblings, family, and friends

It is not just professional relationships which are important to children, nor is it only these relationships which are often undermined by high rates of instability. Siblings, friends, birth families and previous foster families are all vital as they provide love to children (see below). In our Big Ask survey, children in children's homes were much more likely than other children to rank friendships as a top concern, we think this is because frequent moves will have undermined their ability to maintain links with friends. We would like to see:

1. Legal protections for sibling relationships to be maintained, as has been introduced in Scotland, to ratify in law that the default should be that children are placed together wherever possible.

2. Care plans to map out the relationships which are important to children, with a view to maintain them wherever possible. This includes peers and friends.

Pets

Children in foster homes or children's homes with pets frequently comment on how important this is to them. There is now good evidence that pets can help children recover from trauma. Children who have had their core relationships fractured tell us pets can be a huge source of comfort and support when their trust in strange adults is understandably low. Yet the system often considers these relationships trivial. If pets are important to children, they should be recognised as such. We should look to encourage more children's homes to have pets on site, and where children have close relationships with animals, or particularly benefit from having pets, this should be recognised in care plans.

Ambition 3: For all children to feel loved, supported and stable.

Challenge: love is vital for all of us, yet it is hard for a system to provide. This does not mean that social care can afford to ignore love. Instead, it needs to look at the conditions that bring love about and stability or relationships and place are crucial to this. Children need not only experience stability but be confident they will experience it in the future. The ability to plan for the future is crucial for any of us to have agency over our lives and be able to develop our aspirations. This is true for children in care and for families dealing with long-term endemic issues. Too often the ambitions of children in care are thwarted by inconsistencies in support and their aspirations undermined by uncertainty around the future. Children's needs fluctuate, and so the system of support needs to be able to flexible enough to respond both to children in care and families which need support.

Solutions: as outlined above, the system needs to place a strong value on relationships. But underpinning this needs to be stability of support, for children in care, leaving care and for families in social care.

Sufficiency and Stability

We believe the single-biggest failure of the current care system is the rates of instability facing children in care which combines with short-term decision making to result in children not having their needs met. This cannot be addressed without looking at the sufficiency of placements, both in foster and residential. High rates of instability are not confined to a few poor-performing local areas. Some of the largest

and most stable local authorities, including those rated as 'Outstanding' by Ofsted have the highest rates of instability.

To address this, we believe there needs to be:

1. **Local and national targets to reduce instability.** At present, one in four children in care experience two or more placement moves across two years. We believe there should be local and national targets to reduce this to less than one in ten children within five years. This should be backed up by a national action plan on instability aimed at meeting the target. The national strategy should aim to improve commissioning, improve local area co-operation, support the voluntary sector to re-enter the children's home market and implement the recommendations of the Competition and Markets Authority.
2. **Reform of Section 22G of the Children Act 1989.** Currently local authorities have to have a sufficiency strategy. We would like this to be extended to create an explicit statutory expectation that local authority sufficiency strategies should lay out how the local authority will meet their stability target.
3. **Clear accountability for instability and out of area placements.** There needs to be better mechanisms for holding local authorities to account for the quality of their sufficiency strategies and rates of instability experienced by rates of children. We believe the review should consider:
 - a. Making this a core element of the Ofsted local area inspection.
 - b. Whether the Department for Education should establish an independent mechanism to assess local area sufficiency strategies, supported by the Secretary of State making directions if local authorities were not prioritising accommodation for children.
4. **Reform Section 25 of Children Act 1989.** The Act currently gives the Secretary of State for Education responsibility for designating a children's home a secure children's home and making regulations accordingly. We believe this power should be extended such that the Secretary of State had responsibility for ensuring sufficiency of welfare places within secure children's homes. This would be equivalent to the role the Youth Custody Service performs for youth justice. We believe the DfE should under-write the risk of providing these placements, but that individual local authorities should still assume the cost of placing a child in a secure children's homes.

Permanence

Many children in care return to their birth families, and this is often something children tell us they want to do. But other children will remain in care, and these children need to be provided with a sense of permanence. For some children this will be adoption, and while adoption will be transformative for some children, for many, including older children, it may not be possible. For these children we need to be looking at other forms of permanence, such as long-term foster care, special guardianship orders (SGOs) and kinship care. We should increase the financial and practical support available to families (both foster families and extended family) to help them offer an SGO.

Children leaving care

Children in care should be able to plan for their future. As we lay out above, children should be involved in long-term care plans which span their time in care and when leaving. But they should also enjoy the full protections of being in care until they are 18. Unregulated placements for all under-18s should be prohibited. We are not opposed to different regulations for 16-18 year olds, but these homes should still be subject to full Ofsted inspections and all homes accommodating children should have a clear duty of care to any child living in them.

All children should be entitled to a full leaving care plan, there should be a presumption of staying put arrangements until they are aged 21 and care leaver support should be available to all children until they are aged 25, include personal advisers. A minimum care leaver offer should be in place in all local areas covering issues like deposits for rented housing.

Families accessing social care

Families should experience a continuum of support without big thresholds. This is particularly important for those in and around Section 17. We should no longer measure the success of Child in Need plans by whether they close within six months, but whether a family is better off in 12-months.

Ambition 4: To be able to access practical help and support

Challenge: The children's social care system responds to a wide range of needs amongst both children and parents. The success of the social care system relies on families being supported to address these underlying issues. This means families being able to access help with housing, finance, domestic violence, and mental health.

For children this means mental health support, education support, including for SEND and youth services. As explained above, one of the key things we hear from children and families is the repeated frustration about being expected to conform with a system which is failing to provide the help.

Solutions: we believe reforms are needed in three areas: to-build upon the model of safeguarding partnerships; to strengthen the role of the NHS in supporting children in care to increase the emphasis on education when deciding placements for children in care.

To address this, we believe there needs to be:

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

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

We believe more focus on the primacy of education when determining placements for children in care. Our experience is that too often a school place is found after a placement, with the result that children are in schools which are not 'Good', are in alternative provision or in small privately run special schools when they

could receive support in mainstream provision. Too many are not in school at all or are persistently absent, meaning they can't benefit from all the things education brings, not just academic, but in terms of wellbeing and mental health. Part of this is an issue of capacity and sufficiency (see below), but structurally we think more roles should be given to Virtual School Heads in deciding placements, and ensure they fit the long-term care plans.

Finally, and perhaps most importantly, we need to improve access to mental health services for children in care, subject to child protection *and their families*.

Access to mental health was the biggest issue raised by children in care in 'The Big Ask'. Through our regular programme of visits, and our Help at Hand services we see particularly challenges with access for children who are in placements far from home, or in restrictive placements due to dangerous behaviours or self-harming. It is unacceptable that these children can be having their lives turned upside, with relationships breaking down and placements ending while still not being able to access NHS mental health services. We believe the NHS should be meeting the needs of children wherever they are. Even if children are in specialist placements with mental health care in place, this should be delivered or overseen by the NHS. To achieve this we believe the Review should:

1. Consider a formal role for the NHS in delivering care plans and child protection plans. This would require a designated officer within Integrated Care Systems responsible for their delivery. We would like the Review to consider giving the Family Courts an equivalent power of direction to the SENDIST Tribunal. We are already seeing this in the High Court with directions made through the inherent jurisdiction.
2. A mechanism for children to get continuity of care when they are moved out of area. An issue we often encounter is children on CAMHS or ASD waiting lists when they get moved, and then placed at the back of the waiting list in their new area.
3. A more formal role for the NHS in the commissioning of placements for children in care. Often these children are receiving complex treatment, which the NHS is not commissioning or providing clinical oversight of, and with different arrangements for funding.

Part 2 - putting the Independent Review of Children's Social Care into practice

The complexity of the social care system stems from the complexity of the lives of the children and families it supports. We need to recognise this and build systems that can respond locally. There will not be a one-size fits all approach, rather the services that succeed will work with families and communities, and be agile, responsive, and built on relationships. Above, we have outlined some of the structural issues that inhibit children's experiences and made some suggestions as to how these can be addressed.

The overarching challenge is recognising that solutions need to be locally designed and implemented, but with consistent quality and application of evidence across the country, with a mechanism for establishing in real time if children's needs are being met. This will require a focus on what the system is trying to achieve for children and their families, both in terms of immediate experiences and long-term outcomes. There will be different ways of achieving these ends, and the important thing is that we set-up a programme of system improvement to learn what works (including a lot we already know) and then replicate these principles in different places.

To achieve a system that can deliver this consistently, we believe the Independent Review of Children's Social Care needs to:

1. **Set out a positive vision.** We believe the Independent Review of Children's Social Care needs to set-out an aspiration for what the social care system can achieve for children and families. Too often the system operates in a deficit model looking at both its own, and families, weaknesses.
 - **A clear set of expectations as to what children and families should receive**
 - **A focus on outcomes for children and families**
2. **Ensure the system design incentivises best practice and empowers those who need help.** Above we have set out suggestions as to measures which would support this. The system should incentivise these approaches at a local level. To support this, we believe the Review should:
 - a. Focus the system on a set of positive outcomes which align with what children and families want, can be shown to improve life chances and drive integration between services. The Children's Commissioner has committed to doing work on this in response to the recommendations of

the Wood Review into multi-agency safeguarding arrangements and would be pleased to collaborate with the Review in doing this.

- b. Think about the inspection and accountability framework to support these outcomes. We would particularly stress that the inspection and accountability framework should place more emphasis on the experience of children, including those often not in the locality (such as those in out-of-area placements).
- c. Think about wider metrics that can drive system accountability and transparency, supporting meaningful benchmarking of services and ensure that statutory obligations (such as sufficiency and early help duties) are being effectively discharged.

3. **Set out a model and process for system-wide transformation.** A new model for providing social care cannot be achieved over night. The most successful models in England have taken a decade to achieve. But the Review needs to set-out the process by which we can devise new models of care and wider support and replicate them across England.

Part of this is drawing upon the successes and failures of other public sector reform programmes. The school reform movement shows how innovation in frontline services can bring about multiple success models delivering the same outcomes for children. In contrast, NHS reforms have been led by much stronger central institutions - NHS England, NHS Improvement, NHS Digital and NHS X – while still allowing for significant local autonomy. This vision will be the basis upon which resourcing will flow.

Our belief is that reform of children's services to implement both the Children's Social Care Review and SEND Review will need to draw on both approaches. This will need to consider the respective roles of local and national Government, the inspectorates and what works centres, third sector providers and those institutions representing the needs of children.

4. **Ensure the system has the capacity to undertake reform and service improvement.** It is important the Review considers the ongoing resources needed to provide high-quality social care. This should include core funding to local authorities, but also the role played by partners, such as the NHS, in relieving pressure on the system. But it also needs to consider resources, financial and other, to implement the Review.

Local level implementation of this is going to be most important. Not least because it is at a local level that the SEND and Children's Social Care Review will need to be implemented simultaneously, alongside the creation of the Integrated Care System and the Schools White Paper. This is primarily, a huge and exciting juncture, but it also poses an implementation challenge for local areas, who need to re-design systems as well as improve services. The local authority plays numerous different roles here as system coordinator, assessor of thresholds, commissioner, and provider of services. Clarity on the role of each actor will be paramount, including looking at the capacity and capability to effectively deliver for children. Given the struggles some local authorities have had in the past (see below), we need to look at the role schools, charities and social enterprises can play in supporting the sector and helping to deliver services.

In addition, the Review should consider how the system responds to endemic issues such as recruitment and sufficiency and the respective roles of local and national Government. There are some issues that nearly all areas are struggling to address issues such as commissioning or providing high-quality children homes places, especially for children with the most complex needs and implementing technology effectively to link services. We believe the Review should consider whether the DfE needs to play a more active role in addressing these issues or whether a new national body or sector-led institution is needed.

5. **Rethink how we engage with areas that are failing to provide are adequate care and support for children.**

Some areas are struggling with a wide set of issues including quality of practice, recruitment and development of staff and leadership. Nearly half of local authorities are less than 'Good', according to Ofsted, and many have had poorly regarded services over several years. Once a service is considered to be failing all the challenges above become greater. For too long, the commitment that all children will be able to access high-quality children's services has not been met, and the Review should consider what an effective intervention strategy looks like to make all local authorities 'Good'. We believe action is needed at three levels:

- a. Strengthening of the national-level oversight, so that national Government can make quicker and more decisive interventions when issues are

identified. currently provided by the DfE's interventions team, either this team should be expanded, or a new national body should be established to perform this function.

- b. Increase the capacity for good local authorities and trusts to support failing local authorities. This will require additional resources for these local areas and trusts so that the capacity to provide more practical help to struggling areas.
- c. Build up the capacity of the third sector and voluntary sector to work with local authorities in delivering services. This will reduce the burden on local authorities which are struggling to do The Government should consider how to incubate more social enterprise seeking to do this, and encourage bodies with a track record of delivering for children (such as academy chains) to support the delivery of social care.

6. **Locate social care relative to other services and other reform**

programmes. Children's social care is part of a landscape of services working with children and families, and their success is intertwined. The SEND Review, Schools' White Paper and health reforms need to work in unison if children and families are to realise their potential benefits. The implementation of the Review recommendations must be considered in this context.

7. **Help the sector get the most from digital**

A 21st Century care system needs to be digitally equipped and able to utilise the large amounts of data now available to it. Children do not want to have to repeat their story endlessly, and they expect professionals to know key pieces of information about them. Yet most safeguarding practices, and legislation, was from a pre-digital era. We think three things are needed to help make practice fit for the 21st Century:

a. **Guidance and legislation**

The Children's Commissioner's Office is pleased to be working with the Department for Education, the Information Commissioner's Office and a range of different services to consider the current legislation on data-sharing and how consistently it is understood and applied. Our hope is to support the creation of new guidance and toolkits to support greater utilisation of data to support children. However, it may also be that changes to primary legislation is needed, in particular the limitations on local

authority data-sharing within the Children Act 1989 (a pre-digital piece of legislation) which are more restrictive than the partnership-wide data sharing powers introduced by the 2017 Children and Social Work Act.

b. **Software**

Practical utilisation of data relies on having the software to process the data easily. There are lots of different programs in use in England, do different jobs. It may be that we need more consistent and bespoke software, such as NHS X designs and commissions for the NHS.

c. **Money for integration and migration**

Currently data is held in lots of different forms, and by lots of different agencies across the safeguarding partnership. Bringing this together into secure yet accessible local databases will require resourcing, both financial and in terms of expertise, from Central Government.

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