

Help at Hand Annual Report and Review

November 2022



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



As Children's Commissioner, I am proud to run a support and advice service for children in care, open to children's services or accommodated by the state in another way (such as in hospital or custody) and care leavers. This service – Help at Hand – is for children at their most acute moments of need. Often due to gaps in the services that exist to protect, support, love, care for, or educate them. This is why this service is so important to me. Not only do my team and I endeavour to get the best possible outcomes for each of these children, but the issues they raise, their voices and experiences, underpin all the work I do as Commissioner.

Part 1 of this report outlines the operations of the Help at Hand service since I became Commissioner. Part 2 sets out my vision for the service, so it reaches all the children who need it, and drives systemic improvement to address the issues children face.

Since I became Children's Commissioner, my Help at Hand team have supported over a thousand children and young people, facing some of the most challenging situations imaginable. The children my team works with include those in care or hospital, those who have been abused, those who are unaccompanied asylum-seeking children and those who have been criminally or sexually exploited. These children deserve the very best love and support from the care system, the best treatment from

the NHS and the very best education from our schools. But in the cases where I intervene, this is not always happening.

Every child's story is unique, but there are some common themes that are highlighted in this report. Some of these issues are to do with the care system, such as the instability and frequent moves experienced by children in care. Other themes come from the interaction between care, health, and education. Nearly all the children my team helps have significant mental health issues, and nearly all have struggled to access timely and consistent support from CAMHS. Both I, and the children I work with, are clear that better access to mental health care would stop problems escalating. Equally important is education, yet a significant proportion of the children I help each year are not in education. Education is a fundamental right for all children, and yet too many children I speak to and my team help, are not in education but are the children who would most benefit from a fantastic education.

I am concerned about children with complex disabilities missing out on vital services and advocacy, whether this is to enable them to remain with their families, or to be safe, supported and heard while in the care of local authorities.

The most complex and acute cases, which used to be extremely rare, are becoming more frequent. Provision for these children is patchy and inconsistent. As a result, more children are experiencing unwanted placement moves, their mental health care is often inconsistent, and some are ending up out of education.

I want everyone working with and for children, those making decisions on behalf of children, to listen to children and consider their best interests, every time. I want everyone in a child's life to be asking: 'Is this what the child wants?'. Children in the care system are ambitious for themselves, for their future. So, the whole system needs to match that ambition. This includes being open to challenge from, or on behalf of, a child.

An example of this is Tiffany¹, who was due to be moved from her home, a supportive foster family, to an institution, against her and her foster family's wishes. Numerous professionals had been involved in this decision, but it hadn't been challenged, nor more creative solutions considered by putting in more support at home. Although this decision was reversed after my intervention, I want that challenge, and the right decision to be made locally, every time, for every child.

¹ All names have been changed throughout this report to protect children's anonymity.

There are many dedicated and child-centred professionals working to help children like Tiffany, and I'd like to pay testament to them too. Many of these professionals call Help at Hand to get assistance for a child they are working with. You will see in the report the stories of children who have no home and nowhere to go. They may fall between social care and mental health services; they may have such significant self-harming behaviour where the risk of caring for them is high. There are others with learning needs, who have only managed find somewhere to live far from home and where there is no school for them to attend.

The more of these children I work with, the more determined I become to see reform across the system. For a system that works cohesively around children and families. That works for every child, every family, every time. Regardless of their needs or circumstances. To raise the standards of care that all children can expect. I know this is an ambition shared by many people across the system, and I have spoken to so many dedicated professionals and leaders who live this ambition too.

I want my office, and particularly the Help at Hand team, to play a more central role in supporting systemic reform and improvement. Over the past year I have been considering how this can be done, and – crucially – asking children what they want from my service. Help at Hand only reaches a fraction of the children and care leavers that it could help, and I am committed to making it more accessible to those that need it. The children I and my team have spoken to have been clear about the key points at which they want more help and information, and how they want to access it. The second part of this report lays out these findings and my ambitions to act on them.

Children are also clear that they want to see systems change so that other children are not let down in the way they were. I am constantly moved by the commitment and altruism of children in care to their peers, and the energy they commit to sharing their experiences in the hope that something will change. We all owe it to these children not just to listen, but to act. This is why I want to change my team's way of working so that we raise issues more systemically. This report details the findings of the consultation, and the changes Help at Hand are already making, so that we can help more children, more effectively and support wider efforts to reform the system.

Part 1 - Help at Hand Annual Report

'I don't think there's anything else I could have wished for; I just feel like it's a really good service and I found it really helpful and [...] it gives you backup and it's really good to have that' – Care Leaver.

I. Introduction

The Children's Commissioner for England has a statutory duty set out in the Children Act 2004 to promote and protect the rights of all children, with particular regard to children who are living away from home or receiving social care services (s8A). This includes children who are in care, leaving care, staying in hospital, or remanded in youth custody, as well as children in need who are living with their families. The Children's Commissioner may, under section 2D of the Act, intervene on behalf of these children to provide advice, assistance, and representation. This responsibility is fulfilled by the Commissioner's Help at Hand service.

Help at Hand is a team of child rights advisers providing support to children within the Children's Commissioner's remit, who can make contact via phone, email, or the Children's Commissioner's Office website. The assistance they provide ranges from general information and advice on children's entitlements, to active intervention and representation for children and young people whose rights are not being upheld. Their work involves contacting a wide range of professionals and agencies, including social workers and team managers, education teams, Directors of Children's Services, regional NHS chief executives, prison governors and officials across government.

The team aims to resolve issues co-operatively with those responsible for children's care and well-being, and most local authorities and services are helpful in addressing the problems raised. However, where consensus cannot be reached, concerns are escalated and, if necessary, the Children's Commissioner writes personally to senior managers to request action. The team works hard to get the right result for children and young people, and advisers are able to resolve, or partially resolve, the majority of cases where they make representations.

Six key themes to emerge from Help at Hand's work this year were:

1. Disabled children not receiving the right support within their families.
 2. Looked after children with special needs not being in education or receiving education provision.
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3. Children caught in the gap between health and social care.
4. Lack of suitable residential care provision for children with complex needs.
5. Instability and frequent moves for looked after children.
6. Care leavers missing out on support.

The experiences of children who call Help at Hand are integral to the work of the office and guide the Children's Commissioner's priorities and policy recommendations. This can be seen in the Commissioner's vision paper on social care², her response to the Independent Review of Children's Social Care³, and in the office's work on Special Educational Needs and Disabilities (SEND⁴), attendance⁵, and mental health⁶. The chapter on key themes below explains how the experiences and views of children and young people who call the team have informed our policy work.

II. Help at Hand in numbers

'Help at Hand have supported quite a few of my young people and I know they have always commented on how they were listened to and made to feel important and that they mattered' - Advocate.

From 1st March 2021 to 31st August 2022, the Help at Hand service received 1,254 enquiries. The Commissioner wrote directly to senior managers on behalf of 53 children. Where Help at Hand intervened, 77% of cases were resolved or partially resolved.

² The Children's Commissioner for England, 'Children's Social Care - putting children's voices at the heart of the reform', 2022 [\[link\]](#)

³ The Children's Commissioner for England, 'The Children's Commissioner responds to the Independent Review of Children's Social Care', 2022 [\[link\]](#)

⁴ The Children's Commissioner for England, 'an inconsistent approach to SEND, findings from analysis of Education and Health Care Plans (EHCP) from two local authorities in England', 2022 [\[link\]](#)

⁵ The Children's Commissioner for England, 'Where are England's children? Interim findings from the Children's Commissioner's Attendance Audit', 2022 [\[link\]](#)

⁶ The Children's Commissioner for England, 'A Head Start: Early support for children's mental health', 2022 [\[link\]](#)

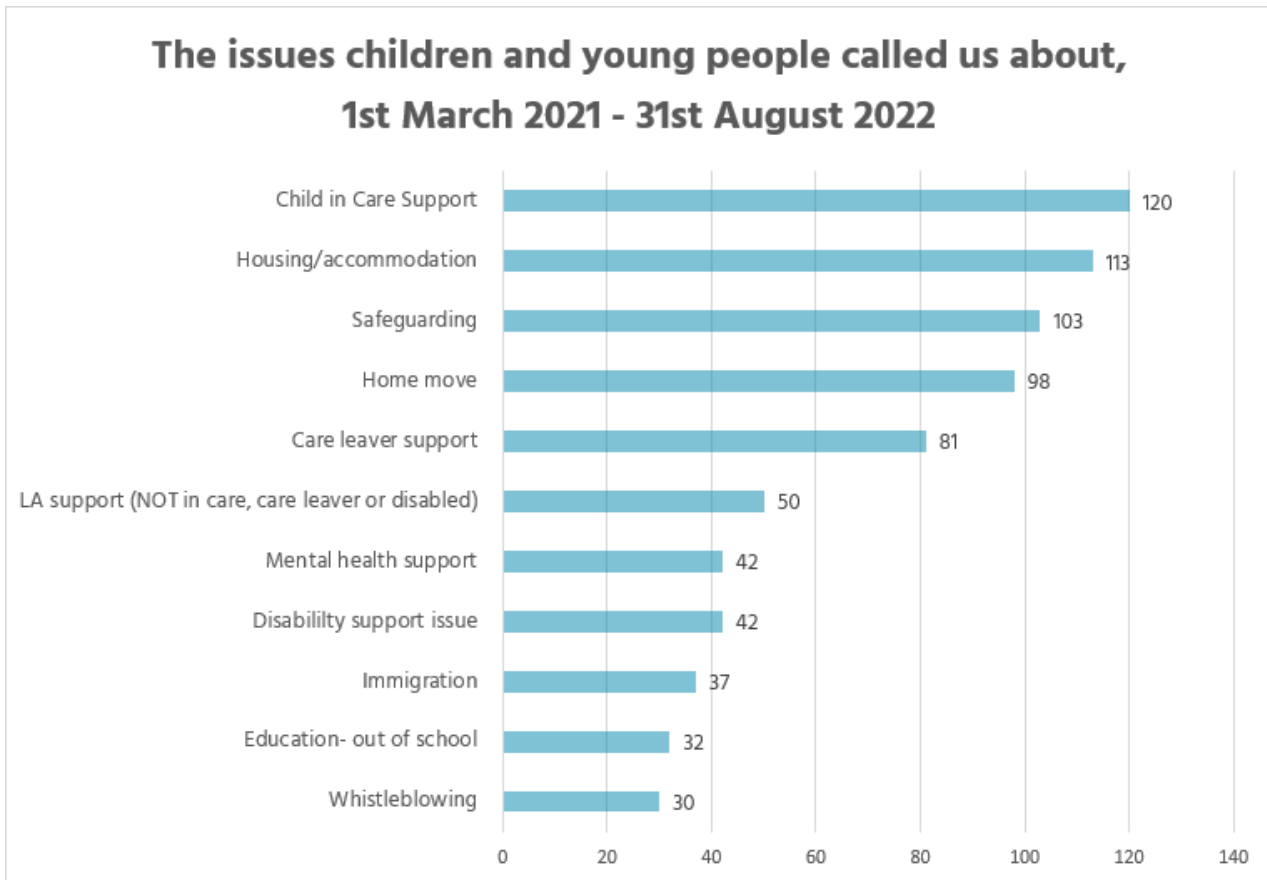


Fig.1

This chart shows what issues were raised with Help at Hand. For example, Help at Hand received 120 calls regarding concerns about the care a child was receiving in care (for example, communication problems with their social worker or not being supported to have contact with a sibling). In some cases, issues may overlap so a child may be calling to say they need more mental health support and are out of school.

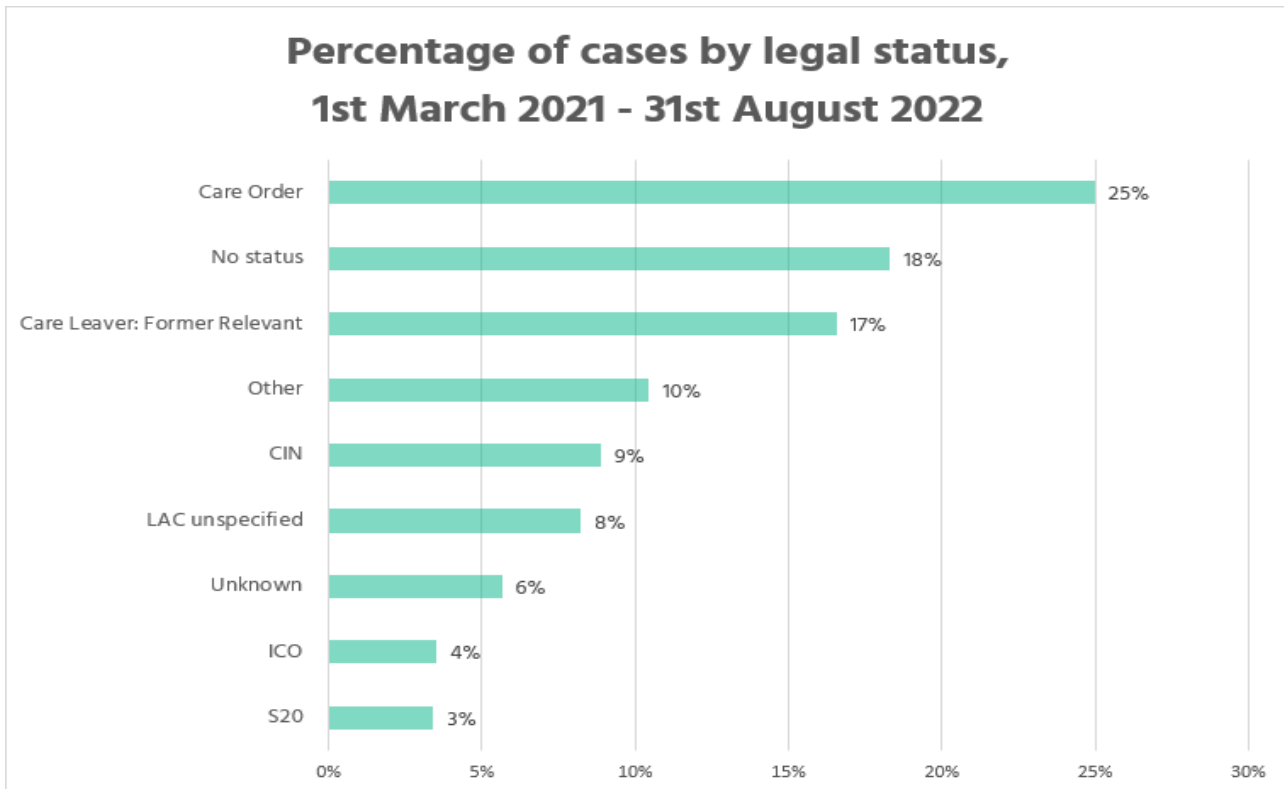


Fig 2.

This chart shows what the legal status of a child is at the point they first contact us. There are several ways a child can be receiving care that are separated out on the chart; for example, a child can be subject to a care order (also known as a looked after child) or be accommodated by the Local Authority by consent under S20 of the Children Act 1989. You will see that some children have no status. In these cases, it may be that they are asking for more support (a common example of this is 16- or 17-year-old homeless children) or they may be out of the remit of Help at Hand. We also support children in need (CIN).

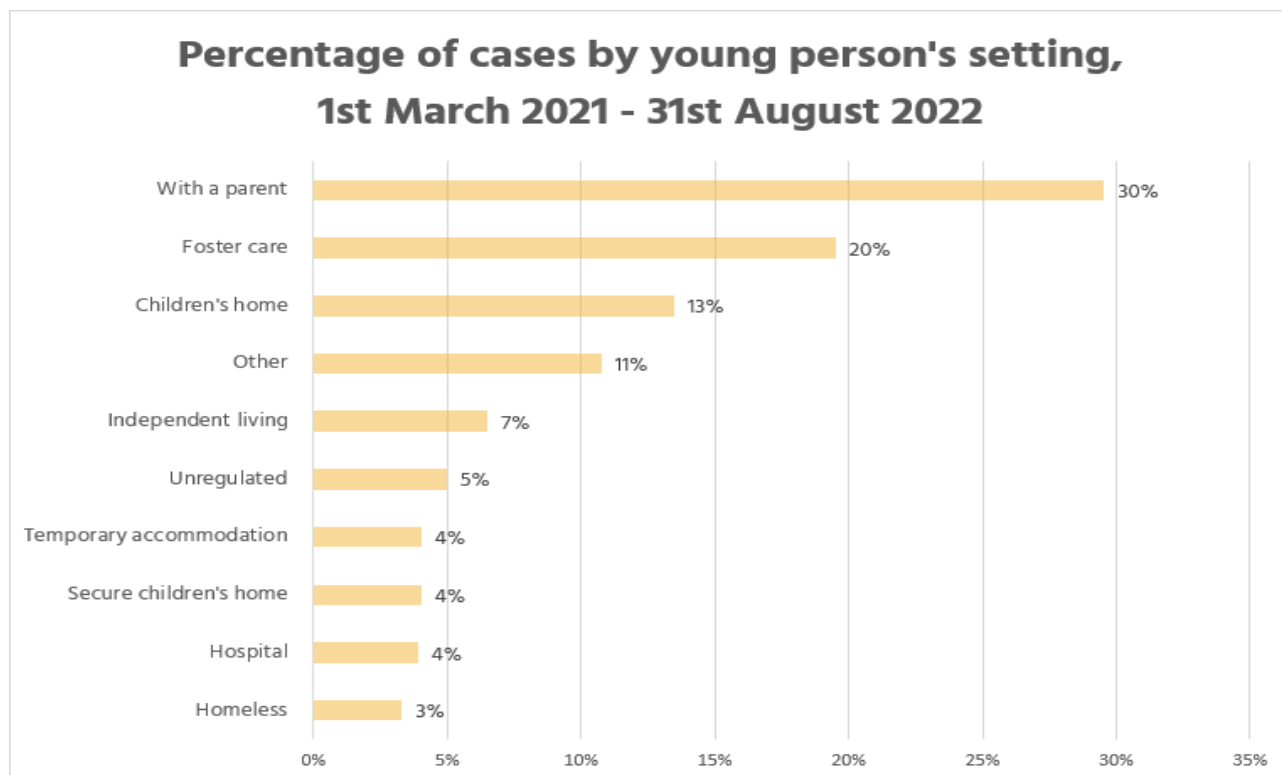


Fig 3.

This chart sets out where a child is living when first contact is made with Help at Hand. In this chart when we use the phrase 'unregulated' it means it is a provision for children that should be over 16 that is not regulated by Ofsted. This could be a hostel or an independent living space with 'floating support'. It is sometimes referred to as supported living or semi-independent accommodation.

III. Key themes from our work with children this year

'Thank you so much for all your support over the last 10 months, it has been greatly appreciated and will be remembered always' - Mother of a disabled child.

1. Lack of support for disabled children within their families

Help at Hand were contacted by many parents of children with disabilities who were struggling to get the right support, including carers to help them on a day-to-day basis, short breaks, access to activities, or therapeutic intervention. Some of these children were also out of school due to challenges in finding the right place for them. Their parents were committed to caring for them at home but sometimes felt frustrated and let down by the lack of support.

Connor is 10 and has multiple physical and mental disabilities. He finds it difficult to regulate his emotions and at times puts himself and others at serious risk. His parents wanted him to stay at home but needed more support and someone to care for him so they could have the occasional short break. The local authority said it had no suitable short breaks service and provided some in-home assistance, but the carers were inconsistent and poorly trained. Connor's mum contacted Help at Hand and the team spoke to Health and Children's Social Care many times on his behalf. The Children's Commissioner also wrote personally to the Director of Children's Services. This led to Connor being given access to a short breaks service and better all-round care, so he could remain at home.

Liam, who is 11, has significant disabilities and is non-verbal. He is cared for by his grandmother. Liam should have started secondary school, but he was not given a place. Liam's grandmother struggles to take him out safely and, because of having no school place, Liam had barely left the house for months when his social worker contacted Help at Hand. Help at Hand wrote to Liam's local authority multiple times to seek more assistance for him. This led to a school place being found for Liam to start in September and more support being offered in the meantime. Help at Hand were also able to get Liam an advocate to make a formal complaint on his behalf.

Policy response: In the office's vision paper and response to the Independent Review of Children's Social Care, the office emphasised the importance of supporting children with disabilities within their families and recognising their specific needs. The office's ongoing work on the Family Review and response to the SEND Review will explore how this can be provided most effectively. The Commissioner is also represented on cross-Government and NHS Boards to push for better support for children with autism, learning disabilities, or both.

2. Failures in educational provision for looked after children with special needs

Looked after children with special educational needs should have an appropriate school place and all the support they need to do well.⁷ However, over the past year Help at Hand have been contacted by many professionals to raise concerns about children who weren't in the right educational setting or didn't have a school place at all. This was a particular issue for children who had been moved out of their local area once they became looked after.

⁷ See [Children Act 1989](#) and ['Promoting the education of looked after children and previously looked after children Statutory guidance for local authorities' 2018](#) 8-12.

George, 14, is a looked after child with an Education, Health, and Care Plan (EHCP). He moved to a new area following a traumatic placement breakdown. He had previously been doing very well in a special school but, five months after moving, he still had no school place, which was largely due to poor communication and information sharing between the local authorities. Help at Hand intervened and the Children's Commissioner wrote to both Directors of Children's Services. After this, communication improved, and George was finally offered a suitable school place.

Matthew is 7 years old and has an EHCP and significant behavioural issues due to childhood neglect. He was well-supported in a primary school for children with social, emotional, and mental health issues but, after care proceedings concluded, he was placed with foster carers outside his local area, without a school place being found. The EHCP was transferred but the local SEND team were slow to follow-up potential schools and didn't arrange suitable tutoring in the interim. Help at Hand intervened to urge both local authorities to work more closely and effectively for Matthew and, after almost six months, a school place was secured.

Policy response: The Commissioner has emphasised the importance of providing excellent, joined up support for all children with EHCPs, and the office's research into school attendance and the quality of EHCPs has informed our response to the government's SEND review. The primacy of education for children in care was emphasised in our vision paper for the Independent Review of Children's Social Care, and the office will soon be undertaking a nationwide audit of looked after children out of education, using the Commissioner's unique information-gathering powers. The office will use this information to continue pushing for reforms which ensure that all children in care, including those with special needs, get the school they deserve.

3. Children caught in the gap between health and social care

Help at Hand received a number of calls from parents and professionals asking us to intervene when children with mental health difficulties or autism were receiving treatment on general hospital wards, where specialist therapeutic care would have been more appropriate. In some cases, there were disputes between NHS and children's social care services about who was responsible, with the child and their family facing a stressful and uncertain situation while this remained unresolved.

Anna is 15 years old and lives with her family. She has autism, OCD, and anorexia, which has led to serious health complications. She was placed in a general paediatric ward but was unable to move to a specialist adolescent mental health unit because there were no places available. She was not receiving appropriate mental health support while in hospital and her parents were seriously concerned about her

welfare and the absence of a clear plan for moving her on. Help at Hand wrote to the local authority and NHS bodies to express concerns and attended multi-agency meetings to push for better coordination and more action. Help at Hand continued to advocate for her until she was moved to a more appropriate setting and received the support she needed.

Jenny is 17 and a looked-after child. Due to her violent and self-harming behaviour, she was judged to be a risk to herself and others and was placed in a secure children's home. When this placement ended, she was moved into unregulated accommodation and was exploited by criminals. She also began severely self-harming and was admitted to hospital under the Mental Health Act. Her accommodation provider served notice, but the NHS Trust and Children's Services could not agree on where she should go, and there were no appropriate therapeutic health or social care placements available. She was moved to a house, rented by the local authority, with a Deprivation of Liberty authorisation to allow care staff to restrain her if she tried to harm herself or others. The office convened a meeting between Directors of the Trust and Children's Services to come up with a plan for accommodation and care which would meet Jenny's needs.

Policy response: Following the findings of [The Big Ask](#) survey, the Commissioner has made improving mental health services for children a key priority. In February the office issued a briefing on children's mental health services in England and in July the office published our report with recommendations on supporting children's mental health, which emphasised the importance of helping children access services at an early stage and providing high-quality inpatient care for those children with complex mental health needs. The office's work on the SEND review, and the vision paper and response to the Independent Review of Children's Social Care, make it clear that better mental health services, and joined up working between Health and Social Care, must be integral to any reforms for children and families. In line with this, we will soon be starting a project on those children who are left without adequate support due to disagreements between health and social care professionals on where best to place them, and how this can be addressed.

4. Lack of suitable residential care provision for children with complex needs

Some children in care have complex needs due to learning disabilities, mental health challenges, physical disabilities, and the impact of childhood trauma. Help at Hand were contacted by children, their parents, and professionals, who were worried about the accommodation provided by children's services and the lack of support, which was placing them at increased risk of harm.

Ben is 16 and has autism, a learning disability and a range of needs stemming from childhood neglect. His adoptive parents sought support for years before they became unable to keep him safe. He was admitted to hospital but couldn't stay long-term. The local authority obtained a care order, but his parents remained very involved. The plan was to find him a therapeutic residential placement but there was nowhere in the country that could meet his needs. After Ben's mother contacted Help at Hand, the team got in touch with children's social care managers and Ben's legal guardian to check that everything possible was being done to find the right place for him, while keeping his wishes and best interests in mind. The local authority ultimately created a solo placement for him, with live-in carers and floating therapeutic support. This is working better for Ben, though the team are still working to find the specialist therapeutic setting he needs.

Emma is a 16-year-old looked after child who has significant mental health problems. She was living in an unsuitable unregulated placement and felt desperate and alone. She wanted to move to a therapeutic setting, where she could feel safe and be supported with her mental health. Emma contacted Help at Hand and the team wrote to senior managers to raise concerns and ask for a more appropriate placement to be found for her. After continued involvement, Emma was ultimately moved to new accommodation, with therapeutic support, where she felt much happier.

Policy response: the office's vision paper for the Independent Review of Children's Social Care outlined the importance of securing high quality foster carers and residential placements for children with complex needs. The final report recognised this, and our office is now emphasising how crucial it is to deliver change for children in care, including those who struggle with their mental health and have other challenges. As part of this work, the office will start a project looking in detail at where children in care live and call home and will examine support for specialist foster carers as an alternative to children's homes, so that the office can understand how to improve stability and support, and to give more children in care the opportunity to grow up in a loving family.

5. Instability for children in care

Many children and foster carers contacted Help at Hand because they were being asked to move when they didn't want to. Sometimes this was for safeguarding reasons, but there were times when the child's wishes or best interests had not been fully considered, and where the potential impact on them was significant.

Tiffany, 12, has been looked after from a young age, after experiencing serious abuse from her parents.

Her long-term foster carer contacted Help at Hand following the local authority's decision to move her to a therapeutic children's home. She explained that she and her family were committed to Tiffany, who had made great progress since coming to live with them. They had been asking the local authority to provide therapy for Tiffany for a long time, to help with her trauma, but this had not been agreed. Tiffany made it clear to her advocate that she was very happy with her foster carers and did not want to move home or school. Help at Hand contacted the local authority's children's social care managers and asked them to rethink the move. They decided to change the plan and instead provided extra support to Tiffany with her foster carers, including therapy.

Jordan and his brothers were settled with their foster carers, but the local authority had concerns about the quality of their care and planned to move them. The boys were unhappy about this and Help and Hand intervened to ensure their wishes were fully considered, and any move handled carefully. The move went ahead, but the new placement broke down after a short time and the brothers had to move again and were separated for a while, which was distressing for them. Help at Hand continued to support them and their advocate with their formal complaint about how the move had been handled. The Commissioner also wrote to the Director of Children's Services to ensure the final recommendations from the complaints process were carried out and lessons were learned from Jordan and his brothers' experience.

Policy response: Stability for children in care is a key priority for the office. In the Commissioner's vision paper for the Independent Review of Children's Social and the response to its findings, the office emphasised the importance of children in care having a stable family and trusted adult to support them throughout their childhood and beyond. The Commissioner has also committed to ensuring that children's voices are at the heart of reforms to the system and that any new proposals for advocacy guarantee they are fully included in their care planning, with an independent professional to support and represent them at every stage.

6. Care leavers missing out on support

Help at Hand were contacted by many care leavers who were not being appropriately supported by their local authority and were experiencing difficulties with their housing, mental health, education, or finances. For some of these young people, children's social care had ended their involvement early, despite care leavers being entitled to assistance until 25.

Salma is a care leaver with complex health needs, who will need support into adulthood. Her advocate contacted Help at Hand shortly after she turned 18 because her children's home had been served notice

by the local authority and she had three weeks to move on to a new home. The decision had been made without consulting Salma, her advocate, or her parents, and she did not want to go. It also became clear that the legal process for considering her best interests had not been started. The Children's Commissioner wrote to the Director of Children's Services, and the local authority agreed that Salma could stay in her accommodation while they followed the proper process for her to move somewhere suitable, where she would be happy to go.

Dani was placed by the local authority in accommodation out of her area due to serious exploitation, which had led to her being taken into care. After several moves, she settled into a children's home where she felt supported and safe. On reaching the age of 18, her local authority wanted to move her back into its area to apply for housing, despite her wish to remain where she was, ideally with the same accommodation provider. The Help at Hand team supported her and, after many months of involvement, including a letter from the Children's Commissioner to the Director of Children's Services, the local authority accepted Dani's wishes and found appropriate housing in the area she wanted, which could meet her physical and mental health needs, and ensure she was safe.

Policy response: Support for care leavers in all aspects of their lives was a key theme in our vision paper for the Independent Review of Children's Social Care and is set out in more detail in our [Vision for care leavers paper](#). The office will continue to push for this through the implementation stage of the review and will continue to consult care leavers through qualitative research, as well as the office's dedicated platform IMO, to keep their voices at the heart of reforms. The Commissioner is also creating a care leavers advisory board to oversee our work in this area.

IV. Conclusion

'We had permission to take Millie on holiday today. Thank you so much for your help. It's well appreciated - we've got one very excited girl' – Foster carers.*

Help at Hand has helped hundreds of individual children and young people this year. It has also had a much wider influence on policy through being a conduit for the Commissioner to listen to children and use evidence from their experiences to push for systemic change. Following the recommendations set out in the Independent Review of Children's Social Care, there is now exciting potential to expand and improve the service, as part of the proposed changes to children and young people's advocacy nationally. This will ensure that more children have their voices heard and receive the support and services they deserve.

Part 2 - Help at Hand review

I. Background to the Review

The Children's Commissioner's advice and representation function is a relatively new part of the Commissioner's overall remit and powers. The 2004 Children Act, which created the office of Children's Commissioner, explicitly prohibited the Commissioner from intervening in any individual case. This was relaxed in 2014, when the Commissioner was afforded a discretionary power to offer advice and assistance to children who were in care, receiving help from children's services, or accommodated by the state in another way (including residential special schools, hospitals, and youth justice).

A team was established under the moniker 'Help at Hand' to provide direct support to children within the remit, though no additional resource or funding was provided at the point of establishment. The Children's Commissioner has a small team, currently 31.9 FTE, and within this the advice and representation team is 3.1 FTE. The team comprises a part-time manager, two senior child rights advisors, and one child rights officer. The service helps between 800 and 1000 children a year. While the service is of significant value to these children, this represents a small fraction of the approximately 500,000 children in England who would be eligible to contact the service. 'Help at Hand', and the children it supports, should be considered within the wider context of advocacy, redress, and representation available to children (detailed below).

Upon taking the role in March 2021, the Children's Commissioner wanted to consider how effectively the Help at Hand service was helping eligible children, and how the service could be improved. Specifically, she wanted to consider:

1. What did eligible children and young people want from Help at Hand?
2. What opportunities were there for Help at Hand to reach more children and those for whom it was the most appropriate service?
3. How could the Help at Hand service support systemic changes? In particular:
4. Could the service support improvements in local advocacy arrangements and the culture around advocacy?
5. Could Help at Hand drive service improvements in response to individual cases, particularly at a local level?

6. Could the data and evidence from Help at Hand be used more strategically and systematically as part of the wider learning and improvement system?

II. Understanding Help at Hand in the context of the wider advocacy offer to children

The Children's Commissioner's advice and representation service should be understood in the context of the wider range of advocacy and redress provision for children and young people.

1. Local Authorities have a duty to commission or provide in-house advocacy to children in care and care leavers. Non-instructed advocates are provided for children who do not have the capacity to instruct, for example if they have a disability. However, the availability and quality of advocacy is highly variable and is not routinely inspected by Ofsted.
2. Coram Voice provides a 'safety net' advocacy service for children in care and care leavers who are entitled to advocacy but not receiving it.
3. Local authorities can provide advocacy for children with child protection plans and should also offer advocacy to children who are making formal complaints about their care or support.
4. Independent Mental Health advocates must be provided for children admitted to hospital under the Mental Health Act 1983. Children who are in hospital for any other reason can access advocacy if they want to complain about their NHS care or treatment (usually through the Patient Advice and Liaison Service).
5. Barnardo's provides youth justice advocacy for children within the secure estate.
6. The Local Government and Social Care Ombudsman can carry out an independent investigation if a child or young person has exhausted the statutory complaints process for children's social care but remains unhappy.

Help at Hand – A unique service

The Children's Commissioner's statutory position, range of powers, and profile within Government gives the Help at Hand service a unique ability to advocate for children. The Help at Hand service is entirely independent of any service provider or decision-maker; it benefits from the Commissioner's statutory powers to demand information or visit a child in any setting and the prestige of the office and personal

intervention of the Commissioner, which makes representations more forceful. All of this enables the service to act as an escalation point for other advocacy services and for professionals seeking to raise concerns. Moreover, the team have forged strong relationships with key partners across Government, the inspectorates and local government.

Most advocacy provision exists in relation to specific services. Help at Hand operates across different services and the team has the expertise and remit to navigate different legal frameworks, to keep the child at the centre. It is not uncommon for a child in an inpatient unit to also be a child in care, or a child in prison to have mental health issues and be a care leaver. An increasing number of the team's cases involve multiple services and localities.

In addition, the children assisted by Help at Hand inform the Children's Commissioner's wider work, allowing individual cases to be translated into nationwide policy change.

Help at Hand case example

Vicky is 15 and a looked after child. She has autism and sometimes displays extreme self-harming behaviour. Following a hospital admission for several months, she was discharged back to her children's home because health professionals did not believe she met the criteria for inpatient help. However, her social care professionals believed her mental health needs were too extreme for a community or children's home setting. Vicky was subject to a deprivation of liberty order.

The home contacted the Commissioner's Office about concerns that Vicky needed to move on, but no progress had been made by the Local Authority. Help at Hand spoke to Vicky and her trusted key worker about what she wanted. Vicky said she wanted to be closer to home and have more independence.

Help at Hand spoke to the service manager of the Local Authority, the Local Authority lawyer and Vicky's court guardian. Help at Hand took the following actions: (1) arranged for the social care team to speak with a contact in the Secure Children's Homes network about improving their current application; (2) encouraged the Local Authority to get the matter back before the judge so there would be judicial oversight and (3) chaired a professionals meeting with Health, Social Care, and the home, and made sure all parties were aware of Vicky's wishes and feelings.

Independent Review of Children's Social Care recommendations

The Independent Review of Children's Social Care [the Independent Review] has recommended an overhaul of advocacy nationally, with a focus on improving children's access to advocacy, and making advocacy a more fundamental element of the care system.

The Independent Review recommended:

1. All children in care to have an advocate, through an 'opt-out' system whereby each child is given an advocate, with whom they should have a relationship.
2. An advocacy service drawn from a range of professions connected to children's social care, so they have the expertise to actively represent children and use their voice to shape care plans.
3. An independently commissioned advocacy service, not provided by local authorities. This would be an 'opt out' for children in care and 'opt in' for children in need and care leavers.

These changes will require new legislation. In the meantime, the Independent Review recommends that the Department for Education should be establishing a more comprehensive advocacy service and taking action to expand opt-in advocacy services before legislation is passed.

The details of these recommendations will need to be carefully considered. However, many of the recommendations of the Independent Review are reflected in Help at Hand's current operational model: it is staffed by professionals with legal or social work qualifications and is independent of local authorities.

III. Help at Hand Review - Methodology

The priority for the internal review of Help at Hand has been to hear from children and young people in care or otherwise eligible for the service, from a variety of different backgrounds. The team spoke to almost 70 children and young people in total, comprising two focus groups with children in care aged 8 to 18, two full-day sessions with children in secure settings, two focus groups with care leavers, one discussion group with unaccompanied asylum-seeking children, two visits to settings with disabled children, and eight interviews with people who had used the Help at Hand service.

The review sought the views of children as to how the service could be improved, including how to reach more children and make the most of promotional materials. Two members of staff were present at each focus group and followed a topic guide, but the groups were conducted in a semi-structured

manner, giving participants enough room to talk about what they felt was important. The interviews of service users were carried out by two researchers from the office who do not work in the Help at Hand team.

IV. Key findings from children and young people

1. Most children and young people are not aware of Help at Hand

Very few of the children and care leavers the office spoke to knew about Help at Hand, or the support they could obtain from the Children's Commissioner. Of even greater concern, many children in care the office spoke to did not even know that they could access any form of advocacy, and many of the young people the office spoke to within youth custody did not understand what the service was for. Once the service was explained to children, they felt it was very important.

'I mean, if I'd known about it, I would have found a way to contact you whether it was phone or internet or anything, I would have found a way because I struggled a lot...and I know a lot of other young people who struggle so much that we end up relying on each other...' - Care leaver.

Those who had used the service had found us in a variety of ways. Often, they said that it was word of mouth, especially for professionals. Others had found it online when they were looking for help, without previously knowing about the service.

'I didn't really know about Help at Hand. I just knew there was a Children's Commissioner for England, so I googled the office to then see all the details about Help at Hand' – Interviewee.

Some interviewees didn't think new advocates would necessarily know about the service, and suggested Help at Hand should do more outreach with advocacy services.

2. Most children want to access help through their school

A key question for the research was how children in care would seek help if they wanted to challenge a decision about them. By far the most common response was that they would seek help or advice from school staff, particularly the pastoral lead for looked after children. Many children said that if they did not want to call us themselves, they would want someone from their school to contact us.

'If a young kid needs to talk about their foster carers, as an example, they would be at ease speaking to their teachers, not to the carers' - Paraphrasing a child in care.

This was a surprising finding because currently very few of our referrals come through schools. One young person mentioned an awareness campaign and had the idea of following a young person's experience to understand better what Help at Hand does in practice.

'I feel like if there was room to have somewhere where Help at Hand was visible, maybe an ad campaign, maybe a campaign in the care sector – so young people know that Help at Hand has presence and that they make a difference' – Interviewee.

3. Children want to hear about Help at Hand at key transitions

Children and young people identified the time they come into care as a key moment for raising awareness of the Help at Hand service (or other advocacy provision) as this is when children most need information. Similarly, children in care felt they needed help, support, and advice at other key transitions, such as leaving care, or being moved into residential accommodation.

'Social workers should give it as a pack to all children who go into care at that moment, without waiting for a crisis point; we could work with all local authorities across England to ensure they give a pack to children when they go into care' - Care leaver.

'Anytime there's a big milestone ... like when I when I moved out at 17 I had absolutely no idea what I was doing, but they assumed that I was ready to move out and I just kind of winged it and ended up homeless ... and it would have been helpful to know that this was out there' - Care leaver.

'... when you go into a new placement ... because if the young person doesn't like where they're actually going, and they don't have a choice because social workers just say there you are ... and you usually just accept it because it's just a place to live. It's a roof over your head' - Care leaver.

4. Children want to access information about our service in different ways

Most thought video was the best medium to explain our service, but many still felt leaflets were important too.

'...a video, especially for people who are dyslexic or for people who struggle seeing things. A video would be very helpful because you can hear it' - Care leaver.

'I'd like a film on there telling me' - Disabled child.

'And just information maybe in the office if there's a lot of posters... often when we're waiting for social workers we're bored and just reading posters anyway' - Care leaver.

Most children think telephone is the best way to reach us and said they felt confident calling the service if they had a problem.

'...it's always better speaking to someone on the phone, so we can get our point across straight away' - Child in secure setting.

Children thought a text or WhatsApp service would be useful, although there were mixed views about having a Help at Hand app.

'Yeah, I'd like an app ... I'm just thinking of storage space for young people, and if they've got enough memory and the internet to download that, and if they've got their own account to actually access that' - Care leaver.

However, children the office spoke to in secure settings wanted to be visited:

'Probably just, as we're doing now... visiting places like education, STCs, YOIs... that shows us that you're not just doing it over the phone, you're taking your time to come and show us that you're actually there and you actually care' - Child in secure setting.

Carers for disabled children wanted materials to be more accessible and for parents and professionals around them to know about us. One carer suggested having Help at Hand's details on the local authority's Local Offer page and better links with parents' groups.

5. Children and adults who had used Help at Hand were very positive

Experiences with the service were overwhelmingly positive, particularly the team's knowledge and the consistency of speaking to the same person, or a team member who was aware of their situation. They also commented on Help at Hand being a child- centred service which they found very important.

'Really good, really responsive, very informative. And the person seemed to have a lot of knowledge' - Interviewee.

'I just feel like it's a really good service and I found it really helpful, and it gives you confidence in approaching and backup and it's really good to have that when you're dealing with the LA, so it's being dealt with fairly' – Interviewee.

For some service users, their outcomes were achieved.

'I would have been taken off the social housing list ... I wouldn't have been a care leaver anymore; I would just have been a homeless person. I probably wouldn't have been able to find a place so soon. They took the stress off. ... I didn't have time. So, Help at Hand being there and assisting with that ensured everything' - Interviewee.

When the outcome they hoped for hadn't been achieved, they still thought Help at Hand did everything within their power, and they appreciated that someone was on their side, took them seriously and listened.

6. Children and their representatives would like Help at Hand to have more powers and to maintain relationships for longer

While interviewees thought Help at Hand did all they could to get the outcome they were looking for, the service couldn't always achieve this. In one case for example, the child was still removed from the home against their wishes; in another case, the child still wasn't in education. Through conducting the interviews for the review, it emerged that Help at Hand did not always know about some of the later developments. Some interviewees suggested that Help at Hand should send follow-up emails some months after the end of formal intervention to encourage service users to potentially get in touch again if needed, and not feel forgotten about or that they were being a nuisance.

'I got the right outcome at the time but I think there should have been a timescale, maybe a month, we will get back to you and see how things have gone and that didn't happen and what happened was, it was Christmas time, it was about two months later when the child got removed, he shouldn't have ... and I wish now I had got back in touch with yourselves, but I didn't' - Interviewee.

'I think because of the title Children's Commissioner you think it holds a lot more weight than what it does. I genuinely believed that if they were getting a phone call from the Children's Commissioner and were being told you are in breach of the human right, this is not right, and this shouldn't be done ... you would expect for departments to act on it and for the council to actually take that seriously, so unfortunately they didn't ... when I say that I was disappointed it's no reflection on yourselves it's a reflection on the council' - Interviewee.

V: Conclusions – five ways to improve the service

How does the service need to improve?

The primary findings from the consultation were that children and young people want this service. Furthermore, the majority of those who had been supported by Help at Hand felt it had a meaningful impact for them. However, there was constructive learning about how the service can be improved, primarily that awareness needs to be greater, that Help at Hand needs to be more accessible for children with disabilities, and to work with children over a longer period.

Five things the Children's Commissioner wants the Help at Hand service to achieve

- 1. Reach more children directly by raising our profile with children in care and focusing on key points in their lives.**

There is a clear need to increase awareness of the Help at Hand service amongst eligible children. Young people have told us that they want to know about the service, both directly, and via the key professionals with whom they already have relationship. Moreover, children have identified key points in their care journey where they feel like additional help and support is needed.

Reaching more children is a challenge: the eligible population is large and dispersed. Moreover, the office does not want to supplant local advocacy services. Yet there is a clear case on the basis of feedback from children themselves, for Help at Hand to do more outreach directly to children, and via their

schools, foster families and other services. Further input from young people with care experience will help us achieve this.

2. Provide an integrated digital offer, with a range of digital products aimed at informing and empowering children.

The Children's Commissioner currently offers a range of different services that support children in social care directly or take-up issues raised by children. These operate independently under three distinct brands: the Children's Commissioner's Office, Help at Hand, and IMO (our peer-led digital engagement platform for children in care and care leavers). This is not the most effective way to raise awareness of each service for children and what they can offer.

Our consultation with children in care tells us that they support our approach: they want peer-led advice. However, each service needs to reach more children and, while maintaining a focus on peer-to-peer information, the message received from young people is that they want a single-source of both professional and peer advice.

Yet children also told us they were likely to seek advice from a trusted professional, most often at school. This suggests a need for professional-facing materials and advice.

3. Have more of the most serious and complex cases referred to us from partners

The Help at Hand service does not want to duplicate the work of local advocacy services. Often they will be best placed to support a young person and should be able to offer in-person meet ups and other direct support.

The Help at Hand service can have the most impact in cases where:

- the child falls between a number of services and legal frameworks.
- a decision has been made, and challenged locally (e.g., by a foster carer, child, advocate, school, or home) and in response decision makers have become defensive and entrenched.

Many cases Help at Hand currently handles are simply bad decisions, but in some local systems the culture makes independent challenge very hard, and responses are poor. The Independent Review recommends these cases go back before the court. However, there should be an initial escalation point for advocates before this happens and the Children's Commissioner believes Help at Hand can fulfil this

role. This should be part of the new advocacy standards. Help at Hand will also continue to work with partners such as Ofsted, the CQC and YCS to get best the outcomes for children.

4. Educate and empower professionals to support systemic improvements

The office wants to consider how they can address key issues children face through instigating changes to local and national systems. This could include:

- Working with local areas to improve their advocacy offer.
- Sharing concerns with safeguarding partnerships and independent advisors.
- Participating in, and possibly convening, practice reviews to learn from children's experiences.
- Raising children's experiences with local authority scrutiny committees to inform their work
- Working more closely with the Department for Education's new regional structure.

5. Improve the quality and culture of advocacy nationally

Two key approaches to this are:

- Advocacy Audits to assess local provision and provide basic benchmarking through statutory data collection. This is within the Commissioner's legislative duty to 'investigate the availability and effectiveness of advocacy services for children' (Children Act 2004, s2 (3)(g)).
- Acting as the escalation point for all advocacy services, so children benefit from an independent check on the system. Through this, the office can support in challenging decision-makers who dismiss children's views and can also empower local advocates.

VI. Next Steps

To conclude the review and finalise plans for the future of the Help at Hand Service, the office is planning further engagement with stakeholders on how to drive systemic improvements, namely local advocacy services, Ofsted, the Department for Education intervention teams, Local Government Association, Solace, and the Association of Directors of Children's Services.

[Business Plan](#)

In this year's Business Plan, the office has committed to:

- **An advocacy audit** of local authorities to understand the current services on offer. In the future the office want to repeat this to act as an incentive for local areas to improve their provision.
- **A focus on children caught between social care and hospital.** The office will convene a working group with the aim of establishing a protocol for dealing with cases where social care and health professionals cannot agree on the best environment for a child.
- **An amendment to our MOU with Ofsted** so the offices receives immediate notification of any children's home found to be inadequate and can proactively offer support to these children.
- **A focus on education within children's homes.** The top issue raised by children's homes in their annual survey was children not being offered school places. The office want to work in partnership with the Independent Children's Homes Association to drive improvements in this area and complement our continuing work on children in care being in education.
- **Convening a care leavers advisory board.** These young people would be ideally placed to support the integration of IMO and Help at Hand.

Further actions the office will consider:

- **Complete the merger of Help at Hand and IMO** into a single service which sits within the Children's Commissioner's Office main brand. This is a prerequisite for improving our offer to children and building awareness of our service.
- **Improve the materials available on the integrated service.** The office want to empower children to know about their rights and where to go for help. This would be a collaboration between the Help at Hand team and care leavers advisory board.
- **Ensure that the office has materials and information available in formats that are accessible for children with disabilities and communication needs.** This includes easy-read and symbol-based versions of our leaflets and British Sign Language (BSL) translations of any new video materials. It also means ensuring that parents and non-instructed advocates are aware of our service so they can explain it to children in a meaningful way.

In the longer-term and with additional resource the office would like to:

- **Target schools.** There are 24,000 schools in England; each will have a lead for looked after children. The office would like to:
 - Promote the service through them.

- Offer training on how to support children in care.
 - Provide information about how to escalate serious issues.

 - **Formalise the office's relationship with local advocacy providers.** This would ensure the Help at Hand team can refer cases back to advocates when they should be resolved locally, but also provide a clearer process for referring serious cases to the team when advocates have not been able to achieve a satisfactory resolution.

 - **Offer training to:**
 - Social workers;
 - Others working with children in care (e.g., children's home staff and foster parents); and,
 - Schools.

 - **Engage in local practice reviews.** Based on the experience and learning from specific cases, the office believes it would be beneficial to convene or participate in local practice reviews to share learning and improve systems.

 - **Undertake bi-annual advocacy audits.** This would provide an incentive for local areas to invest in advocacy, and for local advocacy services to challenge the local authorities who commission them.

 - **Expand the service to develop specialist capabilities to support disabled children.** This would include team members with communication training for children with complex needs. More specialism in this area will enable the office to:
 - Work more directly with disabled children when we assist and make representations for them. Currently we largely work with their parents, carers, or non-instructed advocates.
 - Commit to visiting any children's home or residential special school rated Inadequate by Ofsted and meeting with disabled children directly, in order to ascertain their capacity, welfare, and their wishes and feelings.
 - Provide training to those working directly with disabled children in homes, schools, and short break accommodation to upskill them around advocacy.
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- Provide training on non-instructed advocacy to social workers, managers, IROs and local advocacy providers.

Conclusion

It has been important to listen to the views of children and care leavers in looking at how we can improve Help at Hand's offer to them. Help at Hand have already started to implement some of the changes they suggested and hope that, with support from our partners, more significant steps can be taken to make sure the service reaches more children and make real improvements to their lives. This will have a huge impact for individual children and young people and will also support the office's work to effect changes at a national level, so that every child in England, particularly those who have faced adversity, can have all the help they need to achieve their potential.



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