

Agenda – Children, Young People and Education Committee

Meeting Venue:

Hybrid – Committee room 3 Senedd
and video Conference via Zoom

Meeting date: 2 March 2023

Meeting time: 09.15

For further information contact:

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Committee Clerk

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Private pre-meeting

(09.15 – 09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Services for care experienced children: exploring radical reform – evidence session 9

(09.30 – 10.30)

(Pages 1 – 38)

Jane Shears, Head of Professional Development, British Association of Social
Workers (BASW)

Attached Documents:

Research Brief

3 Services for care experienced children: exploring radical reform – evidence session 10

(10.35 – 11.15)

(Pages 39 – 74)

Christine Parry, Children's Services Manager, Barnardo's Cymru

Sian Elen Tomos, Chief Executive Officer, GISDA

Sam Austin, Deputy Chief Executive Officer, Llamau



Yvonne Connelly, Operational Director West and North, Llamau

Attached Documents:

Barnardo's Cymru – CYPE(6)–07–23 – Paper 1

Llamau – CYPE(6)–07–23 – Paper 2

Cymorth Cymru – CYPE(6)–07–23 – Paper 3

Break

(11.15 – 11.30)

4 Services for care experienced children: exploring radical reform – evidence session 11

(11.30 – 12.10)

(Pages 75 – 104)

Lee Phillips, Wales Manager, Money and Pensions Service and Chair of the Wales Financial Education Forum

Alan Davies, Head of Funded Services Citizens Advice, England and Wales

Attached Documents:

Money and Pensions Services – CYPE(6)–07–23 – Paper 4

Citizens Advice Cymru – CYPE(6)–07–23 – Paper 5

5 Services for care experienced children: exploring radical reform – evidence session 12

(12.15 – 12.55)

(Pages 105 – 116)

Lena Smith, Chair of the CLASS Cymru network

Dr Hannah Bayfield, Research Associate, Children's Social Care Research and Development Centre (CASCADE)

Pro Vice-Chancellor Professor Jacqui Boddington, Cardiff Metropolitan University and representing Universities Wales

Sophie Douglas, Policy Adviser, Universities Wales

Attached Documents:

CLASS Cymru – CYPE(6)–07–23 – Paper 6

6 Papers to note

(12.55)

6.1 Information from Stakeholders

(Pages 117 – 119)

Attached Documents:

Briefing note from the British Psychological Society on the UK Government
Online Safety Bill – CYPE(6)–07–23 – Paper to note 1

6.2 Peer on peer sexual harassment among learners

(Page 120)

Attached Documents:

Letter from UNISON Cymru Wales lead officers for schools – CYPE(6)–07–23 –
Paper to note 2

6.3 Services for care experienced children: exploring radical reform

(Pages 121 – 166)

Attached Documents:

Additional information from the Family Drug and Alcohol Court scheme
following the meeting on 8 February CYPE(6)–07–23 – Paper to note 3

6.4 The Food and Feed (Miscellaneous Amendments) (Wales) (EU Exit) Regulations 2022

(Pages 167 – 168)

Attached Documents:

Letter from the Deputy Minister for Mental Health and Wellbeing – CYPE(6)–
07–23 – Paper to note 4

6.5 Consideration of the financial implications of Senedd Bills

(Pages 169 – 170)

Attached Documents:

Letter from the First Minister to the Chair of the Finance Committee –
CYPE(6)–07–23 – Paper to note 5

6.6 Information from Stakeholders

(Pages 171 – 198)

Attached Documents:

Information from the National Deaf Children’s Society Cymru – CYPE(6)–07–
23 – Paper to note 6

6.7 Services for care experienced children: exploring radical reform

(Pages 199 – 202)

Attached Documents:

Letter from the Chair of the All Wales Heads of Children’s Services (AWHoCS)–
CYPE(6)–07–23 – Paper to note 7

7 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the remainder of this meeting and for item 1 on 9 March

(12.55)

8 Services for care experienced children: exploring radical reform – consideration of the evidence

(12.55 – 13.05)

Document is Restricted

CEC 19

Senedd Cymru | Welsh Parliament

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Gwasanaethau i blant sydd wedi bod mewn gofal: archwilio diwygio radical | Services for care experienced children: exploring radical reform

Ymateb gan Barnardo's Cymru | Evidence from Barnardo's Cymru

1. Before care: Safely reducing the number of children in the care system

Please outline a **maximum of three** top priorities for radical reform of services for safely reducing the number of children in the care system:

Priority 1:

The cost-of-living and the impact on families and services that support them

A recent survey¹ of Barnardo's practitioners across the UK found that:

- 62% have supported families in our services with access to foodbanks
- 53% have given families clothes or signposted to free clothing
- 49% have supported families who are struggling to choose between heating and eating

The most common concern of service users experiencing poverty was access to food (88%) and energy (87%).

There are concerns about the impact of deprivation on families that are on the edge of care:

"We have recently worked with a family under the category of neglect. As it turned out, Mum was not neglectful, she was poor."²

¹ Barnardo's Quarterly Practitioner Survey (QPS) Wave 13 7 July – 28 July 2022

² 'Report on the Annual Child and Family Poverty Survey 2022' Children in Wales

https://www.childreninwales.org.uk/application/files/6416/6487/3691/CIW_Poverty_report_2022_English.pdf

We would urge Welsh Government to look with ambitious eyes at the refresh of the Child Poverty Strategy. This strategy should be truly cross-cutting of government departments, with a lens on how we reduce the impact that poverty has on families who are on the edge of care, and have children removed, and on those children moving through the care system and transitioning to adulthood and independence. We know that these marginalised groups often experience the very worst consequences of poverty.

If the Child Poverty Strategy is intended to span 10 years, then we would urge Welsh Government not only to make decisions based on today's financial constraints, but to be ambitious for how we can support families in Wales in the coming years.

For example, in the medium- to long-term, exploring a Wales Child Payment, similar to the scheme in Scotland, could potentially help lift thousands of families out of poverty and provide support for some of the financial challenges of parenting. We believe that the more we can support families out of poverty, the more effective we can be at supporting them in all areas, including early intervention and family support.

We know that Welsh Government has been forced to make difficult decisions due to the financial impact on their budgets, but we would urge them to look at whether it is possible to rollout free school meals to all children whose households are in receipt of universal credit immediately, without waiting for the universal rollout to take place.

If we recognise the impact of the cost-of-living and poverty on families who might be on the edge of care, we must be committed to taking steps – both in the short and longer term – to mitigate this wherever possible, given that evidence demonstrates that children living in Wales' most deprived areas are 16 times more likely to go into care than those living in the most affluent areas.³

The effects of the cost-of-living are felt beyond family finances. It is Barnardo's Cymru's view that there can no longer be a conversation about before care and early intervention and prevention without a conversation about sustainability and the financial consequences of recent years.

In 2023 already, we have heard numerous examples of services that will be forced to reduce their offer / reach fewer families or cease operating entirely

³ The Child Welfare Inequalities Project: Final Report Paul Bywaters and the Child Welfare Inequalities Project Team July 2020
<https://www.coventry.ac.uk/globalassets/media/global/08-new-research-section/cih/cwip-overview-final-v4.pdf>

because of budget cuts. Early intervention and prevention services are more likely to face cuts as opposed to statutory services.

Many services are facing significant cost pressures due to inflation and the cost-of-living, in addition to the fact that there has been no uplift in many contracts for a number of years which means that many contracts have seen a real terms cut of 12-24% over the period of a commissioned contract when the effects of inflation are added to this⁴. This is forcing voluntary sector organisations to consider whether they can realistically afford to continue to provide certain services.

Alongside this, the experiences of families who are facing the brunt of the cost-of-living crisis and the increasing entrenchment of poverty in Wales has resulted in cases presenting to services with more acute needs and complex issues, which early intervention and prevention services are struggling to address.

One Barnardo's service has seen increasing levels of complexity and need:

- Increased demand: During 2020-2021 the Service received a total of 130 new referrals within the year; and engaged with 232 families. During 2021-2022 the Service received a total of 213 new referrals – an increase of 64% and engaged with 330 families, an increase of 42%.
- Increase in complexity and need: 40% increase in mental health needs of families referred.
- Barnardo's is bringing in additional money to supply families with essential items that they need.
- Poverty is exacerbating experiences of families.⁵

Another family support service has noted that 50% of their referrals include young people at risk of or being exploited. Prior to the pandemic this would have qualified for a statutory response but due to pressures in all parts of the system, are now held by early help and family support teams.

Increased demand, high complexity and the rise that social work staff are seeing in statutory thresholds due to social work pressures mean that early intervention teams feel strongly that they have drifted towards providing edge of care support to families who are on the verge of crisis. This leaves a gap where early intervention should sit. Naturally, there is good practice within this space and many local authorities are innovating to offer this, but many of the schemes designed to address early intervention funded under the Families First programme now feel that they have drifted from genuine and effective early intervention when a family first faces difficulties, creating a risk that families will not be supported early enough

⁴ Based on internal Barnardo's reporting and estimates

⁵ This data is based on internal Barnardo's reporting

We have urged Welsh Government to address this as a priority and to review early intervention across Wales with a view to outlining a new early intervention and prevention strategy for children's social care. This would be with a view to outlining a new early intervention and prevention strategy for children's social care, encompassing both how we can ensure there is universal support available for all families in supporting them to raise their children and how there is more specialist support available for families who face specific challenge

Priority 2:

Early intervention and prevention (including specialist responses)

There is now a wealth of evidence to point to in relation to the fact that early intervention and prevention services are effective in keeping families safely together and preventing children from going into care wherever possible. Early intervention and prevention services can look different depending on their purpose, with many local authorities investing in specialist services to meet a particular need.

Social Care Wales states that "tackling poverty and building community resilience with services aimed at keeping families together helps to reduce the numbers of children entering care."⁶

Some examples of early intervention and prevention services include:

Newport City Council and Barnardo's Cymru Partnership was established in 2011 and provides innovative responses to challenges facing families in Newport, particularly those on the edge of care. Under the umbrella of the Family Support Service, interventions include Baby & Me (described below), the Rapid Response team that works with older children and teenagers on the edge of care, Lifelong Links, and Family Group Conferencing.

This strategic partnership is constantly evolving through the identification of existing or potential areas of development through a wide range of learning processes including co-production with young people and families, thematic case audits, internal research, transparent reporting, and a collective desire to provide innovative solutions in meeting the needs of children and families.

- 100% of families said that they would recommend Family Support Service to other families
- The Rapid Response service has supported 91% (65) of children and young people to remain at home.

⁶ <https://socialcare.wales/service-improvement/safely-reducing-the-need-for-children-to-enter-care#section-34029-anchor>

There is a key cultural difference that is seen in a strategic partnership which is built upon collaborative responsibility between the local authority and third sector partner, where both partners recognise the benefits of investing to save and working collaboratively towards a common goal.

Baby & Me, a specialist pre- and post-birth service for families⁷ where there would be a risk of a new born baby going into care in Newport, has reduced the number of care orders for new borns by 48% in two years, by working with families early on and throughout pregnancy to help support creating a positive family setting for parents and children.⁸ One Baby & Me parent said:

"I actually feel like I've been seen for me as person and the person I am now, not everything that happened in the past. I don't feel like I've been judged by what's happened in the past."

Cyfle: Family Life Skills Service, Denbighshire, provides early support to families and works to ensure they are assisted to address a variety of needs. The service engages and works with families who have children aged 0-18, offering bespoke support in several ways, including direct work with parents/carers and children, group work, and signposting to other agencies.⁹

Cardiff Young Families, in partnership with Cardiff City Council, provides supported accommodation to vulnerable young families where the parent is aged 16-21. The service is aimed at those with housing and parenting support needs and helps young people develop the skills to live independently in their communities. This is achieved through a trauma-informed response and each family lives in a self-contained flat within the setting.¹⁰

Our priority for Welsh Government would be to address the systemic fragility and instability within this sector (see our comments under priority 1) as well as supporting local authorities and third sector partners to work in partnership to develop specialist responses to meet population needs.

We would also urge Welsh Government to look for opportunities to expand what works – for example, Baby & Me serves the population of Newport but is regularly approached to support families outside of the area. Every family, regardless of where they live, should be able to access the specialist support that would help keep their family together.

⁷ <https://www.barnardos.org.uk/what-we-do/services/baby-me>

⁸ Evaluation of Baby & Me Service – Final Report. Research in Practice, November 2022

⁹ <https://www.barnardos.org.uk/what-we-do/services/cyfle-family-life-skills-services>

¹⁰ <https://www.barnardos.org.uk/what-we-do/services/cardiff-supported-housing-young-families>

In a focus group with practitioners it was noted that there are different thresholds and different guidance for what constitutes a statutory intervention from one local authority to another. This undermines the need for consistency in child protection across Wales and will inevitably lead to more children on Child Protection Orders or in care proceedings in some local authorities than others. A Wales-wide standard and accompanying threshold guidance would help underpin better consistency in delivering for children and young people, as well as ensuring that early intervention and prevention services are able to support families whilst being able to make a timely and appropriate referral for escalation when needed.

Priority 3:

Supporting the whole family

Providing adequate support for the whole family is something that Barnardo's Cymru practitioners have heard from parents many times.

One practitioner in an early intervention service outlined that in their experience, parents rarely feel supported and feel as though 'I wish I had never told you now' in relation to the lack of a nurturing response to disclosures. This is particularly the case when parents disclose the stress they feel about parenting when it comes to having thoughts about physically punishing a child, for example.

Inter-parental conflict and domestic abuse

We know that a series of incredibly difficult years – beginning with the pandemic and continuing with the cost-of-living crisis - means that families are under more acute stress than ever before. We see many examples of how this tension is playing out within family homes and how it is escalating and entrenching pre-existing issues.

Barnardo's Cymru has previously called for dedicated funding for addressing inter-parental conflict¹¹ and for providing training to social care staff across Wales. It is the view of many Barnardo's practitioners that tackling inter-parental conflict at the earliest possible level can prevent escalation to domestic abuse.

It is Barnardo's Cymru's position that domestic abuse is an edge of care issue and should be prioritised as such by Welsh Government. Domestic abuse presents as a factor in 'the majority' of child protection cases, as reported by

¹¹ Barnardo's Cymru response to the Finance Committee Consultation on Welsh Government Budget 22/23 <https://cms.barnardos.org.uk/sites/default/files/2022-04/Barnardo%27s%20Cymru%20letter%20to%20Finance%20Committee%20-%20budget%20consultation.pdf>

social work colleagues, but not does receive parity of attention in terms of funding for children's services.

The impact of domestic abuse on child protection and care proceedings can be evidenced by Barnardo's data, such as that collected by Reflect which found that 72% of Reflect mothers (who were supported by Barnardo's Cymru due to having had a child permanently removed from their care) had previously experienced domestic abuse.¹² Growing up in a household with domestic abuse is also an Adverse Childhood Experience.¹³

In Newport, Barnardo's Cymru operated a whole-family domestic abuse service called Opening Closed Doors until October 2022, which intervened and worked with the whole-family where domestic abuse had caused a family to be on the edge of care. An independent evaluation undertaken by the Institute of Public Care found that there was also a tangible reduction in the level of statutory need evidenced in case files supported by Barnardo's Opening Closed Doors including the RESET programme, suggesting that children were demonstrably safer in approximately half of these cases. Through tracking children's legal statuses, during 2020/21 we have been able to support families and frontline teams to help to improve or stabilise risks meaning that 89% of children's legal statuses either reduced or did not escalate.

This service closed due to lack of funding at the end of 2022, leaving a significant gap in support across Gwent.

We know that these are not just issues that are felt in Newport. A report commissioned by Joyce Watson MS and undertaken by Welsh Women's Aid into domestic abuse services for children and young people found that there was a 'postcode lottery' across local authorities around how funding is categorised and spent on Children and Young People Services, leading to some children and young people in Wales reporting a significant impact on their ability to recover from abuse.¹⁴

We welcome the creation of the VAWDASV work stream for children and young people, chaired by Eleri Thomas MBE, and would urge Welsh Government to prioritise a review of services designed to support child victims of domestic abuse, and to prioritise funding whole-family support services that focus on making the family home safer and helping support families who are on the edge of care due to domestic abuse.

Working with Dads

¹² REFLECT NATIONAL END OF YEAR PERFORMANCE REVIEW REPORT 2021/2022

¹³ Adverse Childhood Experiences and their association with Mental Well-being in the Welsh adult population, Public Health Wales <https://phw.nhs.wales/files/aces/ace-and-their-association-with-mental-well-being-in-the-welsh-adult-population-pdf/>

¹⁴ A duty to support: A research report reviewing support for children and young people experiencing violence and abuse in Wales.

Appropriate support for the whole family must include supporting fathers who have had children removed or are on the edge of care. Barnardo's Reflect model works with mothers and fathers of children permanently removed in Wales, and is operating across most of Wales. Reflect is eager to do more to engage with fathers in their own right, as is Baby & Me in Newport, and we would urge Welsh Government to look at how they can invest in this.

The aims of Reflect are to:

- Break the cycle of repeat pregnancies, where the outcome is likely to be removal of the child.
- Give mothers and fathers the opportunity to reflect by providing a holistic intensive support at an extremely difficult time in people's lives and develop new skills that can help them achieve their future.
- Work with mothers and fathers to reduce the numbers of children taken into care.

In the independent evaluation of the project, one recommendation was that there be increased scope to work with fathers in the future.¹⁵ The Nuffield Family Justice Observatory has also observed in its research that most programmes support mothers on their own, or mothers and fathers together, and do not work with fathers on their own.¹⁶

Our priority for Welsh Government would be investment in services that can support fathers – both alongside the mother and in their own right. Existing models are eager to work further with fathers and we would encourage Welsh Government to invest in rolling out greater support to develop culturally competent practice and investing in male workers in services who can support male service users.

2. In care: Quality services and support for children in care

Please outline a **maximum of three** top priorities for radical reform of services for children in care:

Priority 1:

Redressing the inequity in kinship care

Currently, there is an expectation that kinship foster carers meet the same expectations and regulations as generic foster carers and that is often simply unrealistic. Foster carers have often received more support over a longer period of time than a potential kinship carer who would have considered this role because of family circumstance with far less time to prepare.

Through our Families Together work, we have seen family situations where stringent fostering regulations are potentially jeopardising stable placements. We have supported an aunt who has been a successful kinship foster carer for 6

¹⁵ Evaluation of Reflect in Gwent, CASCADE, 2018
<https://orca.cardiff.ac.uk/id/eprint/123258/1/Reflect%20report%20published.pdf>

¹⁶ "Mothers in recurrent care proceedings: New evidence for England and Wales" Nuffield Family Justice Observatory, November 2022

years since her niece was a baby. However she refuses to keep daily records as this does not feel like a natural thing to do, and she does not do this for her own daughter. She is now being told she is risking losing her 'foster carer' status because of this. We have also seen many family carers who can provide loving and safe homes for children, however do not pass the strict criteria of the fostering assessments.

Kinship carers often have the same issues within their families as the children's parents and so it becomes difficult to always evidence that they can meet fostering regulations. This is despite the fact that kinship carers, particularly with the right support as evidenced by the Monmouthshire Families Together¹⁷ service – can offer children a stable, loving home.

Monmouthshire County Council are an example of a local authority that have implemented a range of good practices in relation to kinship care. Another example of this is that the local authority continues to provide fostering allowance to any kinship carers who progress through to Special Guardianship Order (SGO) as a SGO allowance. This is not currently a legal requirement.

The current statutory requirement is for a means-tested financial assessment and then an allowance to be paid in accordance with that. In practice, this means that many kinship foster carers would be put off seeking a SGO as it means that they would be financially disadvantaged. It has meant that for years children living with kinship carers have remained Looked After for longer than needed purely because the carers aren't able to be financially disadvantaged.

Monmouthshire has continued to pay the same rate for kinship carers transferring to SGO and Barnardo's would urge Welsh Government to consider making this a legal requirement so that kinship carers are not financially disadvantaged in pursuing a SGO and can feel confident of their financial security moving forwards in every local authority in Wales.

Priority 2:

Crisis in social care and foster care

Wales is facing a social care crisis across the sector that is already having significant effects on the landscape, with a recruitment and retention crisis that is seriously hampering the sector's ability to respond to major change.

It is a concern that with the sector already being so unstable, delivering radical reform of children's social care could be incredibly difficult.

¹⁷ <https://www.barnardos.org.uk/sites/default/files/2022-01/Families%20Together%20impact%20and%20cost%20implications%20report.pdf> and Qualitative evaluation of Monmouthshire Families Together <https://www.barnardos.org.uk/sites/default/files/2022-01/Families%20Together%20qualitative%20report.pdf>

The workforce that we rely on to care for children is one of the most dedicated and professional, doing one of the most important and often difficult jobs. Despite this, they are part of a system that is under significant stress for a multitude of reasons including high caseloads, staffing issues, risks relating to safeguarding and much more.¹⁸

As part of the approach to radically reforming children's social care, we would urge Welsh Government to invest in new efforts to ensure that children's social care is viewed as an attractive career opportunity that is well-paid, respected and supported. This should include support for training and education, and a campaign focusing on the huge contribution of the social care sector to the lives of children and young people. Children's social care staff are as important to our society as NHS staff, and we would look to the efforts to support NHS staff in recent years as an example of the perception of a social care career that must be fostered.

As part of making children's social care an attractive career, and to encourage more people to consider working in the sector, we must tackle the demonisation of social workers that has taken place in parts of the media, and the abuse that social workers often receive that would not be tolerated in other professions (whilst continuing to ensure that where there are mistakes or poor practice these are addressed robustly). We hope to work with Welsh Government on this.

If we do not invest in the future of the workforce, the social care crisis will become even more acute at a time when we will rely on them to deliver stability and certainty to young people when they are otherwise facing yet more change and upheaval in their lives.

The social care crisis extends to foster care. In a focus group of six care-experienced young people aged 16 – 20, we were told that 'a more honest message about caring' is needed, and they hope to see it come about because of this change:

"At the moment, the portrayed message is that caring and looking after children and young people is a rewarding and great experience, but this is portraying a false reality. Caring has its challenges and this should be highlighted."

Many of the young people said they knew foster carers who nearly gave up after a few months due to the challenges they faced but were not informed about.

Barnardo's Cymru has made an urgent appeal for more people to consider becoming foster carers, after the number of older children referred to its fostering services jumped by 18% in just 12 months¹⁹.

¹⁸ Children's social services and care rates in Wales: A survey of the sector CASCADE Centre for Children's Social Care and Wales Centre for Public Policy, Cardiff University September 2021 https://www.wcpp.org.uk/wp-content/uploads/2022/03/220216-Childrens-social-services_en_final.pdf

¹⁹ Figures released by Barnardo's show that between August 2021 and July 2022, the number of children referred to its UK-wide fostering services was 19,996. This is a rise of 28 per cent, compared with the previous 12-month period when the figure was 15,642.

In England the rise in referrals was 28 per cent, in Wales 18 per cent and in Scotland 50 per cent.

Barnardo's Cymru has seen overall referrals increase from 694 to 818 children in the last year, up 18%. But demand has increased even more for homes for those aged 11 and over, up 25% from 380 to 477 (August 2021 to July 2022).²⁰

The crisis in foster caring is felt more acutely in some parts of Wales than others, with North Wales colleagues sharing particular concerns about the ability to source foster placements close to home for children and young people.

The issues within foster care also extend to When I'm Ready placements, with a lack of consistency across different local authorities. Colleagues note that where a local authority employs a 'When I'm Ready Coordinator' there is leadership and cohesion for the programme. Without this, they see drift and a lack of focus which results in negative outcomes for young people. Practitioners gave examples of placements ending abruptly (after children had been living with families for a number of years) because the foster carers were offered the opportunity to care for a young person, which has a higher financial incentive than a When I'm Ready placement. This has seen young people moved to B&B accommodation with little notice and no time to plan for a transition, which is extremely traumatic for young people.

Our recommendation to Welsh Government would be to invest in and ringfence funding for a When I'm Ready Coordinator for every local authority to ensure that the scheme is given the best chance to succeed for all young people, as well as taking action under the eliminate agenda to promote and recruit more foster carers.

Priority 3:

Mental Health

Despite the fact that care experienced young people are a population who we know have experienced trauma, disruption and loss, there is no statutory requirement for care experienced young people to be offered therapeutic support, unless a child is adopted.

Care experienced children and young people have consistently been found to have much higher rates of mental health difficulties than the general population, and they are approximately four times more likely to have a mental health issue than children living in their birth families.²¹

With the impact of financial pressures taking more of an effect on local authorities, we have heard from some councils that there will be no therapeutic offer for careexperienced young people due to a lack of resources.

²⁰ <https://gov.wales/children-looked-after-local-authorities-april-2020-march-2021>

²¹ <https://www.iriss.org.uk/resources/outlines/care-experienced-children-and-young-peoples-mental-health>

Waiting lists for CAMHS are long²², and we know that many children and young people (irrespective of their care experienced status) do not qualify for a CAMHS referral. The missing middle is particularly prevalent for care experienced young people who may benefit hugely from support offered to both deal with existing mental health challenges as well as help develop resilience and prevent future problems.

There is also a cut-off in support for young people. One care experienced young person supported by Barnardo's told us that his local authority paid for private therapy for him until his 18th birthday, when he was no longer eligible for this and the therapy would have stopped, despite his ongoing need. In this particular case, the therapist being willing to see him for free initially, and then for a nominal charge once he was in work. This demonstrates the inequity and additional stress that care experienced young people face in trying to arrange their own access to therapeutic support. Barnardo's Cymru believes that this is completely unacceptable for a care experienced young person to deal with this at the age of 18 on top of the other challenges around being care experienced.

The transition at turning 18 is uneasy for many young people. Legislation on supporting care experienced young people up to the age of 25 has still not been laid in the Senedd, and practitioners note that without legislation and accompanying guidance it is difficult to hold all agencies into account with regards to providing adequate support to young people.

Multi-agency transition planning is key, but practitioners note that it is rarely applicable in practice. When children's services are no longer the lead agency, there is a lack of other agencies willing to take the lead and coordinate a young person's support. Barnardo's Cymru practitioners feel that they are often taking this role, despite being a voluntary organisation.

With regards to mental health, there are significant barriers in terms of a young person turning 18 with complex mental health needs but no formal diagnosis. At 18, a young person is expected to work, education or training, and although for some young people this is difficult due to their undiagnosed needs such as autism or ADHD, adult's services are unable to step in and provide support without a formal diagnosis. We would urge Welsh Government to review the transition at age 18 and how this can be smoothed on a number of fronts, particularly with regards to mental health and safeguarding support.

Our suggestion to the Children, Young People and Education Committee would be to consider recommending that Welsh Government introduce a statutory

²² Stats Wales data on how long waiting lists are

requirement for local authorities to offer therapeutic support to all care experienced young people up to the age of 25, and to provide financial support to local authorities to provide this.

3. After care: On-going support when young people leave care

Please outline a **maximum of three** top priorities for radical reform of the on-going support provided when young people leave care:

Priority 1:

Housing

There are a number of issues related to housing that Welsh Government should tackle as a matter of urgency.

- Care-experienced young people are often locked out of private rented accommodation due to a lack of a guarantor.

Care experienced young people do not transition to adulthood with the same level as support that many of us take for granted.

Young people tell us that they feel 'locked out' of private rented accommodation due to their inability to provide a guarantor to a private landlord, something that a young person would usually rely on a family member or family friend to do. We would urge Welsh Government to work with the private rented sector and with care-experienced young people to find a solution to this and ensure that, as corporate parents, Welsh Government is able to step in and help plug the gap where a guarantor is the difference between a young person taking steps towards independence and achieving their goals, and not.

- The lack of 'move-on' within supported lodgings and accommodation creates a backlog of young people who cannot access appropriate housing.

There is a lack of appropriate housing stock for young people who might have spent time in supported accommodation and are now ready to move onto independent living.

A young person would ideally spend a period of time living in supported housing (such as the Barnardo's Supported Lodgings Service and Transition and Training Flats in Swansea²³) before being supported to transition to their own accommodation. However, a lack of suitable housing (such as one-bedroom flats) for a young person to be moved on to, means that there can often be a long delay which blocks up the system.

²³ <https://www.barnardos.org.uk/what-we-do/services/barnardos-swanea-supported-lodgings-service#:~:text=What%20we%20do,for%20young%20people%20to%20live.>

This affects both the ability of service providers to offer young people a place in supported lodgings or a training flat if they cannot ensure flow through the service, but also has a detrimental impact on the confidence and wellbeing of a young person who is ready to move on but cannot. Practitioners describe that young people, who have spent time in our supported accommodation provisions and made huge strides with their transition to independence, have at times regressed or lost confidence in their abilities, because they feel that the system is not demonstrating any confidence in them. This can also lead to young people making the decision to enter the private rented sector which is inevitably more expensive and less stable.

We would recommend that Welsh Government carry out a review into the provision of appropriate accommodation for care-experienced young people across Wales, identify the gaps in terms of capacity within appropriate supported accommodation provisions as well as options for move-on, and design an action plan to tackle this. Otherwise, we risk what is already an endemic issue from becoming even more entrenched and continuing to affect the outcomes of those young people in our care for years to come.

This should also be an opportunity to explore innovative approaches that could be adopted. For example, Barnardo's created Gap Homes²⁴ — a UK-wide initiative that will evidence the positive difference achieved with good quality housing and support for young people who are care experienced

The Gap Homes initiative has been developed in partnership with young people who either have been or are in the care system or who have had some experience of the care system in their lives at some point. The young people we support tell us that this project has provided them with a more certain future and has been a vital stepping-stone to independent living.

Priority 2:

Care leaver offer / tackling the cliff edge

Many young people describe a cliff edge of support, despite the role that Welsh Government and local authorities should continue to play in their lives post-18 as corporate parent.

Whilst their statutory needs are met, young people told Barnardo's that their wider wellbeing and long-term future was not holistically addressed. Barnardo's Swansea developed the BLOOM project to address this.

The aim of the service is to promote, safeguard and enhance the rights of young people to assist them to make a successful transition to adulthood and empower them to be heard and to reduce loneliness and anxiety, develop skills, confidence and self-esteem to help young people fulfil their potential. The

²⁴ ² <https://www.barnardos.org.uk/blog/giving-care-leavers-somewhere-safe-and-stable-call-home>

service works with care leavers 18+. There are three core elements of the project; life coaching, activity club and befriending & volunteer support.

Coaching gives young people the power to unlock their own potential for positive change, by providing them with the tools to build resilience, improve wellbeing, and understand themselves better. Coaching empowers young people to think about and move forward positively in their lives, by creating and working towards specific goals. The service also offers young people regular opportunities to get together to experience activities not easily accessed by care leavers alongside group events and regular clubs. Volunteers will help with activities and provide an adult mentor where this is considered more appropriate. Befrienders are members of the local community who befriend and provide ongoing assistance to vulnerable young people who have moved to independence from the 'looked-after' system. Peer mentors are slightly older care leavers who will guide their young people through the complex process of leaving care and moving to independent living by drawing on their own experiences.

Barnardo's Swansea is also working with Practice Solutions to deliver Believe, a project designed by care experienced young people to help care experienced young people meet their ambitions and expand their horizons. Care experienced young people in Swansea can apply for the opportunity to receive a range of experiences or support including a holiday to West Wales, free WiFi for a year, bills and budgeting advice, a new computer and much more. This provides opportunities to make a positive change to a young person's life.

We would recommend that Welsh Government work with expert partners and care experienced young people to develop a well-rounded care leaver's offer that works alongside the Basic Income Pilot to address the needs of young people, ensure that there is no longer a 'cliff edge' of support and that we fully meet our shared duty of acting as corporate parent to young people, beyond just offering the statutory minimum. We welcome Welsh Government's development of a new Corporate Parenting Charter which will revise guidance and clarify expectations and responsibilities, and would hope that any future Care Leaver Offer can be developed alongside the implementation of this.

The basic income pilot is a step forwards in meeting this need, and we look forward to seeing the outcomes of this over the coming years. However, we believe that holistic support for young people remains crucial and could enhance the effectiveness of schemes where young people benefit from better support from their corporate parents. The Believe pilot in Swansea works closely with local businesses to provide opportunities to care-experienced young people and is an innovative element of the scheme.

A particular cohort of care experienced young people struggle with the cliff edge in support: care experienced young parents and expectant parents.

If a care experienced parent is expecting their own child at a young age, there can be a significant amount of scrutiny of their readiness to parent. However, despite being the corporate parent of a care experienced young parent, instead of supporting these young people they are sometimes scrutinised their lack of ability to materially prepare for a baby.

If a 16/17/18 year old expecting a child, we would often expect their family and support networks to help them prepare – either financially or by sourcing hand-me-downs and other support. However, as corporate parents to a care experienced young person in the same position, local authorities often scrutinise a young person on their abilities to financially and materially prepare when assessing their ability to parent, instead of stepping in with an enhanced level of support.

Whilst there is good practice across many local authorities, there is no agreed standard to which care experienced young parents should be supported. We would recommend that Welsh Government consider doubling the setting up home allowance that is paid to young people where the young person in question is expecting a child or is a young parent, to reflect their greater need for material support and the Welsh Government's role in providing this as corporate parent.

In addition to this, we would call on Welsh Government to agree an approved national rate for a Setting Up Home Grant. Each local authority can agree the amount and it is our understanding that this has not been reviewed for some time. Given the rising cost-of-living and the price of goods increasing, this should be reviewed and implemented as a standard grant across Wales.

Priority 3:

Stability and developing support networks

A recent YouGov poll commissioned by Barnardo's found that 82% of adults surveyed believed it is very important for children to have consistent adults in their lives who support them through their childhood and beyond. Furthermore, 70% said they themselves had the support of family and friends to help them when they first moved out.²⁵ We know, however, that children in the care system often don't experience this level of consistency in their lives. Instead, they experience frequent change of home, school and social worker, before leaving care at 18 or sometimes younger with few people they can rely on.

²⁵ From Pillar to Post: How to achieve greater stability in the care system
<https://cms.barnardos.org.uk/sites/default/files/2022-05/From%20Pillar%20to%20Post.pdf>

We would urge Welsh Government to consider how young people transitioning to independence and semi-independence can be supported to develop their support networks as they are leaving care. This would help improve a whole range of outcomes for young people, and ensure that they have the support they need to manage the huge transitions in their lives.

One practical means of supporting this ambition would be to provide free public transport to all care-experienced young people in Wales up to the age of 25. We know that young people are often moved out of their communities, and that the financial barriers to travel are significant. This can prevent young people from maintaining their support networks by visiting friends and family, but also from establishing new ones as it can prevent access to education, training and skills. Taking steps to remove these barriers would help young people feel that they have better access to their communities and are more able to sustain the support networks that are so vital.

One example of an effective intervention is the Lifelong Links approach which is licensed by Family Rights Group. It involves expanding on the Family Group Conferencing (FGC) model to identify and facilitate relationships that a child wishes to maintain throughout their life. Barnardo's Cymru received a grant from the Welsh Government to implement the Lifelong Links model in Newport in March 2021 and has been running this project for almost two years.

Barnardo's Cymru has used Lifelong Links in Newport to great success in order to help care experienced young people to identify who can act as a support network in their lives and how to ensure that these networks support them as they move towards living independently.

Our research found that the use of Lifelong Links has taken a young person from having an average of four connections to an average of twelve connections following the process.

A support worker said:

What Impact did the Lifelong Links work have on the young person/family?

"A real transformation with the young person having no idea who his family really were and having limited contact with them for many years to establishing real connection and identity with them and himself. Real positive turn around in all aspects of his life since establishing a contact with Family."

A young person said:

"I wanted to see my brother. I love seeing him. It's the best. We are much happier and it's the best for everyone."

Children and practitioners alike reported that children who engaged with a Lifelong Links plan have an increased sense of identity and belonging as a result of the process.

This process can involve drawing together family members, existing and former teachers, social workers and anyone else who has had a lasting impact on the young person's life, to give them a supportive circle.

We would recommend that Welsh Government consider investing in Lifelong Links across Wales and ensuring that all care experienced young people have the opportunity to benefit from this, as well as exploring other means for helping young people develop their support networks as they begin to transition into independence.

4. Anything else

Do you have anything else you would like to tell us?

Senedd Cymru | Welsh Parliament

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Gwasanaethau i blant sydd wedi bod mewn gofal: archwilio diwygio radical | Services for care experienced children: exploring radical reform

Ymateb gan Llamau | Evidence from Llamau

1) Before care: Safely reducing the number of children in the care system

Prevention – Early Intervention

Youth Homelessness is complex with those at risk difficult to identify at first. It can often stem from a young person being exposed to difficult social settings, family conflicts, fragmented statutory systems and disengagement from school.

Upstream Cymru

The first of its kind in Europe, Llamau's innovative early intervention project **Upstream Cymru** aims to identify young people at risk of future homelessness through running carefully developed surveys within participating schools across Wales. These surveys identify key underlying indicators of homelessness such as educational disengagement, family conflict and poor wellbeing; providing a vital starting point to offer a range of targeted support before they hit a crisis point. Ultimately we aim to develop a deeper understanding of the underlying factors influencing youth homelessness in Wales and work with our partners to prevent it from happening wherever we can.

To date, **the project has surveyed over 1800 pupils with 1 in 7 being deemed at risk of future homelessness**, including over **500 not known to statutory services who would otherwise have slipped through the net**. We will continue to support those identified to strengthen their connections within school, family and other natural support networks and remain safely in the family home where appropriate. This process, already trialled successfully in other countries, has seen a dramatic reduction in those becoming homeless or needing crisis interventions in later life.

The project has also reached over 400 pupils in participating schools through delivery of specialist PSHE lessons, with colleagues sharing awareness-raising resources, challenging perceptions and facilitating open conversations about what causes youth homelessness and where to get help.

Upstream Cymru is a school-based intervention, where students complete a survey that identifies risk of homelessness, particularly as a result of family relationship breakdown, and

support is then offered to the young people and their families. The pilot is already demonstrating huge learning and positive outcomes.

However one of the huge benefits of Upstream is that it can identify young people and children at risk of harm far earlier than statutory services. Upstream is therefore perfectly placed to identify children at risk whose families can get support, preventing emergency proceedings.

Family Mediation

Llamau's Family Mediation services have successfully supported young people and their families across Wales for over 20 years, identifying and resolving issues that have led to relationship breakdown – the no 1 driver of youth homelessness. Working with a range of local partners, our highly skilled, experienced mediators work with everyone in the family home to identify the causes of conflict from all sides. We seek to provide a shared understanding whilst providing the tools, resources and support to overcome their issues amicably, and giving families the skills to resolve future issues together. Where sadly this is not safe or possible to achieve, our teams aim to improve relationships with appropriate family members and support moves from home.

369 young people were supported to achieve positive and sustainable housing outcomes through our Family Mediation services last year. **8 in 10 were enabled to remain safely within their family homes.**

EMPHASIS

EMPHASIS outreach project is a successful model of enabling young people at risk of homelessness to re-engage with education and address wellbeing issues such as anxiety. The project was developed over 15 years ago through consultation with young people we supported in our services who told us that help with key issues had been lacking at a crucial early stage in their lives.

EMPHASIS support initially deals with urgent crisis issues before progressing to preventative steps at a pace suited to the young person. Building a respectful and trusting relationship, we identify the underlying reasons for any barriers faced and provide a platform to overcome these together. Our colleagues work with the whole family, offering advice, advocacy and access to pathways for each young person to achieve their aspirations.

Nearly 100 young people were supported by our EMPHASIS projects across South Wales last year, with 94% of young people supported over the last 2 years engaged in employment, education and/or training at the end of support

2) In care: Quality services and support for children in care

Under 16 support.

Many young people in the care system are known to be at risk of future homelessness:

1. Young People whose foster placements have regularly broken down
2. Young people in residential or secure units
3. Young people in mental health services
4. Young People involved with YJS

Too many young people Llamau support have had multiple placement breakdowns in the care system. Currently despite policies which state otherwise, many looked after young people have to be declared 'homeless' and go through the homeless system to access supported accommodation. This causes fear, confusion and a further sense of abandonment.

Llamau believe that young people in the care system who are vulnerable to homelessness, should have a preferred pathway open to them, through the corporate parent. This would ensure young people do not suffer the trauma and bewilderment of being homeless, but have a pathway which includes supported accommodation as an option. This would mean YP would understand where they could be housed and supported as part of their journey into adulthood. They would also be able to have the security of knowing that homelessness is not something they need to worry about as a care experienced young person.

Young people can then work with staff to develop a bespoke moving forward plan, where their own wishes and aspirations will be built in. This model will build up relationships with a range of Llamau colleagues, enabling transitions into more independent supported accommodations. Many young people could move into fully or semi supported accommodation, ensuring there is a seamless pathway and a progression into full independence with an organisation they have built up trust with, whose support staff they know, thereby expanding the supportive team around each young person.

3) After care: On-going support when young people leave care

It is vital that young people leaving care are not left to 'fail' or become homeless. It is therefore essential that on-going support for young people leaving care includes pathways into accommodation and housing that suits their needs. It is also essential that young people having experienced care are not subject to chronological age restrictions.

It is imperative that young people vulnerable to homelessness are supported with transitions into more independent supported accommodations. With a change in policy or a rigid enforcement of Corporate Parent responsibilities, many young people could move into fully or semi supported accommodation, ensuring there is a seamless transition and a progression into full independence with an organisations/people they have built up trust with.

Some examples

The support from Llamau - Overview

Housing First Merthyr is a specialist young person model of Housing First where young people live in their own flats within a larger purpose built block.

There are four Housing First flats, support is available onsite 24/7 with each young person receiving a tailored package of support which enables them to develop their strengths and overcome the issues that led to them becoming homeless. Young people tend to be here for longer periods (usually between 2 to 5 years) which is reflected in the bespoke model of Housing First for Youth.

The project also provides two additional emergency units of accommodation in order to respond to crisis experiences of young people.

The project started during COVID and this did pose challenges in establishing the project and young people and staff often felt quiet isolated from external services and wider support networks during this time.

For many young people this is their first experience of supported accommodation and many will have experienced multiple placement breakdowns before they arrive. So it can take time for them to settle. Feelings of abandonment and mistrust can present in young people, especially those who have experienced care and the staff team worked in a trauma informed way to build trusting relationships.

The need for the Housing First service is greater than what the service can offer with a high number of referrals.

Leaving care

Social services

Social services can take a step back when the young people come here meaning that the support and relationships between young people and staff in the project become even more important to the young person. This can sometimes present challenges when non-housing related decisions are made in isolation from the project/team/young person, leaving a young person feeling unsettled and angry – often damaging the trust with all adults they see as authority figures.

The project works in partnership with social services, housing and the young person. There is no doubt there are challenges for all partners, high caseloads and demand on accommodation can mean that young people feel unsure of their next step and mistrusting of stability - especially those who are care experienced.

We feel that better planning for the transition of young people as they turn 18, especially utilising the knowledge, relationships and expertise of providers and services such as ours to build on the strengths of each young person and develop transition plans that are reflective

of the young person. Often our young people tell us they feel unheard during this process, especially where they see/feel a tapering off of support from other age defined services as they turn 18.

In working with care experienced young people Llamau believe the following needs to improve;

- There needs to be long-term planning for each care leaver and greater involvement of the young person in the design and delivery of their support. There can often be a feeling of 'one size fits all' approach to supporting young people – based on how the system works rather than the individual young person.
- Systems need to think past the immediate needs of the young person and start to take a forward planning approach recognising the skills and support a young person needs today whilst planning for, and protecting the access and availability of support they may need tomorrow.
- We need to better understand that young people who experience care can often have a different starting point as they transition to adulthood than young people who don't. We have seen examples of care experienced young people that due to not having strong family relationships and support networks means a lack of role models and a safe environment to make the mistakes that are often a natural part of growing up. This can mean the consequence of mistakes can be higher for care experienced young people, I,e, closure of access to specialist services such as mental health, loss of accommodation, isolation from peer networks etc.
- A stronger multi-agency approach to transition planning that recognises the expertise and relational insight housing support teams have when it comes to the young people they support.
- A better, wider understanding of the Housing First for Youth Model - sometimes there can be a confusion from statutory partners around the model of housing first – where the assumption is made that as it's a 24/7 project it means it's the best place to place multiple young people who present with very high risk taking behaviours.

Moving on from residential care

The main concern for project staff is what's going to happen when the young people turn 18. They can move on from unplanned foster placements into residential services. That transition

can be very challenging, we have seen young people display signs of feeling abandoned and take additional time to build trust with staff and settle after often multiple placements.

One young person at the project is approaching 25, at which point they will no longer have the right to stay here and will need to live independently. Currently it doesn't look like they will have adult social services to support them as they do not meet their criteria, despite how vulnerable they are. That vulnerability can lead to a cycle of the young person being stuck between systems and thresholds – never really having their needs understood or met. It also means they will be at high risk of repeat homelessness and crisis.

The transitions at 18, in particular, and at 21 are crucial. A young person is likely to see a marked decrease in support from statutory services (either in person support or financial). Many young people are still very vulnerable at that age – and would benefit from sustained levels of support as they transition into adulthood. Especially those young people who do not have close family relationships.

Young Person's Advisors (YPAs)

There is one post-21 YPA service in Merthyr. This is a commissioned service in partnership with the local authority delivered by Llamau. The YPA service supports young people who are care experienced, working directly with the young people to stay in accommodation and access school and wider support services as identified in the young person pathway plans.

But caseloads can be high meaning not all young people have access to this support. It would be positive to see this type of advocate support available to all young people who experience homelessness.

Advocates

If all young people who experience homelessness *had* to have an advocate it would be so much better for them, it would allow them to work with a single person /service that would ensure their voice was always heard.

Where we have seen advocates in action such as the YPA service it's been really positive. It has helped young people understand their rights and gain a sense of comfort with their own personal narrative.

However as young people get older or funding is pulled then this relationship and constant source of support can end. In these cases the young people tell us they feel abandoned, which is a common and recurring feeling for many care experienced young people

Work

Unfortunately, the world of work and gaining employment is difficult for young people, especially accessing secure and fairly paid jobs. This has an added complexity for young people in supported accommodation as it can see a tapering of benefits such as housing benefit – which helps them pay for their rent.

We often see young people being offered really unsecure employment where one day they have a job and the next they don't. This is really confusing for the young person and can often mean that gaining employment carries significant risk of loss/reduction to housing benefit and a young person potentially having to move to cheaper, less supported accommodation options.

In addition, many of the young people we work with no longer access/attend mainstream education. Many have experienced multiple school placements and multiple exclusions meaning their attachment and rapport with mainstream education is poor. As part of our support we developed our Education at Llamau model – focussed on re-setting the relationship with learning for our young people. All the young people in Housing First and wider Llamau support services get access to this specialist learning support to enable each young person to work towards independent living at their own pace and in a way that suits them.

Mental health

There are significant mental health needs amongst the young people the staff work with. As with other challenges above, access and age are real factors in the challenges our young people face in getting access to services. For many of our young people their physical age does not tally with their emotional age which means beneficial services are no longer available to them and adult mental health and social services are much higher and harder to access post 18.

We often see young people in mental distress but due to additional factors such as substance use they are not given access or assessment to the right health services. For those young people who may benefit from counselling, Llamau is able to provide this in house and our team are able to have support from our in house psychologists and colleague wellbeing coordinators.

Along with our wider package of support we have partner agencies such as Mind Cymru attend the Housing First project to work direct with young people who are experiencing poor mental health. This means that support is much easier accessed for our young people and they can engage in the safety of their own home. Young people are under no obligation to talk to visiting support partners if they do not want to, but many do and tell us they really appreciate the service coming to them in their safe space.

Big changes that are needed

- More focus on early intervention and joined up services - more joined-up thinking when working out how to support young people: charities, local authorities, advocates etc. should work together ensuring the voice of the young person needs are front and centre of all we do.
- Every care experienced young person, and every child who has been on the child protection register, should have an advocate. Someone who's there to champion them and ensure the support and service access they require is made accessible.

- Under 16 Support – pathway into supported accommodation – stop Care experienced young people having to be declared homeless.
- Age transition is key, we have such a better understanding of ACE's and the effect of trauma on the brain and neuro-development. As young people transition to adulthood ensuring that services and support remain accessible and responsive to individual needs is key to ensuring longer term independence and sustainability.
- Young people in Wales would benefit from a 14-25 mental health provision which understands the challenges this cohort face as well as how best to engage with them.
- Timely psychologically and trauma informed support to foster carers and residential home staff to hold on to children and young people and act before placements breakdown.
- Lengthening time all young people leaving care get range of support, including mentoring, ETE support etc.

Information about Llamau

Mission and Vision

Llamau's mission is to end youth homelessness and homelessness for women and their families. That means that we want to make homelessness rare, brief and non-recurrent.

We believe that no young person, woman or family should ever have to experience homelessness.

Llamau's aims and strategy are reviewed annually, to ensure that we remain clear and focused on the work we undertake.

We will achieve our mission through fulfilling our aims;

- Keeping the people we support at the heart of the organisation
- Ensuring the wellbeing of our colleagues is a top priority
- Focusing on the primary prevention of homelessness
- Redressing inequalities which lead to homelessness
- Enabling everyone we support to achieve their full potential
- Delivering sector-leading support
- Recognising and exceeding the expectations of our supporters
- Transforming lives by never giving up

In delivering services to achieve our aims, we recognise that individuals have a range of needs – all of which need to be met. Therefore, we aim to work with the individual to support them in addressing all the issues that matter to them. Consequently, our work demands great and constant flexibility.

Llamau aims to support people to take the right steps to enable them to fulfil their potential

and make their own contribution to society. We have a proven track record of working with the most vulnerable and excluded young people and women, no matter how complex their need. Specialist support encourages those we work with to return to education or employment; rebuild family relationships; tackle substance misuse, offending or mental health issues. No matter how challenging the obstacles are for an individual, we never give up.

Values are at the centre of what we are about

How Llamau delivers support is crucial to our success. Each of our operational colleagues is inducted into the charity with our own psychologically informed support methodology. Llamau is a values-led organisation which puts the people we support at the heart of the organisation. The difference with Llamau is the quality of support and empathy we offer. The following five core values have been distilled from everything we do:

We Respect

We Listen

We Learn

We Encourage

We Don't Give Up

What We Do Works

95% of people reported our support had a positive impact on their lives and 92% of people reported an improved quality of life following our support.

In addition:

- 100% of over 250 women accessing our IRIS service reported feeling safer after our intervention
- 95% of people reported our support had a positive impact on their lives
- 90% of people exiting our support this year accessed safe, suitable accommodation
- 93% of people reporting feeling safer following our support
- 87% of people reported risks were reduced through our support
- 79% of young people supported by Llamau's Family Mediation services safely remained in/returned to their family home, preventing homelessness
- 89% of people engaged with our support positively
- 90% of people exiting our support this year accessed safe, suitable accommodation
- 81% of people with emotional health issues made progress with our support
- 80% of people experiencing issues with self-harming made progress with our support
- Over three-quarters (78%) of learners exiting the programmes progressed positively into EET

Services for care experienced children: Exploring radical reform

Senedd Children, Young People and Education Committee Inquiry

A response from Cymorth Cymru

17th February 2023

About Cymorth Cymru:

Cymorth Cymru is the representative body for providers of homelessness, housing and support services in Wales. We act as the voice of the sector, influencing the development and implementation of policy, legislation and practice that affects our members and the people they support.

Our members provide a wide range of services that support people to overcome tough times, rebuild their confidence and live independently in their own homes. This includes people experiencing or at risk of homelessness, young people and care leavers, older people, people fleeing violence against women, domestic abuse or sexual violence, people living with a learning disability, people experiencing mental health problems, people with substance misuse issues and many more.

We want to be part of a social movement that ends homelessness and creates a Wales where everyone can live safely and independently in their own homes and thrive in their communities. We are committed to working with people who use services, our members and partners to effect change. We believe that together, we can have a greater impact on people's lives.

Website: www.cymorthcymru.org.uk

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

Contact: policy@cymorthcymru.org.uk

1. Introduction

- 1.1 We welcome this opportunity to contribute to the work of the Senedd's Children, Young People and Education Committee inquiry into services for care experienced children.
- 1.2 As a homelessness and housing support charity, we are unable to comment on the full scope of this inquiry, so our response focuses on **accommodation and support for care leavers**.
- 1.3 Although the care system is not our area of expertise, we know from working with our members, listening to frontline support staff via our [Frontline Network Wales](#), and speaking to Experts by Experience, that care experienced young people are at an increased risk of homelessness and face multiple barriers when leaving care that can prevent them from living safely and independently in their own home.
- 1.4 **Increased risk of homelessness:** Research¹ has shown that one in four homeless people have been in care at some point in their lives and one in three care-experienced young people became homeless in the first two years of leaving care. Public Health Wales research² tells us that care experienced young people who are particularly vulnerable to homelessness include those:
 - with social, emotional and behavioural problems
 - exiting care at 16 and 17 years old
 - who have a history of running away from care
 - who experienced negative placements or placement breakdowns
 - who experienced multiple moves
- 1.5 **Increased barriers to finding and maintaining a home:** High private rents, insufficient Local Housing Allowance rates, and a lack of social housing, are currently making it very difficult for most people to find and maintain a home. This is even more challenging for care experienced young people, who are unlikely to have the same financial or emotional support networks as their peers. Many of these young people have experienced trauma and multiple adverse childhood experiences. Without the right support, they are more likely to face challenges in sustaining a tenancy and living safe, independent lives in their communities.
- 1.6 We would like to thank several of our member organisations, who provide specialist homelessness and housing support services to young people, and have shared their invaluable expertise and experience to inform this response, including:
 - Dewis Housing
 - Digartref
 - End Youth Homelessness Cymru
 - GISDA
 - Llamau

2. The challenges of transition

- 2.1 We believe that the transition from care is a critical period in both the prevention and alleviation of homelessness. The right support and pathway can prevent someone from becoming homeless, whereas the lack of appropriate support could lead the young person to find themselves without a safe and secure place to live. For young people already experiencing homelessness, the transition from care can exacerbate many of the challenges they face and make services even more difficult to access.

¹ Crisis, [Homelessness prevention for care leavers, prison leavers and survivors of domestic violence](#) (2017)

² Public Health Wales, [Preventing homelessness in care experienced individuals](#) (2022)

- 2.2 According to a report by Public Health Wales, leaving care is considered as a ‘predictable route into homelessness’³ and around a quarter of homeless young people are care experienced. The report goes on to say that experience of care (including foster care) and involvement in child protection services are all associated with a higher risk of housing insecurity and homelessness. This highlights the risk to young people leaving care – but also the opportunity to put appropriate support in place to ensure that this transition does not result in homelessness.
- 2.3 However, the homelessness and housing support providers we spoke to in preparation for this response, told us that the transition stage from residential and foster care to adult services does not adequately support or prepare care leavers for adulthood. They feel that ‘the odds are stacked against them’ and there is a ‘grey area’ regarding who is responsible to house and care for care leavers. These accounts chime with the ‘care cliff’ identified by the charity *Become*⁴, when care leavers experience a sudden shift to independent responsibility and not enough support and preparation available.
- 2.4 The approach to pathway planning and preparation for independent living by social services is often a factor in a care leavers risk of homelessness and social instability. Evidence from a report by the Welsh Centre for Public Policy in 2015⁵ highlighted the ad-hoc nature of preparations for leaving care. The report said that care leavers identified by local authorities as being at very high risk of homelessness were those ‘aged 18 and over who go into tenancies on their own but are too young or inexperienced to manage living alone and “fail” as a result.’ These observations are consistent with the views of housing support providers, who have described pathway planning as ‘inconsistent’, ‘reactive’ and ‘crisis driven’, with no to little consideration of the young person’s complex support needs or past traumas.
- 2.5 Several people we spoke to – both care experienced young people and service providers – argued for the transition period to be extended, to provide care experienced young people with greater flexibility and continued access to care and support during this period.
- “Should be an option to stay until 21. I don’t feel like an adult at 18/19.” (Expert by Experience)*
- 2.6 However, as well as a longer transition period, many of the people we spoke to argued for a greater collaborative, multi-agency approach across social services, housing and other support services to better identify the needs of care leavers at-risk of homelessness or already homeless, to create a more streamlined and trauma-informed approach to the transition stage that prevents long-term negative outcomes.
- 2.7 A positive example of a collaborative approach is the Team Around the Young Person⁶ (TAPI) pilot run by the HHS provider GISDA across Gwynedd between March 2022 and August 2022. The project worked with Gwynedd Council, Betsi Cadwaladr Health Board, Housing Associations and Department for Work and Pensions. The pilot was based on the recognition of ‘good practice in planning services based on young people’s skills, planning interventions based on expeditionary and social activities, and the importance of close relationships with staff and volunteers with a positive attitude and similar backgrounds’ and the need to ensure that ‘schemes have a long-term impact’ while understanding service users’ previous experiences.⁷ Through assessment of the pilot by Bangor University, data collected by GISDA highlighted a significant increase in the confidence, wellbeing and employability of the young people involved, as well as progress in social inclusion and the avoidance of negative outcomes that would have resulted without the support provided.⁸

³ Public Health Wales, [Preventing homelessness in care experienced individuals](#) (2022)

⁴ Become Charity, [Campaign to #EndTheCareCliff](#)

⁵ WCPP, [Provision for Young Care Leavers at Risk of Homelessness](#), 2015

⁶ GISDA, [Team Around the Young Person](#)

⁷ Bangor University ‘Evaluation Research: Team Around the Young Person’ p.2

⁸ Ibid.

3. Housing and housing-related support

- 3.1 Access to appropriate and safe housing options are critical to the transition process. However, according to a recent Public Health Wales report⁹, over 1 in 20 people end up in unsuitable accommodation upon leaving care. Most care experienced young people who moved to an independent living arrangement continued to receive formalised advice or support in their accommodation arrangement, with 74% moving into a hostel, YMCA, foyer or other projects for those leaving care. 26% did not receive any ongoing formalised support, living in bed and breakfasts, bedsits, their own flat, or with friends.
- 3.2 Although these figures imply that the majority of care leavers move into 'suitable accommodation', housing support providers raised concerns about the appropriateness and safety of some forms of accommodation, particularly for the most vulnerable young people.

Temporary accommodation

- 3.3 This was further evidenced by some of the young people we spoke to as part of our Experts by Experience project, who had been placed in temporary accommodation which was clearly unsuitable and made them feel unsafe. Young people had, in some cases, been placed in hostels where they were around older adults who were using substances and becoming violent and abusive, posing a significant risk to their wellbeing and raising serious safeguarding concerns. Another young person was placed in an emergency hostel room for three weeks, using a sleeping bag and the staff shower facilities.
- 3.4 There were also concerns about the lack of specialist staff expertise in generic temporary or supported accommodation, where care experienced young people are not getting the specialist support they need. It is also extremely concerning that some young people are being placed in temporary accommodation such as B&Bs without any on-site support.
- 3.5 The most recent Welsh Government statistics show that over 9,000 people are in temporary accommodation, highlighting the significant pressures on the homelessness system and huge demand for housing. However, it is essential that young care experienced people are provided with safe and appropriate accommodation, with access to high quality support.

Youth-specific housing support services

- 3.6 Our members who work with young people deliver high quality, specialist young people's accommodation projects, provide a safe home and providing invaluable support to many care experienced young people. This includes emotional support and help to develop independent living skills, alongside a range of wellbeing, social, recreational and educational activities. These services are predominantly commissioned and funded through the Housing Support Grant, led by the local authority housing department, often in partnership with social services.
- 3.7 A number of these organisations provide high quality supported accommodation, which is relatively small in scale, and designed specifically for young people. These housing support providers take a psychologically informed approach to service delivery, with staff trained in trauma-informed approaches, and a physical environment as welcoming and home-like as possible for the young people. It is important that services for young people are led by organisations with specialist expertise and commissioned to be truly trauma-informed in their approach. This means that funding through the Housing Support Grant must facilitate appropriate caseloads, provide training for staff, enable staff to engage in reflective practice, and ensure they can access psychological support for any vicarious trauma they experience.
- 3.8 Housing First for Youth services have recently been established in Wales and are delivered in line with the Housing First for Youth principles¹⁰. This is a model of housing and support for young people, aged 16-25, who have experienced or are experiencing multiple complex

⁹ Public Health Wales, [Preventing homelessness in care experienced individuals](#) (2022)

¹⁰ Housing First Wales Network, [Housing First for Youth principles](#), 2021

issues (e.g. trauma, mental health issues and/or substance use issues) and are homeless or at risk of homelessness. These are often young people for whom existing services have proved ineffective or who have been failed by established systems. The model has been shown to be effective when offered to care-experienced young people¹¹ and requires intensive multi-agency support to be provided.

- 3.9 Staff within housing support services are highly skilled and make a tremendous difference to young people's lives. However, it is important that their roles are respected and understood by other professionals. Housing support services are not a replacement for statutory social services, but should complement them. Multi-agency support is essential to ensure that care experienced young people get the support they need, and it is critical that statutory services such as health and social care continue to play an active role in the young person's life when they are living within supported accommodation services. Improved collaboration and communication should be a priority, to achieve the best outcomes for the young person.

Access and affordability of settled accommodation

- 3.10 The costs and availability of housing make it extremely difficult for people leaving care to find an affordable home. There is not enough social housing available and the private rented sector is becoming increasingly unaffordable and inaccessible to people leaving care. Local Housing Allowance has been frozen for a number of years and Bevan Foundation research¹² indicates that just 24 properties advertised in May were available at LHA rates. While care leavers under the age of 25 are exempt from the 'shared accommodation rate', they still do not receive enough in housing benefit to afford the vast majority of one-bedroom properties. They also struggle to find bond or rent in advance, and to find a guarantor.
- 3.11 Some housing support providers referenced difficulties in accessing social housing for care experienced young people and called for better partnership working with social landlords. In 2020, End Youth Homelessness identified an 'over-reliance' on risk assessments as the basis to which someone is offered accommodation¹³ and in some cases, care leavers are 'not considered to be facing homelessness until they are homeless'.¹⁴
- 3.12 The lack of access to affordable housing for care experienced young people means that some are stuck in supported accommodation for longer than they would like. They may have developed the confidence and independent living to move into their own home, but cannot find somewhere affordable, or in the right place, for them to live. This, in turn, results in other young people having to wait longer than necessary to access supported accommodation.

Support when transitioning into an independent, settled home

- 3.13 Young people, including those who are care experienced, have also told us about the importance of housing-related support when they move into an independent, settled home. This includes moving from a children's home, foster care or supported accommodation. This is another transition that they have to manage, and continuity of support to help them to settle in and manage their tenancy, as well as any challenges is critical, particularly for a care experienced young person who doesn't have a family support network to rely on. Some people talked about the experience of moving from a children's home to an independent tenancy as 'very scary' and 'unknown', calling for more support to alleviate their fears.

Rapid rehousing

- 3.14 As local authorities plan for rapid rehousing, they should consider how to best meet the housing and support needs of care leavers, including access to social and private rented housing, and provision of specialist supported accommodation and Housing First for Youth.

¹¹ Rock Trust, [Housing First for Youth Pilot Evaluation Report](#) (2020)

¹² Bevan Foundation, [Wales' Housing Crisis: an update on the private rental market in Wales](#) (2022)

¹³ End Youth Homelessness Cymru, [Don't Let Me Fall Through the Cracks Summary](#) (2020) p.13

¹⁴ Public Health Wales, [Preventing homelessness in care experienced individuals](#) (2022) p.21

4. Accessing and navigating other services

- 4.1 Housing support providers told us that the current approach to the referral of care leavers to other support services as part of the transition process lacks clarity. Equally, the inconsistency, repetition and impersonal nature of referrals and risk assessments can leave the young person feeling that their needs have been misunderstood, or in some cases exacerbates the complex support needs of the young person.¹⁵
- 4.2 The duplication and fragmentation of referrals and pathway reviews were a significant concern among the providers we approached, particularly in ensuring that the transition period encompassed a trauma-informed approach. One example given by Dewis saw a young person referred to a total of nine services at one time, creating the risk of the young person repeating their story across multiple reviews and therefore reliving traumatic experiences as a result.
- 4.3 Access to mental health services was highlighted by providers as a particular challenge during the transition period, with lengthy waiting times creating confusion as to whether a young person should be referred to CAMHS (due to their age at referral) or adult mental health services (due to their likely age once they reach the end of the waiting list). According to a review of services for homeless care leavers by End Youth Homelessness Cymru, the transition from CAMHS to adult mental health services was often difficult to navigate therefore impacting their ability to overcome and successfully manage mental health issues.¹⁶ There are also concerns about the impact on care experienced young people of transitioning from CAMHS to adult mental health services, where the threshold for support or range of support options could change dramatically – thus leaving them with very different treatment and support after the transition.
- 4.4 Additionally, some providers highlighted a gap in the communications from local authorities and Health Boards to housing support providers regarding referrals to mental health services. In many cases, this leaves housing support providers (who are often helping to the young person to navigate the system) unaware of the pathways available to a young person, particularly those on the threshold for further referral.
- 4.5 These findings were previously highlighted in our Experts by Experience report¹⁷ to the Homelessness Action Group, which called for services to prepare young people for adulthood at a much younger age and to better communicate the options available to them. Participants called for people to be able stay in care longer, for better planning in advance of people leaving care, maintaining support once people have moved on, more counselling and social support and to teach young people practical life skills and how to keep safe. One person said:

“Transition from child to adult is still a huge problem. Everything stops.” (Expert by Experience)

Importance of a trusted advocate and navigator

- 4.6 The role of a trusted advocate and navigator to help young people to interact with services was championed by the people we spoke to. The system is incredibly complex, and help to navigate services with someone who is trusted by the young person can be extremely helpful, particularly if the young person is empowered to inform and influence the referrals and shape their experience. Work carried out by Public Health Wales has also highlighted the importance of harnessing peer support relationships, from those that have either experienced the care system or homelessness themselves, who may be able to provide support and advice that may help other care leavers access useful resources and services.¹⁸

¹⁵ Ending Youth Homelessness Cymru, [Don't Let Me Fall Through the Cracks Summary](#) (2020) p.13

¹⁶ Ending Youth Homelessness Cymru, [Don't Let Me Fall Through the Cracks Summary](#) (2020) p.18

¹⁷ Cymorth Cymru, [How we should end homelessness by people who have experienced it](#) (2020)

¹⁸ Public Health Wales, [Preventing Homelessness in Care Experience Individuals](#) (2022) p.14

5. Independent living and financial management skills

- 5.1 We believe that support to develop independent living skills, such as cooking skills, tenancy maintenance, and financial management skills are key to enabling a successful transition period and helping young care leavers to avoid the adverse outcomes of the 'care cliff', while helping care leavers to prevent or exit homelessness.
- 5.2 Budgeting and financial capabilities have been identified in previous research as the most important skill for young people and care leavers, with many feeling that a lack of understanding of their own finances contributed to the failure of their tenancy.¹⁹
- 5.3 Alongside financial management skills, many care leavers also require adequate funds in the form of Universal Credit or housing benefit. Housing support providers feel that the current welfare system is inadequate and fails to provide enough financial support to enable young people to access and manage to cost of accommodation. As referenced in paragraph 3.12, Local Housing Allowance rates are completely out of touch with the real cost of renting and people are not receiving enough housing benefit to afford private rented accommodation. As a consequence, young people end up in rent arrears unable to access further financial support or using Discretionary Housing Payments. Many housing support providers have told us that the Universal Credit system acts as a disincentive to work for people in supported accommodation, as the loss in housing benefit means they cannot afford their rent.
- 5.4 The lack of inadequate financial support through the welfare system can sometimes push people into the underground economy to find extra income, which can leave them at risk of exploitation or criminality.
- 5.5 Some concerns have been raised about the impact of the Universal Basic Income (UBI) pilot, as this has created challenges with claiming benefits, particularly housing benefit. In addition to issues with benefits, the UBI pilot also has the potential to pose a risk to vulnerable young people due to the influx in cash, including being at risk of exploitation or exacerbating complex needs, such as substance use issues. Based on the providers we spoke to, many said that although they were supportive of the UBI pilot in principle, the current implementation does not fully realise the practicalities and realities on the ground. The staggering of payments has been suggested as a potential solution to both mitigate vulnerabilities but also help them to better manage funds when they lack the experience of managing large sums of money. There are also concerns about a lack of planning for transitioning away from the UBI when the pilot stops.
- 5.6 Getting care leavers and other young people work ready is also a key part of the transition process, with providers such as Llamau offering valuable guidance and training through their education programmes.

6. The role of social services

Continuity of social worker support

- 6.1 Through our engagement with housing support providers in Wales, a commonly raised issue was the drop off in support received from social services and social workers following a placement in supported accommodation, despite a need for continued intervention from statutory services. This can be extremely concerning for the housing support workers, who have told us that they can find it difficult to get social services involved again. The lack of communication about the decrease in support can also be frustrating for the young person.

¹⁹ Ending Youth Homelessness Cymru, [Don't Let Me Fall Through the Cracks Summary](#) (2020) p.14

- 6.2 Some housing support providers recognised that this was often caused by staffing pressures and recruitment issues within social services. This can also lead to inconsistency in the support given to young people, with high staff turnover resulting in care leavers being placed with multiple social workers, from 4 to 5 in the most common of cases to around 25 to 30 in the most extreme cases, therefore impacting the continuity of care and their ability to build trusting relationships.²⁰ Common effects of inconsistent care include:
- Distrust in services
 - Reluctance to fully engage with support of any kind, either from social services or housing support
 - Emotional destabilisation and exacerbation of mental health issues

Managing expectations regarding housing solutions

- 6.3 The social worker can play an important part in managing the expectations of the young person during the transition period and placement in adult accommodation. In many cases, when leaving residential care, care leavers are perceived to want or expect to be placed in their own property i.e. single bed flat. However, this is often legally or financially unattainable due to issues such as rent prices, conditions of rent agreements, a lack of single bed properties, the reluctance of PRS landlords to take on young people on benefits, and the heightened risk of vulnerability to the young person.
- 6.4 Housing support providers have told us that high expectations can sometimes be driven by social workers, which are often higher than what is both realistic and reasonable for the young person. This can lead to reluctance from the young person to engage with services, as they expect more than what is being offered, which in turn may exacerbate emotional or behavioural issues, and issues with distrust. Housing support workers also highlighted that it impacts on efforts to help young people become independent as they become dependent on services to provide them with what they want and/or need rather than learning how to deal with the issue themselves.
- 6.5 Some housing support providers highlighted the potential to review training for social workers to help them to understand what is both appropriate and realistic when placing care leavers in adult accommodation. They felt that it was important that social workers understand the types of accommodation available to homeless and at-risk care leavers, and the services available to them within that accommodation. For example, the difference between residential care and supported accommodation, or what supported accommodation providers have the capacity to do by comparison. Overall, there was agreement that social workers should receive greater training on housing to enable them to more effectively interact with providers, thus advocating for a more collaborative and joined up approach to the transition period.
- 6.6 An example of a current good practice which seeks to better engage trainee social workers with the housing and homelessness sector, is the offer of work placements alongside housing support workers. For example, charity and supported housing provider Digartref, has previously taken on social workers during their placement year, giving them a greater insight into the functions and role of supported accommodation.
- 6.7 There is also a need refocus how social workers prepare care leavers in advance of leaving of residential care, including resilience training and independent living skills as a way of managing those expectations ready and strengthening the transition period for when care leavers enter adult accommodation. The charity Barnardo's already offers materials including the Pathway to Independent Living for local authorities with Shelter Cymru looking to relaunch the guidance with a focus on improving its initial implementation.

7. Ending stigma: Trauma informed approaches

- 7.1 It is important that all services understand the impact of trauma and adverse childhood experienced on young care experienced young people. This can have a significant impact on their ability and willingness to trust individuals and services, and can also impact on their ability to regulate their emotions when they are upset or frustrated. Services must have an understanding of this and ensure that they deliver a trauma-informed approach so that no-one is left behind. The work of the ACE Hub Wales will be important over the coming years to try and encourage all public services to adopt a trauma informed approach.
- 7.2 Our members have shared examples with us about how attitudes towards care leavers can lead to discrimination and the risk of criminalisation. There is a strong feeling that care leavers start on a different level to non-care leavers, and don't have the same space to make the 'safe mistakes' that those who have not experienced care can make. Behaviour which may be viewed as part of growing up for many, can carry a much higher risk of criminalisation for young people with experience of care due to stigma, and has the potential to end someone's tenancy.
- 7.3 It was pointed out that when a young person at home has a 'melt down' or displays signs of frustration, it is not the default to call the police. However, it can be the default to involve the police if care leavers display the same behaviours.
- 7.4 If the Welsh Government's aim of not criminalising young people is to be realised, it is vital that all services working with, or likely to come into contact with young people, invest in training to ensure all staff are trauma informed and have an understanding of the impact that trauma has on emotional development and regulation, as well as how to support people to cope with trauma.

8. Recommendations

- A longer and more flexible transition period for care experienced young people.
- Greater collaboration and multi-agency approaches to providing care, support and housing.
- Appropriate temporary accommodation and support for care leavers who are homeless.
- Consideration of the needs of care experienced young people as we move to rapid rehousing, including access to social housing and the private rented sector, and the provision of specialist young people's supported accommodation and Housing First for Youth.
- Additional financial support to help care leavers to access an independent home.
- Continued housing-related support to help care experienced young people to move into and maintain an independent home.
- Improvements in the welfare system, including an increase in Local Housing Allowance rates.
- Better join-up and information sharing to avoid care experienced young people having to re-tell their story to multiple agencies and risk re-traumatisation.
- Improved mental health provision and clarity for care experienced young people moving from CAMHs to adult services.
- Trusted advocates and navigators to help care experienced young people to navigate the systems and be empowered to influence their referrals and shape their experience.
- Support to develop independent living and financial management skills for care experienced young people.
- Greater continuity of social worker support following placement in supported accommodation.
- Greater knowledge of housing options and system among social workers.
- A greater focus on trauma-informed approaches across all public services.

Senedd Cymru | Welsh Parliament

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Gwasanaethau i blant sydd wedi bod mewn gofal: archwilio diwygio radical | Services for care experienced children: exploring radical reform

Ymateb gan Y Gwasanaeth Arian a Phensiynau | Money Pensions Service

Services for care experienced children: exploring radical reform

**Written consultation
Welsh Government
Children, Young People and Education Committee**

February 2023



**Money &
Pensions
Service**

Services for care experienced children: exploring radical reform – MaPS response to questions posed by the consultation

The experiences children and young people have growing up, and what they learn about money during that time, have a profound effect on their chances of having good financial capability later in life. Set up by UK Government with a four-nation approach, the Money and Pensions Service has a national goal to ensure 90,000 more children in Wales (two million across the UK) receive a meaningful financial education by 2030, as part of our UK Strategy for Financial Wellbeing. We want everyone across the country to be making the most of their money and pensions.

Children in Wales are, in general, more involved in managing their finances than the UK as a whole. This includes managing their bank account, and having more responsibility in deciding for themselves how they are going to spend and save their money. Indeed, the proportion of children and young people in Wales receiving key elements of financial education at school or at home has increased slightly since 2016 (50% versus 48% in 2016). However, a meaningful financial education should provide a solid foundation as young people transition into adult life, and there is a huge variation in how children in Wales receive financial education in both the home and school environments.

These challenges can be even greater for children and young people who are care-experienced, including in and leaving care, a factor that MaPS research has identified is associated with poorer financial capability. Children in care and care leavers, themselves, highlight money management as one of their top concerns. However, financial education alone as it is currently delivered in schools is not likely to be sufficient to ‘close the gap’ and fully meet additional needs of more vulnerable groups. Learning about money at home and school are important influences on children’s financial capability – but children in care are more likely than their peers to miss out on both.

Tailored support for children and young people in care and care leavers is needed and, our evidence indicates, is most effective. MaPS believes that those working with children in care and care leavers, including local authorities, youth services, family support, and other community services, have an important role to play in developing their financial capability – but they need more support and guidance. Similarly, foster carers play a vital role in the development of the financial knowledge, skills, and attitudes of the children in their care – but need more support. National and local governments have a further role to play in ensuring that what works in the provision of effective financial education is reflected in future policy and practice at the local and national level – for children in care and care leavers, at home, at school and through local services. This includes encouraging, supporting, and, where necessary, directing local authorities and schools to improve the access of care leavers and care-experienced children and young people to financial education. A concerted and joined-up effort is essential to ensure this cohort of children and young people gain the vital money skills they need.

This submission sets out our evidence relating to financial education for children in care and after care, which has been used to develop the following priorities for radical reform:

<p>In care: Quality services and support for children in care</p>	<p>Priority 1: Tailored financial education and support for children in care. Priority 2: Greater financial education support and guidance for professionals working with children in care. Priority 3: More support around money matters for foster carers.</p>
<p>After care: On-going support when young people leave care</p>	<p>Priority 1: Tailored financial education and support for young people leaving care. Priority 2: Greater financial education support and guidance for professionals working with care leavers. Priority 3: Embed financial education and money matters into policy and practice related to care leavers.</p>

Priorities for radical reform for care experienced children

In care: Quality services and support for children in care

Priority 1: Tailored financial education and support for children in care

MaPS research indicates that financial education as it is currently delivered in schools is not likely to be sufficient to 'close the gap' and fully meet additional needs of more vulnerable groups. Therefore, although financial education is included in the primary and secondary school curricula in Wales, providers need to work with schools to identify and test suitable ways to narrow the financial capability gap for this group of children and young people. Our evidence tells us that this includes developing co-designed, tailored, and flexible financial education resources, and that designing these in consultation with target group representatives can ensure they are engaging and appropriate.

MaPS is running a £1.1 million grant programme to improve financial education for children and young in vulnerable circumstances, including children in care, via practitioner training and targeted provision (across all UK nations); and, building on the [pilot in Wales](#), scale and embed training and support for teachers and other practitioners in educational settings. The findings from this programme are expected by mid-2024. MaPS would welcome collaboration with Welsh Government in the dissemination of these findings to encourage further work to improve financial education in Wales.

Priority 2: Greater financial education support and guidance for professionals working with children in care

We have seen that train-the-trainer models can deliver impact for both children and young people and the professionals themselves. Our evidence also shows that expert-led interventions work well in non-mainstream settings, where they were designed specifically for young people in vulnerable circumstances. A survey of practitioners working with children and families in vulnerable circumstances in England found that most are already supporting young people with money matters, and many would value more help in doing so. However, relatively little existing financial education provision focuses on this for those supporting children and young people in vulnerable circumstances.

MaPS has developed a [guide and toolkit](#) to support professionals in Wales working with children and young people, with the aim of improving their financial wellbeing through good quality financial education. This is available in both Welsh and English. MaPS believes that Welsh Government and others have a role to play in regularly promoting this guidance for children and young people services in Wales to improve the financial education local authorities and other services deliver and to signpost to tools and resources that can help.

Priority 3: More support around money matters for foster carers

Most children in care who are looked after away from home live with foster carers. In Wales, as of 31 March 2022, 4,915 children were living with approximately 3,800 foster families, accounting for 69% of children in care looked after away from home. For most children and young people, parents and carers are the main source of advice and learning about money, and the actions parents take are strongly and directly linked to children and young people's money skills, knowledge, and attitudes. Foster carers thus play a vital role in the development of financial knowledge, skills, and attitudes of the children in their care.

MaPS, together with The Fostering Network and Children in Wales, has delivered 'teaching money to children and young people' training to foster carers about money, with positive feedback. This built on learning from [Talk, Learn, Do](#), MaPS' flagship programme that was originally piloted in Wales and which trains practitioners to support parents and carers to talk about money with their children. MaPS would be happy to share further information about activities parents and carers can undertake with their children, including those developed as part of *Talk, Learn, Do*.

After care: On-going support when young people leave care

Priority 1: Tailored financial education and support for young people leaving care

Young adults face many points of transition as they move from school into work, further or higher education, or training. At each point, they have access to some form of income as well as to credit. However, care leavers often become fully independent at a younger age before they have had time to practise the skills they need within the safety net of parental guidance and support. Some will have some access to money about which they will have to make choices (such as Child Trust Funds, and pre-tax income payments for participants of the Basic Income Pilot for Care Leavers in Wales). In Wales, only 19% of care leavers return home to live with their parents or someone with parental responsibility; most are living independently or semi-independently with a varying range of support.

Our [MoneyHelper](#) website offers free and impartial practical guidance and tools in English and Welsh that care-experienced young adults can access directly (or via a trusted support worker or mentor). An upcoming embedded English and Welsh version of the [Inbest](#) benefits calculator on MoneyHelper will help people estimate how much in benefits they could be claiming to increase their disposable income and then direct them to where they can make a claim. MaPS would be pleased to work with Welsh Government to promote the MoneyHelper website and its services to care leavers in Wales.

Priority 2: Greater financial education support and guidance for professionals working with care leavers

Children in care and care leavers, themselves, highlight money management as one of their top concerns. Our evidence tells us that peer-led activities and support provided by peer mentors can improve financial knowledge for young adults. However, trained advisors are necessary for mentor support and specialist guidance to reassure beneficiaries that they are receiving expert guidance.

To ensure that practitioners, such as Young People Advisors, feel confident in delivering money guidance, Welsh Government partnered with MaPS to offer access to free [e-learning](#) mapped to our competency framework, a City & Guilds endorsed credential, and themed content and shared learning through the [Money Guider Networks](#) across Wales. The e-learning focuses on foundation level competencies – ‘must haves’ needed by everyone to be able to delivery good quality money guidance. However, registration for this was low. MaPS would be pleased to work with Welsh Government and other bodies to further discuss this programme and encourage greater uptake of this free training, and to ask all local authorities to encourage practitioners to complete this e-learning.

Priority 3: Embed financial education and money matters into policy and practice related to care leavers

National and local governments have a role to play in ensuring that what works in the provision of effective financial education is reflected in future policy and practice at the local and national level – for children in care and care leavers, at home, at school and through local services.

Good examples already exist in Wales. Statutory guidance on the pathway plan for care leavers requires that practitioners assess a young person’s financial needs and capabilities, and plan actions to develop these. MaPS has supported the Jobs Growth Wales Plus Youth Programme to include financial wellbeing questions at the initial assessment and consequently young person’s individual learning plan. Encouraging good evaluation practice to help organisations generate, use, and share evidence about financial wellbeing would also ensure that financial education provision for care leavers is of high quality; MaPS has a suite of widely used [outcomes frameworks](#) to support this.

MaPS also has a strategic function that includes working with others to improve children and young people’s financial education. Our Wales Financial Education Forum brings together stakeholders and parties interested in the financial wellbeing of children and young people on a quarterly basis. We welcome collaboration with government departments, funders, and providers.

MaPS evidence on care experienced children and young people

February 2023



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About the Money and Pensions Service

The Money and Pensions Service (MaPS) is an arms-length body, sponsored by the Department for Work and Pensions, with a vision of “Everyone making the most of their money and pensions”. We exist to help people make the most of their money and pensions, particularly those most in need and those most vulnerable to financial insecurity. Funded by levies on both the financial services industry and pension schemes, we were created by the Financial Guidance and Claims Act 2018, bringing together the Money Advice Service, the Pensions Advisory Service, and Pension Wise under one body.

We help people to improve their financial wellbeing and build a better, more confident future by ensuring that people throughout the UK have guidance and access to the information they need to make effective financial decisions over their lifetime. We deliver this across:

- Money guidance – to provide information designed to enhance people's understanding and knowledge of financial matters and day-to-day money management skills.
- Pensions guidance – to provide information to the public on matters relating to workplace and personal pensions.
- Debt advice – to provide people in England with information and advice on debt.
- Consumer protection – enabling us to work with Government and the Financial Conduct Authority in protecting consumers.
- Strategy – working with the financial services industry, devolved authorities, and the public and voluntary sectors to develop and coordinate a national strategy to improve people's financial capability, help them manage debt, and provide financial education for children and young people.

In January 2020, in line with our statutory functions and informed by conversations with more than 1,000 stakeholders, MaPS launched the [UK Strategy for Financial Wellbeing](#). This included a national goal to ensure two million more children receive a meaningful financial education by 2030, as part of the Financial Foundations Agenda for Change. In February 2022, we published our [Delivery Plan for Wales](#), co-authored with Welsh Government with participation from over 90 organisations across Wales; this covered practical and deliverable initiatives that could make a difference to people in Wales making the most of their money now and in the future.

To support the Financial Foundations Agenda for Change, our Children and Young People Programme leads the development of insights, evidence, and research into what works in improving children and young people's financial capability across the UK. Only 50% of 7- to 17-year-olds growing up in Wales (48% in the UK) receive a meaningful financial education at home or in school. This means 5.3 million children and young people across the UK are not getting the vital learning they need.¹ Furthermore, there is a huge variation in how children, including those in Wales, receive financial education in both the home and school environments. Responding to this challenge, our programme helps to:

- Build the evidence base around children's financial capability and financial education;
- Test effective and innovative approaches to delivering financial education; and
- Support the development of tools and resources to help teachers, parents/carers, and practitioners working with children and young people in vulnerable circumstances deliver high quality learning about money.

Since 2019, MaPS has invested over £3 million in financial education projects across the UK.

¹ The measure of 'meaningful' financial education is a child/young person recalling learning about money at school which they consider useful and/or receiving key elements of financial education at home. This is the national measure associated with the UK Strategy national goal to ensure 2 million more children receive a meaningful financial education by 2030. 231,000 children and young people in Wales presently get a meaningful financial education.

MaPS evidence on care-experienced children and young people

In care: Quality services and support for children in care

Based on our evidence, MaPS believes that the top three priorities to support the financial education and wellbeing of children in care are:

Priority 1:

Tailored financial education and support for children in care

Priority 2:

Greater financial education support and guidance for professionals working with children in care

Priority 3:

More support around money matters for foster carers

Financial education in schools is not closing the gap and tailored support is needed

The MaPS Children and Young People Programme recognises that there is no single definition of vulnerability. However, we know that some children and young people are at increased risk of poor financial capability, and/or at risk of disproportionately negative impacts of poor money decisions.

A deep-dive into the relationship between vulnerability and children and young people's financial capability, conducted by the Money Advice Service, identified characteristics, skills, and environmental factors that are associated, sometimes strongly, with poorer financial capability. This includes but is not limited to:

- being care-experienced, including in and leaving care;
- being young carers;
- being at risk of homelessness;
- being engaged in the youth justice system;
- being affiliated with gangs and/or affected by youth violence;
- being a young refugee;
- experiencing domestic abuse;
- experiencing digital exclusion;
- being affected by substance/alcohol misuse;
- living in social housing or an income-deprived area;
- having lower levels of numeracy and literacy;
- having lower levels of social and emotional skills and/or behavioural issues;
- having special educational needs;
- having a long-standing illness; and
- growing up in low-income or over-indebted households.²

MaPS' evidence suggests that financial education alone as it is currently delivered in schools is not likely to be sufficient to improve financial capability for all children, address all aspects of financial capability, or 'close the gap' and fully meet additional needs of more vulnerable groups. Children in care are more likely than their peers to miss out on any financial education that is provided in schools;

² Money Advice Service (2018) Children and Young People Financial Capability Deep Dive: Vulnerability. Available at: <https://moneyandpensionsservice.org.uk/wp-content/uploads/2021/03/cyp-deep-dive-vulnerability.pdf>

this has been exacerbated by the Covid-19 pandemic, which caused widespread disruption to school and college life. Children in care are also at greater risk of disengaging from learning, are significantly more likely to be not in education, employment, or training (NEET), and have lower educational attainment than their peers who live at home.³ Yet, only a quarter of financial education programmes mapped in our 2021 provision mapping exercise included a focus on specific needs and/or children and young people in vulnerable circumstances, such as care-experienced children, children and young people living in low-income households, those with special educational needs, learning difficulties or learning disabilities, and Black, Asian and Minority Ethnic communities.⁴ An overview of the programmes known to include a focus on care-experienced children is provided in Appendix 1.

More broadly, our evidence suggests that the needs of young people in more vulnerable circumstances could be further addressed through interventions delivered at scale, by:

- Financial education providers working with schools to identify and test suitable ways to narrow the financial capability gap between young people receiving free school meals and their peers. For example, enhanced or extended financial education sessions could be offered to schools with higher rates of free school meal eligibility.
- Financial education programmes for young people in non-mainstream settings being of longer duration, with smaller groups of young people and content split across a series of sessions. Specialist providers should be involved in creating and adapting core content to address the specific needs and abilities of different groups of young people in non-mainstream settings, rather than adjusting the financial education content used in mainstream contexts.⁵

For children and young people in vulnerable circumstances, this includes developing co-designed, tailored, and flexible resources. Our evidence shows that designing financial education resources in consultation with target group representatives, particularly when working with young people from vulnerable circumstances, means that they can be based on issues that reflect their lives, they can be delivered in a way that suits them, and the content is accessible to them. This is key when designing financial education for specific groups to ensure they are engaging, appropriate, and relevant.^{6,7}

It is commendable that financial education is included in the primary and secondary school curricula in Wales (sitting in the Areas of Learning and Experience for both Mathematics and Numeracy and Health and Wellbeing in the new curriculum), but a concerted and joined-up effort is essential to ensure this cohort of children and young people gain the vital money skills they need.

Greater support for practitioners working with children and young people in vulnerable circumstances is needed

MaPS believes that those working with children and young people in vulnerable circumstances and their families – including local authorities, youth services, family support, and other community services – have an important role to play in developing their financial capability.

³ Money Advice Service (2017) The Financial Capability of Children, Young People and their Parents in the UK. Available at: <https://maps.org.uk/wp-content/uploads/2021/03/financial-capability-of-cyp-and-their-parents-in-the-uk-2016.pdf>

⁴ Money and Pensions Service (2022) Financial Education Provision Mapping 2021 Financial Report. Available at: https://maps.org.uk/wp-content/uploads/2022/11/PUBLISHVersion_MAPS-Financial-Education-Provision-Mapping-Study-2021_Final.pdf

⁵ Money and Pensions Service (2021) Evaluation Report Financial Education for 16 and 17 year old Pathfinder. Available at: <https://moneyandpensionsservice.org.uk/wp-content/uploads/2021/12/evaluation-report-for-financial-education-for-16-17-year-olds-pathfinder.pdf>

⁶ Money and Pensions Service (2022) Children and Young People Financial Education Innovation and Evaluation Programme Synthesis Report. Available at: <https://moneyandpensionsservice.org.uk/wp-content/uploads/2022/03/evaluation-synthesis-report.pdf>

⁷ Quality-assured financial education resources can be found on The Quality Mark [resource hub](#), which is funded by MaPS and delivered by Young Money. Many of the resources can be utilised for children in care and care leavers, and some have a focus on children looked after.

A survey of practitioners working with children and families in vulnerable circumstances, undertaken by the National Skills Academy for Financial Services as part of a Money Advice Service project with a small group of local authorities in England, found that most are already supporting young people with money matters, and many would value more help in doing so.⁸ Some children do recall financial education outside of school, for example, during sports clubs, faith groups, and national youth programmes (such as the Duke of Edinburgh award scheme); however, this is not very common. When asked whether they had learned to manage money anywhere outside of school as part of our tri-annual Financial Capability Survey, only 5% of children/young people mentioned they had learnt about managing money at a youth or community group (e.g., Guides, Scouts, social, etc.), 4% mentioned a sports club or school (e.g., football, dancing, gymnastics, etc.) and 3% a national youth programme (e.g. Duke of Edinburgh).⁹ There is more to be done to embed financial education in community initiatives and reach those who, arguably, need it the most.

MaPS Guidance for Children and Young People Services

MaPS has developed a series of guides, one for each UK nation, to support professionals working with children and young people, with the aim of improving their financial wellbeing through good quality financial education. The guidance has been informed by consultation with leaders of children and young people services, practitioners who work with children and young people in vulnerable circumstances, and organisations that represent the voices of children and young people.

The [Wales guide and toolkit](#) are available on the MaPS website in both Welsh and English. MaPS believes that Welsh Government and others have a role to play in regularly promoting MaPS' financial education guidance for children and young people services in Wales to improve the financial education local authorities and other services deliver and to signpost to tools and resources that can help.

Furthermore, we have seen that train-the-trainer models can deliver impact for both children and young people and the professionals working with children and young people themselves. Working to upskill those who already support children, young people, and families may offer the opportunity to reach a greater number of children and young people than through direct delivery to children and young people alone, and create sustainability by increasing professionals' capacity to deliver financial education embedded in their wider support over the long term. We know that expert-led interventions work well in non-mainstream settings, where they were designed specifically for young people in vulnerable circumstances, helping these young people make significant progress in terms of their financial capability.¹⁰ However, relatively little existing financial education provision focuses on this for those supporting children and young people in vulnerable circumstances.

⁸ The National Skills Academy Financial Services (2018) Evaluation of the Local Authority Financial Capability Training Programme. Available at: https://masassets.blob.core.windows.net/fincap-cms/files/000/000/397/original/LA_Financial_Capability_Training_Programme_Evaluation.pdf

⁹ Money and Pensions Service (2019) UK Children and Young People's Survey – Financial Capability 2019. Available at: <https://moneyandpensionsservice.org.uk/2020/01/21/uk-children-and-young-peoples-survey-financial-capability-2019/>

¹⁰ Money and Pensions Service (2021) Evaluation Report Financial Education for 16 and 17 year old Pathfinder. Available at: <https://moneyandpensionsservice.org.uk/wp-content/uploads/2021/12/evaluation-report-for-financial-education-for-16-17-year-olds-pathfinder.pdf>

MaPS 'Improving Financial Wellbeing through Teacher and Practitioner Training and Targeted Provision' programme

MaPS is currently running a £1.1 million grant programme to: 1) improve financial education for children and young in vulnerable circumstances via practitioner training and targeted provision (across all UK nations); and 2) building on the teacher training pilot in Wales, scale and embed training and support for teachers and other practitioners in educational settings (in England, Scotland, and Northern Ireland).

The findings from this programme are expected by mid-2024. MaPS would welcome collaboration with Welsh Government to further embed and encourage participation in the teacher training developed for Wales-based teachers, and in the dissemination of these findings to encourage further work to improve financial education in Wales and across the UK.

More support for foster carers (and main carers who are not parents)

Most children in care who are looked after away from home live with foster carers. In Wales, as of 31 March 2022, 4,915 children were living with approximately 3,800 foster families, accounting for 69% of children in care looked after away from home.¹¹

Our evidence shows that learning about money at home (and school) are important influences on children's financial capability. For most children and young people, parents and carers are the main source of advice and learning about money, and the actions parents take are strongly and directly linked to children and young people's money skills, knowledge, and attitudes.¹² There are strong positive links between children's financial capability and their parent(s)/carer(s) giving children regular money – regardless of the amount; giving responsibility to their child for spending and saving decisions; setting rules about money; and role modelling behaviours. Parents' and carers' attitudes to teaching children about money and their own financial capability are also linked to their child's financial capability.¹³

However, children in or leaving care are at greater risk of missing out and are likely to have experienced challenging home lives. Multiple placements, and traumatic or disruptive experiences in their lives, may have led to intermittent and inconsistent chances to receive and use money, activities which are key to developing money skills. Furthermore, some children in care may have encountered particularly complex situations at home or in the community where money was involved, such as witnessing financial abuse, experience of gangs or offending, use of illegal money lenders, gambling, or being at risk of exploitation.¹⁴ This will have a range of potential negative outcomes on children's health and wellbeing, life chances, and opportunities for learning, including access to financial education in the home.

Foster carers thus play a vital role in the development of financial knowledge, skills, and attitudes of the children in their care. It is particularly important to ensure children in care receive appropriate financial education from a younger age and throughout their childhood and adolescence. Our research has shown that children are capable of and can benefit from learning about needs and wants, saving, delayed gratification, and choices, amongst other key money concepts, by the age of 7, well before

¹¹ The Fostering Network (2022) Fostering statistics. Available at: <https://www.thefosteringnetwork.org.uk/advice-information/all-about-fostering/fostering-statistics#:~:text=Wales,3%2C800%2Ofoster%2Ofamilies%20in%20Wales>.

¹² Money Advice Service (2017) The Financial Capability of Children, Young People and their Parents in the UK. Available at: https://masassets.blob.core.windows.net/cms/files/000/000/655/original/MAS_Financial_Capability_of_Children_Young_People_and_their_Parents_in_the_UK_Mar17_Final.pdf

¹³ Money Advice Service (2017) Children and Young People Financial Capability Deep Dive: Parenting. Available at: <https://www.moneyadviceservice.org.uk/en/corporate/children-young-people-and-financial-capability-commissioning-plan--contributing-analysis-reports>

¹⁴ It should be noted there is limited research that looks at the specific nature of these challenges in relation to their effects on developing financial capability.

the end of primary school. It is also important they have experience of money and calculations from a young age, and of making choices and taking responsibility with money throughout childhood and adolescence.¹⁵ Our evidence review analysing the characteristics of effective financial education indicates that starting early is key to having an impact on children and young people's financial knowledge, skills and, importantly, behaviour.¹⁶ However, only nine interventions across the UK include delivery to foster carers as a means of developing children's financial capability.¹⁷ There is a notable gap in the support provided to support the knowledge and confidence of foster carers, so that they feel able engage the children in their care about money.

A key part of this support would focus on professional development training, as well as access to supporting tools, resources, and guidance, especially in relation to the opening of financial products for their foster children. The expectation that foster carers provide the children they care for with pocket money could provide the starting point for opening up these conversations. As outlined above, giving regular pocket money, setting rules about money, and giving children responsibility over some financial decisions are all positively associated with a child being financially capable. This could be reflected in training for foster carers provided by local authorities and fostering agencies, along with advice and ideas for putting financial education into action at home.

Talk, Learn, Do

MaPS, together with The Fostering Network and Children in Wales, have delivered 'teaching money to children and young people' training to foster carers about money, with positive feedback. This built on *Talk, Learn, Do*, MaPS' flagship programme that trains practitioners to support parents and carers to talk about money with their children.

Originally piloted across Wales in 2016-17, the evaluation found that *Talk, Learn, Do* resulted in improved financial capability outcomes for children as well as a reduction in parents' own levels of indebtedness – across families with different income levels. MaPS continues to work with organisations across the UK to identify opportunities for embedding the programme in a range of policies and strategies, including, for example, delivering through NatWest's community bankers, and we are working with providers to digitize the programme and to adapt *Talk, Learn, Do* for older children.

MaPS would be happy to share further information about activities parents/carers can undertake with their children, including those developed as part of *Talk, Learn, Do*.

¹⁵ Money Advice Service (2018) Children and Young People and Financial Capability: Needs Analysis. Available at: <https://moneyandpensionservice.org.uk/wp-content/uploads/2021/03/cyp-needs-analysis.pdf>

¹⁶ Money Advice Service (2018) Developing Financial Capability in Children and Young People: A Review of the Evidence. Available at: <https://moneyandpensionservice.org.uk/wp-content/uploads/2021/08/developing-fincap-in-cyp-evidence-analysis.pdf>

¹⁷ Money and Pensions Service (2022) Financial Education Provision Mapping 2021 Final Report. Available at: https://maps.org.uk/wp-content/uploads/2022/11/PUBLISHVersion_MAPS-Financial-Education-Provision-Mapping-Study-2021_Final.pdf

After care: On-going support when young people leave care

Based on our evidence, MaPS would highlight the following top three priorities to support the financial education and wellbeing of young people leaving care:

Priority 1:

Tailored financial education and support for young people leaving care

Priority 2:

Greater financial education support and guidance for professionals working with care leavers

Priority 3:

Embed financial education and money matters into policy and practice related to care leavers

Moving into independence earlier requires tailored financial support

Young adults face many points of transition as they move from school into work, further or higher education, or training. At each point, they have access to some form of income – benefits, student finance, or wages – as well as to credit. However, our research has shown that young adults, overall, are not good at projecting forwards, planning tends to be for short term spending, and they can struggle to balance financial goals with immediate spending needs.

MoneyHelper

Our MoneyHelper website offers free and impartial practical guidance and tools in English and Welsh that care-experienced young adults can access directly or through a trusted support worker or mentor, such as:

- [Help and support with the cost of living](#) (including a bill prioritiser, living on a squeezed income, and talking to creditors)
- [Supporting yourself financially - a guide for young adults aged 16 to 24](#)
- [Child Trust Funds](#)
- [How to choose the right bank account](#)
- [Automatic enrolment if you're 21 or under](#)

We are scheduled to launch an embedded English and Welsh version of the [Inbest](#) benefits calculator into MoneyHelper by mid-February 2023. This will help people estimate how much in benefits they could be claiming to increase their disposable income and then direct them to where they can make a claim.

MaPS would be pleased to build on work with Welsh Government to promote the MoneyHelper website and its services to young people and their support services.

In Wales, 73% of all adults aged 18-24 with bills or credit commitments struggle to keep up, are falling behind, or have fallen behind with their commitments; this is similar to the picture across the other nations of the UK. Across the UK, 18-24-year-olds are also consistently more likely to be struggling

than other working age adults – and, indeed, all other adult age groups.^{18,19} This has implications in particular for young adults in vulnerable circumstances, such as care leavers, who often become fully independent at a younger age before they have had time to practise the skills they need within the safety net of parental guidance and support. In Wales, only 19% of care leavers return home to live with their parents or someone with parental responsibility – most are living independently or semi-independently with a varying range of support.²⁰

There are specific stages/aspects of the transition to adult life during which care leavers/young people in care are particularly vulnerable to financial harm:

- **16–17-year-olds:** The differences between children looked after and their peers on measures of financial capability are strongest for those aged 16 to 17 years, an important period of transition to independence for children in care. In addition, while evidence indicates that experiential learning and ‘just in time’ education is important for young people’s money skills, we know that there are some gaps in key skills and applied knowledge among the wider 16-17-year-old population.²¹ For example, 62% of 14-to-17-year-olds cannot read a payslip, 39% of 16-17-year-olds do not have a current account, and 60% of the same age group do not have a savings account.²² Having higher levels of financial capability in late childhood (age 15 to 17) is associated with higher levels of financial capability in early adulthood (age 18 to 20). For example, those who saved actively or had a savings mindset when they were aged 15 to 17 were more likely to feel confident making decisions about financial products and services in early adulthood; they were also less likely to borrow and feel their bills were a burden. Those who had higher financial numeracy at the age of 15 to 17 were more likely to have a higher amount of savings, choose long term over short term financial gain in early adulthood, and less likely to borrow.²³ This evidence suggests 16-17-year-old children in care may benefit from targeted financial education to prepare them for independence as they leave care. This would involve skills-based learning relevant to their needs and the financial problems and decisions they will need to solve and make.
- **Vulnerable consumers:** As care leavers reach the age of 18 and can access an increased range of financial products and services, some may be vulnerable to financial harm or exploitation. Research by the Financial Conduct Authority has found that under-24-year-olds, unemployed people, and those with no formal qualifications are more likely than the wider population to display characteristics of potential vulnerability.²⁴ Care leavers may have some of the characteristics or experiences identified by the FCA as indicators of potential vulnerability, including having a health condition or illness, having low levels of resilience to withstand financial or emotional shocks, experiencing major life events such as a bereavement or breakdown, and having low levels of financial capability. Organisations and individuals supporting care leavers as

¹⁸ Money Advice Service (2016) How can we improve the financial capability of young adults? Available at: https://masassets.blob.core.windows.net/fincap-cms/files/000/000/207/original/Young_Adults_Thematic_Review_December_2016.pdf

¹⁹ Based on 985 interviews with adults in Wales (111 with 18-24-year-olds). Money and Pensions Service (2022) UK Adult Financial Wellbeing Survey 2021 Credit Counts Report. Available at: <https://maps.org.uk/wp-content/uploads/2022/12/MAPS-Use-of-Credit-AFW-survey-2021.pdf>

²⁰ Welsh Government (2022) Children looked after. Available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After>

²¹ Money Advice Service (2018) Developing Financial Capability in Children and Young People: A Review of the Evidence. Available at: <https://moneyandpensionsservice.org.uk/wp-content/uploads/2021/08/developing-fincap-in-cyp-evidence-analysis.pdf>

²² Money Advice Service (2017) The Financial Capability of Children, Young People and their Parents in the UK. Available at: <https://maps.org.uk/wp-content/uploads/2021/03/financial-capability-of-cyp-and-their-parents-in-the-uk-2016.pdf>

²³ Money Advice Service (2019) Investigating Links Between Childhood Financial Capability and Young Adult Outcomes: Recontact Study 2017-2018 Summary of Findings. Available at: <https://moneyandpensionsservice.org.uk/wp-content/uploads/2021/03/investigating-links-between-childhood-financial-capability-and-young-adult-outcomes-recontact-study-2017-2018-summary-of-findings.pdf>

²⁴ The Financial Conduct Authority defines a vulnerable consumer as “someone who, due to their personal circumstances, is especially susceptible to harm, particularly when a firm is not acting with appropriate levels of care.”

they become more financially independent, such as Personal Advisers, should be aware of these aspects of potential financial vulnerability and the sources of advice and support available.

- **Starting early:** It is important to ensure children in care receive appropriate financial education from a younger age and throughout their childhood and adolescence. Our research has shown that children are capable of and can benefit from learning about needs and wants, saving, delayed gratification, and choices, amongst other key money concepts, by the age of 7. It is also important they have experience of money and calculations from a young age, and of making choices and taking responsibility with money throughout childhood and adolescence.²⁵ Our evidence review analysing the characteristics of effective financial education indicates that starting early is key to having an impact on children and young people’s financial knowledge, skills, and behaviour.²⁶ Adult financial outcomes can be predicted by some childhood skills and behaviours – including self-control, locus of control and reading and maths scores – in some cases from as young as five years old. The same study found that some of these links (between childhood skills and adult financial outcomes) appeared to embed at age 10, suggesting the value of focusing on the primary school years.²⁷

Helping care leavers have money conversations and prepare for independence: the Getting Ready Project, Wales

The [Getting Ready Project](#) was set up as a joint venture between Children in Wales and Voices from Care Cymru to try to mitigate the impact of risk of homelessness. It is aimed at care-experienced young people who are transitioning from care to independent living, complementing the Welsh Government ‘When I am Ready’ scheme.

It was recognised that many care-experienced young people needed more intensive support around money and tenancy management and that topics such as budgeting could not be covered as a one-off. A key aspect of the project has been the creation and provision of a suite of resources to enhance care-experienced young people’s knowledge and understanding of their rights and entitlements when planning to leave care. Along with the delivery of accompanying workshops to young people, these resources have been used by young people and professionals to provide support for young people to safely transition from care – to reduce the risk of homelessness and achieve housing stability amongst care leavers. The resources focus on building young people’s financial capability, in line with the core themes outlined in the Welsh Government’s Financial Inclusion Strategy document:

1. Access to affordable credit and financial services
2. Access to financial information, including debt advice
3. Building financial understanding and capability

²⁵ Money Advice Service (2018) Children and Young People and Financial Capability: Needs Analysis. Available at: <https://moneyandpensionsservice.org.uk/wp-content/uploads/2021/03/cyp-needs-analysis.pdf>

²⁶ Money Advice Service (2018) Developing Financial Capability in Children and Young People: A Review of the Evidence. Available at: <https://moneyandpensionsservice.org.uk/wp-content/uploads/2021/08/developing-fincap-in-cyp-evidence-analysis.pdf>

²⁷ Money Advice Service (2017) The journey from childhood skills to adult financial capability – analysis of the 1970 British Cohort Study. Available at: https://londoneconomics.co.uk/wp-content/uploads/2017/11/The_journey_from_childhood_skills_to_adult_financial_capability_%E2%80%93_analysis_of_BC_S70.pdf

The circumstances facing care leavers and children in care mean they may need additional support to manage a tight budget – or large sums of money – as they move into independence. As outlined above, they are significantly more likely to be out of education, employment, or training – with the associated impact on their income. They are also more likely to become parents themselves at a young age, resulting in wider financial responsibilities and demands. Those who go on to further or higher education are eligible for grants, and many receive other grants and bursaries to set up home and move into independence. Some of these grants will be paid in lump sums meaning the ability to manage a relatively large sum of money available in one go is essential.

Child Trust Funds in Wales

[Child Trust Funds](#) (CTFs) are long-term tax-free savings accounts for children born between 1 September 2002 and 2 January 2011, set up by government. Some children in the care of local authorities had a CTF account set up on their behalf; the Share Foundation acts as the registered contact for these accounts. In Wales, Welsh Government added a £50 top up (£100 for poorest) when a child started primary school, until 2011. There is currently a total of c. £80 million of unclaimed adult CTFs in Wales, and over £1.5 billion across the UK.

Maturing Child Trust Funds present a unique opportunity to engage with young people to help them manage their transition into financial independence. MaPS have collaborated extensively with UK and devolved governments and industry providers to prepare young people with financial education as they gain control of their Funds.

MaPS would be pleased to continue discussions with Welsh Government on further opportunities to increase the awareness of young people in Wales of CTFs, and support these young people with financial education and money guidance.

Children who are in care for longer than a year will have access to a Junior ISA and those turning 18 in coming years will have a Child Trust Fund. Similarly, care leavers looked after by a Welsh local authority and who turn 18 between 1 July 2022 and 30 June 2023 will be able to participate in the Basic Income Pilot for Care Leavers in Wales. These young people will all have some access to money about which they will have to make choices – the provision of financial education and wrap-around support is essential.

Basic Income Pilot for Care Leavers in Wales

The Basic Income Pilot for Care Leavers in Wales was launched in July 2022 and is open to any care leaver who is looked after by a Welsh local authority and will turn 18 between 1 July 2022 and 30 June 2023. Participating young people receive a basic pre-tax income payment is of £1,600 per month for 24 months, but will not be told how they should spend their money and will be responsible for making their own financial decisions.

As part of the pilot, the Welsh Government has worked closely with Citizens Advice Cymru through the Single Advice Fund to provide each local authority with a dedicated advisor for the young people who are eligible for the pilot. The advisors working with the young people will be providing general financial information and advice as well as more complicated support where specific advice may be required, or casework support to complete paperwork.

MaPS would be pleased to continue working with Welsh Government on the inclusion of financial wellbeing as wrap-around support for young care leavers and their advisors.

More support and guidance for practitioners working with care leavers

Children in care and care leavers, themselves, highlight money management as one of their top concerns. Research by The Prince's Trust and the National Children's Bureau found money and benefits to be the area that care leavers were least confident about, with almost 4 in 10 saying that they were not at all or not really able to manage this area of life. An accompanying report by young researchers also found money to be a key challenge and area on which care leavers wanted more support.²⁸

However, although support and guidance exists to help young adults to manage their finances better, research has shown that, in general, they have little appetite to engage, for a number of reasons: many young adults don't feel inspired, motivated, or equipped to take up services on offer; talking about money is not considered fun; and they are more likely than other age groups to believe that they have to pay to access debt advice. Access to help and support does not therefore appear to be the issue. Instead, getting young adults to engage with the available guidance is the first step to tackling poor financial capability – and minimising the impact that poor money choices will have on their wellbeing as they get older.

A lack of trust may also be holding them back: young adults are typically suspicious of banks, financial institutions, and organisations viewed as 'authority figures'. Consequently, they would rather go to their parents (or other trusted influencers) for advice, which can be problematic if those trusted influencers lack financial capability themselves.

Youth Cymru and ProMo-Cymru Youth Checkpoints Pathfinder

MaPS funded national youthwork charity Youth Cymru with service design social enterprise ProMo-Cymru to co-design and embed a digital-first financial capability programme for young adults in Wales into existing youth provisions. This was through equipping practitioners with knowledge and resources to help them feel more confident, have increased awareness of young people's needs, and more able to differentiate between needs, know where to start, and are able to signpost to appropriate support. This targeted young people entering the workplace (including apprenticeships), including 'Train the Trainer' sessions, a trial of a hotline for handling financial issues, and webpages. The programme ran from 2019 to 2020.

The [findings from the Youth Checkpoints pathfinders](#) found that the co-design process successfully engaged young people, who highlighted the existence and distinct needs of different groups. This led to the development of jargon-free, accessible content that resonated with different experiences and cultural references. The pathfinders also improved the reach of money guidance to young people by training practitioners who already work with those young people at key transition points, such as the move from education to full-time employment. Furthermore, despite their interest in online and social media-based content, early co-design sessions suggested that young people are also interested in face-to-face sessions, and that these would receive most attention if embedded in existing services (such as cookery classes or parenting courses) rather than delivered as standalone money guidance.

Our Youth Checkpoints Pathfinders sought to co-design and test high-quality money guidance embedded in existing support channels young adults interact with at key 'checkpoints' in their journeys to financial independence. The pathfinders were targeted at 18-24-year-olds who had left

²⁸ Prince's Trust and National Children's Bureau (2017) From Care to Independence Reports. Available at: <https://www.princes-trust.org.uk/about-the-trust/initiatives/fc2i/from-care-to-independence-reporting>

secondary education and were making independent financial decisions, and focused on three sets of transitions or ‘checkpoints’ in young adults’ (under-25s) journeys towards financial independence:

- Entering the workplace – including apprenticeships
- Accessing Universal Credit
- Entering or graduating from college/university

Our findings from this programme demonstrated that those in need of money help can be successfully reached with money support by:

- Co-ordinating provision and systems that already exist;
- Embedding support in services that people already use; and
- Training trusted practitioners that people already know – with co-design at its heart: working with users and practitioners to design and deliver activity that is engaging and relevant.²⁹

Young Scot *Money & Me*

Young Scot’s [Money & Me](#) campaign in Scotland provides an example of the impact of quick, frequent money guidance, delivered on platforms that young people use, and how this can have a positive impact on their behaviour in the short and medium term. Following the successful conclusion of our Youth Checkpoints pathfinders, MaPS provided further funding to Young Scot to scale up *Money & Me*, which delivers co-designed financial information and guidance for young people in Scotland. [Money & Me](#) includes articles, listicles, and infographics related to money matters, saving and reducing credit myth-buster videos, youth National Entitlement Card discounts, a Rewards programme, and MaPS quality-assured information. Young Scot also delivered face-to-face financial capability support via student guidance services in further education colleges, and face-to-face group interventions led by youth workers in community-based employability services. The content available on *Money & Me* is designed to be adaptable to the needs of care-experienced children and care leavers. *Money & Me* has 1.3m unique users and over 3.1m page views annually.

Our evidence also shows that **peer-led activities can be effective** in building engagement, and peer support and good working relationships between local delivery partners can support engagement. The evidence suggests that support provided by peer mentors (on a one-to-one or group basis) can improve knowledge about credit products and debt among target audiences. By sharing relatable personal experience, peers act as credible trusted messengers. Success factors in using peer delivered support include tailoring of information, good interpersonal skills, and empathy. Peer mentoring also improves the financial capability and confidence of the mentors themselves.³⁰ **However, trained advisors are necessary for mentor support and specialist guidance (for example, relating to pensions) to reassure beneficiaries that they are receiving expert guidance.** Qualitative evidence from a sample of participants who attended peer-led sessions in [Youth Cymru’s Money Smart](#) programme further supports this and showed that beneficiaries were less positive about their experience of peer education, with a general preference expressed for tutor-led delivery. Possible reasons were that older tutors and trainers had greater experience of behaviour management, as well

²⁹ Money and Pensions Service (2021) Evaluation of the savings and credit pathfinders programme – final report. Available at: <https://moneyandpensionsservice.org.uk/wp-content/uploads/2021/06/maps-sncp-eval-final-report.pdf>

³⁰ Money Advice Service (2018) Improving Money Management in Working Age Adults – Evidence Review. Available at: <https://moneyandpensionsservice.org.uk/wp-content/uploads/2021/03/managing-money-evidence-review-final.pdf>

as more contextual knowledge, and consequently there was less disruption and participants felt more confident in the information they delivered.

MaPS Money Guiders Programme

MaPS have developed a [Money Guiders](#) programme for anyone who provides any type of non-regulated money guidance to individuals or groups based in the UK – from larger organisations with national coverage through to smaller and local groups. This includes Young People Advisors, community workers, housing officers, mental health workers, volunteers, welfare officers, energy advisers, and money mentors. The programme, which includes a Money Guidance Competency Framework (a City & Guilds endorsed credential, available in Welsh and English), is open to anyone working with young adults through to older and retired people.

To ensure that practitioners working with care leavers feel confident in delivering the money guidance part of their role, Welsh Government teamed up with MaPS to offer access to this free e-learning. However, registration for this was low. MaPS would be pleased to work with Welsh Government and other bodies to further discuss this programme and its offering, and to encourage greater uptake of this free training, and would ask all local authorities to encourage practitioners, such as Young People Advisors, to complete this e-learning.

As previously highlighted, MaPS has developed a series of guides to support professionals working with children and young people, with the aim of improving their financial wellbeing through good quality financial education. The [Wales guide and toolkit](#) are available on the MaPS website in both Welsh and English. MaPS believes that Welsh Government and others have a role to play in regularly promoting MaPS' financial education guidance for children and young people services in Wales.

Embed financial education and support in policy and practice for care leavers

National and local governments have a role to play in ensuring that what works in the provision of effective financial education is reflected in future policy and practice at the local and national level – for children in care and care leavers, at home, at school and through local services. This includes encouraging, supporting, and, where necessary, directing local authorities and schools to improving the access of care leavers and care-experienced children and young people to financial education.

Jobs Growth Wales+

The Jobs Growth Wales+ Youth Programme (JGW+) delivers consolidated and individualised training, development and employability support to 16–18-year-olds who are assessed as NEET at the time of starting the programme. The programme offers young people a holistic approach to employability support. Programme participants have an Individual Learning Plan (ILP) developed and delivered by procured contractors who support them to attain the skills, qualifications and experience that enables them to progress to learning at a higher level, or into quality and sustainable employment (including self-employment) or an apprenticeship. MaPS supported JGW+ to include financial wellbeing questions at the initial assessment to then be included as a part of a young person's individual learning plan. JGW+ is expected to reach 36,000 young people over the life of the programme.

In Wales, statutory guidance on the pathway plan for care leavers (which supports children looked after's transitions to independence from the age of 16), requires that practitioners assess a young

person's financial needs, capabilities, and money management skills, and plan actions to develop these. It also refers to supporting children looked after to build up financial responsibility gradually – with pocket money and leisure/clothing allowances – and highlights the importance of allowing them to take risks and make money mistakes as part of the learning process.³¹

Outcomes Frameworks and Evaluation Toolkits to assist service design

MaPS has a suite of outcomes frameworks to help organisations measure changes in people's financial wellbeing, behaviour, and capability. These include indicators and evaluation questions for different age group. The frameworks are widely used by financial education funders and providers and could be used to support the development of tools for practitioners to assess the impact of their own provision.

Youth Practice Outcomes Framework

The Money Advice Service developed this youth practice outcomes framework, designed with youth agencies who specialise in supporting vulnerable young adults, including young people who are NEET. This framework is designed to apply to practitioners in any organisation or sector that supports or engages with young adults, including the youth sector, tertiary education providers, training providers, employers, and financial services volunteers.

Young Adults Financial Wellbeing Outcomes Framework

The Money Advice Service developed a young adults financial wellbeing outcomes framework in consultation with student/youth agencies, considering the needs of the most vulnerable through to relatively more secure young adults, and developing an outcomes question bank to help organisations develop support programmes.

Children, Young People and Parents Outcomes Framework

The Children, Young People and Parents Outcomes Framework reflects the elements of financial capability that young people need to manage their money well between the ages of 3 – 17/18, and to ensure they are on track for achieving financial wellbeing in adulthood. This framework was developed by the Money Advice Service alongside third sector organisations.

Financial Education Planning Frameworks

Young Money's Financial Education Planning Frameworks are age-/ability-related financial education frameworks for ages 3-11y and 11-19y that set out key areas for coverage in terms of knowledge, skills, and attitudes. The frameworks are designed to support the planning, teaching, and progression of financial education and to help practitioners deliver financial education across the curriculum in Citizenship, PSHE education, and Maths.

Evaluation Toolkit

This toolkit encourages good evaluation practice, providing templates and tools to help organisations generate, use, and share evidence about financial wellbeing.

³¹ Welsh Government (2015) The Care Leavers (Wales) Regulations 2015. Available at: <https://www.legislation.gov.uk/wsi/2015/1820/made>

Encouraging good evaluation practice to help organisations generate, use, and share evidence about financial wellbeing would also ensure that financial education provision for care leavers is of high quality. Our evidence review into what works to deliver effective financial education showed that:

- Ensuring those providing financial education receive training to do so is key to the effectiveness of financial education. This is an important consideration when thinking about the role of those working with children in care and care leavers, such as support workers and Personal Advisers.
- Enabling young people to learn-by-doing and taking advantage of ‘teachable moments’ is key to achieving changes in financial behaviour as well as attitudes, knowledge, and skills. In the case of children in care and care leavers, this could include delivering specific financial education interventions when they move into independent accommodation, take on other financial responsibilities, or gain access to specific grants and/or their Child Trust Fund/Junior ISA.
- Starting early – enabling children to build up their financial attitudes, knowledge, and skills as they grow up – is key to influencing financial capability. The knowledge, attitudes and behaviours that help people to manage money and achieve good financial well-being begin to develop between the ages of three and seven.³²
- Engaging parents and carers is important if an intervention is to affect a child or young person’s financial behaviours.³³

MaPS has a strategic function which includes working with others to improve children and young people’s financial education, and understand gaps, effective solutions and evidence-led priorities. We welcome collaboration with government departments, funders, and providers.

MaPS Wales Financial Education Forum

Coordinated by our Wales Manager, the MaPS Wales Financial Education Forum brings together funders, policy makers and frontline practitioners interested in financial education and the financial wellbeing of children and young people on a quarterly basis. This is an action-focused network and event that allows stakeholders to hear the latest research, analysis, and good practice in financial education, as well as directly from young people on their experiences with money and finances. In relation to care leavers and care-experienced children and young people, our stakeholders have highlighted:

- The need to ensure a financial wellbeing package around care leavers.
- Input into the financial wellbeing of the Basic Income Pilot for Care Leavers.
- The need for trauma informed support with regards to money matters.
- Support available from CLASS CYMRU for care leavers entering Further and Higher Education.

³² Money Advice Service (2013) Habit Formation and Learning in Young Children. Available at: <https://www.moneyadviceservice.org.uk/en/corporate/habit-formation-and-learning-in-young-children>

³³ Money Advice Service (2018) Developing Financial Capability in Children and Young People: A Review of the Evidence. Available at: <https://moneyandpensionservice.org.uk/wp-content/uploads/2021/08/developing-fincap-in-cyp-evidence-analysis.pdf>

Appendix 1: Existing financial education programmes for children in care/care leavers

Findings from our 2021 Provision Mapping Analysis show that there only 12 (out of 102 programmes mapped) financial education interventions across the U.K. that include children in care or care leavers in their target audience, contributing to 27% of total funding mapped and 13% of total reach mapped. However, there are a number of existing initiatives that provide targeted financial education for children in care/care leavers. The following are specific formal financial education programmes; however, it should be noted that multiple youth agencies and employability services offer support to care leavers, including education/training around managing money and building financial capability, as part of their holistic support offer.

Third Sector Programmes

The Money House and Money Works (MyBnk)

MyBnk designed and delivered a range of financial education programmes designed to equip children in care for independent living:

- [The Money House](#) (TMH) is a financial literacy programme that is targeted at young children in care and care leavers.
 - TMH helps young people in, or about to move into, housing manage their money and remain independent by providing a week-long, non-residential simulated living programme.
 - It has seen a 45% reduction in participants incurring bank charges and missing bills; a 22% increase in those borrowing safely, and therefore avoiding loan sharks; and a 27% increase in confidence in managing money.
 - MaPS' predecessor, MAS, funded the [evaluation](#) of this programme as part of the What Works Fund 2018. This evaluation showed a strong rationale for the TMH programme in terms of addressing a gap in financial education and equipping vulnerable young people with the knowledge, skills and confidence to improve their financial management and live independently.
 - TMH is funded by the JP Morgan Chase Foundation, Berkeley Foundation, and L&Q.
- [Money Works](#) is a financial and digital skills programme for young adults moving into independent living designed to help them to confront their money worries.
 - Money Works targets 16–25-year-olds moving into independent living, and delivers sessions combine digital literacy with money management.
 - It has seen a 60% decrease in average debts; 23% increase in regular saving; and 28% increase in life satisfactory.
 - As part of the What Works Fund 2018 MaPS' predecessor, MAS, funded an [evaluation](#) of this programme that focused on the programme's effectiveness with 16-25 year old NEETS and care leavers, who are on average more likely to be in poverty and have problem debt. This evaluation demonstrated that Money Works has been effective in increasing young people's financial knowledge, awareness and confidence to tackle financial problems and seek advice.

Young Money

The Young Money project [Vulnerable Young People Practitioner Training](#) provides tailored financial education support to practitioners working with young people in care.

- The aim of the project is to train those who work with vulnerable young people about financial education, so that they can pass on their learning to those they help.

- The project equips practitioners with the knowledge and confidence to deliver quality financial education that meets the specific needs of young people in care.
- Training is delivered via regional training events and by supporting organisations who work with vulnerable young people.

The Share Foundation

[The Share Foundation](#) runs the Junior ISA and Child Trust Fund schemes for Looked After children and young people. The Foundation runs the Stepladder of Achievement programme for young people in care aged 15-17, which provides life skills to enhance the capability and prospects of children and young people in care, who are likely to have experienced an unpredictable education. It consists of six steps incorporating literacy, numeracy and financial education.

Financial Services Sector Programmes

As well as input from the third sector, a number of initiatives can be found across the financial sector that seek to facilitate greater financial education for children in care.

Barclays

- Barclays' [LifeSkills](#) programme is targeted at 11-24-year-olds and aims to provide them with key employability skills. The programme is designed to help young people develop the transferable skills needed for workplace.
- Barclays are a signatory to the Government's Care Leaver Covenant to support care leavers with their financial capability. They have adapted some of the content in their *LifeSkills* programme to support educators to teach/provide guidance to care leavers.
- Barclays have also piloted work with a small group of white working class boys, a group of children particularly affected by low educational attainment and low social mobility. The pilot project aimed to give this group of vulnerable children intensive and tailored *LifeSkills* sessions focused around financial capability in order to narrow the gap between them and their peers. Barclays have reported improvements and positive impacts across multiple areas for this group of children.

HSBC

- Supported by HSBC, [Money Heroes](#) is a financial education programme for children aged 3-11-years-old. BBC Children in Need, Young Enterprise, and HSBC UK have partnered up to deliver tailored financial education support for young people experiencing issues and challenges in their lives, including disabled children and young people, care-experienced children and young people, young carers, and those affected by poverty.
- HSBC UK accepts alternative identification and address verification documents, such as a letter from a social worker, to make it easier for children in care and care leavers to open bank accounts.

Appendix 2: Further MaPS evidence on what works

The MaPS [Research](#) page and our [Evidence Hub](#) are designed to aid policy makers, funders and those designing interventions, by making evidence, insight and learning easier to find and understand. These pages contains:

- Evaluation findings – including one on our [Children and Young People Financial Education Innovation and Evaluation Programme](#), which included a focus on children and young people in vulnerable circumstances;

Thematic reviews – including one specifically on [how we can improve young adults' financial capability](#) – which provide short overviews of key findings from multiple UK-based research and evaluation reports on a particular topic; and

- Evidence summaries – over 400 pieces of evidence including research studies, evaluations and reviews of evidence from the UK and around the world, with evidence descriptions, points to consider and key findings drawn out in each evidence summary. Users can filter by age category and search the database.

Evidence on the hub of particular relevance to children in care/care leavers is the [Children and Young People Financial Capability Deep Dive: Vulnerability](#), which highlights links between children who may be considered vulnerable to poor outcomes more broadly, such as care leavers (and young carers, or children who are not in education, employment or training) and poor financial capability and/or financial outcomes.

We have also published evidence reviews on young adults:

- The [young adults deep dive](#) looked at factors promoting or inhibiting financial wellbeing among young adults from all kinds of backgrounds. It includes considerations of goal setting, factors affecting confidence, peer support and engagement.
- A [young adults evidence review](#) of how to engage young adults in financial capability interventions

Evidence on the Hub of particular relevance to care leavers and vulnerable young adults transitioning to independence includes evaluations of several Money Advice Service What Works Fund projects which designed and evaluated financial wellbeing interventions targeted at various groups of vulnerable young adults, including NEETs, including:

- National Youth Agency's [My Money Now](#) project worked with young adults in employment and training to test peer-led financial capability.
- Youth Cymru's [MoneySmart](#) programme worked with vocational training centres to train peer educators to deliver financial capability interventions and developed a financial capability toolkit
- Centrepoin't's [Moneywise](#) programme provides a range of holistic financial capability support provided to young people living in Centrepoin't accommodation, encompassing AQA-accredited training, informal support from keyworkers, and workshops.
- Youth Access members' [youth information, advice, counselling and support services \(YIACS\)](#) provide holistic support to young people and deliver a range of services (one-to-one and group interventions) in an integrated offer of help and support, in an accessible, community-based setting, geared towards young people often making the transition to adulthood.
- [Move On](#) – a charity working with disadvantaged young people (under-18), particularly those who have experienced care or homelessness – delivered financial capability workshops for

disadvantaged youth in Scotland, co-delivered with peer educators who had themselves experienced care or homelessness.

- Exeter Community Housing Aid's [What Works For You](#) project delivered money support to young people who were NEET, at risk of homelessness or homeless, in receipt of JSA or subject to the Youth Obligation measures through a one-stop shop community hub.
- Community Links' [What Works](#) project tested the effectiveness of embedding the delivery of financial capability (FinCap) into existing services, including for young people 16-24 who were NEET.
- Birmingham Settlement's [What Works Fund](#) evaluation tested how short-term workshop interventions can effectively engage marginalised young people between the ages of 11-25 years, including young people aged 18 to 25 years with minimal or no qualifications and unemployed, accessed in community settings e.g. housing providers, community centres, homeless hostel, and Young people currently in Young Offender Institutions, and provide practical, relevant information on budgeting, managing household bills, bank accounts and loan and credit providers.

The Money Advice Service also undertook research into [young adults' money management](#) as they transition from education into the workforce, how they think about money, and its role in how they feel about their lives challenges.

Senedd Cymru | Welsh Parliament

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Gwasanaethau i blant sydd wedi bod mewn gofal: archwilio diwygio radical | Services for care experienced children: exploring radical reform

Ymateb gan Cyngor ar Bopeth Cymru | Evidence from Citizens Advice Cymru

Before care: Safely reducing the number of children in the care system

Please outline a maximum of three top priorities for radical reform of services for safely reducing the number of children in the care system.

Priority 1

Integrating income maximisation and social welfare advice into family support programmes to help promote financial stability and security for the household.

Improving financial resilience and well-being is a key aspect of building family resilience. The Covid pandemic and current cost-of-living crisis continue to take their toll on families across Wales. Citizens Advice latest client evidence demonstrates how many people just don't have enough money coming in to live on. Alongside increasingly unaffordable essential services and household bills, many of the contributory factors are longstanding, including an inadequate social security system and low wages.

A recent comprehensive evidence review (undertaken by the Nuffield Foundation) found that, without changing any other factors, reductions in income and other economic shocks increase the numbers of children being subject to neglect and abuse, while the same review found increases in income reduce those figures. Importantly the international evidence base to support this is much stronger now compared to 2016, when a similar review was undertaken by the Joseph Rowntree Foundation.

The review found within local authority areas in England children in the most deprived decile were around 13 times more likely to be on a Child Protection Plan and over 10 times more likely to be looked after (CLA) than a child in the least deprived decile.

There was however acknowledgement that there is a lack of recent research evidence on the patterns of child abuse and neglect in wealthier families. Existing research also fails to take account of the different demographic characteristics of parents and children, or parents' employment status, and the impact these factors have on how families cope or adapt to financial challenges.

A further recent study by the University of Liverpool reiterated the potential causal link between rising rates of child poverty and an increase in children entering care in England. The study concluded that national anti-poverty strategies are key to tackling adverse trends in children's entry into the care system.

While we believe Wales is in a much stronger policy position than England in relation to tackling poverty, and specifically child poverty, this latest evidence is a timely reminder of the urgent need to

ensure families in crisis are receiving all the support they need to improve their financial security and stability in order to reduce harm to children. Poverty can increase stress for parents, which may become toxic stress, increasing the likelihood of them being unable to care for their children.

We strongly welcome the Welsh Government's recent commitment to refresh their Child Poverty Strategy and the opportunity this provides to refocus actions and provide better coordination and direction for the further implementation of the Strategy, at a time when child poverty is likely to increase and its effects intensify.

The importance of early intervention in improving outcomes for children and young people living in poverty has long been recognised by the Welsh Government, particularly under two of their flagship family support programmes, Flying Start and Families First. The provision of social welfare and income maximisation advice used to be an integral element of the Families First programme. However, several years ago a decision was taken by the Welsh Government to no longer fund this part of the programme, and instead to signpost families in need of this support to advice services outside of Families First. At the time Citizens Advice provided advice to families in need under Families First and outside the programme.

Please see under priority 2 for continued response...

Priority 2

Continuation of response under Priority 1:

As with many of our clients, families referred into the Families First programme will often have complex needs and may be reluctant to engage with support services independently. While receiving social welfare and income maximisation advice is unlikely to resolve all of the problems these families face, it does play its part. The timing of that advice is crucial. Our extensive experience of providing advice shows people often need to be in the right place mentally and emotionally before they are ready to access different types of support/services which they'd benefit from.

The recent evidence review highlights how ensuring families who've experienced economic shocks, or who live in poverty, have a sense of financial stability, improves their chances of being able to provide a stable and secure home for themselves and their children. Supporting people to increase their income from benefits, and better manage their money and/or debts helps to provide that financial security.

We would therefore recommend that the Welsh Government give consideration to fully integrating social welfare and income maximisation advice into Welsh Government family support programmes, particularly Families First, in order that families are able to access a holistic package of support alongside other interventions.

Priority 3

In care: Quality services and support for children in care

Please outline a maximum of three top priorities for radical reform of services for children in care.

Priority 1

No comment

Priority 2

Priority 3

After care: On-going support when young people leave care

Please outline a maximum of three top priorities for radical reform of the on-going support provided when young people leave care.

Priority 1

Integrating financial education, income maximisation and social welfare advice into support programmes for all care leavers to help promote financial stability and security for each young person to better enable them to live independently

Every young person leaving local authority care will have their own needs. Significant variation is likely to exist between individuals in terms of their backgrounds, personal circumstances and individual factors, such as resilience, knowledge and ability to live independently.

Many young people can face a range of challenges when leaving care and making the transition to independent living and adulthood. Some will be financially vulnerable and have additional pressures compared to their peers due to a smaller support network. Poor school experiences, often compounded by changing placements and schools, can result in a lack of qualifications. This may limit opportunities to gain well-paid employment and leave them more likely to be living on a low income. In addition, having to live independently earlier than other young people, combined with a lack of emotional and financial family support, can mean some care leavers may have to shoulder more financial responsibility at an earlier age.

Given these challenges, we believe young people leaving care are a very appropriate group for the Welsh Government's Basic Income Pilot. Citizens Advice was approached to be a delivery partner for the wrap-around support available to participants before the start of the scheme in July 2022. We have established teams of specialist advisers within each of our 6 Single Advice Fund regions. Our advisers are providing both general advice and casework level support for more complicated needs. We are also developing a new set of financial capability tools, aimed specifically at 18-24 year olds, to support the scheme.

Up to the end of December 2022 we have supported 198 young people, out of the 242 who entered the scheme during this period, equivalent to 82%. Our interactions to date have predominantly been via email or telephone. Nearly a quarter (23%) report having a disability or long-term health condition, and nearly 1 in 10 (8%) are people of colour.

These young people have come from all local authority areas. We are also being approached many times by individuals, with an average of 6 contacts per client. This points to a recurring need for a point of contact for support and advice.

Many of our clients seek help on more than one issue, and this has been the case with the young people we've supported on the pilot scheme. We have helped young people with 643 issues in total, more than 3 issues per person on average.

Looking at the types of advice the young people have been helped with to date:

- 29% sought help on Universal Credit (mainly help with an initial claim)

- 65% sought help on other benefits (mainly relating to general benefit entitlements, but also housing benefit and personal independence payment claims)
- over a third (36%) have received help with financial capability (mainly budgeting/managing money and support via tools, apps and calculators)
- 22% sought help on family/relationship issues (mainly relating to social services)
- Other advice areas included housing, charitable support and food banks.

This is a two-year programme and is currently in its early stages. We have made a positive start with our advice support for the scheme and we will continue to develop our service offer for the young people participating in the pilot, learning from our extensive experience of supporting clients more broadly.

We also want to strengthen our working relationship with local authorities across Wales and are keen to engage at a local level on how we can achieve that.

Please see continuation of our response under priority 2..

Priority 2

Continuation of our response under priority 1:

The pilot, and the impact of providing wraparound support to participants, including our advice service, will be subject to evaluation. Our support focus is on ensuring we can be seen as a trusted, long-term point of advice and guidance for the young people on this programme. We hope to remain as a point of contact for them beyond this scheme, if they need further support with any life events.

Whatever the long-term outcomes of the pilot, we believe providing these young people with the financial security of having more money in their pockets, combined with the right advice and guidance, should hopefully enable participants to be better prepared, both financially and emotionally, for adulthood and the reality of living independently.

Priority 3

Anything else

No comment.

CEC 25

Senedd Cymru | Welsh Parliament

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Gwasanaethau i blant sydd wedi bod mewn gofal: archwilio diwygio radical | Services for care experienced children: exploring radical reform

Ymateb gan CLASS Cymru | Evidence from CLASS Cymru

Before care: Safely reducing the number of children in the care system

Please outline a maximum of three top priorities for radical reform of services for safely reducing the number of children in the care system.

Priority 1

Priority 2

Priority 3

In care: Quality services and support for children in care

Please outline a maximum of three top priorities for radical reform of services for children in care.

Priority 1

Priority 2

Priority 3

After care: On-going support when young people leave care

Please outline a maximum of three top priorities for radical reform of the on-going support provided when young people leave care.

Priority 1

Wellbeing. Increasingly, research is showing a mental health crisis amongst young people, and we know that mental health is a significant concern for those with care experience, particularly when transitioning out of care (UCAS, 2022)., Whilst increased funding for university wellbeing services is welcome, we call for the expansion of dedicated support staff for care-experienced students.

Recent research (Bayfield 2022; 2023 (forthcoming)) has shown that for care-experienced students, having a dedicated contact with whom they can develop a relationship can smooth the transition into university and make their time studying much easier to manage.

At present, many dedicated contacts across Welsh universities for care experienced students are carrying out this role in an addition to a main role in areas such as Student Money Advice. This limits

the time staff can spend with care experienced students outside financial support. With growing numbers of care-experienced – and estranged – students, dedicated support as a main role is necessary. A Cardiff University care-experienced student explains “When you have someone who acts as dedicated support, and sign posting, for those of us in this situation, one of the biggest benefits is finally feeling like the box(es) don’t need to matter anymore – we can just be seen as whole, 360 degree people.” (current undergraduate student)

Priority 2

Accommodation. The UCAS Next Steps report showed that 69% of care experienced applicants in the UK had concerns about finances when starting University or College (UCAS, 2022). Accommodation is the second biggest cost for a student after tuition fees.

Many universities in the UK already offer 365 day accommodation in Halls of Residence for students with care experience. This offer helps to mitigate disadvantage faced by these students who may not have the equivalent of a ‘family home’ to stay at over the summer break. However, from the experiences of university support staff and research into the experience of care-experienced students, we know that support can go further.

In the Unite Foundation’s This is for Everyone report, 40% of Unite Foundation Accommodation Scholarship students said the most important thing about the scholarship is that it removes stress and anxiety to allow a focus on study (Unite Foundation, 2022). This scholarship for care experienced and estranged students is not available in Wales.

Through the CLASS Cymru network we have been exploring how accommodation bursaries covering some – or all – of the cost of year-round accommodation can not only bring care-experienced students’ experience more in line with their non-care-experienced peers but can also help improve their financial situation and wellbeing.

We would like to see all Welsh universities taking the same approach to this to ensure that a care-experienced person studying in Wales is not picking a university based on financial support but on the course they want to study and the university that best suits them.

Priority 3

Joined-up approaches. Transitioning out of care can be a difficult time, in education as in all areas of life. We would like to see more joined-up approaches across the education lifecycle, with schools, colleges and universities working together to ensure smooth transitions for care-experienced young people who choose to progress their education. In addition, our research (Bayfield, 2023 (forthcoming)) has identified that whilst there is a statutory imperative for Local Authorities to support their care leavers who progress to higher education, the reality is highly mixed. We have had reports of Local Authorities who go over and above, providing financial and personal support across multiple degrees and beyond the age of 25, to Local Authorities reluctant to provide the minimum support required. With higher rates of children taken into care in Wales than the rest of the UK, we would like to see this population better supported to continue their education with more comprehensive support packages from Local Authorities across the board.

Anything else

We are hoping that in the future, the CLASS Cymru website (www.classcymru.co.uk) originally set up through research at Cardiff University, can expand to cover schools and colleges as well as

universities, allowing these priorities to be addressed from a much earlier stage. For this to happen, support would be required at a Wales-wide level (for example, through HEFCW).

Additionally, one area which cross-cuts the priorities outlined here is the need to reflect on the upper age limit of 25 for much of the support available to care leavers and other care-experienced people. With many care-experienced students choosing to enter university at a later stage than their peers (UCAS, 2022), this age cut-off can severely impact their ability to remain in, and complete, a degree.

Senedd Cymru | Welsh Parliament

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Gwasanaethau i blant sydd wedi bod mewn gofal: archwilio diwygio radical | Services for care experienced children: exploring radical reform

Ymateb gan Ganolfan Ymchwil a Datblygu Gofal Cymdeithasol Plant (CASCADE) | Evidence from Children's Social Care Research and Development Centre (CASCADE)

Area one

Before Care: Safely reducing the number of children in the care system

Please outline a maximum of three top priorities for radical reform of services for safely reducing the number of children in the care system:

3 priorities:

- 1. Culture and relationships: building relationships between social workers, families and communities.**

As a centre we are concerned by the way that statutory social work is organised, meaning that social workers' main role has tended to narrow to concentrate on assessments of risk followed by monitoring. Delivering support and interventions and spending time building relationships with family members is often done by others. We have heard from our parents' advisory group that there is often little trust in social workers in situations where there is a risk that care proceedings may be brought. We have been informed by this group and others in our participation work that there are widespread (untrue) stories shared on social media claiming that social workers receive bonuses for removing children from their parents. Although it should be anticipated that when children are at risk of being admitted to care, relationships may be negative, there are indicators of success in some projects that aim to reduce power imbalances, described next.

Empowering family members: Through our research we have seen that empowering parents, children and wider family members through interventions such as peer or professional parent advocacy and Family Group Conferences can improve relationships when there is a risk of care proceedings or when these are underway. We are currently carrying out realist evaluations into the implementation of Parent Advocacy (PA) services across Wales (funded by Health and Care Research Wales) and on specific PA projects in Gwent, Anglesey and Camden. These projects highlight the unique role advocates play as a resource to positively influence power relations and working relationships between parents and professionals. Our research particularly highlights how these programmes are helping parents to become more empowered to have a voice and play a meaningful role in decision-making (Diaz et al, 2022; Diaz et al, forthcoming; Fitz-Symonds et al, forthcoming). Our various PA projects are beginning to build a larger picture of how PA services operate and demonstrating their potential to transform the child protection system across the UK. These

interventions sit firmly within the values inherent in the Social Services and Well-being (Wales) Act 2014.

An approach that works across a whole local authority is Family Safeguarding. This model utilises Motivational Interviewing, multidisciplinary teams and working in collaboration with families to keep them together. An evaluation found reductions in numbers of looked after children and those on child protection plans, fewer call-outs for police and social services and good acceptability amongst parents, carers and practitioners. It saves millions of pounds in each local authority, with positive savings following implementation costs occurring within 8 months in Hertfordshire (Rodger et al 2020). It's been rolled out to over 20 local authorities in England.

An important approach to reduce power differentials that alienate members of the public is to involve and where possible co-produce services with those who have experienced social care interventions. Many of our local authorities in Wales do good work in engaging with care experienced children and young people, and some work with disabled children and their parents. However, it is rarer to see collaboration with parents who have been through the child protection system for service improvement. Our involvement work with parents who have been in care proceedings and some whose children have been temporarily or permanently removed, reveals that there are important opportunities to listen, learn and build relationships with parents. Camden Council's approach to working in this way has been praised by Ofsted. Our Family Voice study on Family Group Conferencing is co-designing an evaluation with families in Camden and Gwynedd, as well as practitioners around the UK, and in this project we employ peer researchers with lived experience of the child protection system to bring their experience and expertise to the research. We believe that local authorities could use similar approaches to build relationships with local communities and families.

Mainstreaming promising developments and reducing dependency on short-term grants to deliver them. Too many interesting and promising projects are 'bolt-ons' to core services, delivered by additional, short-term grant funding. This means that statutory social workers rarely get an opportunity to be involved in more intensive work that would enable them to build relationships and understand the family situation well. They also lack opportunities to spend meaningful time retaining or developing their more therapeutic skills with children and adults. This type of work is done by others; often less qualified staff who come to know families well but tend to lack a voice in formal decision-making.

2. Supporting families to stay together: Intensive family preservation services and longer-term support for some families.

Between 2017 and 2020 CASCADE conducted and reviewed a range of systematic reviews as part of its work to set up a What Works Centre for Children's Social Care. Overall, evidence is limited on the effectiveness of interventions to prevent children being in care. Nonetheless, there is systematic review evidence that intensive family preservation services can be effective (Bezeczyk et al., 2020). It was based on such evidence that Wales rolled out intensive family support services (IFSSs) throughout Wales. There is an open question as to whether or not regional IFSSs are still operating the crisis intervention model which has good evidence of effectiveness. The other approach that stands out in the international evidence as having positive evidence of effectiveness in preventing longer term out-of-home care (largely through reunification of children with their families) is Family Drug and Alcohol Courts (Ogbonnaya and Keeney, 2018) so it is encouraging to see these being piloted in Wales.

As mentioned above, many support projects are short-term interventions but it is clear that some families will need longer-term support to successfully care for their children. Longer-term ongoing support to keep children with their families could still be considerable cheaper for public services than foster care or residential care, but rather strangely it appears to be little used in Wales. Our study of reunification suggests that some children may be returned from foster or residential care too quickly without adequate or ongoing support. A large proportion of children and young people placed in residential care in Wales are initially placed through voluntary arrangements and their destination on leaving is to return home (Elliott et al 2018). There is arguably therefore scope to both prevent such admissions through earlier help for families, and a need to focus on work with families prior to return home, to minimise the ‘revolving door’ of young people returning to spend time in residential care. Parents with learning disabilities or mental health conditions may need support throughout their children’s childhoods.

Support care, now known as Step up, Step Down foster care is another potential way to provide intensive support to keep families together. Roberts (2016) research found that the relationship-based support was valued by families and positive changes observed over the course of the intervention included strengthened relationships between parents and children, as well as reduced risks related to social isolation and parental substance misuse. The impact of the current Welsh government-funded pilot of Step Up, Step Down with Fostering Network should be observed with interest.

Family Drug and Alcohol Courts (FDACS)

In recent years there has been a growing international evidence base supporting FDAC (and related international models such as family drug treatment court) as one of the most promising interventions for reuniting children with their families or enabling them to continue to live together (Allen et al., 2021; Harwin et al., 2018; Shaw, 2021; Zhang et al., 2019). Importantly, these outcomes have been observed as sustainable over time after proceedings (Harwin et al., 2018) and achievable without increasing children’s risks of foster care re-entry or maltreatment re-report (Zhang et al., 2019). Much of FDACs success is attributed to the model offering families a radically different, problem-solving approach compared to ordinary care proceedings. In 2019 CASCADE published a rapid realist review (Meindl et al., 2019) that aimed to support the evidence on FDAC’s effectiveness by developing a better understanding about how it reduces the number of children in care. We theorised that the model improves a parent’s ability to safely care for their child by helping them to address their substance misuse and overcome other barriers to reunification by increasing their willingness to enrol and engage in treatment and then improving their capacity and desire to change behaviour through treatment. At that point, much of the literature was international or based on FDACs in England. We are now testing our theory in another UK context through our evaluation of the FDAC in Wales pilot. In our interim findings (Meindl et al., 2022) we have made recommendations that aim to support the successful implementation of FDAC more broadly in Wales where concerns about rising numbers of children in care are particularly acute.

3. Greater consistency across Wales:

As the Senedd committee members are aware, the variation in care rates between local authorities is striking, as is the variation in how care rates have changed in recent years. To illustrate the extremes, in the past five years, four local authorities have seen increases of 40% or more, while two have seen decreases of more than 20% (StatsWales, 2021). These differences cannot be explained by

differences or changes in deprivation (Hodges, 2020). CASCADE and the Wales Centre for Public Policy conducted a survey in 2020 (Forrester et al., 2021) of the children's social care workforce in Wales to see if the variations in care rates between local authorities could be explained, at least in part, by differences in the values, attitudes and views of the workers and leaders in local authorities with increasing versus decreasing rates of care in the last five years. Compared to respondents from local authorities with increasing care rates, respondents from local authorities with decreasing rates were more confident that their local authority keeps children safe and, where possible, at home; had values that were more positive about birth families; were less risk averse in response to case studies; were more likely to feel that their local authority had the procedures in place to support the local authority's vision of practice, such as training and supervision; and were more likely to use the Outcomes Framework. A key issue arising from this is about equity. This suggests that although all local authorities experience multiple pressures that might lead children to be in care, they respond to them in different ways. Some local authorities seem able to mitigate some of the factors that drive increasing care rates. The challenge faced in Wales is how local authorities can learn from one another to ensure consistency and quality in services (Wood and Forrester, forthcoming).

Area 2

In Care: Quality services and support for children in care

3 priorities:

1. Sufficient stable foster care, and residential care where needed.

Although the Welsh Government has already begun work on radical initiatives, including developing Foster Wales initiative and the work towards ending profit in looked after children's services, there remains a desperate need for carers. This may need more funding to pay foster carers and a huge advertising push. We would like to see options for whole families to stay together – more parent and child foster homes/residential care, particularly for younger parents and more opportunities for siblings to stay together – something that can only be achieved with a greater number of foster carers able to take larger sibling groups. Kinship carers need full recognition and support so that economic hardship is never a reason for kinship care to fail.

The extent of Regional Partnership Boards' success in developing therapeutic residential children's homes, jointly provided between mental health and social care services, as funded by Welsh government over the last few years could be inquired into by the Senedd Committee. If there is success in some regions in successfully caring for children with the highest social and mental health needs, then funding more of these centres could be important. Our research into secure children's homes found that the short stays (approx. 3-6 months) were not long enough for children placed there to make progress in therapy and that the lack of step-down care afterwards, often meant progress was undone (Williams et al., 2019).

Another concerning matter to bring to attention of the committee is the lack of secure children's home places for welfare reasons for young people granted secure orders. Our study (Williams et al., 2020) found that 40% of children referred to secure children's homes could not be found a place, despite there being places available - occupancy rate is roughly 80% in England and Wales (Roe, 2022). We found that children were being categorised as "too challenging" for secure children's homes (Williams et al., 2022). Which begs the question, if our institutions designed to look after our most vulnerable children cannot, what happens to these children? The recent spike in deprivation of liberty order applications under the inherent jurisdiction used to deprive children of their liberty could provide the answer. The number of these orders (in England- no data available publicly for

Wales), has increased by 462% in the last three years (Roe, 2022), and we expect the same is happening in Wales. At the same time the number of secure accommodation applications in England and Wales has reduced by 24%, suggesting that some local authorities are choosing to apply directly for a deprivation of liberty order. What is concerning is that we know very little about what happens to these children, what we do know is that the placements used are often unregulated, unsuitable (<https://www.bbc.co.uk/news/uk-59147367>) and that the usual systems in place restricting children of their liberty in secure children's homes are not present. If therapeutic residential homes do prove to be a success, further roll out could help to solve the gap in provision in care for these extremely vulnerable young people. In the short term, we encourage the Senedd Committee to make inquiries into the extent of the use of deprivation of liberty orders in Wales.

2. Introduce a legal entitlement to services

We believe that all care-experienced children and young people should be **entitled to** a minimum package of support from health and local authority services, with more for those who need it. This should be part of **enhanced corporate parenting expectations**.

As a centre we believe that it is simply not acceptable that many looked after children struggle to access NHS services that they need. Some CAMHS services remain difficult to access, especially for children and young people who have moved between health boards, which is common for looked after children.

Support for mental health and well-being can be preventative and should be started early enough rather than waiting for crises. CASCADE researchers have strong and longstanding research relationship with Professor Heather Taussig of the University of Colorado. Results from her randomised controlled trial of Fostering Health Futures, a mentoring and skills intervention, showed significant reductions in mental health symptoms and service use (Taussig et al 2019). In addition, her longitudinal study showed fewer mental health symptoms for young adults reporting sufficient informational and material support, and greater life satisfaction for those with access to family support and material support (Evans et al. 2022).

3. Prevent the criminal and sexual exploitation of care-experienced young people and preventing entry into the criminal justice system.

Wales has made good progress in their responses to child sexual and criminal exploitation. This work is underpinned by the Social Service Well-being (Wales) Act 2014, guided by the All Wales Practice Guidance and the Youth Justice Blueprint (2019) and coordinated by the Wales Violence Prevention Unit. CASCADE has been funded to undertake primary data collection to aid understanding of child sexual exploitation with Hallett et al.'s work (2019) underpinning the Child Sexual Exploitation Practice Guidance while Maxwell et al.'s (2021, 2022) work on child criminal exploitation has led to a range of tools co-produced with young people, parents and practitioners with direct experience of child criminal exploitation. These tools are referenced in work to be taken forward by the Wales Safeguarding Board. Hodge's (2022) research offers insight into care experienced young people's journeys through the youth justice system and where they would have benefited from additional support. However, there is still much to do. Children who are looked after have been identified as particularly vulnerable to child criminal exploitation. Maxwell and Wallace (2021) identified three groups who are most at risk: adolescents placed in supported accommodation following foster care placement breakdown, young people accommodated away from larger cities in England to care homes in Wales, and unaccompanied asylum seekers placed in semi-independent living at the age of

15. As a centre, we believe that there must be greater availability of detached youth workers who are able to provide exploited young people with persistent, consistent help and support. This is especially prudent given that exploiters step back when services become involved and resume exploitation once statutory services cease their support (Maxwell, 2022). CASCADE also believe that there is a need for greater multi-agency approaches to address these cross-cutting issues. More investment is needed for youth violence prevention which our researchers have contributed an in-depth review of good practice for youth violence prevention (Maxwell and Corliss, 2020). This review underpins the Violence Prevention Unit's youth violence framework.

Rather than providing funding for short-term responses, such as Barnardo's Divert Service, young people require access to reliable services that are available to stay with them through their journey. Our current work is aimed at supporting decision-making and the design of service responses. For example, Maxwell, Madell and Wood's (2022) current study is examining the referral pathways, service provision and education, health, social care and offending outcomes for criminally exploited children. While Hodges' (2022) data linkage study will provide more nuanced, intersectional understanding of the 'risky' behaviours care experienced young people engage in and the identification of protective factors and how they can be enhanced.

Area 3

After Care: On-going support when young people leave care

Please outline a maximum of three top priorities for radical reform of the on-going support provided when young people leave care.

3 priorities:

1. Increase legal entitlements

Wales has made some progress in legal entitlements for care leavers in recent years, most notably exemption from paying Council Tax. The Welsh government has also funded the St David's Day fund, Personal Advisor support up to age 25 and Basic Income Pilot, which CASCADE has been commissioned to evaluate. However, funding initiatives can disappear with changes of political priorities. We believe that the Committee should explore whether legal protections are adequate and some radical new legal protections.

- Explore the feasibility of being care-experienced as a **protected characteristic**. We are aware that there are mixed feelings amongst those with lived experience but feel that potential benefits are worth exploring.
- Provide legal entitlement to a PA until the age of 25
- Consider a longer-term requirement for public bodies to support care experienced people beyond the age of 25, including for care-experienced students
- Consider right to adequate accommodation.
- Consider more comprehensive support for care-experienced students, with clearer monitoring of support provided across local authorities

2. Housing

Extend provision of safe, supportive housing, with affordable rent to enable access to work.

Wales has made good progress in supporting young people with housing. As the representative body for homelessness, housing and support in Wales, Cymorth Cymru have adapted the key principles of Housing First for young people which state that young people have a right to a home, support with service transitions, choice and control over the way they engage with services and for their voices to be heard. Further, housing professionals are adopting psychologically informed approaches to work therapeutically with young people to help them escape homelessness and improve their emotional and mental well-being. However, CASCADE believe more can be done to implement and uphold Cymorth Cymru's principles to safeguard young people and support them during their transition to independence. Our research has shown that vulnerability to child criminal exploitation is increased when young people live independently as it heightens risk factors for exploitation such as feeling lonely, isolated and struggling to survive on a limited budget (Maxwell et al., 2022). Moreover, care experienced young people may have their homes 'cuckooed' where exploiters take over their properties to establish a base for their criminal activity.

3. Ensure all local authorities follow CASCADE's Good Practice Charter for Care-Experienced Parents

In recent years there has been burgeoning international interest in intergenerational care experience. In Wales, a five-year mixed method study uncovered endemic stigma facing young parents in and leaving care, systemic discrimination and disadvantage, combined with concerning levels of family separation (Roberts 2021).

Since then, positive developments have been observed, including third sector initiatives such as peer-support groups and NYAS' Project Unity (funded by Welsh Government). In addition, a good practice charter was co-produced by CASCADE with care-experienced parents and designed to strengthen corporate parenting support (see <https://www.exchangewales.org/supporting-parents-in-and-leaving-care-messagestocorporateparents/>). The charter requires signatories to commit to supporting young people before they become parents, when expecting a child and parenting, and in the event of safeguarding concerns being raised. Importantly the charter makes explicit the commitment to challenge stigma and discrimination.

Encouragingly, the charter has been positively received in Wales with 21 of the 22 local authorities having adopted it or being in the process of doing so. While positive, it is vital that progress continues. Monitoring is needed in relation to the numbers of parents in and leaving care each year, as well as the trajectories and outcomes for families. Similarly continued concern for the experiences of parents is vital to ensure that a cultural shift towards meaningful help and support rather is achieved.

Other comments

It is clear that most of our priorities will require additional investment. However, reducing numbers in care and reducing reliance on out of area and private provision could ultimately recoup additional costs.

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CYPE(6)-07-23 - Paper to note 1



Public Bill Committee call for evidence on the Online Safety Bill

Response from the British Psychological Society

This paper sets out the British Psychological Society's (BPS) submission to the House of Commons Public Bill Committee's call for written evidence on the Online Safety Bill. The BPS is the representative body for psychology and psychologists in the UK, and is responsible for the promotion of excellence and ethical practice in the science, education, and application of the discipline.

As a society we support and enhance the development and application of psychology for the greater public good, setting high standards for research, education, training and knowledge, and disseminating our knowledge to increase public awareness.

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1. The BPS welcomes the introduction of a Bill to regulate digital spaces and protect people from online harm. However, we believe that the following changes are needed to extend the scope and sweep of the Bill in order for it to effectively make the UK the safest place in the world to be online:
 - **Extend** the duty to take measures to address the risk of exposure to content that is **legal but harmful** in relation to adults to **all platforms**, not just the largest Category 1 platforms;
 - The BPS calls on the Government to add an additional **explicit duty on Ofcom** to address **cross-platform risks**, and to place a **clear requirement on platforms** to co-operate on cross-platform risks. This is necessary in order to address harms such as child grooming moving across platforms to encrypted messaging and livestreaming sites.
2. It is vital that all content on platforms that is harmful, regardless of whether it is legal, must fall under the scope of this new legislative framework and that the above additional amendments are made to strengthen the effectiveness of the Bill in upholding the safety of platform users.
3. Exposure to certain content online can have adverse psychological implications for both children and adults. For instance, users can be **encouraged to engage in behaviours that are dangerous** to themselves and others in the “real world”. The internet can distort, normalise, glorify and by extension encourage behaviours that compromise the safety of its users and those around them. Psychology research from the [University of Durham](#) has demonstrated a link between exposure to content depicting risky behaviour- such as drug use, excessive alcohol use, disordered eating, self-harm, violence to others, and dangerous pranks- and users’ own offline risky behaviour¹.
4. Additionally, evidence [from KCL and the NHS](#) has suggested that problematic use of social media impacts suicide risk². Although this scientific investigation is in its infancy, it is clear that **the Bill must be strengthened in order to safeguard adults, as well as children, from legal but harmful content and protect public health**.
5. In addition to being harmful from a behavioural psychological perspective, platforms can facilitate **psychological harm directly through the digital experiences people have on them**. Research from [the Journal of Cyber-Psychology](#) has confirmed that platforms can lead to compulsive internet use and excessive chatting for certain groups (such as those who are not socially anxious) over time³. In addition, a longitudinal analysis from [ScienceDirect](#) has shown that increased

¹ Branley & Covey “*Is exposure to online content depicting risky behaviour related to viewers’ own risky behaviour offline?*” *Computers in Human Behavior* 2017

² Sedgwick et al “*Social media, internet use and suicide attempts in adolescents*” *Current Opinion in Psychiatry* 2019

³ Van Zalk “*Social anxiety moderates the links between excessive chatting and compulsive Internet use*” *Journal of Cyber-Psychology* 2016

problematic social media use predicted increased loneliness, and increased loneliness predicted decreased satisfaction with life⁴.

6. Moreover, a report from the [Department of Psychology in the University of Central Florida](#) has shown that explicit content exposure, cyberbullying and sexual solicitations evoke symptoms of Post-Traumatic Stress Disorder (PTSD)⁵. This is especially a concern given that the [NSPCC's analysis](#) of police reports from England, Wales, Northern Ireland and the Channel Islands has shown that cases of children being sexually abused online has grown by three-quarters in four years⁶.
7. It is essential that all possible steps are taken to make the Bill as robust as possible in order to safeguard children from traumatic experiences and protect their immediate and long-term mental health.

⁴ Marttila et al "Does excessive social media use decrease subjective well-being? A longitudinal analysis of the relationship between problematic use, loneliness and life satisfaction" ScienceDirect 2021

⁵ McHugh et al "When social media traumatizes teens: The roles of online risk exposure, coping, and post-traumatic stress" Internet Research 2018

⁶ "Online child abuse crimes have surged by three-quarters and more must be done to protect children online" NSPCC 2021

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Chair, Children, Young People and Education Committee
Senedd
Cardiff Bay,
Cardiff CF99 1SN

9 February 2023

Dear Jayne,

Scale of violence, abuse and sexual harassment towards staff in schools

We are grateful to have the opportunity to comment on the correspondence from the WLGA to your committee, dated 6 January 2023.

The information from the local authorities does not correlate with the data captured by our UNISON Cymru Wales survey of the experience of school staff.

<https://cymru-wales.unison.org.uk/content/uploads/sites/9/2022/11/UNISON-reponse-3.11.22.docx>

It could be that head teachers are underplaying behavioural problems, portraying them to staff as 'part of the job'. If head teachers are not encouraging people to record incidents on the forms, the committee might want to ask local authority directors of education to collate information on how many forms are being recorded by each local authority and how many relate to violence and sexual harassment.

Our survey of school staff also revealed that staff do not feel supported when incidents take place. When asked if they have experienced a violent incident, whether they felt supported by their head teacher/line manager, 41% said no.

Yours sincerely,

Rosie Lewis & Helen Huelin,
UNISON Cymru Wales lead officers for schools

CYPE(6)-07-23 - Paper to note 3

Additional information

Senedd Cymru | Welsh Parliament

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Gwasanaethau i blant sydd wedi bod mewn gofal: archwilio diwygio radical | Services for care experienced children: exploring radical reform

From Family Drug and Alcohol Court

Regarding the implementation of FDAC, the factors we have identified as being barriers and enablers to implementing FDAC in Wales can be found in **'Section 3: Implementation of FDAC in Wales'** beginning on page 12 of the attached interim report. To summarise, we identified four main levels of FDAC implementation in:

1. National/policy level - Key enablers of FDAC implementation in Wales at this level were the buy in and funding provided by the Welsh Government.
2. Local authority level - The availability of services was identified as both a key enabler and barrier at the LA level.
3. FDAC level - The training and opportunities for the FDAC team and partner agencies to observe existing FDAC sites during implementation was echoed across all interviews and focus groups as a key enabler. Implementation barriers relating to training were also identified.
4. Individual level - This level had not been previously identified in other studies. It refers to implementation at the individual level (service user and practitioner), and was highlighted as an important enabler in the Welsh pilot. The suitability of individual practitioners was considered a key enabler at this level.

Committee members might also find useful information in the report on how FDAC has adapted to also address other risk factors such as domestic abuse and mental health. This information can be found in **'Section 2: Policy review'** beginning on page 7.

Regarding some updated statistics demonstrating the scale of the additional challenges that families in the Welsh pilot are experiencing, a very brief summary on families involved in the pilot as of January 2023 (approximately one year into the pilot) can be found below. Please note that some data on families is unknown and thus is not included. We have also seen these statistics change between our analysis of the families eight months into the pilot Vs one year into the pilot, and we expect that they will change again between now and when the final report is released.

- 15 cases comprised of 23 parents and 19 children. Two cases were deemed not suitable for FDAC and are also not included in the below data
- 30% of parents had an existing mental health diagnosis at the start of proceedings
- 45% of parents were receiving prescribed mental health medication at the start of proceedings

- 90% of parents had either past experience of domestic abuse either as a victim, or as a victim and a perpetrator at the start of proceedings
- 55% of parents were living in social housing at the start of proceedings
- Most children were either living in foster care (47%), or with a non-parental family member (47%) at the start of proceedings
- 90% of families had previous contact with CSC at the start of proceedings
- 93% of children were subject to an order at the start of proceedings
- 45% of parents were known to have criminal convictions or cautions at the start of proceedings.

An evaluation of the Family Drug and Alcohol Court in Wales pilot

Interim report

Melissa Meindl, Meghan Hosch, David Westlake

August 2022

CASCADE Infrastructure Partnership



Our expertise brings together an exceptional partnership. CASCADE is the leading centre for evaluative research in children's social care in the UK and sits within the School of Social Sciences (SOCSI), a leading centre of excellence in social sciences and education research with particular expertise in quantitative methods. The Centre for Trials Research (CTR) is an acknowledged national leader for trials and related methods, the School of Psychology was ranked 2nd for research quality in the most recent Research Excellence Framework and SAIL provides world-class data linkage. Together we believe we can create a step-change in the quality and use of children's social care research that is unparalleled in the UK. Specifically, we can deliver high quality trials and evaluations; link data to understand long-term outcomes and involve service users (our public) in all elements of our research. Our intention is that these three strands will interact to generate an unrivalled quality of research.

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Executive Summary

Introduction

Family Drug and Alcohol Court (FDAC) is an alternative form of care proceedings and a promising, problem-solving approach to helping parents overcome problems related to substance misuse. In recent years, the potential of FDAC has been recognised in Wales, where concerns about rising numbers of children in care are particularly acute. In 2021, the Welsh Government commissioned a two-year pilot of FDAC in the Cardiff and Vale of Glamorgan areas to be operated from the Cardiff Family Court. The Centre for Justice Innovation (CJI) are providing operational support to the pilot and commissioned this evaluation as a way of understanding whether and how it is successful in its aims. The evaluation began in January 2022 and will end in January 2024.

This interim report is the first output from the evaluation. It focuses on the early stages of the pilot, exploring the set-up period, and briefly charting the throughput of families during its inception phase. An overview of current practice is presented in the form of a policy review and the report also reviews recent research in this field: highlighting key findings that are pertinent to the Welsh pilot.

Section 1: Research and literature review

The profile of FDAC has grown in recent years and researchers around the UK continue to explore its potential and effectiveness. Four main research projects currently being conducted on FDAC in the UK were identified in a research review. All projects are funded by the Department for Education's *Supporting Families: Investing in Practice* programme, via What Works for Children's Social Care. Across the projects, a range of methodologies are being used to measure the impact of FDAC, capture how it is implemented and experienced, and test new iterations of the model. The findings from these projects will have important implications.

Literature searches identified twenty-four recent, relevant publications. Several key themes were identified from these, four of which are discussed more in depth in the main body of this report. Briefly, the four identified themes were:

Effectiveness - Evaluations demonstrated that families undergoing FDAC were significantly more likely to both retain care of their children and cease substance misuse compared to those in standard proceedings. These results were also observed to have better longevity than standard proceedings. Successful outcomes were frequently attributed to FDAC's collaborative way of working, and parents valuing their agency in co-produced goals and plans, as well as honesty and respect from professionals, particularly judges.

Cost - Projection models of FDAC's costs and savings estimated that by implementing FDAC, local authorities (LAs) and legal services can yield significant cost-savings through avoiding recurrent care proceedings and care placements, reduced callouts of emergency and police services for issues related to substance misuse and reduced legal costs.

Covid-19 - The literature review demonstrated there is still much to learn about any positive and negative implications for FDAC as a result of the pandemic. Where Covid-19 was discussed, it was noted that the restrictions of Covid-19 initially impacted FDAC sites' ability to operate as normal, particularly regarding the way in which hearings were held and the lack of staff and community service resources. However, some changes have been brought forward to the post-Covid-19 operation of FDAC as they were thought to be positive.

Recommendations - Consistent recommendations were made throughout the literature: particularly for increased housing support, post-proceedings support, and the utilisation of peer support.

Section 2: Policy review

At present, 16 FDAC teams operate in 24 courts and serve 36 LAs. All current FDAC sites conform to the established, core FDAC model developed in during the London pilot. However, there have been many iterations of the model over the years. A consultation exercise was undertaken as part of this evaluation to explore how and why FDAC has evolved and been adapted for different contexts since the implementation and evaluation of the London FDAC model. All 16 current FDAC sites took part, engaging with the evaluation team by email or via video conference. Three FDACs reported no changes to the core FDAC model. The remaining 13 FDACs reported adaptations that largely fell into three broad themes discussed more in depth in the main body of this report:

Expanded support offer - Some FDACs had expanded their team or service with additional specialisms: particularly around domestic abuse support and mental health support. Following the recommendations of previous evaluations, several FDACs offered post-proceedings support, though the nature and extent of this varied. Peer mentoring schemes were considered to be successful by the FDAC teams, with many offering this service or aiming to in the future.

Funding - Funding has a key role to play in how (and whether) FDACs have progressed or expanded. Some FDACs have increasingly expanded due to additional funding. Others have faced management re-structures and service closures, or were only able to continue supporting one LA when funding ceased (when they had previously supported multiple during their pilot phase). Several FDACs voiced concerns about future funding and explained how instability in funding has caused recruitment problems, created instability in the team, and constrained the service they are able to provide.

Relationship with local authorities - All FDACs are independent of the LA, though in practice they vary in how closely they work with LAs, and how independent they feel. For example, some FDACs have more separation (no shared funding, data, or working sites with their LA(s)), while other FDACs have closer ties (shared resources and data), and some sit within the LA or are an expansion of an existing service within the LA.

Section 3: Implementation of FDAC in Wales

To explore if FDAC implementation in Wales occurs at the same levels and is enabled and inhibited by similar factors previously identified, a combination of interviews and focus groups with 10 professional stakeholders were conducted between March-June 2022. This included members of the FDAC team, LA social workers, legal practitioners, practitioners from partner agencies, and practitioners involved in supporting the implementation of the C&V FDAC site.

The four main levels of FDAC implementation identified in Wales are:

- 1. National/policy level** - Key enablers of FDAC implementation in Wales at this level were the buy in and funding provided by the Welsh Government.
- 2. Local authority level** - The availability of services was identified as both a key enabler and barrier at the LA level.
- 3. FDAC level** - The training and opportunities for the FDAC team and partner agencies to observe existing FDAC sites during implementation was echoed across all interviews and focus groups as a key enabler. Implementation barriers relating to training were also identified.
- 4. Individual level** - This level had not been previously identified in other studies. It refers to implementation at the individual level (service user and practitioner), and was highlighted as an important enabler in the Welsh pilot. The suitability of individual practitioners was considered a key enabler at this level.

Consultation with key stakeholders who were involved in the implementation of the C&V FDAC or in the early stages of the pilot generated some new insights into implementation. Based on these, the following interim recommendations aim to support the implementation of FDAC more broadly in Wales:

Recommendation 1: Widen availability of training. Make the same intensive, three-day training (provided to the FDAC team by CJI), available to all key partner agencies/services, and emphasise the importance of attending training on the FDAC model. This would help to ensure all key stakeholders are aware of FDAC processes and principles, and increases buy-in at the LA and individual levels, when practitioners feedback their knowledge of how FDAC works and what it can achieve to colleagues and families.

Recommendation 2: Provide follow up training. Provide a second training or ‘refresher session’ after the FDAC team begin working with families in FDAC. This would provide an additional opportunity for practitioners to attend training on FDAC if they were unable to attend in the first instance. Moreover, it allows the FDAC team to further reinforce their knowledge of the model in the context of having applied the processes and principles, and having identified areas that require further guidance or support.

Recommendation 3: Enhance supporting documentation. Update available supporting documents for FDAC, to further emphasise how children are involved in the model, and how their safety is prioritised.

Recommendation 4: Secure funding and standardise support. Continue to make funding available for all new FDAC sites to receive the same level of intensive implementation and post set up support received by C&V.

Section 4: Progression of Cardiff and Vale FDAC

The Cardiff and Vale FDAC (C&V FDAC) launched its two-year pilot programme in December 2021. The core C&V FDAC team was established in November/December 2021, and is based in Cardiff City Hall. The C&V FDAC operates out of the Cardiff Family Court, and has three specially trained judges. The court is overseen by one lead judge hearing FDAC cases, and another two judges currently available to cover for holiday and sick leave.

The site began hearing FDAC cases in late December 2021, with the first parent signing up to FDAC in January 2022. As of August 2022, C&V FDAC have had eight cases involving 11 parents and nine children. One case has concluded proceedings and there are currently six cases in the ‘Trial for Change’. One case was deemed ‘not suitable’ and is not included in the following data.

Based on their number of cases in early August 2022, approximately eight months since the pilot commenced, C&V are slightly behind their target of 15 cases per year during their pilot.

The severity of parents’ clinically judged alcohol misuse at the start of proceedings was most commonly ‘medium’ (60% of parents), and the severity of parents’ clinically judged drug misuse at the start of proceedings was most commonly medium to high (50% and 40% respectively).

Other notable characteristics of families involved in the pilot were mental ill health, domestic abuse and unstable living arrangements. Thirty percent of parents had an existing mental health diagnosis, and 70% of parents had either past or current experience of domestic abuse. At the start of proceedings, 50% of parents were living in either supported housing, a hostel, or a refuge, and most children were either in foster care (50%), or with a non-parental family member (37.5%).

Section 5: Next steps

As of August 2022, there are 11 months remaining in Phase Two of the evaluation of the FDAC in Wales pilot. The focus of the remainder of this phase will involve conducting interviews and observations with 15 families in FDAC and professional stakeholders to explore their experiences, perceptions, and attitudes. Data will be collected and analysed in iterative cycles and used to further test, develop, and refine the previous programme theory on how, for whom and under which circumstances FDAC works, with a focus on the Welsh context.

Phase three commences in August 2023 and will involve follow-up interviews with case study families and key stakeholders, and quantitative data analysis obtained from the C&V FDAC site. The data from the pilot site will be compared with one or more FDAC sites in England in three main areas: (1) profile, (2) needs, and (3) outcomes.

Conclusion

This report has focussed on the early stages of the C&V FDAC pilot, which, as of August 2022, has been running for approximately eight months. The inception period for the C&V FDAC pilot appears to have been largely successful, despite being undertaken in a period of considerable disruption due to the ongoing impact of Covid-19. Furthermore, the team are providing a service to a growing number of families in Wales, and their experiences are contributing to the knowledge base on FDAC more widely.

Introduction

Background

Family Drug and Alcohol Court (FDAC) is an alternative form of care proceedings, and a promising, problem-solving approach to helping parents overcome problems related to substance misuse. It involves therapeutic support provided by a multidisciplinary team, and consistent judicial monitoring by the same specially trained judge. Unlike traditional care proceedings, FDAC takes a responsive, non-adversarial, tailored approach to helping parents overcome their substance misuse and improve outcomes for their children.

As FDAC has grown across England, following its original pilot in London, the evidence supporting its effectiveness has also grown. Several studies suggest FDAC can help parents address drug and alcohol misuse and reduce the need for children to enter long-term care by improving rates of reunification (Green et al., 2007; Harwin et al., 2014; Harwin, Alrouh et al., 2018; Tunnard et al., 2016; Worcel et al., 2008; Zhang et al., 2019). What is less clear, is how FDAC would operate outside of England, and whether these promising findings would translate to other contexts, such as Wales.

In recent years, the potential of FDAC has been recognised in Wales, where concerns about rising numbers of children in care are particularly acute (Taylor-Collins & Bristow, 2021). The possibility of FDAC being implemented in Wales was first put forward by The Commission on Justice in Wales in their 2019 report, 'Justice in Wales for the People of Wales'. This recommended that "Family Drug and Alcohol Courts should be established in Wales" (p. 22). The Welsh Government commissioned such a pilot in 2021, to run for 2 years in the Cardiff and Vale of Glamorgan areas and to be operated from the Cardiff Family Court. The [Centre for Justice Innovation](#) (CJI) are providing operational support to the pilot, and commissioned this evaluation as a way of understanding whether and how it is successful in its aims. The evaluation began in January 2022 and will end in January 2024.

Aims and scope of this report

This interim report is the first output from the evaluation. It focuses on the early stages of the pilot by exploring the set-up period and briefly charting the throughput of families during its inception phase. To put the Welsh FDAC pilot into context and build a more nuanced understanding of how FDAC is delivered in current sites, an overview of current practice is presented in the form of a policy review. This sets out how the intervention has evolved as it has been scaled and illustrates how FDAC practitioners have adapted to meet local needs. The report also reviews the recent research in this field, highlighting some key findings and recommendations that are pertinent to the Welsh pilot.

Section 1: Research and literature review

The profile of FDAC has grown recently and its development has gathered pace. Researchers around the UK continue to explore its potential and effectiveness, and it is important to situate the Welsh pilot in this context. As such, research and literature reviews were conducted in Phase One of this evaluation to update our knowledge of FDAC, highlight key findings in recent years, and better understand the contemporary research landscape on FDAC in the UK.

Current ongoing FDAC research

This section offers a brief overview of some of the main research currently being conducted on FDAC in the UK. Four main research projects were identified: 1) Family Drug and Alcohol Courts Evaluation (National Centre for Social Research); 2) Family Drug and Alcohol Court – Parent Mentoring Implementation Evaluation (University of Sussex); 3) Evaluation of Parent-to-Parent Letters to Increase Engagement with Family Drug and Alcohol Courts (Centre for Evidence and Implementation and Bryson Purdon Social Research); 4) Family Drug and Alcohol Court – Post-proceedings Support Pilot Evaluation (King’s College London). A summary of each research project can be found in Appendix 1.

All four projects are funded by the Department for Education’s *Supporting Families: Investing in Practice* programme, via [What Works for Children’s Social Care](#). The aims of this programme include helping families create more stability at home for young people, and to prevent the need for them to enter care, by working with families on issues such as substance misuse and addiction (Department for Education, 2019).

Some of these studies are the largest and most ambitious evaluations of FDAC to date, and it is notable that a range of methodologies are being used to measure the impact of FDAC, capture how it is implemented and experienced, and test new iterations of the model. When they conclude, these studies will provide the Welsh pilot with insights that go beyond what is currently known about FDAC. Likewise, learning from the Welsh pilot will add to this developing knowledge base about how FDAC works in different contexts.

Literature review

In 2018/2019, our previous rapid realist review (RRR) (Meindl et al., 2019) synthesised key literature on FDAC and related models to produce a theory on how, for whom and under which circumstances FDAC works. A literature review was also conducted in the current evaluation, to update these searches and capture important literature that has emerged on FDAC since the RRR, and to identify literature that will be used in the next phase of the evaluation. This section intends to share key learning and messages from recent literature on FDAC in the UK. Methodological detail on how the literature review was conducted can be found in Appendix 2. Literature searches identified 24 relevant publications (Table 1). From these, several key themes emerged, four of which are discussed below.

Title	Author(s)	Year
FDAC and Pre-Proceedings: A review of cases where the London FDAC team was involved in pre-proceedings.	FDAC National Unit	2018a
Child and parent outcomes in the London family drug and alcohol court five years on: Building on international evidence.	Harwin, J., Alrouh, B., Broadhurst, K., McQuarrie, T., Golding, L., & Ryan, M.	2018
How does FDAC Succeed with Parents with Substance Misuse Problems? Exploring Relational Practices within the English Family Drug and Alcohol Court.	Harwin, J., Ryan, M., Broadhurst, K., & Webb, S.	2018
Problem-solving criminal justice: Developments in England and Wales.	Ward, J.	2018
Family Drug and Alcohol Court Service Standards.	Centre for Justice Innovation	2019a
Support for your FDAC.	Centre for Justice Innovation	2019b
Thinking about Developing a Family Drug and Alcohol Court (FDAC)? Guidance on getting started from the FDAC national partnership.	Centre for Justice Innovation	2019c
FDAC Service standards and practice indicator checklist.	FDAC National Unit	2019
Tensions and contradictions in family court innovation with high risk parents: The place of family drug treatment courts in contemporary family justice.	Harwin, J., Broadhurst, K., Cooper, C., & Taplin, S.	2019
Care in crisis - Is there a solution? Reflections on the Care Crisis Review 2018.	Holt, K., & Kelly, N.	2020
The prenatal maternal representations of mothers at risk of recurrent care proceedings in the Family Drug and Alcohol Court: A thematic analysis.	Meier, J., & Edginton, E.	2020
Family Drug and Alcohol Courts under COVID-19: A Practice Briefing.	Morris, V.	2020
"I Had No Hope, I Had No Help at All": Insights from a First Study of Fathers and Recurrent Care Proceedings.	Philip, G., Youansamouth, L., Bedston, S., Broadhurst, K., Hu, Y., Clifton, J., & Brandon, M.	2020

Family Drug and Alcohol Courts: An Innovative Approach to Family Justice.	Slade, L.	2020
Evaluation of Pan Bedfordshire FDAC Final evaluation report.	Allen, K., Paskell, C., Godar, R., Ryan, M., & Clery, L.	2021
Rolling-out Family Drug and Alcohol Courts (FDAC): the business case.	Bowen, P.	2021
Do family drug and alcohol courts (FDACs) reduce care?	Harwin, J.	2021
Family drug and alcohol courts: a transformative approach to care proceedings.	Heath-Philpotts, P.	2021
Family Drug and Alcohol Courts.	Lungton, D.	2021
Services for parents who have experienced recurrent care proceedings: where are we now? Findings from mapping of locally developed services in England.	Mason, C., & Wilkinson, J.	2021
Integrated Treatment Programmes for Mothers with Substance Use Problems: A Systematic Review and Meta-analysis of Interventions to Prevent Out-of-home Child Placements.	Neo, SHF., Norton, S., Kavallari, D., & Canfield, M.	2021
A Proof-of-Concept Pilot for an Intervention with Pregnant Mothers Who Have Had Children Removed by the State: The 'Early Family Drug and Alcohol Court Model'.	Shaw, M.	2021
The toxic trio, adverse childhood experiences and the Family Court.	Webb, S.	2021
Evidence & Practice Briefing: FDAC Non-Lawyer Reviews.	Lipp, C.	2022

Table 1: Identified literature

Effectiveness

Consistent with much of the previous literature on FDAC, evaluations demonstrated that families involved are significantly more likely to both retain care of their children and cease substance misuse compared to those in standard proceedings (Allen et al., 2021; Harwin, Alrouh, et al., 2018; Harwin, Ryan, et al., 2018; Neo et al., 2021; Shaw, 2021). These results were also observed to have better longevity than those of standard proceedings (Harwin, Alrouh, et al., 2018; Shaw, 2021). This success was frequently attributed to FDAC's collaborative way of working, and parents valuing their agency in co-produced goals and plans, as well as honesty and respect from professionals, particularly judges (Allen et al., 2021; Harwin, Ryan, et al., 2018; Mason & Wilkinson, 2021). Similarly, practitioners highlighted the utility of inter-professional collaboration (Allen et al., 2021; FDAC National Unit, 2018a). FDAC's trauma-informed approach was also frequently identified as key for parents' success (Allen et al., 2021; Harwin, Ryan, et al., 2018; Mason & Wilkinson, 2021; Shaw, 2021; Webb, 2021), as a significant proportion of parents in FDAC have experienced trauma related to childhood abuse, mental health difficulties, and domestic abuse (Allen et al., 2021; Bowen, 2021, Meier & Edginton, 2020; Shaw, 2021). The perceived success of the trauma-informed approach may be seen in the significantly improved mental health assessment scores or parental feedback about improved relationships and emotion regulation techniques (Allen et al., 2021).

Cost

The literature highlighted the ongoing interest in any potential savings FDAC can make in comparison to traditional care proceedings. Projection models of FDAC's costs and savings estimated that local authorities (LAs) and legal services can yield significant cost-savings by implementing FDAC. Savings are made through reduced legal costs and by avoiding recurrent care proceedings and care placements (Allen et al., 2021; Bowen, 2018). A review of FDAC and related international drug treatment courts also estimated savings for the health and criminal justice systems due to reduced out-of-home placements (Harwin, Broadhurst, et al., 2019). A recent evaluation has also estimated saved costs for health systems due to FDAC families avoiding or reducing callouts of emergency and police services for issues related to substance misuse (Allen et al., 2021).

Covid-19

Only two identified publications (Allen et al., 2021; Morris, 2020) explored the impact of Covid-19 on FDAC, demonstrating there is still much to learn about any positive and negative implications from the pandemic. Unsurprisingly, where it was discussed, it was noted that the restrictions of Covid-19 initially impacted FDAC sites' ability to operate. Early on, FDAC teams and LAs had difficulty agreeing on mitigating actions – such as the way in which hearings were held – and there was a severe lack of staff and community service resourcing. The virtual nature of assessments and hearings were considered by some FDAC team members to be unsuccessful due to a lack of accessibility to parents with additional needs (e.g., learning, sensory, language, access to technology, travel) and inability to appropriately assess parents' progress.

However, other FDAC team members preferred the virtual environment. This is because travel demands for some parents and key professionals (e.g., the locality social worker or children's guardian) were reduced, and support delivered online was increasingly flexible. Some of this, including the increased accessibility of online resources, scheduling consecutive appointments, and use of hybrid hearings (whereby parents, the FDAC team and judge attend Non-Lawyer Reviews

in person, but the locality social worker and/or children's guardian can attend remotely) has been retained since Covid-19. Though professionals believe Covid-19 did not majorly interrupt the consistency of support to parents, increasing numbers of parental substance misuse cases, combined with slower progression of cases, is thought to be having an enduring adverse impact.

Recommendations

Across several evaluations identified in the literature, consistent recommendations were made for increased housing support, post-proceedings support, and utilisation of peer support. Parents and professionals engaged in FDAC noted high demand for formalised housing support because of the high number of parents involved who are insecurely housed (Allen et al., 2021). This constant source of stress can distract from engaging in the Trial for Change process effectively (Allen et al., 2021; Mason & Wilkinson, 2021). It is thought that, by integrating formal housing support early in the FDAC process, parents may retain peak motivation to successfully complete the Trial for Change (Allen et al., 2021; Harwin, Broadhurst, et al., 2019).

Many parents also requested continued support from FDAC post-proceedings. This is because continued access to supportive services (e.g., housing advice, benefits, employment, access to education) may facilitate sustainable success over the longer term (Harwin, Broadhurst, et al., 2019). Professionals believed that a gradual (as opposed to a sudden) withdrawal of involvement may help retain FDAC values of fostering trust, clarity, and individually tailored support (Allen et al., 2019).

Another consistent recommendation concerned peer support. This is a core element of the evaluated FDAC fidelity model and has been emphasised by professionals as key to many parents' success. For example, attending peer support groups (e.g., antenatal, parenting) was shown to help parents make sustainable friendships and express feelings without shame or stigma (Mason & Wilkinson, 2021). Additionally, letters and videos from parents who had previously undergone FDAC, and ended in reunification, helped motivate and reassure parents of the benefits of engaging in FDAC (Allen et al., 2021).

Section 2: Policy review

Origins and development

It is important to understand how the Welsh pilot relates to the wider picture of FDAC. This section charts the development of FDAC, from its inception nearly 15 years ago to the present day. The UK's first FDAC was piloted in London between 2008 and 2012 and was widely deemed to be successful (Bambrough et al., 2018; Harwin et al., 2014; Harwin, Alrouh, et al., 2018). Since then, FDAC has been scaled across the UK as a pioneering approach to care proceedings. The number of FDAC sites has been growing steadily since 2013, with five new sites being established in 2021 (Figure 1).

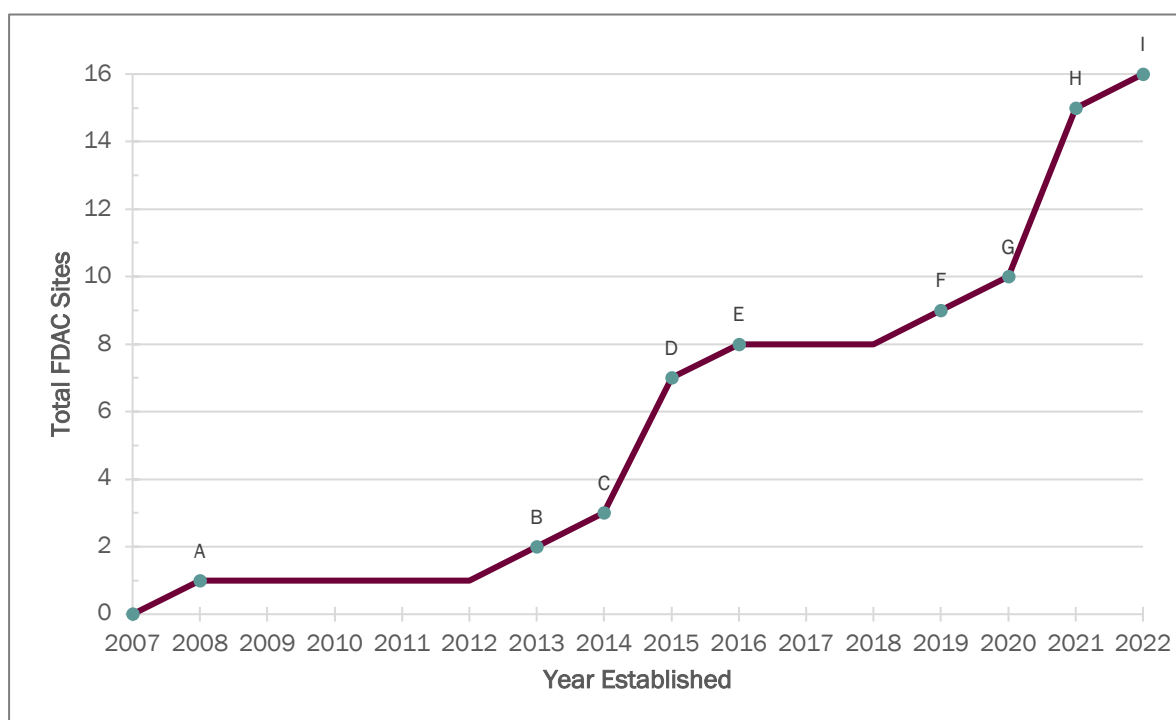


Figure 1: Establishment of FDAC sites in the UK

A: London B: Gloucestershire C: Milton Keynes & Buckinghamshire D: Coventry & Warwickshire, East Sussex, Leeds, Southampton E: Kent F: Pan-Bedfordshire G: Black Country H: Birmingham & Solihull, North East, Somerset, Stockport, Cardiff & Vale I: Wiltshire

Note: De-commissioned FDACs and changes to current FDACs (e.g., Warwickshire joining Coventry in 2021) are not included.

At present, 16 FDAC teams operate in 24 courts, serving 36 LAs (National website for Family Drug and Alcohol Courts, n.d.-a). In addition to these, two previously FDAC sites have closed. The Northern Ireland FDAC was the first FDAC to operate outside England and was piloted for two years starting in 2017. After the pilot, the operators decided not to apply for further funding due to lower than anticipated case numbers. The South West Peninsula FDAC (serving Plymouth and Torbay, in Devon) was piloted in 2015 for one year and was discontinued after another year of operation as small case numbers and a lack of resources for the large areas that they were covering made it difficult to demonstrate value for money. The establishment of the Cardiff and Vale FDAC (C&V

FDAC) in December 2021 is the second instance of a FDAC outside of England, and the only one currently in operation (the other being the discontinued Northern Ireland pilot).

All current FDAC sites conform to the established, core FDAC model developed in during the London pilot. This is centred around a problem-solving approach, and involves specially trained judges, an independent, multidisciplinary assessment and intervention team, and non-lawyer hearings. However, there have been many iterations of how the model is practiced/delivered over the years (National website for Family Drug and Alcohol Courts, n.d.-b). Some FDACs have made implementation or operational adjustments, expanded their multidisciplinary team (to include additional specialist roles), or increased their offer of specialist services based on local needs (by establishing links with other services, completing additional training, or implementing additional procedures for working with families. These iterations mostly stem from FDACs needing to tailor their service to meet local needs, and ensure their site is operationally viable, sustainable and has the best chance for success.

The evolution of the FDAC model has important implications for a theory-based evaluation. As such, a consultation exercise was undertaken to explore how and why the intervention has evolved and been adapted for different contexts since the implementation and evaluation of the London FDAC model. All 16 current FDAC sites took part, engaging with the evaluation team either by email or via video conference¹. Three FDACs reported no changes to the core FDAC model. The remaining 13 FDACs reported adaptations that largely fell into three broad themes discussed below.

Theme 1: Expanded support offer, through additional services and team members

In addition to the core FDAC model, some FDACs had expanded their team or service with additional specialisms (examples are detailed below). Where possible, FDACs appeared to utilise local services that were already in place rather than paying for, and offering, a duplicate service.

Domestic abuse support

With the number of police recorded domestic abuse-related crimes in England and Wales continuing to rise (Office for National Statistics, 2021), it is not surprising that one of the most common additional needs identified for families by FDACs was support for domestic abuse. This has resulted in six FDACs expanding their core team to include a specific domestic abuse specialist or offer in-house domestic abuse programmes for survivors and perpetrators. A domestic abuse specialist is optional in the original FDAC service standards, but an aspiration for each FDAC team. In recognition of the need for additional support in this area, CJI and the SWIFT specialist family service for East Sussex County Council received funding in 2022 to deliver training to all FDAC sites on a specialist domestic abuse intervention: Safer Relationships.

Mental health support

Additional support for mental ill-health was another commonly identified need that was deemed to require either specialist staff to join the team, or for existing team members to gain a secondary

¹ We are very grateful to colleagues in all 16 FDAC teams who participated enthusiastically and ensured we were able to include all current FDAC sites in this exercise.

specialism by undergoing additional training. While most FDAC teams already include a psychologist and psychiatrist, additional mental health specialists are a recommended role/specialism in the FDAC team. However, at the time of consultation only six FDACs had been able to expand their team to include additional mental health support in the form of mental health specialists, mental health workers, mental health interventions workers, and high intensity therapists.

Post proceedings support

Following the recommendations of previous evaluations (e.g., Harwin et al., 2014), several FDACs offered post-proceedings support, though this represents a significantly expanded scope compared to the original FDAC model. As the name suggests, post-proceedings support, which is sometimes known as “after-care”, is a continuation of support from the FDAC team after the final FDAC recommendation, based on key elements of the in-proceedings model (FDAC National Unit, 2018b).

The nature and extent of formalised additional support from FDACs in this period varied at the time of consultation. The offer of informal coffee mornings for parents after proceedings have concluded in one FDAC², but is an example of a relatively brief input. In contrast, more extensive programmes can continue for up to 12 months, such as the post-proceedings offering in one FDAC, where (at the time of consultation) families could receive three months of support at a similar intensity to what they receive in proceedings (meeting 1-2 times weekly), then gradually reduce to fortnightly meetings, and then transition to telephone support.

Notably, when post-proceedings support is offered, it is not conditional on the outcome of proceedings. Instead, it is offered to all parents. However, where reunification is not the outcome, the offer usually comprises shorter, less intensive support centred around signposting to community services.

Some FDACs reflected that instigating a post-proceedings service was necessary to tackle the problem of relapse, further abuse or neglect, and placement breakdowns (FDAC National Unit, 2018b) after a ‘honeymoon’ period once proceedings had concluded. One FDAC felt post-proceedings support was valuable enough that they offered it on top of their caseload, as it is a resource not being covered by their FDAC funding. Other FDACs indicated their interest in pre-and/or post-proceedings support if funding allowed.

Peer mentors

Providing a peer mentor is strongly recommended in the core FDAC model team composition, though providing this in practice was not always possible, due to lack of funding and the sparse availability of volunteers who have a history of substance misuse. Five FDACs had parent mentors at the time of the policy review consultation. Two others had to remove their mentoring scheme due to a lack of funding but hoped to re-introduce peer mentoring in future. Many other FDACs expressed an interest in obtaining parent mentors and were in the process of trying to develop this service.

² This was available pre-Covid, but disrupted during the pandemic.

In the FDACs who offered peer mentors, some allocated mentors to work with specific parents, while others described a more flexible approach. Examples included involving informal mentors as a form of support or having them available to provide ad hoc support to any parent on drug testing and court days. Peer mentoring schemes were considered to be successful by the FDAC teams, and demand from parents was strong. In one site which offered peer mentors there was a waiting list of parents requesting mentors at the time of the consultation.

Management and governance

Because FDAC can be delivered in several ways, two FDACs that serve multiple LAs had introduced roles and groups such as programme managers. These are designed to assist FDACs in making decisions, appropriately collaborating between multiple authorities, helping the site function smoothly, and planning for future delivery.

Other forms of specialist support

Across the current FDAC sites, there were a range of other specialisms that were added to respond to local needs. Examples of these included systemic family therapists, family group conference workers, health visitors and speech & language therapists, parenting skill improvement groups/resources, employment and education pathways, and rapid access to housing.

FDAC managers explained how decisions about additional support or specialisms were made. A particular consideration that they noted was sustainability for parents. Some FDACs chose not to offer services through the FDAC team if they were not available to parents in the local community outside of FDAC. They described concern that offering support limited to the timings of FDAC proceedings would risk setting parents up to fail when they exited and turned to community-based services. If families are unable to access services they had been engaging well with, and relying on the support of, when FDAC proceedings end this change may impact a parents' success or the sustainability of positive changes they have made.

Theme 2: Funding

FDAC sites in the UK are typically implemented on a two-year pilot timeline, through a mix of funding from LAs, the Department for Education, local police and crime commissioners, Mayors, and relevant third sector organisations. Funding is clearly a factor in the long-term viability of FDAC, and there was a sense of precarity among FDAC sites which stems from funding uncertainty.

The changing scope and remit of sites demonstrates the way funding shapes these services. For instance, one FDAC has increasingly expanded to support more LAs due to receiving additional funding. Others faced management re-structures and service closures, or were only able to continue supporting one LA when funding ceased (when they had previously supported multiple during their pilot phase). Several FDACs voiced concerns about future funding and explained how instability in funding had caused recruitment problems, created instability in the team, and constrained the service they were able to provide. They also felt they were competing for funding with other interventions, such as the PAUSE programme or the Family Safeguarding model, and worried that FDAC could lose funding to other programmes.

Some FDACs had secured more reliable and long-term sources of funding through links with LAs. Yet the stability this provided also came with drawbacks, through bringing FDAC closer to the wider

LA service. This can mean the FDAC team was required to take on other roles, with FDAC only being a proportion of their role/case load. The remainder of their time was often split offering other specialist support (depending on the LA) such as case consultation, child assessments, group supervision, and community support for substance misuse and domestic abuse cases. FDACs expressed a desire to spend more time seeing FDAC cases, but that splitting their role in this way helps the team to become more indispensable to the LA.

This pattern of funding has a key role to play in how (and whether) FDACs had progressed or expanded in many areas. The two FDACs which have closed faced funding difficulties, and for the remainder, the timing of any adaptations or additions in FDAC models appears to be closely linked with changes in funding. Additional needs may have been identified, but often FDACs must wait until they can fund a service provision that addresses that need. For example, though one FDAC identified 100% of their cases involved domestic abuse or mental ill-health, additional support was only able to be added to the team subsequent to post-pilot funding. Considering the prevalence of related issues like domestic abuse and mental ill-health, some FDACs also anticipate prioritising funding of additional specialist support, like clinical supervision. Variability in funding is ultimately linked to the variability of an FDAC's commissioning structure. While every FDAC team is independent from the LA, a result of this varied commissioning structure is that each FDAC has a different relationship with the LA(s) it serves.

Theme 3: Relationship with local authorities

As described above, all FDACs are independent to the LA, though in practice, they varied in how closely they work with the LAs, and how independent they feel. For example, some FDACs had more separation- no shared funding, data, or working sites with their LA and felt this helps demonstrate their independence. This relationship is closer to the kind of independence thought to be valuable, originally recommended following the London pilot. Other FDACs had closer ties (shared resources and data) and saw the benefit in this. The benefits of collaboration were thought to offer professional insight into FDAC cases, improved communication and knowledge sharing between FDAC and LA, and easier ability to address mutual issues.

FDACs that sit within the LA, or are an expansion of an existing service within the LA, reported benefitting from being part of well-established teams, feeling more secure in their future, and that the permanency of their position and integration in the LA enables more holistic, long-term planning and recovery with service users. However, it was noted that larger FDACs that are spread across multiple LAs found it challenging to manage and maintain the multiple relationships (e.g., rotating solicitors, high turnover of locality social workers), and to support a large geographical area where service users may have long distances to travel.

Section 3: Implementation of FDAC in Wales

The previous RRR also involved searching literature for data relating to the implementation of FDAC. Data was limited and largely based on literature from the USA, where the FDAC model was adapted from. However, this was combined with data from expert consultation in FDAC sites in England, to identify levels at which the implementation of FDAC occurs in the UK and highlight general barriers and enablers to implementing the FDAC model within each of those levels.

In the current evaluation, to explore if FDAC implementation in Wales occurs at the same levels and is enabled and inhibited by similar factors, a combination of interviews and focus groups with 10 professional stakeholders were conducted between March-June 2022. This included members of the FDAC team, LA social workers, legal practitioners, practitioners from partner agencies, and practitioners involved in supporting the implementation of the C&V FDAC site.

This section presents a brief overview of the levels at which FDAC implementation was found to occur in the Welsh context and details the enablers and barriers to implementation experienced by key stakeholders in the C&V FDAC. It also notes key considerations and recommendations for practitioners and policy makers who may be considering implementing FDAC more broadly in Wales.

Barriers and enablers for implementing FDAC

Previously, the RRR identified three main levels at which the implementation of FDAC occurs: 1) Policy; 2) Local authority; 3) Court. This was generally supported during consultations with key stakeholders for the C&V FDAC. However, the data and expert knowledge obtained through consultations in the current evaluation has been used to update the barriers and enablers to FDAC implementation within these levels, and to identify another level of implementation; 4) Individual.

The full list of identified enablers and barriers of FDAC implementation can be found in Tables 2, 3, 4 and 5, which use text formatting to distinguish between previously identified and new data. Plain text signifies previously identified enablers and barriers that were not reiterated in consultations, underlined text indicates previously identified enablers and barriers that were reiterated in consultations, and bold text emphasises new enablers and barriers identified during consultations. See Appendix 3 for an expanded version of the tables with details on how the enablers and barriers impact on FDAC implementation.

National/policy level

Key enablers of FDAC implementation in Wales at this level were the buy in and funding provided by the Welsh Government. This has been fundamental in increasing interest, enthusiasm and buy in at lower levels, and enabling CJI to oversee and support the C&V FDAC, not just at the point of implementation, but also post-setup. The support has included providing training, sharing job descriptions, guidance on budgets and logistics, and providing links with other FDACs and agencies. This was considered crucial for the team to learn about and adapt to a different way of working and embed FDAC in the local context.

Level of implementation	Enablers	Barriers
National/policy	<p>Legislation regarding timescales:</p> <ul style="list-style-type: none"> • FDAC can adapt to fit within legislation, both before and within proceedings. <p>Policy regarding cost of experts:</p> <ul style="list-style-type: none"> • FDAC can commission 'in-house' expert services. <p>Buy in:</p> <ul style="list-style-type: none"> • Governments and senior key stakeholders demonstrate a level of commitment, engagement, and interest in FDAC. <p>Funding:</p> <ul style="list-style-type: none"> • Funding is available for FDAC to be well researched and evaluated. • Government funding provided to CJI to oversee implementation and post-setup support. <p>Covid-19</p> <ul style="list-style-type: none"> • Legislation and guidance requiring remote working. 	<p>Legislation regarding timescales:</p> <ul style="list-style-type: none"> • <u>Short time scales.</u> • Legislation that places an emphasis on earlier adoption. <p>Policy regarding cost of experts:</p> <ul style="list-style-type: none"> • Legislation stating a need to reduce cost of experts. <p>Funding:</p> <ul style="list-style-type: none"> • Increased national funding around drug strategies, and recommissioning drug services. <p>Covid-19</p> <ul style="list-style-type: none"> • Legislation and guidance requiring remote working.

Table 2: Summary of key enablers and barriers to implementing FDAC at the national/policy level

Local authority level

The availability of services was identified as both a key enabler and barrier at the LA level. In the context of the C&V FDAC, a wide variety of well-established treatment providers and partner agencies (particularly those that have similar principles, processes and team setups to FDAC) available in the local area was identified as an enabler of FDAC implementation for several reasons. Practitioners can be recruited from these services and transition easily into the FDAC team, and they can tap into the local services rather than fund new ones. If families have experience with these services, it can make them feel more comfortable engaging with FDAC (as it may feel more familiar), it also allows the FDAC team to create more bespoke support plans that meet the needs of the families they work with.

The availability of services was also considered a barrier to implementation, as the number of service users with complex needs can quickly increase in areas when it becomes known there are a wide variety of well-established treatment providers and partner agencies available. FDAC sites based in areas like this then experience long waits for families to access services, inhibiting them from being able to engage with the services during the timeframe of FDAC proceedings.

Level of implementation	Enablers	Barriers
Local authority	<p>Availability of services:</p> <ul style="list-style-type: none"> • <u>FDAC sites based in areas with a wide variety of treatment providers and third sector organisations for parents to be referred to.</u> • Robust local services in the LA (particularly those with similar core principles to FDAC, similar multidisciplinary team, similar processes for referring into the service). <p>Interagency working (culture/shared values and communication):</p> <ul style="list-style-type: none"> • A mutual understanding of risk and impact on children. • Interagency case co-ordination. • Consistent communication between social worker, FDAC team/key worker. • Team all informed of the direction of the case, open and honest communication. • Partner agencies/services who can work collectively and collaboratively. <p>Buy in:</p> <ul style="list-style-type: none"> • <u>Leaders who believe in FDAC and its approach and are committed to the change.</u> • Neighbouring LAs that have had a positive experience of the FDAC model. • Partner agencies/services who are aware of the model and how it works. <p>Timescales:</p> <ul style="list-style-type: none"> • Referrals that include FDAC at the stage of the pre-proceedings process. • Flexible timescales. 	<p>Availability of services:</p> <ul style="list-style-type: none"> • <u>Treatment services that are limited by: availability, long waiting lists, cost, remit (e.g., ability to address substance use disorders and holistic needs), or entry criteria (e.g., limited residential treatment services available for men; mental health services only allowing entry in a crisis whereas FDAC may be seeking to prevent a crisis occurring).</u> • Differing assessment of thresholds between/within LAs. • FDAC sites based in areas where there is a wide variety of treatment providers and third sector organisations for parents to be referred to. <p>Interagency working (culture/shared values and communication):</p> <ul style="list-style-type: none"> • Agencies with different views on successful outcomes and service measures (e.g., treatment providers may use a payment by result model for completed cases, whereas FDAC is looking for individualised goals such as reduction). • Different entry criteria between service providers and FDAC. • Different perceptions of problem drug use between providers. • LAs that are: risk averse and process driven, have a negative perception of the key worker model, are under stress (through high turnover, funding). <p>Buy in:</p> <ul style="list-style-type: none"> • <u>Unfamiliarity with the FDAC model and lack of understanding of its purpose.</u> • Partner agencies/services less inclined to 'fully invest' in FDACs during their pilot phase as opposed to when it is more wide scale. • Documentation supporting FDAC focusing heavily on parents and little on how children are prioritised and worked with in FDAC. <p>Timescales:</p> <ul style="list-style-type: none"> • Judges requiring longer than 26 weeks to end care proceedings will need to apply for an extension of 8 weeks to continue. • Cases heard within 26 weeks may increase the number of contested proceedings and incur further costs. • Short time periods to set up a new FDAC.

Table 3: Summary of key enablers and barriers to implementing FDAC at the local authority level

FDAC level

Stakeholders identified more enablers to FDAC implementation at this level than at the others. Notably, the training and opportunities for the FDAC team and partner agencies to observe existing FDAC sites during implementation was echoed across all interviews and focus groups as a key enabler. This was expressed as fundamental in increasing knowledge and understanding of FDAC processes and principles, helpful for practitioners developing their own strengths, makes the transition to working in a different way to normal care proceedings easier, and improves buy-in from other practitioners and families.

Implementation barriers relating to training were also identified, namely where the significance of FDAC training is not emphasised enough to partner agencies/services, and training is offered too early when the FDAC team have very little context of what it is like to work with FDAC cases.

Level of implementation	Enablers	Barriers
FDAC	<p>Buy in:</p> <ul style="list-style-type: none"> Local judges who champion the FDAC approach. FDAC services working in an integrated way. Specialist locality social workers and children’s guardians assigned to FDAC cases. Staff members dedicated to the coordination and implementation of FDAC. When a new FDAC site believes it will exist beyond the scope of its pilot. FDAC team are approachable and open to supporting partner agencies/services by discussing the FDAC approach/cases. <p>Training:</p> <ul style="list-style-type: none"> <u>Specialist training (covering processes and values of FDAC) for all FDAC team members.</u> <u>Opportunities for judges and the FDAC team to observe/shadow existing FDAC sites during implementation.</u> Encouragement of ongoing professional development and training. Implementing a training plan and a log system which is reviewed by programme administrators. <u>Mentors from other FDACs for the judge/team members.</u> More understanding of what working with FDAC families involves and what is expected of practitioners. Community of practice forums. Joint training for the FDAC team, children’s guardians, and judges. <p>Multidisciplinary team dynamics/relationships:</p> <ul style="list-style-type: none"> Using integrated, collaborative interventions that share values, goals, and outcomes. Team members meet with each other regularly to discuss cases and to develop inter-agency referral systems. Team members with overlapping skills and knowledge of each other’s services. <u>Implementing FDACs that support multiple LAs is quicker when there is already an established relationship between the LAs.</u> A focus on collaboration, resolving issues shared values and cultures, and good communication. 	<p>Buy in:</p> <ul style="list-style-type: none"> Employing judges on a part time basis whereby they also operate in standard family or criminal courts. <p>Training:</p> <ul style="list-style-type: none"> Training offered too early in FDAC implementation. Training on the FDAC model before recruitment has completed for a core FDAC team. Where the significance of FDAC training is not emphasised enough to partner agencies/services. LA, legal practitioners, and partner agencies/services do not all receive the same training.

Table 4: Summary of key enablers and barriers to implementing FDAC at the FDAC level

Individual level

This level was not identified in the previous RRR. It refers to the implementation of FDAC at the individual (service user and practitioner) level, and was highlighted as an important enabler in the Welsh pilot, particularly regarding the suitability of individual practitioners. Recruiting practitioners to the FDAC team with appropriate primary and secondary skillsets (e.g., if the psychologist has a secondary specialism in substance misuse, or substance misuse worker is a specialist in trauma) meant that they were able to adapt faster to work required in FDAC, and helps ensure the team is able to offer holistic support to families. For practitioners, the important enabling characteristics cited were the ability to be curious and open to new ways of working; a belief that people can change; and a gentle approach to working with families. For judges, key characteristics noted were being personable, open and honest, and committed to a problem-solving approach. Both practitioners and judges were thought to need to take a collaborative approach to working with families to enable FDAC implementation.

Level of implementation	Enablers	Barriers
Individual level	<p>Buy in:</p> <ul style="list-style-type: none"> Families' understanding the FDAC model and being aware it is an alternative option. <p>Suitability:</p> <ul style="list-style-type: none"> Getting the right practitioners in the FDAC team with appropriate primary and secondary skillsets. Practitioners who are: curious, open to new ways of working, believe that people can change, have the ability to approach families gently and willing to work collaboratively. Judges who are: personable, open and honest, committed to a problem-solving approach and working collaboratively. Practitioners who have capacity to work intensively with families and a work schedule that matches court days. Families who have a mindset to sign up, fully commit and maintain engagement with FDAC. 	<p>Buy in:</p> <ul style="list-style-type: none"> Practitioners who feel like FDAC's new way of working in care proceedings is criticising their practice/skills or that roles/responsibilities are being taken off them by the FDAC team. Families with previous negative experience of care proceedings/children's social care. <p>Suitability:</p> <ul style="list-style-type: none"> Practitioners/judges/team members who are not willing to leave their comfort zone. Workload capacity that inhibits children's guardians attending non-lawyer reviews.

Table 5: Summary of key enablers and barriers to implementing FDAC at the individual level

Recommendations

Consulting with key stakeholders who were involved in the implementation of the C&V FDAC or in the early stages of the pilot generated some new insights into implementation. Based on these, the following recommendations aim to support the implementation of FDAC more broadly in Wales:

Recommendation 1: Widen availability of training. Make the same intensive, three-day training (provided to the FDAC team and judges by CJI) available to all key partner agencies/services, and emphasise the importance of attending training on the FDAC model. This would help to ensure all key stakeholders are aware of FDAC processes and principles, and increases buy-in at the LA and individual levels, when practitioners feedback their knowledge of how FDAC works and what it can achieve to colleagues and families.

Recommendation 2: Provide follow up training. Provide a second training or ‘refresher session’ after the FDAC team begin working with families in FDAC. This would provide an additional opportunity for practitioners to attend training on FDAC if they were unable to attend in the first instance. Moreover, it allows the FDAC team to further reinforce their knowledge of the model in the context of having applied the processes and principles, and having identified areas that require further guidance or support.

Recommendation 3: Enhance supporting documentation. Update available supporting documents for FDAC, to further emphasise how children are involved in the model, and how their safety is prioritised.

Recommendation 4: Secure funding and standardise support. Continue to make funding available for all new FDAC sites to receive the same level of intensive implementation and post set up support received by the C&V FDAC.

Section 4: Progression of Cardiff and Vale FDAC

As noted in the introduction to this report, the C&V FDAC launched its two-year pilot programme in December 2021, following a recommendation by The Commission on Justice in Wales in 2019. With its aim to improve outcomes in the long term, FDAC can be seen to be consistent with the Well-being of Future Generations (Wales) Act 2015, which is a key area of legislation and a flagship policy initiative for the Welsh Government. To set up the pilot, the Welsh Government commissioned 'hands on' implementation support from CJI, who have been instrumental in supporting the expansion of FDAC in England. After work with stakeholders to develop the pilot approach, and a competitive tendering process managed by CJI, the South-East Wales Local Family Justice Board was awarded the pilot.

While the pilot is still at a relatively early stage, this section offers an overview of the FDAC team and the families that have currently been involved in the pilot.

The FDAC team

The core C&V FDAC team was established in November/December 2021, and comprises:

- Team Manager,
- Clinical Psychologist,
- Mental Health Specialist,
- Substance Misuse Specialist,
- Administrative assistant.

While the composition of FDAC teams vary depending on local context, the C&V team does not currently include three roles recommended in the FDAC service standards (Centre for Justice Innovation, 2019a) and guidance on getting started from the FDAC national partnership (Centre for Justice Innovation, 2019c). The C&V FDAC Team Manager is a qualified social worker, however the team does not have separate child and family social workers. Similar to 10 other FDAC sites, the C&V FDAC does not offer post proceedings support and as such do not have a post proceedings worker. There are also no parent mentors in the team, though C&V are in discussions with service providers about the potential to offer a peer mentor support service for families.

The team sits alongside the existing Cardiff & Vale Integrated Family Support Team (IFST) and are based in Cardiff City Hall.

The C&V FDAC operates from the Cardiff Family Court and has three specially trained judges. The court is overseen by one lead judge hearing FDAC cases, and another two judges are available to cover for holiday and sick leave, with the view that they may also oversee FDAC families in the future if required.

Families

Overview

The aim of this section is to give a brief profile of the families involved in the C&V FDAC pilot. The following summary information is based on data available for the C&V FDAC at the start of August 2022, and is included to give a picture of throughput to date. In future reports, as the case numbers grow, this source of data will be the subject of more detailed analysis including case outcomes.

The site began hearing FDAC cases in late December 2021, with the first parent signing up to FDAC in January 2022. To date, the C&V FDAC have had eight cases involving 11 parents and nine children (Table 6).

Case number	Parent/carer 1 (primary carer)	Parent/carer 2	Number of children
Case 1	Mother	-	1
Case 2	Mother	Father	1
Case 3	Mother	-	1
Case 4	Mother	Father	2
Case 5	Mother	-	1
Case 6	Mother	-	1
Case 7	Mother	Father	1
Case 8	Mother	-	1

Table 6: Family composition of the C&V FDAC cases at time of sign-up

Note: While some cases include both a mother and father, this is not indicative that they are in a relationship. Primary carers may have also changed during proceedings.

One case has concluded proceedings (Case 1) and there are currently six cases in the 'Trial for Change'. One case was deemed 'not suitable' by the FDAC team at the assessment phase (Case 6), and as such will not be included in the following data.

The C&V FDAC have a target of 15 cases per year during their pilot (n= 30). So far, one case has signed up to the C&V FDAC every month of 2022, except June when Case 6 was deemed not suitable (Figure 2). Based on the number of their cases in early August 2022, eight months since the pilot commenced, C&V are slightly behind the target. However, given the trajectory of their current sign-up rates, and that recruitment can be slower during set up periods, it is expected they will reach their target by the end of the pilot.

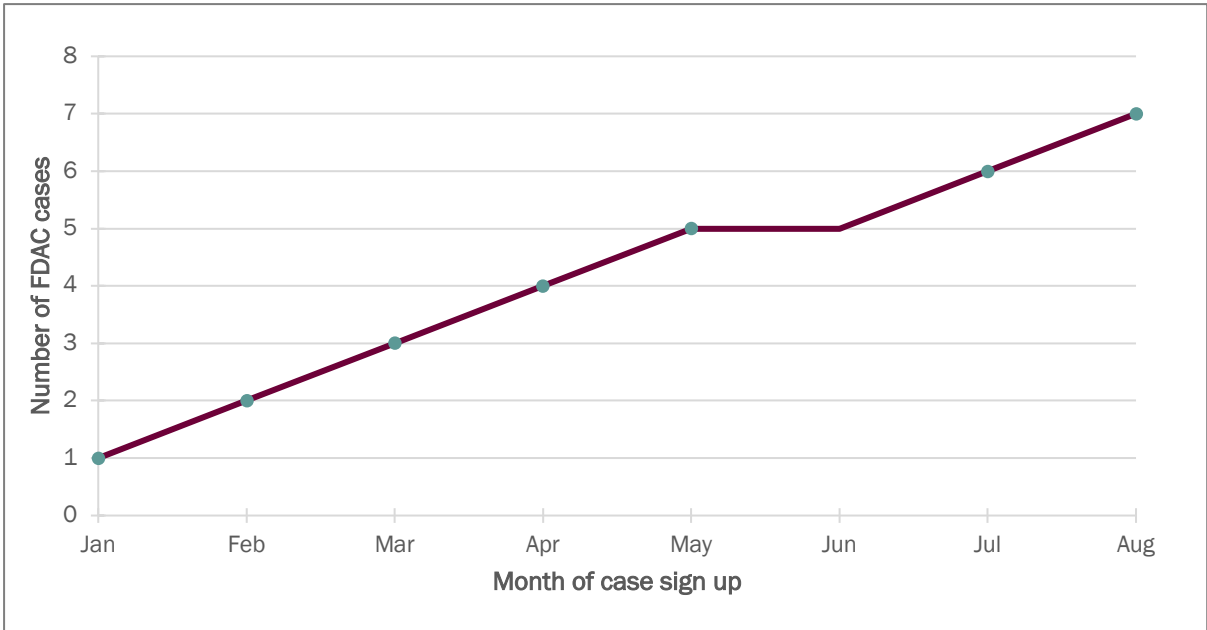


Figure 2: Total cases signed up to the C&V FDAC

Demographics

The majority of parents who signed up for the C&V FDAC were female (70%), and the average parent age was 35.5 years, with 80% of parents aged over 30 (Table 7). Seventy-five percent of children were male, and half of the children were younger than one year old (Table 8). Almost 90% of the parents and children identified as white (English, Welsh, Scottish, Northern Irish/British) or having a mixed/multiple ethnic background.

Demographic ranges	Count
Age (Years) at date of first hearing	
25 - 29	2
30 - 34	2
35 - 39	2
40 - 44	4
Gender	
Male	3
Female	7

Table 7: Summary of parent demographics

Note: Unfulfilled categories not included in table.

Demographic ranges	Count
Age (Years) at date of first hearing	
< 12 months	4
4 - 6	1
7 - 9	2
10 - 12	1
Gender	
Male	6
Female	2

Table 8: Summary of child demographics

Note: Unfulfilled categories not included in table.

Parental substance misuse

Data is available on substance misuse from a clinically judged and self-reported perspective. The severity of parents' clinically judged alcohol misuse at the start of proceedings was most commonly 'medium' (60% of parents) whereby their misuse involved social drinking with a history of harmful non-physically dependent use and social drinking where there is a history of physically dependent use.

The severity of parents' clinically judged drug misuse at the start of proceedings was most commonly medium to high. Fifty percent of parents' misuse involved social/recreational drug use including club drugs (e.g., ecstasy, MDMA) and 'legal highs', and 40% of parents' misuse involved intravenous or chaotic drug use, polysubstance misuse of illegal drugs, prescribed drugs or legal highs, multiple daily use of cannabis, and misuse of prescribed drugs (Tables 9 and 10).

Type of misuse	Severity (numbers of parents)			
	None	Low	Medium	High
Alcohol	0	3	6	1

Table 9: Severity of parental alcohol misuse

Type of misuse	Severity (numbers of parents)			
	None	Low	Medium	High
Drug	1	0	5	4

Table 10: Severity of parental drug misuse

Parents self-reported misuse of 19 commonly misused substances and free-reported other misused substances. In the 90 days prior to assessment, parents were most likely to misuse between one and three substances (Figure 3). The most commonly misused substances were alcohol (90% of parents), followed by cannabis (70% of parents) (Figure 4).

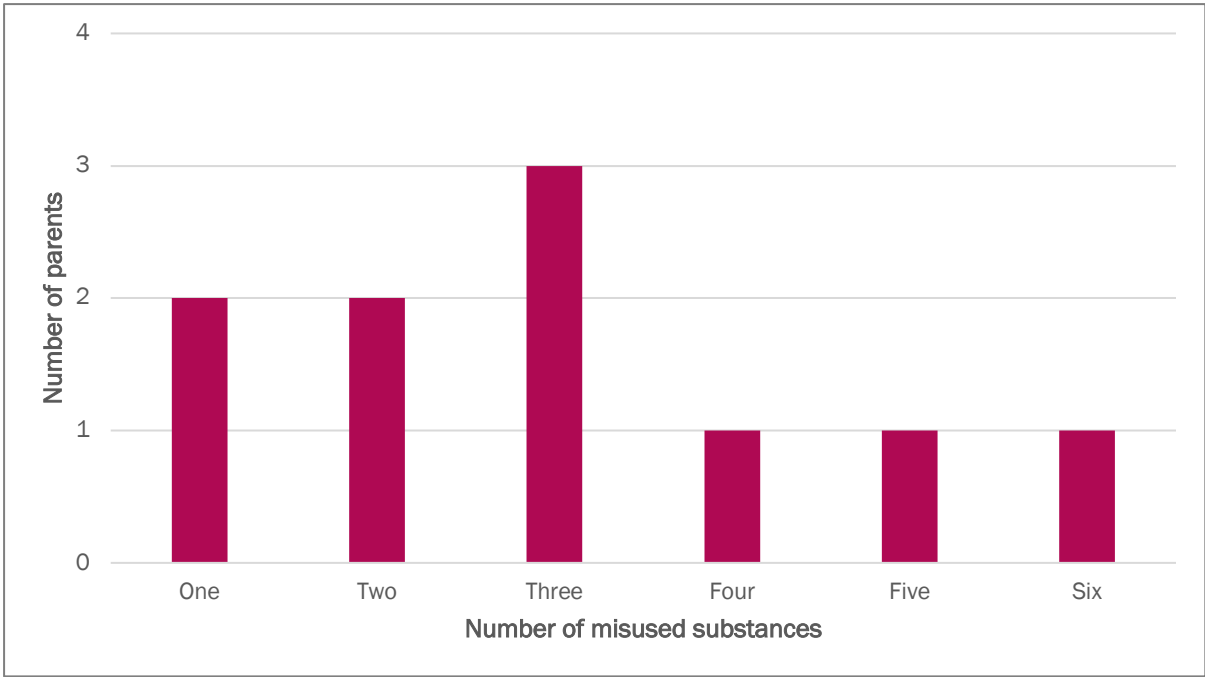


Figure 3: Number of substances misused by parents

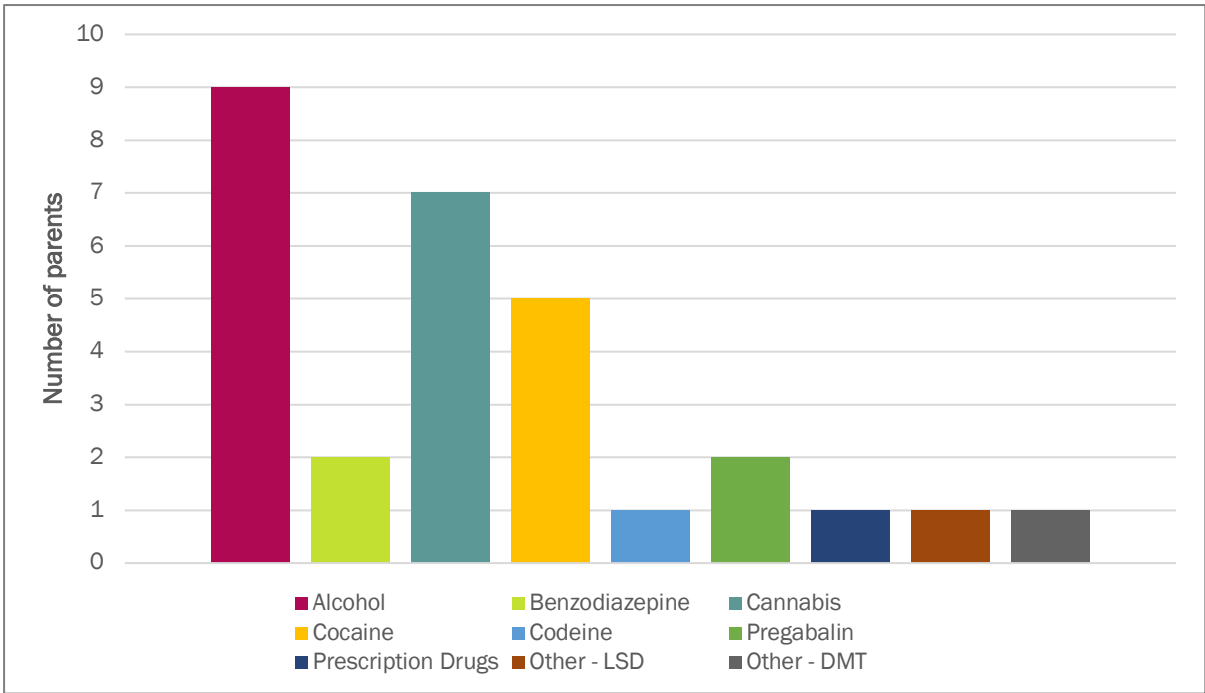


Figure 4: Self-reported parental substance misuse

Note: Graph only includes substances which parents identified they had used in the 90 days prior to assessment.

Other characteristics

Alongside the substance misuse that is the primary focus of FDAC, there were other notable characteristics of families involved in the pilot. Nearly all (n=9; 90%) had previous contact with children's services, though no parents had previously been a party in an FDAC case. Issues of mental ill health and domestic abuse were also notable. Thirty percent of parents had an existing mental health diagnosis, and 70% of parents had either past or current experience of domestic abuse (Table 11).

Role	Past DA Experience	Current DA Experience
Victim	5	1
Perpetrator	0	1
Both	2	0
Unknown	0	6
None	3	2

Table 11: Parental involvement with domestic abuse

At the start of proceedings, 50% of the parents were living in either supported housing, a hostel, or a refuge, and most children were either in foster care (50%), or with a non-parental family member (37.5%) (Table 12).

Living arrangements	Count
Parent	
Supported housing / hostel / refuge	5
Social housing	3
Owner occupier	1
Private tenant	1
Child	
Foster care	4
Non-parental family member	3
Parent	1

Table 12: Living arrangements; parents and children

Note: Unfulfilled categories not included in table.

Section 5: Next steps

As of August 2022, there are 11 months remaining in Phase Two of the evaluation of the FDAC in Wales pilot. The focus of the remainder of this phase will involve conducting interviews and observations with families in FDAC and professional stakeholders (including FDAC judges, legal representatives, and members of the FDAC team). The aim is to identify and follow 15 families on their journey through FDAC proceedings, to explore their experiences, perceptions, and attitudes, and facilitate an understanding of how the intervention operates in a Welsh context and how closely this resembles FDAC elsewhere.

Interview and observation data will be collected and analysed in iterative cycles. Along with data derived from the literature review, this will be used to further test, develop, and refine the previous programme theory on how, for whom and under which circumstances FDAC works, with a focus on the Welsh context.

Phase three will commence in August 2023 and will involve follow-up interviews with case study families and key stakeholders, and quantitative data analysis obtained from the C&V FDAC site. The data from the pilot site will be compared with one or more FDAC sites in England in three main areas: (1) profile, (2) needs, and (3) outcomes. Profile and needs data will highlight any differences in key demographics and needs between families using the service in England and families using the service in Wales. Rates of outcome indicators will also be compared to provide indicative evidence of impact.

Conclusion

This report has focused on the early stages of the C&V FDAC pilot, which has been running for approximately eight months. When the pilot was conceived in 2019, the many challenges of setting up a new service during the pandemic were unforeseen. However, the inception period for the C&V FDAC pilot appears to have been largely successful, despite being undertaken in this period of considerable disruption due to the ongoing impact of Covid-19. The team are providing a service to a growing number of families in Wales, and their experiences are contributing to the knowledge base on FDAC more widely.

The policy review presented here shows many specialisms have been added to FDACs around England, beyond the standard model. This reflects the fact that many families involved in care proceedings face a complex and interacting set of challenges, which go beyond substance misuse. Domestic abuse and mental ill-health are particularly prominent issues that can be difficult to address due to the lack of services and long waiting lists in many areas. It is therefore expected that FDACs might consider adding these provisions to their offer, and is an interesting development of the intervention.

The C&V FDAC identified a need for additional input around domestic abuse, and they have secured training for this resource quickly. It will be important to explore how this contributes to the work undertaken in the pilot, and gather families' experiences of this support. The next phase of data collection, where families will be interviewed and proceedings will be observed, should be insightful around this aspect of the service.

It is encouraging that many of the recommendations found in the recent literature on FDAC were already being implemented in current FDAC sites, suggesting that the evidence and practice of FDAC are aligned to some extent in terms of its development. It is also encouraging that the data gathered in the current evaluation is already enhancing the theory about how FDAC operates, in terms of adding information to the existing levels of operation and contributing new evidence about how it works at an individual level. The role of individuals in implementing policy initiatives is well known (see Lipsky, 1980), and the evaluation will explore further how individuals deliver FDAC, how this shapes the way it is experienced, and what the implications of this are for the proposed contexts and mechanisms of impact.

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Appendix 1: Current ongoing FDAC research projects

Family Drug and Alcohol Courts Evaluation

Evaluator: National Centre for Social Research

Estimated completion: November 2022

Overview: This evaluation is comprised of two strands: a quasi-experimental impact evaluation which will compare quantitative data for families in FDAC proceedings with families going through business-as-usual care proceedings, and an implementation and process evaluation using a case study approach to obtain the direct views and experiences of people from FDAC and non-FDAC court case study sites. More information can be found [here](#) and [here](#).

Family Drug and Alcohol Court – Parent Mentoring Implementation Evaluation

Evaluator: University of Sussex

Estimated completion: Originally November 2022, now delayed due to Covid-19

Overview: An evaluation of two FDAC sites who are in the early stages of introducing parent mentoring, using an exploratory mixed methods design. The evaluation will be largely focused on the implementation and process aspects of parent mentoring programmes. More information can be found [here](#).

Evaluation of Parent-to-Parent Letters to Increase Engagement with Family Drug and Alcohol Courts

Evaluator: Centre for Evidence and Implementation and Bryson Purdon Social Research

Estimated completion: November 2022

Overview: A randomised controlled trial and implementation evaluation of a parent-to-parent letters intervention aimed at increasing parents' attendance and engagement with FDAC services. More information can be found [here](#).

Family Drug and Alcohol Court – Post-proceedings Support Pilot Evaluation

Evaluator: King's College London

Estimated completion: October 2022

Overview: A process evaluation of post-proceedings support in the Gloucestershire FDAC. It also aims to develop a manualised version of the intervention and assess feasibility for a future impact evaluation. More information can be found [here](#) and [here](#).

Appendix 2: Literature review process

Information sources and search process

Searches for published and unpublished research and relevant literature were conducted between December 2021 and July 2022. The following databases were searched using the term 'Family Drug and Alcohol Court' Child Development and Adolescent Studies, CINAHL, British Education Index, ERIC, Sociological abstracts (includes Social Services Abstracts), ASSIA, IBSS, HMIC, Medline (including Medline In-Process and Medline ePub), EMcare, Journals@Ovid, Embase, PsycINFO, Social Policy and Practice, Scopus, Web of Science (Social Sciences Citation Index, Conference Proceedings Citation Index—Social Science & Humanities, Emerging Sources Citation Index). Supplementary searches were also conducted to help identify further relevant literature. Grey literature was identified through google searches and resources provided by the [national website for FDAC](#) and the Centre for Justice Innovation. Citation chasing, where the reference list or bibliography from sources is used as a way to identify more literature, was also conducted on the studies identified in database searches.

Inclusion and exclusion criteria

To be included, literature had to be based in the UK, be published between 2018- July 2022, and either focus on FDAC or contribute knowledge relevant to theory on how FDAC works.

Study Selection

Duplicates were removed and screening of abstracts and full texts was conducted by two researchers. Any disagreement was resolved by involving a third author where necessary.

Appendix 3: Expanded key enablers and barriers to implementing FDAC

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Level of implementation	Enablers	Barriers
National/policy level	<p>Legislation regarding timescales:</p> <ul style="list-style-type: none"> FDAC can adapt to fit within legislation, both before and within proceedings; enables it to fit well with child protection policy and LA processes. <p>Policy regarding cost of experts:</p> <ul style="list-style-type: none"> FDAC can commission 'in-house' expert services; cost of the use of experts can be lower than commissioning individual expert assessments for court. <p>Buy in:</p> <ul style="list-style-type: none"> Governments and senior key stakeholders demonstrate a level of commitment, engagement, and interest in FDAC; increased support to resolve issues as they arise during FDAC implementation. <p>Funding:</p> <ul style="list-style-type: none"> Funding is available for FDAC to be well researched and evaluated; wider enthusiasm for, and trust in, the model. Government funding provided to CJI to oversee implementation and post-setup support; additional and more intense support for FDAC sites, and improved embeddedness of the model. <p>Covid-19</p> <ul style="list-style-type: none"> Legislation and guidance requiring remote working; enables FDAC training to be provided to more practitioners and partner agencies/services. It also improves engagement and accessibility in essential strategic and operational group meetings during the implementation of FDACs. 	<p>Legislation regarding timescales:</p> <ul style="list-style-type: none"> <u>Short time scales; achieving stability, recovery, and testing appropriateness of reunification can be more difficult.</u> Legislation that places an emphasis on earlier adoption; can restrict the role of FDAC in reunification planning. <p>Policy regarding cost of experts:</p> <ul style="list-style-type: none"> Legislation stating a need to reduce cost of experts; FDAC may not be commissioned. <p>Funding:</p> <ul style="list-style-type: none"> Increased national funding around drug strategies, and recommissioning drug services; increases demand for substance misuse specialists, creating a difficulty in recruiting this role to the FDAC team. <p>Covid-19</p> <ul style="list-style-type: none"> Legislation and guidance requiring remote working; barrier to developing relationships with families and partner agencies/services, and delays in launching new FDAC sites.
Local authority level	<p>Availability of services:</p> <ul style="list-style-type: none"> <u>FDAC sites based in areas with a wide variety of treatment providers and third sector organisations for parents to be referred to; better supports the FDAC team to create bespoke support plans for each family.</u> <u>Robust local services in the LA (particularly those with similar core principles to FDAC, similar multidisciplinary team, similar processes for referring into the service); FDAC feels more familiar for families to engage with,</u> 	<p>Availability of services:</p> <ul style="list-style-type: none"> <u>Treatment services that are limited by: long waiting lists, cost, remit (e.g., ability to address substance use disorders and holistic needs), or entry criteria (e.g., limited residential treatment services available for men, mental health services only allowing entry in a crisis whereas FDAC may be seeking to prevent a crisis occurring); creates barriers for parents completing courses and making necessary changes during proceedings.</u>

	<p>practitioners recruited from these services adapt better to working within FDAC, and it is easier for FDAC to use these services and be implemented within budget.</p> <p>Interagency working (culture/shared values and communication):</p> <ul style="list-style-type: none"> • A mutual understanding of risk and impact on children; supports referral into FDAC. • Interagency case co-ordination. • Consistent communication between social worker, FDAC team/key worker; helps the model to be acceptable to practitioners. • Team all informed of the direction of the case, open and honest communication. • Partner agencies/services who can work collectively and collaboratively; important for 'getting everyone on the same page' and beneficial for families. <p>Buy in:</p> <ul style="list-style-type: none"> • <u>Leaders who believe in FDAC and its approach and are committed to the change.</u> • Neighbouring LAs that have had a positive experience of the FDAC model. • Partner agencies/services who are aware of the model and how it works; more likely to be invested in FDAC and interested in undertaking training. <p>Timescales:</p> <ul style="list-style-type: none"> • Referrals that include FDAC at the stage of the pre-proceedings process; can allow the 26 weeks deadline to be more achievable. • Flexible timescales; extensions less likely to be needed. 	<ul style="list-style-type: none"> • Differing assessment of thresholds between/within LAs. • FDAC sites based in areas with a wide variety of treatment providers and third sector organisations for parents to be referred to; can attract a more complex demographic, creating longer waitlists for services. <p>Interagency working (culture/shared values and communication):</p> <ul style="list-style-type: none"> • Agencies with different views on successful outcomes and service measures (e.g., treatment providers may use a payment by result model for completed cases, whereas FDAC is looking for individualised goals such as reduction). • Different entry criteria between service providers and FDAC. • Different perceptions of problem drug use between providers. • LAs that are: risk averse and process driven, have a negative perception of the key worker model, are under stress (through high turnover, funding). <p>Buy in:</p> <ul style="list-style-type: none"> • <u>Unfamiliarity with the FDAC model and lack of understanding of its purpose; limits buy in from the LA and partner agencies/services and makes it difficult to connect with practitioners.</u> • Partner agencies/services less inclined to 'fully invest' in FDACs during their pilot phase as opposed to when it is more wide scale. • Documentation supporting FDAC focusing heavily on parents and little on how children are prioritised and worked with in FDAC can create fear for practitioners. <p>Timescales:</p> <ul style="list-style-type: none"> • Judges requiring longer than 26 weeks to end care proceedings will need to apply for an extension of 8 weeks to continue. • Cases heard within 26 weeks may increase the number of contested proceedings and incur further costs. • Short time periods to set up a new FDAC; no leeway for implications with recruitment to the FDAC team (e.g., having job descriptions approved by unions).
<p>FDAC level</p>	<p>Buy in:</p> <ul style="list-style-type: none"> • Local judges who champion the FDAC approach. • FDAC services working in an integrated way. • Specialist locality social workers and children's guardians assigned to FDAC cases. • Staff members dedicated to the coordination and implementation of FDAC. • When a new FDAC site believes it will exist beyond the scope of its pilot; more invested in their practice and ensuring they are providing their best service. 	<p>Buy in:</p> <ul style="list-style-type: none"> • Employing judges on a part time basis whereby they also operate in standard family or criminal courts; difficult for them to adapt between processes and approaches. <p>Training:</p> <ul style="list-style-type: none"> • Training offered too early in FDAC implementation; FDAC team have little context of FDAC cases.

	<ul style="list-style-type: none"> • FDAC team are approachable and open to supporting partner agencies/services by discussing the FDAC approach/cases this reduces anxiety and uncertainty. <p>Training:</p> <ul style="list-style-type: none"> • <u>Specialist training (covering processes and values of FDAC) for all FDAC team members; important to understand the model.</u> • <u>Opportunities for judges and the FDAC team to observe/shadow existing FDAC sites during implementation; effective way of passing on knowledge, developing a good understanding of FDAC processes and principles, and make the transition to working in a different way to normal care proceedings easier.</u> • Encouragement of ongoing professional development and training; keeps staff updated on new procedures and helps maintain a high level of professionalism. • Implementing a training plan and a log system which is reviewed by programme administrators; can allow the tracking of training activities and reinforce the importance of professional development. • <u>Mentors from other FDACs for the judge/team members; effective for providing support.</u> • More understanding of what working with FDAC families involves and what is expected of practitioners; increases buy in and desire to support FDAC cases when fed back to other team members and families. • Community of practice forums; members of the FDAC team feel like a wider community and empowered. • Joint training for the FDAC team, children’s guardians, and judges; helps build relationships and ensures everyone understand all aspects of the process. <p>Multidisciplinary team dynamics/relationships:</p> <ul style="list-style-type: none"> • Using integrated, collaborative interventions that share values, goals, and outcomes. • Team members meet each other regularly to discuss cases and to develop inter-agency referral systems; reduced waiting times for additional services. • Team members with overlapping skills and knowledge of each other’s services. • <u>Implementing FDACs that support multiple LAs is quicker when there is already an established relationship between the LAs.</u> • A focus on collaboration, resolving issues shared values and cultures, and good communication. 	<ul style="list-style-type: none"> • Training on the FDAC model before recruitment has completed for a core FDAC team; can cause confusion and result in team members missing training. • Where the significance of FDAC training is not emphasised enough to partner agencies/services; can feel optional or unsuitable suitable for their role. • LA, legal practitioners, and partner agencies/services do not all receive the same training.
Individual level	Buy in:	Buy in:

	<ul style="list-style-type: none">• Families' understanding the FDAC model and being aware it is an alternative option; improves buy in from entire family going through proceedings and creates better working relationships with practitioners. <p>Suitability:</p> <ul style="list-style-type: none">• Getting the right practitioners in the FDAC team with appropriate primary and secondary skillsets; able to adapt to the work faster and helps the team to offer holistic support to families.• Practitioners who are: curious, open to new ways of working, believe that people can change, have the ability to approach families gently and willing to work collaboratively.• Judges who are: personable, open and honest, committed to a problem-solving approach and working collaboratively; reduces stigma and builds working relationships with families and practitioners.• Practitioners who have capacity work intensively with families and a work schedule that matches court days.• Families who have a mindset to sign up, fully commit and maintain engagement with FDAC.	<ul style="list-style-type: none">• Practitioners who feel like FDAC's new way of working in care proceedings is criticising their practice/skills or that roles/ responsibilities are being taken off them by the FDAC team; less likely to buy into the model.• Families with previous negative experience of care proceedings/children's social care. <p>Suitability:</p> <ul style="list-style-type: none">• Practitioners/judges/team members who are not willing to leave their comfort zone.• When the workload capacity of children's guardians inhibits them from attending non-lawyer reviews.
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Agenda Item 6.4

CYPE(6)-07-23 - Paper to note 4

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing



Llywodraeth Cymru
Welsh Government

Jayne Bryant MS,
Chair, Children, Young People and Education Committee
Welsh Parliament
Cardiff Bay
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CF99 1SN

9 February 2023

Dear Jayne

I am writing to notify you of an amending SI entitled the Food Supplements and Food for Specific Groups (Miscellaneous Amendments) (No. 2) Regulations 2023 (“the correcting SI”), which was laid before UK Parliament on 8 February and comes into force in stages. I apologise that I was not in a position to provide you with early notification, but UK Government did not provide us with the final Statutory instruments until late on Monday 6 February.

The correcting SI amends the existing commencement provision (regulation 1(2)) in the Food Supplements and Food for Specific Groups (Miscellaneous Amendments) Regulations 2023 (“the Miscellaneous Amendments Regulations”) to provide that it comes into force on 10 February 2023, as intended. This addresses an error in the commencement provision which rendered the legislation inoperable.

The correcting SI also inserts transitional provisions into the Food Supplements (England) Regulations 2003, the Food Supplements (Scotland) Regulations 2003 and the Food Supplements (Wales) Regulations 2003 (“2003 GB Food Supplements Regulations”). The provisions provide a defence in any relevant enforcement proceedings in respect of the sale of food supplements which used copper and zinc in the manufacturing process and were marked or labelled prior to the coming into force of the respective amendments in regulation 6(2) of the Miscellaneous Amendments Regulations. This corrects an omission in which a provision ensuring a transition period for food supplements containing copper was not included as per the policy intention for the Miscellaneous Amendments Regulations. It also makes provision for a similar transition period for zinc food supplements.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.


We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

I gave consent to these amendments being undertaken by the Secretary of State as they are required due to oversights in relation to the Miscellaneous Amendment Regulations and they form part of the same policy objectives which those Regulations were made to achieve, to which I previously provided consent. It would seem undesirable in terms of accessibility of the law to split transitional provisions on a territorial basis when the main provision was made on a UK wide basis.

The correcting SI also makes the transitional amendments to the Welsh language text of the Food Supplements (Wales) Regulations 2003, which retains their language accessibility for Welsh readers.

I have also sent a letter to the Chair of the Health and Social Care Committee and the Chair of the Legislation, Justice and Constitution Committee.

Yours sincerely,



Lynne Neagle AS/MS

Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

CYPE(6)-07-23 - Paper to note 5

Lesley Griffiths AS/MS

Y Gweinidog Materion Gwledig a Gogledd Cymru, a'r Trefnydd
Minister for Rural Affairs and North Wales, and Trefnydd



Llywodraeth Cymru
Welsh Government

Peredur Owen Griffiths MS
Chair of the Finance Committee

15 February 2023

Dear Peredur,

Scrutiny of the financial implications of Bills

Further to your letter of 19 December 2022 to the First Minister regarding the scrutiny of the financial implications of Government Bills, I have considered the Finance Committee's further request.

I will give a commitment that all Welsh Ministers will endeavour to respond to the Finance Committee's Stage 1 report for Senedd Bills in advance of the General Principles debate on that Bill.

However, Finance Committee will wish to note in giving this commitment, there will be occasions where the detail the Committee is asking for will not be readily available within the timeframe.

The Government continues to follow the requirements of the Senedd's Standing Orders where the financial resolution seeks agreement to the financial implications of a Bill not as introduced, but as amended, after completing its scrutiny journey. In addition, Welsh Ministers will continue to provide the Finance and the policy scrutiny committees with details of where there have been developments or amendments that have significant changes to the financial implications of each Bill.

I have asked my officials to consider further the implications of moving the financial resolution debate to a week after the General Principles debate and the impact this will have going forward on the legislative programme.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Your letter along with this reply has been copied to all Welsh Ministers. This reply will also be issued to the Business Committee and the Chairs of Policy Committees.

Yours sincerely,

A handwritten signature in black ink that reads "Lesley Griffiths". The signature is written in a cursive style with a large, sweeping flourish at the end of the name.

Lesley Griffiths AS/MS
Y Gweinidog Materion Gwledig a Gogledd Cymru, a'r Trefnydd
Minister for Rural Affairs and North Wales, and Trefnydd



2022 report for Wales

Education provision for deaf children in Wales in 2021/22

Introduction

In 2022, we carried out the 12th Consortium for Research into Deaf Education (CRIDE) annual survey on educational staffing and service provision for deaf children.¹ This report sets out the results of the survey for Wales and is intended for heads of services, policy makers in local and central government and anyone with an interest in deaf education.

The survey alternates from year to year between a standard survey and a survey with a mix of core and thematic questions. The 2022 survey was the version with thematic questions, covering the 2021/22 academic year.² Thematic questions covered support to families to learn sign language, free school meals and reforms to the additional learning needs framework.

The analysis in this report is based on responses from 15 services in Wales, covering 22 authority areas and giving a response rate of 100%.

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¹ For the purpose of this section of the survey, unless otherwise stated, we use the term 'deaf children' to include children and young people up to the age of 19 years, 11 months with sensori-neural or permanent conductive deafness. See footnote on page 5 for more detail.

² Reports from previous years can be found on the National Deaf Children's Society website at www.ndcs.org.uk/CRIDE or on the BATOD website at <https://www.batod.org.uk/information/cride-reports/>.

Interpreting the results

Services were asked to give figures for the position as of 31st January 2022.

In the survey, we acknowledge that services and children do not always fit into the boxes or options provided. Services were able to leave comments or clarify where needed throughout the survey. This report notes particular issues that emerged in some areas.

As we see later, it is clear that some services still experience difficulties in extracting data about deaf children in their area and there remain inconsistencies in how different questions are completed throughout the survey. The response rates to individual questions may sometimes vary and anomalies occasionally appear. We make every effort to investigate any inconsistencies that appear particularly strange. However, services do not always respond to such queries. **Therefore, the results should continue to be used with caution.** Caution is also needed due to differences in response rates to individual questions and potential mistakes in data provision between surveys.

Please note that percentages in this report have been rounded up or down to the nearest whole number. Please also note that where there is a reported cohort of less than five children in any of the tables in this report, we have replaced the figure with a '<5' and suppressed the actual figure to zero when calculating the totals in that table. This is indicated by an asterisk against the total.

Summary of key findings

Numbers of deaf children

- There are at least 2,329 deaf children in Wales.
- 81% of school-aged deaf children attend mainstream schools. 9% attend mainstream schools with resource provisions, fewer than 1% attend special schools for deaf children (outside of Wales) whilst 10% attend special schools not specifically for deaf children. 1% are home educated.
- 40% of services report they provide support to deaf young people over the age of 19, these services are supporting 20 deaf young people over the age of 19.

Teachers of the Deaf and other specialist staff

- There are at least 65.2 fte Teacher of the Deaf posts, of which 4% were vacant. Of the 62.8 fte working as Teachers of the Deaf, 92% held the mandatory qualification whilst 8% were in training.
- The number of qualified Teachers of the Deaf in employment working in a peripatetic role, in a resource provision and/or in a special school or college not specifically for deaf children has increased by 6% since 2021 and fallen by 20% since we started the survey in 2011.
- Peripatetic Teachers of the Deaf have an average theoretical caseload of 59 deaf children, down from 60 in 2021.
- There are at least 47 other specialist support staff posts, of which 3% are vacant posts.

Resource provisions

- There are a reported 19 resource provisions. This is down from 20 in 2021 and 24 in 2019. Looking at the spread of resource provisions across Wales, on average, there is one resource provision for every 122 deaf children. This is up from one for every 116 deaf children in 2021.

Referrals

- 15% of referrals to services came from the newborn hearing screening programme in 2021. Of these, 69% were contacted by a Teacher of the Deaf within 2 working days.
- 25% of referrals to services came from outside the newborn hearing screening programme and before a child had started statutory education. Of these, 74% were contacted by a Teacher of the Deaf within 5 working days.
- 61% of referrals to services came from outside the newborn hearing screening programme and after a child had started statutory education. Of these, 42% were contacted by a Teacher of the Deaf within 5 working days.
- Regardless of how the referral was made, 56% of families were offered a visit (either face to face or virtual) within 10 working days of the referral.

Family sign language

- 33% of services directly provide informal opportunities for families to learn or practise sign language.
- 13% of services directly provide courses or 'training' in sign language to families.
- 13% of services fund or commission courses to families to enable them to learn sign language on a course delivered by an external provider.
- 80% of services neither provide, fund or commission any courses in sign language to families.

Free school meals

- No services record whether a school-aged child is eligible for free school meals. No services appear to be involved in discussions around how additional funding related to levels of free school meals (e.g. the Pupil Deprivation Grant) in a school is used for deaf children.

Additional Learning Needs (ALN) reforms

- 73% of services have issued Individual Development Plans to pre-school deaf children since the ALN reforms began to be phased in, in September 2021.
- A total of 26 pre-school deaf children are reported to have received an Individual Development Plan, as reported by 11 services.

PART 1: Deaf children in Wales

How many deaf children are there?

Services were asked to give details of deaf children living in the geographical area covered by their service.³

When giving figures for numbers of deaf children living in the area, we first asked for an overall figure and then asked for a breakdown by educational setting. We found that some services did not always provide this data consistently; occasionally services gave broken-down figures where the sum generated a different total from that given elsewhere in the survey.

Coming up with a clear answer to the question of how many deaf children there are is therefore not straightforward. For this report, we have taken the approach of using the highest figure given from either the overall total or the total generated through the sum of the broken-down figures. We do this because we want to ensure we've captured as many deaf children as possible. Where we have done this, we refer to this as the "adjusted total".

15 services responded to this question. Based on these responses, **the adjusted total number of deaf children in Wales is 2,329**. This is up slightly from 2,324 in 2021 when 15 services responded. However, it is still down from the pre-pandemic figure of 2,486 in 2019.

Unadjusted figures are provided in the table that follows.

Table 1: Figures generated when calculating the number of deaf children

	Total generated
Adjusted total	2,329
Total when asked how many children overall	2,327
Total when asked about number of children, broken down by educational setting	2,329 ⁴

Using the adjusted totals, the smallest number of children reported by a service was 38 deaf children living within their boundaries. The largest reported was 452 deaf children (this was a service covering five local authority areas). The average number of deaf children living in each service was 155.

The following table compares the total number of deaf children living in Wales with figures from previous years. As set out in the introduction, comparisons with earlier reports should be made with caution due to differences in the quality of the responses and response rates between the surveys.

³ Services were asked to include all children with permanent deafness who live in the geographical area covered by their service, including all children up to the age of 19 years, 11 months who have a unilateral or bilateral sensori-neural or permanent conductive deafness, at all levels from mild to profound, using BSA/BATOD descriptors, regardless of whether they receive support from the service. Services were also asked to include children who attended education provision outside of your area but who normally lived in their area. Under the definition of permanent deafness used in the survey, children with a syndrome known to include permanent conductive deafness, microtia/atresia, middle ear malformation, or those who have had middle ear surgery such as mastoidectomy were to be included. Our definition also included those children with glue ear who are not expected to 'grow out' of the condition before the age of 10 years, such as those born with a cleft palate, Down's syndrome, cystic fibrosis, or primary ciliary dyskinesia. Otherwise, services were asked not to include children with temporary deafness, including those children with glue ear who may have been fitted with hearing aids as an alternative to grommet surgery but who are expected to 'grow out' of the condition before the age of 10 years.

⁴ The sum of the totals provided by services was 2,084, the sum of the broken-down figures given by services was 2,329.

Table 2: Number of deaf children reported, over successive years

	Number of children reported
CRIDE 2022 (adjusted total)	2,329
CRIDE 2021 (adjusted total)	2,324
CRIDE 2020*	1,384
CRIDE 2019 (adjusted total)	2,486
CRIDE 2018	2,625
CRIDE 2017 (adjusted total)	2,642
CRIDE 2016	2,374
CRIDE 2015 (adjusted total)	3,288
CRIDE 2014	2,880
CRIDE 2013 (adjusted total)	2,904
CRIDE 2012 (adjusted total)	2,743
CRIDE 2011 (adjusted total)	2,755

* In 2020, there were 11 responses to this question.

Issues or gaps in the data

Ten services (67%) indicated there were known issues or gaps in the data they provided for the number of children and young people. These included:

- services only having figures for children who are receiving support from the service (53% of all services)
- services not holding figures for children who have left school (27%)
- services only having figures for children who are hearing-aid wearers (13%)
- other (13%). Other reasons given included:
 - some gaps in data on permanent/temporary hearing loss.
 - figures represent children that attend regular audiology appointments and for whom the service have received audiology reports. Service does not get information from ENT.

The extent of these issues and gaps is a reminder that the figures generated from the CRIDE survey need to be used with caution. The data in this report are only as good as the data held by and provided to us, by local authorities, and the above section raises questions about how we can improve the data collected on deaf children. At the same time, we believe that data generated through the CRIDE reports remain among the best sources of data available.

Table 3: Number of children, living in the area, by educational setting

Type of educational provision		Number of deaf children	Percentage of total (where known)
In local authority	Supported only at home – pre-school children	77	3%
	Early years setting – pre-school children	82	4%
	Supported at home – of school age and home educated	11	0%
	Mainstream state-funded schools (including academies and free schools)	1,641	72%
	Mainstream independent (non-state-funded) schools (for example, Eton)	13	1%
	Resource provision in mainstream schools ⁵	172	8%
	Other special schools, not specifically for deaf children (whether state funded or non-maintained)	200	9%
	All other post-16 provision (not including school sixth form colleges)	37	2%
Out of local authority	Early years setting – pre-school children	<5	0%
	Mainstream state-funded schools (including academies and free schools)	16	1%
	Mainstream independent (non-state-funded) schools	6	0%
	Resource provision in mainstream schools	7	0%
	Special schools for deaf pupils (whether state funded or non-maintained)	9	0%
	Other special school, not specifically for deaf children (whether state funded or non-maintained)	5	0%
	All other post-16 provision (not including school sixth form colleges)	<5	0%
Other	NEET (Not in education, employment or in training) (post-16 only)	0	0%
	Other (e.g. Pupil referral units)	<5	0%
Total of figures given (excluding 'not known')		2,276*	100%
Not known		49	
Total of figures given (including 'not known')		2,325*	

The following table presents the same information as above but without splitting figures for whether in or out of the local authority, whilst also showing summary percentages for just school-aged deaf children.

⁵ In the CRIDE survey, we use the term 'resource provision' to include all schools with any specialist resource provision, base or unit specifically for deaf children, regardless of whether staff in the resource provision are employed by the local authority or by the school.

Table 4: Breakdown of types of educational provision

Type of educational provision (regardless of whether in or out of local authority)	Number of deaf children	Percentage of total	Percentage of total school-aged children (i.e. excluding pre-school children and young people post-16)
Supported only at home – pre-school children	77	3%	
Early years setting – pre-school children	82*	4%	
Supported at home – of school age and home educated	11	0%	1%
Mainstream provision (including state-funded and independent schools)	1,676	72%	81%
Mainstream provision: resource provision	179	8%	9%
Special schools for deaf pupils	9	0%	0%
Other special schools, not specifically for deaf children	205	9%	10%
All other post-16 provision (not including school sixth forms)	37*	2%	
Other (e.g. Pupil referral units, NEET)	49*	2%	
Total	2,325*	100%	
Total (excluding pre-school children and other post-16 provision and ‘other’)	2,080*		100%

Comparing with figures from 2021:

- The proportion of school-aged deaf children and young people in mainstream provision (including state-funded and independent schools) has risen by six percentage points from 75% to 81% since 2021.
- The proportion of school-aged deaf children and young people in resource provisions in mainstream schools has risen by one percentage point from 8% to 9% since 2021.
- The proportion of deaf children and young people in other special schools not specifically for deaf children has fallen by five percentage points from 15% to 10% since 2021.

Table 5: Breakdown of types of educational provision, by whether in or out of home local authority (where known)

Type of educational provision	Number of deaf children	Percentage of total
In home local authority	2,233	98%
Out of home local authority	43	2%
Total (not including ‘not known and ‘other’)	2,276	

Number of deaf children on services’ caseloads

By caseload, we mean children who receive some form of support **at least once a year**. Examples of support include direct teaching, visits to the family or school, liaison with the family, school, teachers, providing hearing aid checks, etc. We asked services to include children supported by the service but who do not live in the same geographical area as that service. Services could also include children with temporary deafness in their response to this question if they were on the service caseload.

Responses from 15 services indicated that at least 3,178 deaf children with permanent or temporary deafness were on services’ caseloads. The smallest number of children on a caseload was 35 and the largest was 1,059. The average was 212 children.

The definition of 'caseload' within the CRIDE survey has changed over the years. When considering changes to the 2021 survey, and in consultation with services, we decided to use 'at least once a year' going forward (rather than more than once a year). The following table sets out caseload figures over the years, alongside the definition used in that survey.

Please also note that in 2016, the survey question was changed to allow children with temporary deafness to be included in the response to this question; previously services were asked to include only children with permanent deafness.

Table 6: Number of deaf children on caseloads reported, over successive years

Year	Number of children on caseload	Definition of caseload	Number of services
2022	3,178	Some form of support at least once a year	15
2021	3,430	Some form of support at least once a year	15
2020	1,639*	Some form of support more than once a year	11
2019	3,265	Some form of support more than once a year	14
2018	4,258	Some form of support more than once a year	15
2017	3,968	Some form of support more than once a year	15
2016	3,722	Some form of support at least once a year	15
2015	3,022	Some form of support more than once a year	15
2014	2,345	Some form of support more than once a year	15
2013	2,530	Some form of support more than once a year	17 ⁶
2012	2,905	Some form of support more than once a year	21
2011	2,638	Clear definition not provided	16

* In 2020, there were 11 responses to this question.

We asked services to split out how many children on their caseloads had a temporary conductive hearing loss. 12 services reported that there were 1,103 children.⁷

If there are 2,329 permanently deaf children living in Wales and 2,075 on services' caseloads with permanent deafness, there are at least 254 deaf children (11% of the adjusted total) who are not being supported by the service at least once a year. It does not automatically follow that 11% of permanently deaf children are not receiving any support at all; many may be receiving support less than once a year from a service, or elsewhere from, for example, resource provisions not managed by the service.

We asked services if they provide support to deaf young people over the age of 19. Six services (40%) said they did, and nine services (60%) said they did not. There were 20 deaf young people over the age of 19 on the caseloads of services where they did provide this support. Where services commented on this, comments included:

- a service had contacted pupils attending local universities, but were not yet including them on the caseload until they conclude what support they would like
- occasional provision given to young people in further education. This is under review as part of Welsh Government ALN reforms

⁶ The change in the number of services reflects that some services merged after 2013.

⁷ Additionally, one service stated there were no children with a temporary conductive deafness on their caseload, and two services did not provide an answer to the question.

- young people are monitored and service links with their post school provider, attends audiology clinics if requested, provides transfer of equipment to the post 16 further education provider and training and support on transition and beyond as required
- service may support some deaf young people over the age of 19 as an exception, for example, if they remain in a special school post-19.

How do CRIDE's 2022 figures compare to School Census figures?

Because of the differences in how data have been collected and definitions used, we recommend the following figures be used as a basis for further debate and analysis, rather than to reach firm conclusions.

The 2022 CRIDE survey reports there are 2,329 deaf children in Wales. However, the Welsh Government's School Census⁸ figures indicate there are 2,183 pupils⁹ with a hearing impairment, and 232 pupils with a multi-sensory impairment. It should be noted that Welsh government data no longer indicates whether hearing impairment is the primary or secondary need.

We recognise that School Census figures mostly cover pupils aged 5 to 15 in primary, middle or secondary schools, both maintained and independent, whilst the above CRIDE figures are for children aged 0 to 19. In this report, we are not able to provide a comparison against CRIDE figures for school-aged children as this is only possible in the year that CRIDE runs the full survey.

⁸ <https://gov.wales/schools-census-results-february-2022>

⁹ It is important to note that the Welsh Government now rounds numbers to nearest five. It is also worth noting that the Welsh Government stated that School Census returns are authorised by headteachers and validated by Local Authorities. As part of the Welsh Local Government Finance Settlement, the data is usually returned to local authorities for final validation. Typically, overall numbers of pupils and teachers will not change significantly during this period, with the most likely change being in the characteristics of the pupils themselves e.g. free school meal entitlement. Users should therefore be more cautious when comparing data on characteristics of pupils and staff over time, in particular where small cohorts are involved.

PART 2: Teachers of the Deaf and other specialist staff

In the 2022 survey, we used the terminology 'Teachers of the Deaf'. For completeness, we have used the same language when reporting on the findings from this survey. For the 2023 survey and going forward, we plan to use the terminology 'Teachers of Deaf Children and Young People (TODs)' instead.

We asked how many Teachers of the Deaf are working in different settings, including those in a peripatetic role, working in resource provisions¹⁰ and/or working in a special school or college not specifically for deaf children or young people. We found that:

- overall, there are at least 62.8 fte teachers working as Teachers of the Deaf in Wales.
- 92% of these posts are occupied by a fully qualified Teacher of the Deaf with the remaining posts occupied by teachers in training for the mandatory qualification (8%).
- at the time the survey was completed, there were at least 2.4 fte vacant posts reported
- if the vacant posts are added to the total number of Teachers of the Deaf in employment, this would indicate there are at least 65.2 fte Teacher of the Deaf posts, of which 4% are vacancies.

The following table provides a breakdown by type of setting.

Table 7: Number of Teachers of the Deaf in employment overall

	Working mainly as a peripatetic Teacher of the Deaf (total and percentage)	Working mainly in a resource provision (total and percentage)	Working mainly in a special school or college not specifically for deaf children or young people (total and percentage)	Teacher of the Deaf posts overall (total and percentage)
Teachers of the Deaf with the mandatory qualification	34.9 (97%)	21.9 (85%)	1 (100%)	57.8 (92%)
Teachers in training for the mandatory qualification within 3 years	1 (3%)	4 (15%)	0 (0%)	5 (8%)
Qualified teachers without the mandatory qualification and not in training	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total of figures given	35.9 (100%)	25.9 (100%)	1 (100%)	62.8 (100%)

The following table summarises the above by just showing the numbers of Teachers of the Deaf in employment by their role only.

¹⁰ In the CRIDE survey, we use the term 'resource provision' to include all schools with a resource provision, base or unit, regardless of whether staff in the resource provision are employed by the local authority or by the school.

Table 8: Number of Teachers of the Deaf in employment overall by role

	Total Teachers of the Deaf in post	Percentage
Working mainly as a peripatetic Teacher of the Deaf	35.9	57%
Working mainly in a resource provision	25.9	41%
Working mainly in a special school or college not specifically for deaf children or young people	1	2%
Total of figures given	62.8	100%

There were no Teachers of the Deaf reported as working flexibly between a peripatetic service, resource provision and/or special schools not specifically for deaf children or young people.

Figures for Teachers of the Deaf in cochlear implant programmes across Wales were collected in a separate survey. A response was received from the South Wales Paediatric Cochlear Implant Programme. There were at least 1.4 fte fully qualified Teachers of the Deaf reported in post, and no vacancies reported.

Changes in numbers of Teachers of the Deaf

The following table looks at changes in the number of qualified Teachers of the Deaf in employment and posts over successive years.

As set out earlier, when making year on year comparisons, anomalies can sometimes appear in the responses. We make every effort to investigate anomalies that appear particularly strange. However, services and schools do not always respond to such queries.

Table 9: Changes in numbers of Teachers of the Deaf from year to year¹¹

	Teachers of the Deaf with the mandatory qualification in employment	Teachers of the Deaf with the mandatory qualification in employment or in training	Number of teachers working as Teachers of the Deaf in employment	Number of vacant posts	Number of Teacher of the Deaf posts (including vacancies)
2022	57.8	62.8	62.8	2.4	65.2
2021	54.4	58.8	60.0	2.4	62.4
2019	57.0	66.0	66.0	0	66.0
2018	56.425	61.825	61.825	1	62.825
2017	57.63	60.33	60.73	3.9	64.63
2016	65.45	69.25	69.25	1	70.25
2015	69.86	73.66	74.26	0.8	75.06
2014	67	69.2	70.2	0.6	70.8
2013	66.5	71.5	71.5	3	74.5
2012	91.75	100.55	100.55	0	100.55
2011	71.95	73.95	75.95	0	75.95

(2020 data not included because of lower response rate to survey)

¹¹ In 2017, we began to ask about Teachers of the Deaf in special schools or colleges not specifically for deaf children or young people. Figures from before/after are therefore not directly comparable. However, it is worth noting that the inclusion of these figures did not lead to a noticeable increase in the number of Teachers of the Deaf.

Table 10: Percentage change in numbers of Teachers of the Deaf

	Percentage change over past 11 years (between 2011 and 2022)	Percentage change over past year (between 2021 and 2022)
Teachers of the Deaf with the mandatory qualification in employment	-20%	6%
Teachers of the Deaf with the mandatory qualification in employment or in training	-15%	7%
Number of teachers working as Teachers of the Deaf in employment	-17%	5%
Number of Teacher of the Deaf posts (including vacancies)	-14%	4%

We examined how many services had seen a change in the number of Teachers of the Deaf between 2021 and 2022 and found that 27% of services had seen an increase, 67% of services had seen no change while 7% of services had seen a decrease.

We asked whether services had experienced difficulties in recruiting Teachers of the Deaf or supply cover over the past 12 months:

- one service (7%) reported difficulties in recruiting for a permanent post
- two (13%) reported no difficulties
- 12 services (80%) stated that this question was not applicable to them.
- three services (20%) reported difficulties in recruiting for supply cover
- two (13%) reported no difficulties
- ten services (67%) stated that this question was not applicable to them.

Combining the figures, three services (20%) reported difficulties in recruiting to either permanent or supply posts. Comments from services around this included:

- a lack of suitably qualified applicants
- being unable to secure qualified cover during the pandemic
- lack of qualified Teachers of the Deaf on recruitment agency books and in neighbouring authorities
- services employing experienced teachers and supporting them through the mandatory qualification.

Teachers of the Deaf in a peripatetic role

We asked how many Teachers of the Deaf were working in the specialist peripatetic or 'visiting' service. Peripatetic Teachers of the Deaf normally visit deaf children in 'non-specialist' provision – i.e. pre-school deaf children, deaf children in mainstream schools or in a special school not specifically for deaf children.

Table 11: Number of peripatetic Teachers of the Deaf in employment

	Number of teachers	Percentage	Number of services with staff in relevant category
Teachers of the Deaf with the mandatory qualification	34.9	97%	15
Teachers in training for the mandatory qualification within 3 years	1	3%	1
Qualified teachers without the mandatory qualification and not in training	0	0%	0
Total of figures given	35.9	100%	

One service reported vacancies in the peripatetic service as of January 2022, amounting to 1 fte posts.

The total of 35.9 fte peripatetic Teachers of the Deaf in post has increased from 35.1 in 2021. This amounts to a 2% increase.

Peripatetic Teachers of the Deaf caseloads

This section looks at the theoretical or notional caseloads of each visiting Teacher of the Deaf by looking at the number of deaf children living in an area who are not already in specialist provision (regardless of whether they are receiving support or not). There is a range of views on both the usefulness of this and how best to calculate this ratio. Points to consider include:

- areas that are large or rural may, by necessity, have more visiting Teachers of the Deaf than areas that are small and urban because of the need to allow for travel time
- areas in which there are specialist units or special schools may have fewer visiting Teachers of the Deaf because it has been assumed that deaf children with most need are already in specialist provision
- services that are better able to reliably record and identify how many deaf children, including those over 16, are in their area may appear to have heavier caseloads than services which have only given a figure for the number of deaf children they 'know' about
- the theoretical caseload does not tell us about the outcomes achieved by deaf children in the area.

In simple terms, and for consistency across all parts of Wales, we calculate the theoretical caseloads by dividing the number of permanently deaf children living in any given area and in non-specialist provision¹² by the number of visiting Teachers of the Deaf who are qualified or in training for the mandatory qualification.

We found that:

- each visiting (peripatetic) Teacher of the Deaf has a theoretical average caseload of 59 deaf children
- the highest caseload found was 154 in one area
- there are three services (20%) where each visiting Teacher of the Deaf has a theoretical caseload of, on average, 80 or more deaf children, of which there is one service (7%) where there are, on average, 100 or more deaf children on the theoretical caseload.

¹² This includes: "Supported only at home – pre-school children, Early years setting – pre-school children, Supported at home – of school age and home educated, Mainstream state-funded schools (including academies and free schools), Mainstream independent (non-state-funded) schools (for example, Eton), Other special schools, not specifically for deaf children (whether state funded or non-maintained), All other post-16 provision (not including school sixth form colleges), NEET (Not in education, employment or in training) (post-16 only), Other (e.g. Pupil referral units), Not known. This excludes deaf children reported as being in mainstream schools with resource provision or special schools for deaf children."

The theoretical average caseload is down from 2021 when each peripatetic Teacher of the Deaf had a theoretical average caseload of 60 deaf children. The annex provides figures on theoretical average caseloads for each local authority.

Teachers of the Deaf in resource provisions

We asked how many Teachers of the Deaf were employed in resource provisions for deaf children. Respondents were asked to exclude time spent on other school duties (such as time as the school's special educational needs co-ordinator, for example).

Table 12: Number of Teachers of the Deaf in resource provisions

	Number of teachers	Percentage	Number of services with staff in relevant category
Teachers of the Deaf with the mandatory qualification	21.9	85%	10
Teachers in training for the mandatory qualification within 3 years	4	15%	4
Qualified teachers without the mandatory qualification and not in training	0	0%	0
Total of figures given	25.9	100%	

There were 1.4 fte reported vacancies for Teachers of the Deaf in resource provisions as of January 2022.

The total of 25.9 fte peripatetic Teachers of the Deaf in post has increased from 23.9 in 2021. This amounts to an 8% increase.

Other Teachers of the Deaf

- There were 1 fte Teachers of the Deaf with the mandatory qualification reported as working mainly in a special school or college not specifically for deaf children or young people. This is an increase from 2021 when no Teachers of the Deaf were reported as working in this way.
- There were no Teachers of the Deaf reported as working mainly in a special school or college not specifically for deaf children or young people. In 2019, one service reported 1 fte Teachers of the Deaf working in this way.

Other specialist staff

We found that there were 45.9 fte specialist support staff, other than Teachers of the Deaf in post employed by services, supporting deaf children. There were 1.4 fte vacant posts reported. This means there are 47.3 specialist support staff posts, of which 3% are vacancies.

Table 13: Number of specialist support staff, by role

	Number working in this role		Vacant posts		Total
	Number of staff (full time equivalent)	Number of services with staff in relevant category	Number of staff (full time equivalent)	Number of services with staff in relevant category	
Teaching assistants/ Classroom support assistants etc	36 (96%)	10	1.4 (4%)	2	37.4 (100%)
Communication support workers/ Communicators etc	3 (100%)	2	0 (0%)	0	3 (100%)
NRCPD registered BSL/English interpreters	0 (0%)	0	0 (0%)	0	0 (0%)
Deaf instructors/Deaf role models/Sign language instructors etc	2 (100%)	2	0 (0%)	0	2 (100%)
Educational audiologists/Audiologists in Education who do not also hold a qualification as a Teacher of the Deaf	0.2 (100%)	1	0 (0%)	0	0.2 (100%)
Technicians et al.	1.5 (100%)	2	0 (0%)	0	1.5 (100%)
Speech and language therapists	0.2 (100%)	1	0 (0%)	0	0.2 (100%)
Family support workers/Liaison officers	0 (0%)	0	0 (0%)	0	0 (0%)
Social workers/Social workers for deaf children	1 (100%)	1	0 (0%)	0	1 (100%)
Other	2 (100%)	2	0 (0%)	0	2 (100%)
Total of figures given	45.9 (97%)		1.4 (3%)		47.3 (100%)

Other roles included a higher level teaching assistant and a senior specialist support officer.

PART 3: Post-16 support

We asked if peripatetic Teachers of the Deaf in services provided any of the support below in relation to careers advice and moving into employment.

Table 14: Support on careers advice and moving into employment

Category	Yes (number and percentage of services)	No (number and percentage of services)	Not sure (number and percentage of services)	Total
Engaging with careers advisors in schools on careers advice to deaf young people	13 (87%)	2 (13%)	0 (0%)	15 (100%)
Engaging with careers advisors in colleges on careers advice to deaf young people?	7 (47%)	8 (53%)	0 (0%)	15 (100%)
Provision of advice on the accessibility of work placements being undertaken by deaf young people	8 (53%)	6 (40%)	1 (7%)	15 (100%)
Provision of information to deaf young people about the support available through the Access to Work scheme for employment support	8 (53%)	6 (40%)	1 (7%)	15 (100%)
Provision of information to deaf young people about their rights under the Equality Act to reasonable adjustments in the workplace	9 (60%)	5 (33%)	1 (7%)	15 (100%)

Comparing with figures from the 2021 report:

- there has been an increase in the proportion of services engaging with careers advisors in schools (79% to 87%)
- there has been a decrease in the proportion of services engaging with careers advisors in colleges (50% to 47%), providing information on the accessibility of work placements (64% to 53%), providing information on Access to Work (54% to 53%) and providing information on the Equality Act and reasonable adjustments (62% to 60%).

PART 4: Support provided

All 15 services (100%) stated that the service was based in the local authority (as opposed to being based in a school or another body).

Number of resource provisions

In the CRIDE survey, we use the term 'resource provision' to include all schools (mainstream or special) with a resource provision, base or unit specifically for deaf children, regardless of whether staff in the resource provision are employed by the local authority or by the school.

Table 15: Number of resource provisions

	Managed by the local authority	Managed by the schools	Total
Resource provisions for primary-aged children	4	5	9
Resource provisions for secondary-aged children	5	5	10
Total	9	10	19

We found that:

- nine services (60%) had at least one resource provision for primary-aged children in their area
- nine services (60%) had at least one resource provision for secondary-aged children in their area.

The total of 19 resource provisions across Wales is a change from 2021 when the survey identified 20 resource provisions. It should be noted that in one area, two resource provisions that were recorded separately in 2021 were recorded by the service as one, following both moving to one site.

Table 16: Number of resource provisions over time

Year	Number of resource provisions
2022	19
2021	20
2019	24
2018	25
2017	25
2016	24

(2020 data not included because of lower response rate to survey)

We also looked at the number of resource provisions against the overall population of deaf children.¹³ This is intended to indicate the spread of resource provisions across Wales, relative to the overall population of deaf children. We found that, on average, there is one resource provision for every 122 deaf children. This is up from 2021 when there was one resource provision for every 116 deaf children.

This is **not** a measure of the number of places available in or individual deaf children enrolled at each resource provision; figures for places or deaf children enrolled will vary from provision to provision.

The annex provides figures on the spread of resource provisions against the local population of deaf children in each local authority.

¹³ The overall total given by services is used here.

PART 5: Support following the identification of deafness

We asked services how many referrals they received over the calendar year of 2021.

Table 17: Referrals

	Number and percentage of referrals	Number of services
For children identified as deaf through the newborn hearing screening programme	48 (15%)	14
For children identified as deaf outside of the newborn hearing programme and before they had started statutory education	80 (25%)	10
For children identified as deaf outside of the newborn hearing programme and after they had started statutory education	197 (61%)	15
Total of figures given	325 (100%)	

We then asked how soon families were contacted and visited following the initial referral. These questions were drafted with reference to the [NatSIP Quality Standards for Sensory Support Services in England \(2016\)](#) – in particular, standards A1ii and A1iii.

We recognise there may be a range of reasons why initial contact or the first visit cannot take place within the timescales outlined by the quality standards (e.g. the family is not able to meet). However, we hope that these questions will help to build a national picture of how these quality standards are being met.

In response to these questions, we found that:

- of the referrals for children identified through the newborn hearing screening programme, 33 of the families were contacted by a Teacher of the Deaf within 2 working days. This amounts to 69% of the 48 children referred via this route
- of the referrals for children identified as deaf outside of the newborn hearing screening programme and before they had started statutory education, 59 of the families were contacted by a Teacher of the Deaf within 5 working days. This amounts to 74% of the 80 children referred via this route¹⁴
- of the referrals for children identified as deaf outside of the newborn hearing screening programme and after they had started statutory education, 83 of the families were contacted by a Teacher of the Deaf within 5 working days. This amounts to 42% of the 197 children referred via this route¹⁵
- 182 families were offered a visit (either face-to-face or virtually) from a Teacher of the Deaf within 10 working days of any referral. This amounts to 56% of the 325 children referred either through or outside the newborn hearing screening programme.

Where a referral is made during the summer holidays, services were asked what arrangements are made in terms of the first Teacher of the Deaf visit to the family.

¹⁴ Two services did not respond to this question.

¹⁵ One service did not answer this question.

Table 18: Arrangements for referrals made during the summer holidays

	Number of services	Percentage of services
Cover arrangements are in place to enable a Teacher of the Deaf to provide a visit during the summer holidays within ten working days	3	20%
Cover arrangements are in place to enable a Teacher of the Deaf to provide a visit during the summer holidays but not necessarily within ten working days	3	20%
A Teacher of the Deaf visits as soon as possible after the school holidays	8	53%
Other	1	7%
Total	15	100%

PART 6: Thematic questions: Family sign language

Five services (33%) said they directly provided informal opportunities (e.g. family groups or coffee mornings, 'sign along' sessions or through deaf role models) for families to learn or practise sign language, whilst ten services (67%) said they did not.

13 services (87%) said they did not directly provide¹⁶ courses or 'training' in sign language to families: Of the two services (13%) that said they did provide courses, these were:

- 'Other courses supporting the use of sign language specifically in a family context' - provided by two services (13% of services) at no cost to the family.
- 'A course that seeks to improve knowledge of BSL but without necessarily leading to any of the below qualifications' - provided by one service (7%) at no cost to the family.

No services stated that they directly provided:

- the National Deaf Children's Society Family Sign Language curriculum
- a course that leads to a BSL level 1 qualification
- a course that leads to a BSL level 2 qualification
- a course that leads to a BSL level 3 or higher qualification.

Separately, 13 services (87%) said they did not fund or commission courses to families to enable them to learn sign language on a course delivered by an external provider. Of the two services (13%) that did, these were:

- 'Other courses supporting the use of sign language specifically in a family context' - commissioned or funded at no cost to the family by two services (13% of services)
- 'A course that focused on teaching of BSL but without necessarily leading to any of the below qualifications' - commissioned or funded at no cost to the family by two services (13%).
- a course that leads to a BSL level 1 qualification - commissioned or funded at no cost to the family by two services (13%).

No services stated that they fund or commission:

- the National Deaf Children's Society Family Sign Language curriculum
- a course that leads to a BSL level 2 qualification
- a course that leads to a BSL level 3 or higher qualification.

We asked about the frequency of the courses that were provided, funded or commissioned:

- 'Other courses supporting the use of sign language specifically in a family context' were provided, funded or commissioned on demand or at least weekly by three services (20% of services).
- 'Courses that focused on teaching of BSL but without necessarily leading to any of the below qualifications' were provided, funded or commissioned on demand or at least weekly by two services (12%).
- a course that leads to a BSL level 1 qualification was provided, funded or commissioned on demand or at least weekly by two services (12%).

¹⁶ In the survey, 'directly provide' was described as something that the service directly employs someone to provide.

We asked about eligibility criteria for courses that were provided, funded or commissioned. With one exception, all courses were available to any family to access if they would like to. The one exception was in one service that provided a course that focused on teaching of BSL but without necessarily leading to a level 1, 2 or 3 or higher BSL qualification. In this area, the service reported that parents of younger children/new referrals were prioritised due to limited capacity.

Our analysis indicates that 12 services (80%) neither provide, fund or commission any courses in sign language to families.

PART 7: Free school meals

14 services said they did not record whether a school-aged child is eligible for free school meals. One service did not answer the question. Neither do Teachers of the Deaf in these services appear to be involved in any discussions in how any additional funding related to levels of free school meals (e.g. the Pupil Deprivation Grant) in a school is used with deaf children – with all 15 services (100%) replying “none or very few children”.

PART 8: Additional Learning Needs (ALN) reforms

The Additional Learning Needs and Educational Tribunal Wales Act came into force in September 2021. The Act introduces a number of reforms that will start to change the way children and young people aged 0-25 with additional learning needs (ALN) are supported in education in Wales.

As part of the reforms, statements of special educational needs are being replaced by individual development plans (IDPs). The Welsh Government has said that the changes will come in over time.¹⁷

11 services (73%) reported that they had issued IDPs to pre-school deaf children since the ALN reforms began to be phased in in September 2021, and four services (27%) reported that they had not. A total of 26 pre-school deaf children were reported to have received an IDP.

Services were asked what changes, if any, have been made to the way that they work as a result of the ALN reforms (e.g. changes to staffing). Comments on changes included:

- Specialist teachers attend ALN training, ALNCo Forum meetings. Sensory Lead and QTOD attend Additional Learning Needs (ALN) Panel and the Early Years (EY) Panel. Links established with the Additional Learning Provision (ALP) co-ordinator and the Early Years Additional Learning Needs Lead Officer (EY ALNLO). Website developed for the local authority. Information and accessible documents are available about the ALN Reform and implementation. Sensory Lead and QTOD part of working groups and linked with the Welsh Government and other relevant bodies.
- Deadlines are more apparent (i.e. return of documentation following Annual Reviews etc) and the format of meetings with parents have changed making it more collaborative. The information shared tends to be more current, focusing on moving forward and outcomes of relevance, rather than being data-driven.
- Each pre-school pupil is discussed at an ALN Enquiry Panel. Service staff support schools with enquiries.

¹⁷ From September 2021, children and young people who are newly identified as having ALN and needing support should get an IDP. Since January 2022, some groups of learners with existing School Action/School Action Plus support started to move over to the new IDP system. This includes those in Nursery Years 1 and 2, Year 1, Year 3, Year 5, Year 7 and Year 10.

- A seconded teacher working entirely on IDPs with the authority's school who work with in the ALN department and have been able to ask any questions and look for support, if needed, in relation to deaf pupils and IDPs.
- How a service records advice and report has been adapted to include specific information. Training and access to the electronic system of all pupils' who have been identified as having ALN.
- More training and involvement in Person-Centred Practice (PCP) meetings.
- Preschool pupils have a Person-Centred Plan when starting nursery.
- Service continuing to provide the same level of support to deaf children and schools, whilst also continuing to undergo ALN implementation training and in ongoing discussions/communication with schools and families to ensure deaf children have the support they need.

We asked what changes, if any, are needed to support services in meeting the aims of the ALN reforms (e.g. training, staffing, etc.). Comments on this included these themes:

- Increase in staffing.
- Continued training – particularly in relation to IDPs and deaf children and young people.
- Training of specialist support workers to support the outreach service.
- Clarification on Post 16 provision needed and training in this area.
- Updates as they are shared by Welsh Government - in weekly Q and A/Update sessions.

PART 9: Background and methodology

CRIDE is a consortium bringing together a range of organisations and individuals with a common interest in using research to improve the educational outcomes achieved by deaf children. At the time the survey was sent out, representatives included: BATOD, Frank Barnes School for Deaf Children, Mary Hare, National Deaf Children’s Society, National Sensory Impairment Partnership (NatSIP), UCL, University of Edinburgh, consultants with expertise in deafness, and specialist education services for deaf children in Cambridgeshire, Camden, Kent, and Leeds.

The survey alternates from year to year between a standard survey and a survey with a mix of core and thematic questions. The 2022 survey was the version with thematic questions.

The survey was disseminated to services in Wales in February 2022 by National Deaf Children’s Society staff on behalf of CRIDE. Where there was no response by 4 March, members of CRIDE contacted services by email and/or telephone. The table below sets out the response rate at each stage.

Table 19: Response rate by services to the CRIDE survey

	Number of responses	Cumulative total
First deadline – 4 March 2022	10	10
Second deadline following chasers	5	15

Services were able to respond by completing a Word document of the survey. Analysis of the results using Excel and drafting of this report was largely completed by the National Deaf Children’s Society, with guidance and clearance from members of CRIDE.

We would like to thank all services for taking the time to complete this survey and for their valuable comments and feedback, which will be used to inform the design of future surveys. The results from this survey will be used for research purposes, to influence government policy and to campaign to protect funding and services for deaf children.

If you have any feedback or questions on the results, please contact cride@ndcs.org.uk.

Annex: Information by local authority

The table that follows sets out some individual data from services. Local authorities were asked to provide figures as of 31 January 2022.

Figures for Teachers of the Deaf include Teachers of the Deaf with the mandatory qualification (MQ) and Teachers of the Deaf in training for the MQ or intending to train within three years.

As set out earlier, theoretical caseloads for peripatetic Teachers of the Deaf are calculated by dividing the number of permanently deaf children living in any given area and in non-specialist provision by the number of visiting Teachers of the Deaf who are qualified or in training for the mandatory qualification. Responses have been excluded where there were obvious gaps or anomalies in either the number of Teachers of the Deaf or numbers of deaf children living in the area. Please see page 14 for more information. In some cases, where there was an obvious error or anomaly, we have not calculated a ratio.

Figures for the average population of deaf children covered by each resource provision are intended to show the spread of resource provisions across each area. It is calculated by dividing the number of children living in the area covered by a service and number of resource provisions in a service area. Where there is no resource provision in the area, this is indicated by a ratio of the population in the area to 0. Care should be used in interpreting these figures. In some cases, the ratio may be influenced by the presence of special schools in the area or other resource provisions in neighbouring areas. It should be noted that this is **not** a measure of the number of places available in or individual deaf children enrolled at each resource provision; figures for places or deaf children enrolled will vary from provision to provision.

Table 20: Data by local authority

	Number of permanently deaf children living in the geographical area covered by the service	Number of children with permanent or temporary deafness on the caseload for the service	Number of children with temporary deafness on the caseload for the service	Teachers of the Deaf in the specialist peripatetic service	Teachers of the Deaf in resource provisions	Teachers of the Deaf mainly in a special school or college not specifically for deaf children and young people	Teachers of the Deaf working flexibly	Theoretical caseloads for peripatetic Teachers of the Deaf	Average population of deaf children covered by each resource provision
Bridgend	164	193	29	1	2	0	0	154:1	82:1
Cardiff	272	232	56	4.8	5.6	0	0	51:1	136:1
Carmarthenshire	152	195	43	2.2	3	0	0	59:1	76:1
Merredigion	63	78	15	0.8	1	None reported	None reported	64:1	63:1
Monwy	72	83	11	1	No resource provisions reported	None reported	None reported	71:1	72:0
Powys Gwynedd and Anglesey	139	162	23	2.6	No resource provisions reported	None reported	None reported	53:1	139:0
Merthyr Tydfil	38	38	None reported	1	No resource provisions reported	None reported	None reported	37:1	38:0
Neath Port Talbot	98	208	112	2	3	0	0	42:1	49:1
North East Wales (Flintshire, Denbighshire, Wrexham)	316	313	75	3.4	3.6	0	0	81:1	105:1 ¹⁸
Pembrokeshire	65	94	31	1	No resource provisions reported	0	0	58:1	65:0

¹⁸ This year, two resource provisions that were recorded separately in 2021 have been recorded as one, they have moved to one site.

	Number of permanently deaf children living in the geographical area covered by the service	Number of children with permanent or temporary deafness on the caseload for the service	Number of children with temporary deafness on the caseload for the service	Teachers of the Deaf in the specialist peripatetic service	Teachers of the Deaf in resource provisions	Teachers of the Deaf mainly in a special school or college not specifically for deaf children and young people	Teachers of the Deaf working flexibly	Theoretical caseloads for peripatetic Teachers of the Deaf	Average population of deaf children covered by each resource provision
Powys	92	114	17	2.6	No resource provisions reported	None reported	None reported	35:1	92:0
Rhondda Cynon Taf	142	142	0	4	1	1	0	33:1	142:1
South East Wales (Blaenau Gwent, Caerphilly, Monmouthshire, Torfaen and Newport)	452	1,059	607	6.5	3.2	None reported	None reported	65:1	226:1
Pwanssea City	148	232	84	2	1.5	0	0	63:1	74:1
Valley of Glamorgan	114	35	None reported	1	2	None reported	None reported	98:1	57:1

CYPE(6)-07-23 - Paper to note 7



ADSS Cymru

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16th February 2023

Dear Jayne

Care Experienced Birth Parents

I write in response to your letter dated 14th December, and further to (i) a meeting with colleagues from the authorities who were involved in the preparation for the Petitions Committee evidence session in April 2021 on a similar subject, and (ii) consultation by email with All Wales Heads of Children's Services (AWHoCS).

Firstly, and most importantly, we would like to extend our thanks and recognition to the Committee for their excellent work in this hugely important area.

The Association of Directors of Social Service Cymru (ADSSC) entirely support the incredible work being shaped and delivered by Children's Services in Wales which is aimed at increasing the numbers of children who remain safely with their families. We recognise that there is further to go in this work, and are committed to continuing our focused attention in that endeavour and working alongside stakeholders as we do that. The Committee will understand that we are operating in a constrained context where we continue to respond to families' needs despite increasingly severe workforce pressures, increasing demand, and funding challenges.

For your information and reassurance, we will be including the importance of the work in this area in our evidence submission for Radical Reform, inviting authorities across Wales to work jointly to the same improving and high standards in delivery.

ADSSC and AWHoCS remain committed to hearing young peoples' voices and making them matter. It is helpful to know that the Committee are carrying out further work and meeting with young people. As the people with responsibility for the services, we are distressed to learn again that the young people you have met feel that their experience of care has led to professionals reaching biased judgments in their assessments, particularly as we are alert to the work that is underway to counteract that. We have been advised that there is no opportunity to alert relevant authorities

to the practice that you point to as the sessions were confidential with non-attributable recording. Please accept our assurance that each Director and Head of Service is committed to challenging such practice where it exists. We welcome the opportunity to work alongside others to ensure that there are no missed opportunities to improve in that regard.

Committee has asked us to comment on why care experienced young people feel prejudged. Committee Members will understand that we have not been afforded the opportunity of hearing the experiences at first hand which makes it difficult for us to comment. However, we draw upon the key points brought to the Petition Committee’s attention in April 2022. That is that relationship based work is essential, and that trauma, re-trauma and complex trauma makes for a complicated relationship-making environment, but it is not insurmountable, and is our chief professional duty to work in a strength based way. Add to the trauma the jeopardy of being separated or at risk of separation from your child, and it provides some context to parents’ experiences. We accept the research evidence in this area, and understand that for those care experienced young people who are not living with their children, where there is no plan for reunification, this represents a colossal trauma, and sense of broken trust. We cannot explain why individual practitioners might develop unconscious bias in this regard without understanding more of the detail. However, we agree that its essential that we continuously work to reduce both the impact of trauma for care experienced young people and the numbers of care experienced parents whose children access safeguarding services as we increasingly connect parents to effective support.

Child-parent separation is a step only taken when all opportunities for avoiding separation have been assessed, and there is no alternative but to exercise a lawful safeguarding duty. These decisions are not taken in isolation, are always subject to multi-agency consideration, and with the involvement of the Court. We accept the burden of responsibility in relation to people’s rights and follow all steps in relation to the Public Law outline including promoting parental advocacy.

That said, when we met to give evidence, we also provided examples of services that are establishing and maintaining safe and trusted relationships with parents and achieving great outcomes alongside families. We respectfully recommend that Committee consider visiting some of the teams and projects that we will bring to your attention, with a view to understanding more about our work with parents including care experienced parents whose children have a care and support plan where the children either live at home or are the subject of a reunification plan.

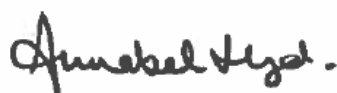
I am sorry that I am unable to provide all of the data you have requested and hope that the outline below is helpful:

1	The total number of care leavers that were known to your authority who are 21-25 yrs	An information request is being co-ordinated by ADSS Cymru for this data as at 31.12.22, and will be made available by 10.2.23.
2.	The total number of care experienced young people who are parents	We do not gather this information in this way, and as some young people opt not to maintain

		contact, reliable data would be difficult to provide.
3.	The number of these young people who have had one or more children removed from their care or have a child removed from the register	<p>We do not gather this information, partly because we do not include parental care experience in the data we capture for children with care and support needs. However, we understand this to be important evidence for the Committee, and recommend discussion about this with the Government's Social Care performance colleagues.</p> <p>In capturing this evidence it would be important to consider whether the parents' care experience was in the recent past (possibly 5 years), to include both mothers and fathers, alongside the additional detail of whether the care experience was in the home or another authority. It would also be important to consider the rate at which children have a plan for reunification. On the whole, updating qualitative research about parents' experience of barriers in service is much more valuable in understanding problems and driving improvement.</p>

It is our overriding view that we need to work together in Wales in a solution focused and co-operative fashion, sharing information about problems in a way that maximises every opportunity co-produce solutions. In order to achieve change, we need to be inclusive and systemic in our approach.

Yours sincerely



Annabel Lloyd
Chair of AWHoCS

Children, Young People and Education Committee

Care Experienced Birth Parents

Authority	Number of care leavers aged 21-25 years
RCT	173 aged 21-25 years as at 31.12.23
Powys	46 aged 21-25 years
Conwy	133 aged 18–25 years
Vale of Glamorgan	7 aged 21-25 years
Swansea	190 aged 21-25
Flintshire	80 aged 21-25 years
Caerphilly	64 aged 21-25 years
Denbighshire	15 aged 21-25 years
Pembrokeshire	8 aged 21-25 years
Blaenau Gwent	33 aged 21-25 years (7 are parent/preg)
Ynysmon	39 aged 21-25 years
Newport	271 aged 21-25 years
Neath Port Talbot	159 – up to age of 25
Bridgend	128 aged between 21-25 years
Merthyr	45 aged between 21-25 years

16.02.23