

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)

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## **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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