

Radical reform for care experienced children

Engagement findings

March 2023

As part of the Children, Young People and Education Committee's inquiry into services for care experienced children, Committee members spoke to care experienced young people, parents whose children have been - or are at risk of being - taken into care, and professionals who work with care experienced children and young people across Wales.

Engagement

Committee Members, accompanied by Senedd officials, travelled across Wales to conduct 10 in-depth interviews with groups of young people and professionals between November 2022 and February 2023. The purpose of the engagement was to hear directly from young people, and those who support them, about the challenges they face in the care system.

Participants

We spoke to:

- Mothers and fathers supported by NYAS' Project Unity, and members of NYAS staff who support them



- Young people supported by various Barnardo's Swansea projects, and members of Barnardo's staff working with young people across Wales
- Members of staff from Llamau's Housing First project
- Members of staff representing Monmouthshire City Council's children's services department

All the young people we spoke to had lived experience of being in care, moving away from their birth parents' as children, and/or being the parent of a child who has been – or is at risk of being - taken into care.

All the staff we spoke to work directly with care experienced young people, or provide support to schemes that do.

The Committee would like to thank the young people who spoke to us so honestly about their lives. We would also like to thank the dedicated and informed staff we spoke to, and to everyone who worked so hard behind the scenes to facilitate these engagement events.

Methodology

All of the interviews were held face-to-face, at venues selected by the staff who support the young people or who run the projects.

We asked the young people and professionals about their experiences of the care system and what could change to improve the lives of care experienced children and young people.

Depending on who we were speaking to, we asked about:

- Experiences of going into care
- Experiences of growing up in care
- Experiences of leaving care
- Experiences of having a child who is at risk of being taken into care, or who has been taken in to care
- Experiences of working with statutory professionals, like social workers
- Experiences of working with charities and other professionals

- Views on what needs to change about any part of the care system to improve the lives of children and young people who experience care

We also invited all the participants to contact the clerks if they wanted to send us more information after the interviews.

The views set out in this report

The views set out in this report are those of the young people and staff that we spoke to. They do not necessarily represent the views of the Children, Young People and Education Committee.

This report conveys the key points of the discussions that took place over the course of our engagement work. It is not a verbatim record of that discussion. However, we have included some particularly powerful statements from people we spoke to as quotations. These are clearly indicated in the text.

1. Cross-cutting issues

Statutory services

General approach of statutory services

Almost all of the care experienced young people and birth parents we spoke to felt that the default position of many social services departments was to keep children away from their parents, rather than working to keep families together. This was a particularly prevalent view among care experienced parents.

"The system failed me and now it's failing my child."

Whilst everyone agreed that protecting children was a priority, care experienced young people were clear that giving more support from a range of services could be a big step forward in keeping families together.

Some care leavers told us that they felt that local authorities treated them and other care experienced children as statistics.

Others felt angry at the system but said that if they showed any emotion or tried to advocate on their own behalf to have their voices heard – they were labelled difficult, hostile or volatile. Different groups of third sector staff told us that the statutory approach is 'one size fits all'. Some young people don't need the limited resources they're offered. But for most they need much, much more than they are given.

The numbers and turnover of social workers

Every care experienced young person we spoke to told us that they had had many different social workers. Some participants told us that they were supported by so many social workers that they couldn't remember the names of some of them. They told us they 'came and went' – meaning they had to 're-tell' their stories time and again.

"I spend my whole life speaking to new people every day."

Some told us that this means that the relationships between them and social workers tends to be unstable and lacks trust.

Officials from Monmouthshire Council explained to us that young people will have contact with lots of social workers over their lifetime. This is because different sets of professional skills are needed for different stages of the care system.

However, there should be continuity within each specialist service. Staffing/recruitment issues and funding challenges for children's services departments make that difficult.

Social workers' caseloads

We heard time and time again about the pressures on statutory services and that social workers have a big caseloads. Some professionals told us that in their experience most social workers have a caseload of around 35 children, and some have 50+.

One staff member suggested that, to build effective and constructive relationships with young people, case workers shouldn't have a caseload of more than 15 young people at any time.

Building relationships

Some participants explained that you might have a 'personality clash' with the social worker who has been assigned to you, which made it very hard to trust them. This could cause problems, given that a positive and open relationship was vital to working together.

Some young people told us that they felt that some social workers sometimes lacked empathy when dealing with them. It can feel like the social workers are going through a tick-box exercise when they interact with them.

However, we also heard that the attitudes of social workers can vary enormously, possibly because of the culture within a local authority or a specific team. One young person and the staff who worked with her also suggested that 'newer' social workers seemed to be more caring and nurturing.

Another young person told us about one social worker who took the time to get to know her as a person. She felt that her relationship with that social worker, and the outcomes of that relationship, were much more positive as a result.

"They realised I was not just the person who was described on a piece of paper. It took one person to take a chance on me."

Preventative services and family support

We heard that many children and young people in the care system have experienced difficult family circumstances including neglect and physical abuse. Many of the young people and staff we spoke to told us that the key is to stop that happening in the first place. This would prevent children being removed from their families.

We heard from one group of staff that support services should start before the child is born (e.g. perinatal mental health). Staff urged us to look at correlation between preventative services and children on the child protection register or children in care in each local authority.

Both young people and staff recognised that big change is needed. But they argued that investing in preventative services and family support rather than reactive and expensive 'problem fixing' later down the line was good value for money.

"Stop saving the children from the parents and save the children from the system."

The role of independent professionals

Support for young people

Lots of the young people we spoke to told us about how they appreciated the emotional and practical support they have received from support workers and advocates. We heard the gratitude of young people to these services and workers every time we spoke with care experienced young people or birth parents.

"I don't know where I'd be without them."

The kind of things that young people valued include:

- Having someone to listen to them: someone on the end of a phone who won't judge them to talk to when they are struggling.
- Having space to "vent", without fear of backlash, about what they're going through.
- Someone to give them coping mechanisms to help them manage difficulties in their lives.
- Having someone to help them with practical things, like write a CV, apply for a job, manage their finances, moving house, or starting new activities.

- Someone who knows them and what they've been through to give them honest advice and feedback.
- Someone who can liaise with social workers and other professionals when the young person doesn't feel able to do so.
- Having days out and social activities organised for them.

We observed the very close relationships that had been built between advocates/support workers and young people experiencing very challenging situations, including many care experienced parents who themselves had their children removed from their care.

The importance of independence from statutory authorities

All of the young people we spoke to told us that they valued the independence of support workers from the third sector. Some young people told us that having an advocate or charity worker who accompanies them to formal case conferences but who does not have a formal vote as part of those proceedings, is really helpful. It cements their position as independent.

Staff agreed. They highlighted the value of being outside statutory services. Staff are in a better position to build trust with the young person. They can challenge the young person when necessary, and be honest about with them about what is going wrong. They can also hold challenge statutory services too when they are acting unfairly or not discharging their duties effectively.

"Barnardo's are the bridge between the system and young people."

Some of the young people we spoke to had a deep mistrust of people working for local authorities. One participant told us that they did not want to engage with a third sector organisation because she was suspicious that even they were operating on behalf of 'the council'.

Short term nature of third sector funding

We heard from both staff and service users that many projects supporting care experienced young people and parents are time-limited, or are only available for young people in particular circumstances. This can be hard for the young person as the support they rely on comes to an end.

Some young people told us that really they would prefer a long-term relationship with a charity support worker or advocate that they trust, rather than changing support workers as they move between projects.

Health

Support for mental health

We heard that there are significant mental health needs amongst many care experienced young people and birth parents. Overall we heard that those mental health needs were not being met.

We heard about the despair that many have felt when they don't get the help or support they need. Workers often spoke of referrals being rejected because the child or young person didn't meet the medical threshold for specialist Child and Adolescent Mental Health Services (CAMHS) despite often displaying high levels of emotional distress.

There was frustration amongst some staff that being 'care experienced', potentially with the trauma associated with the process of being removed from a birth family, did not have any impact on entitlement to mental health support. Staff from one project explained to us that the physical age of many care experienced young people does not tally with their emotional age. Consequently, many services are no longer available to them after the age of 18, even though they may be beneficial and helpful.

One young person's story reinforced those concerns. He told us that the local authority had provided him with a therapist. Funding for the therapist stopped when he turned 21, but he still really needed the therapist's support. He was lucky because that therapist continued to treat him free of charge. But that won't be available to others.

Other project workers suggested that mental health issues are much more complex now than they were years ago. We heard that what used to be 'high end' cases have since been pushed down to early intervention. We heard several stories where children with suicide ideation had been told they did not meet the criteria for specialist CAMHS. Some care experienced young people reflected positively on the school-based counselling services they received. But others said no support was available in their schools.

Staff explained to us that there are young people who might not be in an immediate crisis, but that still need support. Those people fall under the radar of statutory services.

One project worker told us that mental health support is "dire", and that young people need to be at breaking point to qualify for any mental health support whatsoever.

"We forget the nurturing side of it. We forget that they're children."

Some charity staff told us that attachment issues is very common among care experienced young people. We heard that this relates to brain developments in infants and can be affected very badly when children are removed from their primary caregivers. This can lead to extreme difficulties when care experienced children are older, but that attachment 'disorder' does not meet the medical diagnosis criteria for statutory CAMHS.

We also heard that it can trigger feelings of abandonment in care experienced children and young people when staff who support them, from either statutory or third sector services, move on for whatever reason.

Support for physical health and well-being

We heard that some care experienced young people need support with their physical health as well as mental health.

We heard that some girls in care struggle to access basic sanitary products. Some reported they have to use tissues as sanitary towels. They also struggle to get other basic sanitary products. Whilst some of the third sector organisation were providing free access to these products, often donated by local businesses, we heard fears that this was not sustainable or desirable in the long term.

Another participant told us that they have been able to access support from an NHS nurse for their sexual health. The nurse provides advice and gives out free condoms and birth control pills. That has been really helpful.

Big changes that we were told are needed: the care system as a whole

We heard the following proposals for major reform of the care system:

An assigned advocate: It should be set out in law that every child and young person in care should be automatically assigned a named advocate that they can contact as needed. This must be a step up from the current system of the 'active offer' of issue-based advocacy.

Protected characteristic: Being care experienced should be a protected characteristic under the Equality Act 2010.

A right to mental health support: Care experienced children should have the statutory right to mental health and therapeutic services up to until they are at least 25. However, it needs to

be flexible – not all children will need that, and some may need the support beyond the age of 25.

Maximum caseloads: The case load of statutory children’s services social workers’ should be limited to a maximum with a pre-determined set ceiling which cannot be exceeded. It was suggested this be 15 young people.

Stability of caseworkers: Social workers must remain as caseworkers for a minimum period to provide continuity for children and young people. Whilst there are obvious challenges, this should be the minimum aimed for.

Respecting and listening to children and young people: Social workers’ initial training and continuous professional development should have a stronger focus on building positive and respectful relationships with children and young people. Workers must be empathic, kind and should prioritise listening carefully to care experienced children and young people.

Better signposting: Social services should be obliged to keep up-to-date records on services and projects that could support care experienced young people, and to signpost them accordingly.

Funding: Welsh Government and local authorities must provide sustainable and longer term funding for services that directly support care experienced children.

2. Before care: safely reducing the number of children in the care system

Assessing parenting capacity

Social services

Most of the birth parents we spoke to felt that social services tend to step in at the point that a child is being taken away from them, rather than early enough to prevent the child being removed. The importance of early support for families to prevent the child being removed in the first place was a key theme.

Despite the many concerns raised to us by birth parents about social services, some project staff suggested to us that we may not have heard from young parents who've had the most difficult experiences with social services, who may not be ready to talk about those experiences.

Transparency

Most of the young mothers we spoke to felt they did not have a voice. We heard from all the birth parents we spoke to that they did not trust statutory social workers. Some felt they been told untruths by social workers. Many felt that they were usually told about decisions that affected them at the last minute before, or even after, the decision had been implemented. .

Most of the young women we spoke to whose child/children had been/were going to be temporarily or permanently removed told us that it was medical professionals or leaving care social workers who referred them to child protection social services when they were pregnant. Almost all of them felt that the referral had been made 'behind their back'.

One of the young mothers felt that social services were dishonest with her when they removed her child from her care. She told us that her social worker had indicated to her that it would reflect positively on her willingness to co-operate if she voluntarily placed her child into care, which she did. Her view was that social services has since refused to give the child back to her.

Discrimination against care experienced parents

Almost all of the care experienced birth parents we spoke to felt very strongly that, because they themselves had been in care, they were immediately judged by 'social services' to be unfit parents – a double penalty that was totally outside of their control. They spoke to us

passionately about cycles of care, and how they believed that the care system was failing them and their children.

"We want to be able to give them more."

One young parent of two said the odds were stacked against her. Once the first child had been removed, there was a presumption the second child should also be removed in order to keep siblings together.

"My vagina is not an adoption centre for social services."

Most of the young women birth parents we spoke to believed that social services thought that, as care experienced young people, they had not had positive parenting role models themselves, and were therefore likely to be 'unfit' parents. Some young women pointed out to us that this meant they were penalised twice: first, as 'victims' of decisions that social services themselves had made about their lives when they were in care (e.g. the impact on them of poor parenting role models that they were exposed to in foster placements), and second as prospective parents who wanted a different life for their own children.

Some care experienced mothers also told us that they felt they were penalised for not having a support network around them, which social services say is important to help raise a child. They felt that, because they were taken from their own parents and moved around a lot from placement to placement as a child, they were less likely than other parents to have a support system.

We heard that, for many care experienced parents, it can be difficult to engage fully with social services because you lack official documentation for the time that you were in care. The fact that they don't always have access to official documentation about their lives can reflect poorly on them when they engage with statutory services as birth parents.

"They wanted the documents about me being in care, but that has nothing to do with my children. It's damaging people."

The impact of having one child taken into care on future children

A few women felt that, if you have already had a child removed, social services would inevitably use that as evidence that subsequent child should be 'taken away' too.

Staff from Barnardo's Reflect in Cardiff explained to us that if mothers have a child taken into care and get pregnant again shortly afterwards, in their experience that second child is at a high risk of being taken into care too.

Unfair standards of parenting

The view of many participants was that, with social services' involvement, they were not allowed to go through the same learning curve as a new parent that all parents do as they adjust to their life with a baby. Many women felt that they were criticised for the smallest of issues in a way that other parents would not be.

"Nothing I do is good enough - and my child has to pay for it."

We heard about conflicting guidance from different social workers about things like prioritising housework/playing with the child, having toys out and readily available for the child/keeping the house tidy, etc.

Some of the parents we spoke to felt that if they expressed concern for how their child was being treated in foster care, that they were seen as 'difficult' – examples included parents who had expressed concerns about how newly removed infants were being fed and which car seat was the safest.

Positive support

We did hear some positive feedback about how social services had worked with birth parents to support them to keep their child. One young mother mentioned how her social worker helped her to enrol for a course while she was pregnant. Another told us that her social worker had taken the time to get to know her and understand her as a person.

Court proceedings

Some project staff explained how stressful court hearings can be for young parents and how important the emotional support is during this time. We heard that the experience of the young parents in court hearings largely depends on the individual judge. Some are kind and speak to the young parents, but this is not always the case.

The proceedings themselves can be confusing – knowing what to do when, for example, knowing when to rise in court. The same can be said for the terminology used, particularly when there are other contributing factors, for example dyslexia or autism.

We also heard concerns about the length of proceedings. In one case, a young mother had been going through care proceedings since her baby was born two years ago and still there is no certainty if her baby is going to stay with her.

We heard from participants who had, or knew others who had, experienced court proceedings about their child only hours after childbirth. Some advocates told us that without them insisting that the mother could attend court proceedings remotely from hospital, they would not have been present during proceedings. We heard of the vulnerability of young women who had just given birth and the trauma of dealing with care proceedings in a hospital ward with “complete strangers” around them.

Parenting assessment centres/mother and baby centres

Sometimes, courts will order a birth parent to spend time in a parenting assessment centre (sometimes as mother and baby centres/units). The purpose of the centres is to help assess a parent’s fitness to raise a child. The centres usually have 24 hour supervision including CCTV in the bedrooms (we heard that, sometimes, the only place you can go without being on camera is the bathroom). Birth parents are asked questions about parenting, cleanliness, how they manage their life and the baby’s, etc.

We heard very strong views from several young people and support workers about the suitability of mother and baby centres. We heard that many parents really struggle there, particularly if there are additional factors or barriers like dyslexia or autism. Some who are Welsh first language also find it difficult. But, they have no say as where they have to go.

“It was horrible. One of the worse experiences of my life.”

We heard that mothers who are sent to mother and baby placements think that they have very little chance of keeping their child because the “odds are stacked against them”. The expectations on them as mothers is unrealistic, and not representative of life outside the placement.

A few participants told us stories about how distressing parenting assessments centres can be. We heard about:

- Conflict and perceived bullying by other residents
- A failure to identify and support post-natal depression

- Parents and their babies being sent outside Wales because there isn't enough space in centres in Wales

Some young parents who had experienced parenting assessment centres told us that in their view the centres "drag" you away from your home, which moves you away from your friends and family. In their view, they were then penalised by social services for not having the right support network to safely raise a child.

Overall, the view of most participants was that parenting assessment centres are not fit for purpose: there was a perception that their aim is to prove that the mothers are not fit to look after a child, rather than supporting parents to keep their children.

Fathers

Fathers' experiences

We spoke to a few young dads as part of our engagement work. They all felt that there isn't enough support groups for dads; it's always mother and child groups. They pointed out that some dads are parenting on their own, and they can feel particularly isolated. Staff from Barnardo's Reflect service painted a similar picture, and told us that they felt it was important to develop more services with men in mind.

One of the young dads felt judged and treated differently to mother by statutory services. He explained that he felt he was judged on his appearance. He added that, whereas the midwife, when alone with his partner, would ask her whether he was abusing her, the midwives never asked *him* whether *she* was abusing *him*.

"When I've shaved they don't say anything but when I have a beard they judge me."

Mothers' experiences of their children's fathers and domestic violence

Most of the young mothers we spoke to had limited or no contact with their children's father. However, some participants were still in a relationship with their child's father.

One young woman told us that when her child was taken into care, her partner felt powerless, ignored and that he was being punished for his partner's care experiences.

Another participant told us about how she felt her partner was set unrealistic standards in order to see his child.

Some of the women we spoke to had experienced physical, emotional and sexual abuse by their child's father, or by previous partners. These women felt that the domestic violence they experienced either directly or indirectly contributed to their children being taken into care.

Some young parents felt that statutory services and the court system often don't take into account the pervasive impact of domestic violence on women, especially very young women under 18.

Participants reflected that men who have perpetrated domestic violence are free to have other children with other women, whereas a mum who is a victim of domestic violence is forced to have their children removed and deal with social services. Some of the third sector staff and young mothers we spoke to perceived a difference between how risk is assessed for men and women.

Support from the wider family

We heard of the tension that court proceedings can cause within families. Naturally, social services will want to look to close family to care for a child who cannot live with the birth parents. We heard that this can cause rifts and weaken an already fragile support system for young mothers.

One young woman told us that when other members of her family were considering adopting her child, she was discouraged from contact with those family members, and vice versa. . That can remove a source of support for mothers, or even cause major rifts within a family.

Monmouthshire Council officials told us that if kinship caring arrangements are likely to cause friction within the family, a risk assessment should be undertaken to mitigate the impact of that friction, with mediation put in place if necessary.

Contact with the child

Most of the mothers we spoke to whose child was subject to a care order had some, limited, contact with their child. It ranged from a few hours weekly to a few hours monthly.

Some mothers told us that this limited time wasn't enough to form a parental bond with your child. Many young mothers told us of their experiences where a new-born or very young child had been removed from their 24 hour care and that immediately the levels of contact were minimal. Whilst this was understood in circumstances where there a parent posed a significant threat to a child, but seen as very damaging to the parental bond in the majority of cases where the option to return the child was still a possibility.

Advocates and the 'active offer'

Staff from NYAS' Project Unity explained to us that not all local authorities and health boards are good at signposting young parents to advocacy services. The staff and the young people we spoke to agreed that some professionals seem suspicious of, and reluctant to engage with, advocates representing birth parents.

Advocating for care experienced parents

We heard universal and passionate support for the role of the advocate from birth parents. This included care experienced birth parents whose own children had been permanently removed from their care. We met several young women in this situation, some of whom were in the middle of care proceedings with subsequent children.

Some of the young women we met had their children returned to their care following support from an advocate. Others had been able to keep subsequent children in their care with an advocate's support.

We heard that advocates helped birth parents we spoke to by:

- Helping birth parents understand their rights. One young woman explained that she didn't know child protection meetings were happening that she had a right to attend. Having an advocate would have helped.
- Coming to court hearings and helping to interpret legal processes or terminology,
- Providing emotional and practical support to the young person,
- Facilitating meet-ups with other birth parents to build peer-to-peer support networks.

However, some of the birth parents and their advocates reflected that the advocacy support they received had only started after one of their children had been removed from their care. They told us that it would have given them a bigger chance of not having the child removed in the first place if they had had that advocacy support during legal proceedings, rather than after them.

We also heard from some staff that there is a gap in advocacy support. NYAS' Project Unity is only for parents who have been in care themselves. A major gap is that for vulnerable young women who have not been in care, there are no advocacy services until they've had one child permanently removed.

We also heard that there are different support services available across Wales. Not all young parents are able to access the same levels of advocacy support.

Support from the third sector

We spoke to staff from Barnardo's Reflect and some of their service users. Reflect is a Wales-wide project which aims to prevent women getting pregnant within 12 months of having a child removed from their care.

The young parents told us that it was a relief to get some support from Reflect, which they didn't receive from other people or from social services.

"It felt like I didn't have to deal with it on my own anymore."

*"Nice to have someone there for **me**. To better **me**."*

Reflect staff told us that it takes time to build relationships with the birth parents. Unfortunately, some support projects have to close before they have the time to do that.

Barnardo's staff told us that they have started focussing on parents' mental health. They carry out structured parenting intervention – staff have been trained to offer mindfulness sessions for parents, able to look at coping strategies. They measure the impact of their work on the mental health of the parents and the behaviour of the child. This feedback is invaluable, and should be undertaken in local authorities too.

Midwives and health visitors

We heard from some young mothers, and the advocates who work with them, that midwives tend to advocate for mums and often work hard to support them. Health visitors come in when a referral to social services has already been made (or often the health visitor makes the referral).

One young person had a specialist midwife, who was referred to her by the normal midwife. She felt that the specialist midwife was excellent. One young person said that she had one midwife through Flying Start, who was very good. However, she thought that another midwife she had for her second child was very poor and did not work flexibly around the birth parent's other commitments.

Project Unity staff added that referrals for advocacy support tend to come through very quickly from midwives, health visitors and child psychologists.

Some of the professionals we spoke to said they have noticed a reverse correlation in certain areas between the number of health visitor visits and the numbers of children going into care.

The birth parent's wellbeing

We heard regularly from birth parents that, in their experience, the statutory authorities didn't see them as people. They felt that the courts, social services and other professionals do not care about their welfare – their focus is solely the child. We heard frequently that helping birth parents' well-being could substantially reduce the need to permanently remove children.

"We're just objects."

Many participants told us that they had struggled to get any support for their own wellbeing, – despite traumas they experienced throughout their own lives. One told us about the experiences of her friend, whose child was stillborn. Social services had been heavily involved, but, in her view, as a soon as the child's death was confirmed, the young woman was not entitled to any help and the case was closed. and The mother was not offered any support or care despite everything she'd been through. The mother reached out for support from mental health services but didn't receive any. Another participant told us that she was so desperate that she went in person to a crisis team's office for support, but she told us they refused to see her.

Big changes that we were told are needed: before and entry into care

We heard the following proposals for reform of the care system:

Knowing your rights: Care experienced birth parents should have better education about what to expect from social services, and what social services can and can't do. Terminology used in courts, by social services and other professionals should be clear and easy to understand.

Early support: Expecting parents who are care experienced should have more help while they are pregnant to prepare them for being parents. Support services should be offered really early. This should include bringing the whole family together to explore support options. This support should be culturally-sensitive.

An assigned advocate: A child's birth parents should have an assigned advocate as soon as the child is placed on the child protection register.

Parenting assessment centres/mother and baby centres: There needs to be a review of parental assessment centres to consider the efficacy and ethics of matters such as: the parental evaluation process, the family's living situation and privacy, expectations of the birth parents, and the location of baby centres. Listening to former residents and parent advocates is crucial.

On-going support: Support for birth parents should not be removed suddenly. Transitional support should be put in place beyond the birth parent's child being put into care.

Fathers: Services and projects should be developed that supports fathers of children who are risk of being taken into care specifically.

Education and mentoring: There should be better education at school about sex, relationship and parenting. A project should be set up where mentors who've been through the care system can talk to pupils and offer them advice and guidance.

3. In-care: services and support for children in care

Social services

We heard from staff and care experienced young people that children in care are assigned so many social workers that it can be distressing for the young person. For example, we heard that it isn't unusual for the social worker attending a LAC (Looked After Child) review to have never meet the child in question.

We also heard that social services doesn't always do enough to protect young people. One care experienced young person told us that although she was placed on the child protection register as a baby, she was still abused by her brother and her stepdad. She was subsequently placed in foster care, where she was happy. Nevertheless, social services still tried to put her back with her mum. She had to fight to stay with her foster carer.

Some third sector staff explained to us that social workers' caseloads mean they tend to support lots of young people and inevitably end up focusing on those who exhibit very challenging behaviour. They may not have time to answer the phone to young people who, on the face of it, might seem to be "in a better place", even if actually those young people are really struggling. This lack of support can mean that children struggle as they get older with feelings of loneliness and that they have no one to turn to.

Some young people we spoke to told us that it feels like they are nagging social workers when they phone them. They don't want to pressure them, so they put off phoning. Worryingly, some young people told us that they have gone to extreme lengths to get social workers' attention. Some had committed crimes, some had self-harmed, and others had attempted suicide. One young person explained the extent to which they felt they needed to go to with extreme behaviour in order to get support.

"Got to make a statement to make something happen."

However, we did hear some positive stories too. One participant said that when she rang her social worker when she was upset, she would come round and meet her or go for a walk and a chat.

Advocates and the 'active offer'

Every child in Wales who lives in care, or is involved in child protection enquiries, is entitled to advocacy from an independent professional advocate. An 'active offer' means that children and young people are entitled to information about their statutory rights and entitlements about independent advocacy.

All the young people we spoke to who had had an independent advocate told us how important it was to them to have an independent advocate who made sure their voice was heard.

However, we heard that in practice not all statutory services make the 'active offer' by clearly signposting eligible children and young people to advocacy services. Two care experienced young women we spoke to felt that in their experience the local authority had meet its obligation to offer an advocate by putting a leaflet in a bundle of paperwork they were handed on the day they were put into care. Both young women argued that wasn't the right way to explain to children in care about the active offer.

We heard advocacy was so important that all children in care should have long-term advocacy support provided by a named advocate. Under the current system, care experienced children and young people are entitled to issue-based advocacy: short-term advocacy support in relation to specific issues. We heard that giving children and young people long-term advocacy by a named advocate would mean they always had someone they had a relationship with to turn to when needed, rather than having to rely on being 'offered' a different advocate at the time of crisis.

Foster care

The number of placements

Most of the care experienced young people we spoke to had moved between at least 5 foster placements during their childhood. Often this was at very short notice, or no notice at all, and sometimes very far away geographically. In many cases this involved moving schools and newly established friendship groups. They, and the staff we spoke to, told us that this was really destabilising and distressing for them, especially as they had already experienced the trauma of being removed from their birth families.

One young woman told us that from an early age she always had a small rusk sack packed at the bottom of her bed with all her essentials in it – so that she could grab it and leave at a moment's notice.

The quality of placements

Most participants told us that, in their view, at least one of their foster placements were of poor quality. Different people told us that in their experience their carers had been :

- unprofessional: appearing at a child's friend's family house to shout at the child in front of their friend and their friend's family;
- emotionally abusive: participants had been locked in dark rooms as punishment, another left a child locked outside the house then called social services to pick her up for the day to give the foster carer a break;
- sexually abusive: one participant told us that she had been made to do "sexy dances" as a young child, and that she was placed with someone who had links to a convicted paedophile (this child had been immediately removed when this became apparent);
- violent: one participant told us that she had been physically abused, bitten, and pushed down the stairs over the course of her foster placements.

There was also some positive feedback about foster carers. One young woman told us that one foster carer in particular was wonderful and changed her life for the better. Some staff members we spoke to stressed that some foster carers do wonderful work.

Monmouthshire Council officials assured us that the council's fostering team undertakes extensive checks of carers, which include police checks, contact with statutory services, medical records and can involve exploration of potential carers' past traumas.

Location of placements

We heard from some professionals that there is a shortage of high quality foster placements in their local area. Sometimes children are placed far away from their homes. That feels like setting them up to fail, because they have no support network. One young person from Swansea was put in a residential home in England. They were told they "needed extra help". They had no support at all so far away from everyone they knew.

"I'm one of the forgotten."

Profit

Some care experienced young people we spoke to felt strongly that most foster carers do it for the money. We heard from one young person that foster carers manipulate the system to reduce the cost of providing care in order to maximise their income.

Staff mentioned the Welsh Government's plans to legislate to remove profit. Whilst the principle was welcomed, there was some concerns about the potential impact this might have on the availability of placements.

Relationships with siblings

Some of the young people we spoke to told us about how the care system had separated them from their siblings. Some had made the decision to leave their parents because they were being abusive, but their siblings had stayed at home.

Another was in a placement with a foster carer with their siblings. They felt that the carer was treating them very badly, and therefore made the decision to leave. However, their siblings stayed behind. Since then it has been the carer's choice over whether they can see their siblings.

Kinship care

We heard from council officials that kinship carers are assessed against fostering regulations. The regulations are the same whether you are an a family member or a professional fosterer. This makes it incredibly challenging for family members to meet the required threshold to care for the child. When a family member can't meet the exacting fostering regulations but it is still in the best interest of the child to be placed with that family member, the family member will lose the financial support that comes (although they might be very much need of it).

Education

Support from school-based professionals

We heard from some participants that school teachers made it really obvious that they were in care. This singled them out for bullying, and meant that they never had a break from their experiences of the care system.

We heard very positive feedback about one particular practitioner in Swansea, who would do work across schools to support care experienced children.

Moving schools

Other care experienced young people spoke to us about being regularly moved from school to school. They told us that it was really hard for them to make long-term friends and to build a support network for themselves.

One young person told us that they were made to move schools because, having moved foster carers, the taxis she needed to carry on attending the same school were too expensive. This meant that she lost her friendship group, which was really important to her.

Big changes we were told that are needed: being in care

We heard the following proposals for reform of the care system:

Placements: There should be enough good quality placements in the right places. There should be better assessments of the suitability of families that provide foster care.

Mental health and well-being: Therapy should be provided as a matter of course to any child in care who requests it and be continued to young people beyond the age of 21. Therapy and support for care experienced children and young people should be trauma informed. Generic services should not be rolled out simply because a young person is in care. 'Trauma informed' should have real meaning and be actually based on the person's individual experiences.

Fostering regulations: More flexible interpretation of fostering regulations to support kinship carers to adopt a child when it is in the child's best interests to do so.

4. After care: on-going support when young people leave care

Mental health and wellbeing

A general impression of the mental health of care leavers

We heard that there are significant mental health needs amongst care leavers.

Some project staff told us that the transitions at 18 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 - that is when services need to ramp up, not reduce.

The transition from children's (CAMHS) and adults' (AMHS) mental health services

We heard that there is not always a good transition from CAMHS to adult services. Adult services are not equipped to offer services in a young person-focused way. We were told that, generally, young people report that adult mental health services are not giving them what we need.

The support available to young people leaving care

Moving on from foster placements

Almost all the care leavers who spoke to us about their experiences leaving care told us that they had very little support to help them move on from foster placements. Project staff explained that the transition can be very challenging.

Some care leavers told us that there was no plan for them as they approached adulthood. They felt decisions were forced upon them. Staff working with care leavers agreed. We heard that pathway plans are much too vague, and often they don't reflect what scheme staff are telling them.

We heard from project staff that where transitional arrangements for care leavers had been agreed, the implementation of those plans were very poor. One worker told us that having a clear Pathway Plan was vital and for it to be overseen by statutory services but that this was not the reality.

"There is a visible step back from social service when young people go into supported housing".

We also heard that young people need long term support. Whilst legally and in theory young people are entitled to support up to 21 and 25 in some circumstances, often this is very low level or non-existent. Some staff explained that age 25 is an absolute cut off point. Young people may no longer have the right to stay in supported accommodation and may need to live independently. They may not have adult social services to support them 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.

Signposting

We heard from staff and young people that it is really useful to signpost care leavers to various support services, whether financial, medical or otherwise. Sometimes the young people do not get told about all the services that are available to them by other professionals, and are therefore unaware of the support available to them.

Workforce issues

Staff from one organisation told us that there are not enough staff to fill the posts they are advertising. They have never been in that position before. People have changed careers during COVID; social care in particular is feeling the hit.

We heard that it's not necessarily a question of money to attract staff. Working in social care is not easy, and it's difficult to 'switch off'. Some social workers had experienced abuse and threats of violence working with very challenging young people. Investing in staff wellbeing is very important.

Social workers

We heard from staff from one project that social services take a step back when care leavers move into supported accommodation. They felt this was due to social workers' caseload.

We heard that, in reality, social services determine young people's needs by risk rather than on actual need: the system doesn't understand the difference between *high needs* and *high risk*.

Others told us that some social workers do not consider the individual needs of the young people they work with, which vary significantly from person to person.

Young Person's Advisors (YPAs)

Even though all care leavers should have a YPA, we heard from care leavers and staff that they tend to have really high caseloads (at least 30 young people each), so often aren't very involved in the young person's life and don't have time to build relationships and provide meaningful support.

Some of the staff we spoke to said that YPAs often ask them to pick up some of their work to help the young person. This can be a problem, we heard, because YPAs have a crucial role in establishing whether a young person can live independently.

Some participants told us that YPAs don't usually teach young people wider life skills. This is really important for young people – they need those skills before they turn 18.

One young woman told us her view that some YPAs aren't very good at their jobs, are difficult to get hold of and are unprofessional.

Accommodation

The 'When I'm Ready' scheme

The purpose of the scheme is to enable young people in foster care to continue living with their foster carers once they turn 18 up to the age of 21, or up to age 25 if they are completing an agreed programme of education or training.

Some staff explained to us that the When I'm Ready scheme doesn't work for everyone. For example:

- It's less likely that the young person will want to stay on with their foster carer if they haven't been in a long-term placement.
- Some foster carers will see a reduction in fostering income if they agree to partake in the When I'm Ready scheme, which can be a barrier for them.
- It doesn't apply in residential care.

Supported accommodation

All of the young people and staff we spoke to about care leavers' accommodation needs told us that the situation was really challenging for young people transitioning from the care system into adulthood.

Some professionals we spoke to felt that foster carers could do more to prepare young people for independence.

Some care leavers suggested that it would have been better to try out new accommodation before deciding whether to move there or not. They also wanted to be able to move back where they were if they didn't settle well into their new home.

However, some staff told us that ultimately the system doesn't allow young people to choose where they go. Often they can't access their preferred accommodation because:

- There are no places.
- Some placements end at 18.
- The cost is too high. Placements are always funded until the young person is 18. After 18 it depends on the young person's situation. If they are working they can lose that financial support.

Living independently

We heard that care leavers often struggle to secure private rental properties. They often have no guarantors, which make it difficult to enter into rental agreements with landlords.

Housing support professionals also told us that when private rented housing is available to care leavers it tends to be in very poor condition.

Social housing is also inaccessible for many young people because of the shortage of accommodation in the right places. Some local authority housing panels only accept a limited number of referrals. Care leavers can apply for social housing individually, but they have no priority over other applicants and will therefore struggle due to general social housing shortages.

We heard from both voluntary sector and council staff that there is a national shortage of small, 1-bedroom/studio flats.

Finding work

We heard that sometimes young people with support needs have to be discouraged from getting jobs – otherwise they could not afford the rents in their social supported housing. The income from employment can impact their rights, entitlements, and levels of support from

organisations, which can be harmful for the young person. They may end up having to move out of what has become safe accommodation for them if they get a job.

Life skills

Some of the care leavers told us that they didn't have the basic skills they needed to live independently, such as cooking, cleaning, shopping, and budgeting. Many care experienced children have not been taught these skills by their foster carers. Some professionals told us that care experienced young people can seem younger than their age because of the trauma they've experienced.

We heard from some project workers that one-off emergency payments – for example for energy costs – can impact on young people's ability to budget properly because they get used to that safety net.

Transport

Some staff working with care leavers told us that the cost of transport can be a problem for care leavers. Bus tickets to work can be very expensive. Similarly, although extra-curricular activity is really important to many young people, the transport costs can make engaging in it prohibitively expensive.

Substance abuse

Staff from Barnardo's Familial Substance Misuse Service told us their view that substance misuse is much more predominant than 10 years ago. Often a child or young person may self-medicate because they may be dealing with loss, emotional dysregulation, or not getting any positive reinforcement. Those traumas can lead to young people feeling bad about themselves, which can in turn make substance abuse more likely.

Project workers also told us that care leavers can be vulnerable to being exploited to move substances on behalf of criminals.

The basic income pilot

Most of the staff and the young people we spoke to had some concerns over the recently introduced basic income pilot for care leavers. We heard that:

- many care leavers wouldn't know how to budget and spend so much money well, and are vulnerable to misusing it or to exploitation.

- young people in receipt of the income will have to pay for supported accommodation themselves. In reality they won't be able to afford it. This means that young people who receive the basic income, who have had relatively safety beforehand, are going to be out in the community alone and without support.
- It may be challenging for young people when the basic income payments stop. The Welsh Government had promised support to those young people to manage that transition, but there were concerns that this support may not materialise.

Some project staff told us that, broadly speaking, recipients of the basic income can be split into 2 groups:

1. Young people who are really benefitting from it: they are able to save and look to the future, or buy themselves a car, etc.
2. Young people who are not managing the money well. They might be buying substances to misuse, for example. The staff also worry about risks of exploitation of this group of young people.

The staff reflected that to date in these early stages there doesn't seem to have a middle ground. Overall, more using it sensibly than not. However, motivation can be a problem for all the young people in receipt of the pilot; they don't need to seek training or employment because of basic income.

Staff were keen to ensure that the mental health outcomes of the pilot were evaluated, as well as other measures such as securing employment, and how the money was used.

Attitudes to care experienced parents

One young mother told us that her experiences of being in care affect how her child is now treated in school. She felt that, rather than supporting the child's presenting needs, the school assumes its parenting related and directs her to parenting classes. The assumption being that the problem is her ability to parent because she has experienced care.

"My son has ADHD and needed a neurodevelopmental assessment – but they kept telling me I needed parenting classes. In the end the GP intervened on my behalf."

Big changes we were told that are needed: after care

We heard the following proposals for reform of the system for aftercare:

Transitions: Young people should be entitled to a trial run living independently as they approach adulthood.

Transport: Care experienced young people should have free public transport until the age of 25.

No cliff edge end of support: Support for care leavers should run past 21 and 25 for young people who need it. It isn't fair to treat everyone in the same way with abrupt age limits on statutory support. Legislation relating to support for 21-25 year old care leavers should be much clearer.

Pathway plans: These are not working. There needs to be long-term planning for each care leaver, including consideration of: What do they need? What challenges will they face? What support is right for them to help them transition to living independently? There should be more joined-up thinking when working out how to support young people: the voluntary sector charities, local authorities, advocates etc. should work together.

Statutory entitlement to housing: The housing stock needs to improve.

Statutory entitlement to mental health support: More services for mental health and wellbeing being made available, without a waiting list.