Response by FPH and BACAPH to Review of Children's Social Care in England

31 May 2021

As representatives of professional bodies for public health and local leaders for population health and wellbeing, we welcome the opportunity to respond to the questions raised by the Review of Children's Social Care in England.

General Considerations

Before addressing the direct questions set out in the terms of reference (ToRs) for the Review we wish to highlight some general considerations with regards to prevention, adverse childhood experiences and the importance of relationships for children and family wellbeing.

Prevention and Early Intervention

While the focus of this review is rightly on the experience of the child and young person it must be remembered that the majority of interventions to support and strengthen families are adult services to tackle poverty, domestic violence, mental health problems, learning difficulties (parents), housing and substance misuse. This can be seen as "upstream prevention" and forms part of the eco-system of support for children as they grow up.

Universal NHS services to support children and prevent further harm such as the Healthy Child Programmes (HCPs), are also important for prevention[i]. They are often the first service to identify unmet need yet front-line staff often struggle to access relevant social services without demonstration of harm to the child. The universal assessments offered by the HCPs pick up problems sooner rather than later and generate opportunities for early interventions.

There is also some evidence from Sure Start and other community children's centres that focusing on the whole family, targeting those that are more vulnerable within a universal service is less stigmatising, enables early interventions to be used and achieves "progressive universalism" as advocated by Marmot and is integral to HCPs[ii]. This agenda is all the more relevant in the context of COVID's impact on exacerbating inequalities and to the "levelling up" agenda required to reduce these[iii].

Looking forward to the future world of integrated health/care systems it is essential that services/organisations are "joined up" from the perspective of the child and their family to enhance their lives.

Adverse Childhood Experiences

In the ToRs, "social issues" such as poverty, domestic abuse, mental health problems and substance misuse are mentioned but there is no recognition of the wider impact of social change in contributing to these problems. When meeting a family for the first time, children's social care workers face not just individuals with issues but a pattern of multiple influences which have accumulated over time and across generations.

Adverse Childhood Experiences (ACEs) are known to be a major factor in adult depression, anxiety, substance misuse, violence and chronic health conditions[iv]. These experiences are often exacerbated by poverty, discrimination and social segregation. It is impossible to address children's social care in any fundamental way without recognising these factors as they shape how families will engage and respond. A "trauma-informed" approach is essential[v].

It is also worth noting the protective impact of "one good adult" or one or two good friends for children growing up in adverse circumstances and appear to mitigate some impacts of ACEs. The old adage, "it takes a village to raise a child" is pertinent here.

For the Review to succeed, there should be a recognition and an understanding of the impact of toxic stress in childhood. If a young child is subject to neglect or abuse, they will struggle with attachments and decision-making which reveals itself as aberrant behaviours. In time, these reactions and the physiology of constantly being on high alert lead in themselves to mental health problems, poor health behaviours and chronic disease. It is no wonder therefore, that the figures cited in the ToRs on homelessness, prison and not being in education, employment or training are disproportionately high in the looked after care population of young people. These are the outcomes of toxic stress in childhood[vi].

Relationships are key

The corollary of this evidence is that relationships have to be at the heart of children's social (and all) care. This means recognising that even if parents are unable to look after their children, siblings need to stay together. It means children need all the help they can get to stay at the same school, in the same family, as they grow up. It also means starting as young as possible to establish healthy attachments between parents/care givers and children.

It is worth mentioning the Scottish Government undertook an independent review of social care in 2018 which reported in 2020. A 3-year plan has now been published which sets out a list of five "fundamentals" and five priorities all of which are pertinent to this English review and which we fully endorse[vii].

Funding and Resources

Childrens social care has like most public services been subject to financial cuts over the last decade. Social workers like health visitors often have large caseloads and are not able to deliver the support individual children need. In any review the overall resources for the childrens workforce needs to be considered. This is especially important post COVID pandemic as vulnerable communities and families have been adversely affected.

Specific Points

Addressing the seven questions specifically:

1. **Support**: what support is needed to meet the needs of children who are referred to or involved with social care, in order to improve outcomes and make a long-term positive difference to individuals and to society?

A holistic, family, systemic approach to addressing children's needs is required. Thus, if the family are beset with financial and housing difficulties, supporting the parents to access welfare and housing advice needs to be set in motion. Similarly, if the family is being subject to discrimination and intimidation by others in the local area, support from community policing or help to move might be a useful intervention. In other words, the point of entry for help may be social care but the most appropriate and effective response need not be from this agency. Parallels can be made here with primary health care where "social prescribing" is now commonplace[viii]. This outcome-oriented support requires good local partnerships and collaboration not just between organisations but at the level of practice. It also demonstrates a commitment to truly listening and responding to children and their families.

2. **Strengthening families**: what can be done so that children are supported to stay safely and thrive with their families, to ensure the exceptional powers that are granted to the state to support and intervene in families are consistently used responsibly, balancing the need to protect children with the right to family life, avoiding the need to enter care?

Scotland's plan, The Promise, includes a fundamental principle that "At all stages in the process of change, what matters to children and families must be the focus. Organisations will be able to demonstrate that they are operating from their perspective rather than the perspective internal to the 'system'."

Putting this emphasis on the children and families' perspectives will help re-orient services towards their outcomes rather than measure success in terms of service activity. An eco-system approach will also recognise the value of peer and community support.

There are also important considerations to address in terms of health needs, for mothers in pregnancy, infant and child health services and access to important services such as health visiting and dentistry and essentials such as food, housing and heating. Family support is best understood in a tiered and **integrated way** being both universally accessible and targeted where needed. This type of holistic approach to strengthening families should lie at the heart of the "levelling up" agenda. It is already operating in many local health and care systems with examples such as the Family Nurse Partnership, children's centres, joined up services with good data sharing and liaison between professionals[ix].

3. **Safety**: what can be done so that children who need to be in care get there quickly, and to ensure those children feel safe and are not at risk of significant harm?

The most important step to safety is having early warning that families are struggling to cope. This often first expresses itself through contact with health or education services. Good information sharing protocols and strong links between frontline agencies are essential to guide quality decision-making. Listening to children, keeping siblings together and enabling them to understand and feel in control of the processes that are in play can help off-set some of their anxiety. As far as possible, children need one-step moves that are designed to last as long as it takes until their situation stabilises.

4. **Care**: what is needed for children to have a positive experience of care that prioritises stability, providing an alternative long-term family for children who need it and support for others to return home safely?

Foster and kinship carers need sufficient support materially and emotionally to carry out their roles as care-givers to children and young people who are likely to have significant emotional trauma. If supported adequately in their roles, it should be possible for children to be in long-term placements so that they can settle into a school, make and keep friends and consider the merits or not as the case may be of returning to the family home. Listening to children and their participation in decision-making is key, along with useful resources for enabling safe and trusting relationships to grow.

5. **Delivery**: what are the key enablers to implement the review and raise standards across England, such as a strong, stable and resilient workforce, system leadership and partnerships, and what is needed so that this change can be delivered?

If the outcome of the review is to transform the care experience from one of alienation and a sense of failure to one of belonging and a sense of hope, the implementation needs to understand the next phase for delivery requires a culture shift. This is a shift in the balance between control and participation, separation and connection. Language needs to change from "assessment" to "conversation"; from "needs" to "strengths" etc. Services need to be oriented to outcomes which are described by children and families and make sense to them not the other way round. Crucially, everyone working in frontline services aiming to support vulnerable children and families need to be trauma-informed in their approach.

This requires a different emphasis for workforce development, recognising self-care is important for family and child-facing work. Being trauma-informed means staff are able to take into account what

happened to them in growing up and have the support in place to deal with any long-term consequences this might have for them.

There are parallels here with compassionate leadership work being undertaken in the NHS[x].

A further consideration is understanding the merits of a life course approach to children's wellbeing, which incrementally aims to reduce exposure to hazards and increase exposure to assets starting as early as possible. For example, Healthy Beginnings in England[xi], All Children Thrive in various parts of the US[xii] and the Babies in Lockdown report[xiii] all emphasise the importance of supporting women in pregnancy and the infant up to 2 years of age as cost effective in the long run.

6. **Sustainability**: what is the most sustainable and cost-effective way of delivering services, including high-cost services, who is best placed to deliver them, and how could this be improved so that they are fit for the future?

The most sustainable and cost-effective way to deliver services is to recognise the eco-system within which social care for children sits. This wider eco-system deploys significant amounts of public funding – in healthcare and education, welfare and housing benefits; and money from charitable donations - such as food banks, housing associations, citizens' advice etc. This calls out for more place-based approaches, pooling resources in terms of staff, funding, premises etc. There is a parallel here with Integrated Care Systems in the NHS[xiv].

A collaborative approach also needs to be combined with a learning approach so that effective policy and practice can be shared and implemented effectively and in a timely manner. The All Children Thrive programme in the USA is an example of this at City and State levels.

Ultimately, trauma-informed approaches offer great promise for addressing and dealing with concerns at an early stage and with prompt and effective action, can reduce the risk of children requiring high-cost care. But these approaches need to be across all agencies – in schools, healthcare, social care, criminal justice services etc. Aberrant behaviours need to be understood as normal responses to abnormal stressors in children's lives.

7. **Accountability**: what accountability arrangements are necessary to ensure that the state can act appropriately, balancing the need to protect and promote the welfare of children with the importance of parental responsibility, and what is needed to ensure proper oversight of how local areas discharge those responsibilities consistently?

The key to accountability is strong leadership, transparency of decision-making, participation at all levels, working to an evidence base, investing in the workforce developing/implementing relevant standards and measures and creating learning systems. Workforce development is also very important especially joint training for the children's workforce so that all understand each other's roles and responsibilities.

Listening to children and young people, and the significant others in their lives should drive service improvement and learning. A rights-based approach can ensure accountability includes dialogue and co-design with children and young people[xv].

Finally, an important feature in leadership for better outcomes from children's social care is building trust across the system and rebuff the tendency towards a blame culture. The workforce needs supportive leadership to do a good job working with parents, children and young people and an enabling infrastructure around them to generate positive results.

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[i] UK Gov Healthy Child Programmes: https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning#history

See also Public Health England 2021: https://publichealthmatters.blog.gov.uk/2021/03/17/giving-every-child-the-best-start-in-life/

[ii] UK Gov Sure Start Evaluation 2011: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/198852/DFE-RB073.pdf

[iii] Health Foundation Marmot Report "Build Back Fairer" 2021: https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review/build-back-fairer-the-covid-19-marmot-review-executive-summary.pdf

[iv] See for example, Public Health Wales Welsh Adverse Childhood Experiences Study 2017 https://phw.nhs.wales/files/aces/aces-and-their-impact-on-health-harming-behaviours-in-the-welsh-adult-population-pdf/

[v] See for example, Scottish Government Trauma Informed Practice Toolkit 2021 https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/

[vi] For an extensive review of the evidence of toxic stress in childhood impacts see California Surgeon General Report for 2020 https://osg.ca.gov/wp-content/uploads/sites/266/2020/12/Roadmap-For-Resilience_CA-Surgeon-Generals-Report-on-ACEs-Toxic-Stress-and-Health_12092020.pdf

[vii] The Promise Plan 21-24 published March 2021 https://thepromise.scot/plan-21-24-pdf-spread.pdf

[viii] NHS England 2018 https://www.england.nhs.uk/personalisedcare/social-prescribing/

[ix] Family Nurse Partnership https://www.fnp.nhs.uk/our-impact/evidence/

[x] See for example, NHS Wales https://nhswalesleadershipportal.heiw.wales/leadership-principles

[xi] Public Health England Healthy Beginnings 2019 https://www.gov.uk/government/publications/healthy-beginnings-applying-all-our-health/healthy-beginnings-applying-all-our-health

[xii] See All Children Thrive California: https://act-ca.org/

[xiii] Best Beginnings, Homestart and Parent-Infant Foundation 2020: Babies in Lockdown https://babiesinlockdown.files.wordpress.com/2020/08/babies-in-lockdown-main-report-final-version-1.pdf

[xiv] NHS England 2021 Integrated Care Systems https://www.england.nhs.uk/integratedcare/what-is-integrated-care/

[xv] UNICEF UK 2014 https://www.unicef.org.uk/child-rights-partners/wp-content/uploads/sites/3/2016/11/Unicef-UK_CRP-information-booklet_14.11.16.pdf