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Public Account Committee,  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

December 2019

Dear Chair,

RE: Care experienced children and young people

NSPCC Cymru/Wales is pleased to have an opportunity to give our views in contribution to the Public Accounts Committee scrutiny session in January. Our contribution focuses on the progress made against the recommendations found in the **'Care experienced children and young people'** report, published in November 2018; specifically, chapters 2 (**outcomes**) and 5 (**Prevention and intervention**).

We welcome Welsh Government's commitment to improving the outcome of care experienced children, and we are pleased to see that progress has been made towards some of the recommendations in the 'Care experienced children and young people' report. However, recent evidence illustrates that significant improvements are still needed in Wales to best support care experienced children and young people and provide the best possible outcomes.

### Care Experienced Children - Outcomes

Recent statistics demonstrate a steady rise in the numbers of children looked after in Wales. Welsh Government's last statistical release shows that in March 2019, there were over 6,800 children looked after, a rise of 7% on the previous year<sup>1</sup>. The Nuffield Family Justice Observatory report, **'Born into Care: newborns and infants in care proceedings in Wales'**, highlighted the sharp increase in the proportion of newborns who became the subject of care proceedings in Wales; the rate has doubled between 2015 and 2018 and infants less than 1 year old comprised around 30% of all Section 31 cases in Wales.

NSPCC Cymru/Wales believes that safely reducing numbers of children in care relies on local authorities focusing their decision making on what is in the child's best interest, and robust, evidence based decisions must be made on children entering care, considering options for permanency or being

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<sup>1</sup> <https://gov.wales/children-looked-after-local-authorities-april-2018-march-2019>

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reunited with their birth families. As Justice James Munby, former President of the Family Division Court of England and Wales, argued at a recent Coram event, the state is justified in removing a child from the care of their family only when the state can provide better quality of care. This is particularly important given that, in Wales, the proportion of children in care due to abuse and neglect has remained between 65 and 68 per cent for the past five years (Bentley H. et al., 2018). These experiences can leave children with complex emotional and mental health needs, which can increase their vulnerability to abuse (Bazalgette, Rahilly, and Trevelyan, 2015; Luke et al., 2014). When the state decides to look after these children, they must robustly consider their ability to provide appropriate care, support and treatment to meet these complex needs, thus keeping in line with article 39 of UNCRC which states that children who are neglected or abused should receive special support to recover. Our concern, however, is that public sector spending does not meet the significant increase in demand for children’s social services. In NSPCC’s 2014 annual report ‘How Safe are our Children’, we noted that spending in 2012/3 had contracted back to 2006/7 levels. This delivers incredible pressure on the relationship between spending and numbers of care experienced children. This is demonstrated in the table below (fig 1):

Fig 1

Year	Annual Spending on Children’s Social Services (£ thousand) <sup>2</sup>	Total Spend on LAC services <sup>3</sup>	Number of LAC in Wales
2015	553,950	248,201 (44.8 percent)	5,610
2016	554,430	243,970 (44 percent)	5,660
2017	577,248	256,408 (44.4 percent)	5,960
2018	613,135	284,016 (46.3 percent)	6,405
2019	659,074	310,578 (47.1 percent)	6,845

<sup>2</sup> Sourced 1.12.19 from: <https://statswales.gov.wales/Catalogue/Local-Government/Finance/Revenue/Social-Services/social-services-socialservicesrevenueexpenditure-by-clientgroup>

<sup>3</sup> Sourced 1.12.19 from: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/childrenlookedafterat31march-by-localauthority-gender-age>

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Between 2015 and 2019 there has been a 22% increase in the number of children looked after in Wales, while the Children's Social Service budget has risen by 19%. Yet over the same period, spending on children looked after has increased by 25%, which leaves less for the services for children on the edge of care - children and young people who require support but do not meet the threshold for care proceedings to begin.

To improve the outcomes of care experienced children, we recommend that **Welsh Government:**

- **Invests in children:** Invest in children's services to enable local authorities to provide children and families with the right support at the right time where they need it.
- **Support children who've experienced abuse:** Help children recover from abuse by ensuring they can access high quality mental health and therapeutic services.

### **Emotional and mental health of care experienced children and young people**

We welcome the emphasis on outcomes and on mental health services and therapeutic support in the Committee's 2018 report. Research has repeatedly found that care experienced children and young people have higher rates of mental health problems than the general population. (Bazalgette, Rahilly, and Trevelyan, 2015; Luke et al, 2014). Providing a secure, caring environment can help care experienced children overcome their early life experiences. If emotional wellbeing was embedded throughout the system and all care experienced children and young people had access to the right mental health and emotional support when they needed it, both their health and educational outcomes would dramatically improve.

Wales is the first UK Government to include an assessment of mental health as well as physical health on entry into care as part of the Social Services and Wellbeing Act 2014. NSPCC Cymru/Wales worked with Voices from Care Cymru to explore how care experienced children and young people's emotional and mental health needs are being assessed and supported and launched the briefing '**Listen. Act. Thrive: The emotional and mental health of care experienced children and young people**' earlier in 2019<sup>4</sup>.

This consultation identified that care experienced children were not receiving the emotional and mental health support they need to recover from abuse and neglect. Key issues identified during the consultation include: inadequacy of mental health assessments on entry into care, access to services, training and multi-agency working.

<sup>4</sup> <https://www.nspcc.org.uk/globalassets/documents/policy/listenactthrive.pdf>

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We were pleased that Welsh Government responded to the recommendations in the consultation (see Appendix 2) by pledging to review how entry into care mental health assessments complied with legislation, and by providing funding to Regional Partnership Boards to improve mental health support to care experienced children and young people. However, these recommendations are still not fully implemented and need urgent attention if we are to improve the outcomes of care experienced children and young people in Wales. As such, we recommend that:

- **Emotional wellbeing is embedded throughout the system**
- **That care experienced children and young people have access to the right mental health and emotional support when they need it**
- **The Listen. Act. Thrive. recommendations are fully implemented.**

### Prevention and early intervention services

The recent Nuffield Family Justice Observatory report '**Born into Care: newborns and infants in care proceedings in Wales**' highlighted the sharp increase in the proportion of newborns who became the subject of care proceedings in Wales. In 2015, 43 per 10,000 newborns were subject to care proceedings. By 2018 this had almost doubled to 83 per 10,000. The report also highlighted that infants less than one year comprised around 30% of all Section 31 cases in Wales. At present and in the future, there should be a renewed emphasis on evidence based prevention and early intervention services. Professionals working with a family entering into care proceedings must ensure that parents are prepared for care proceedings at birth and have time to seek legal advice to ensure the right infants are drawn into the care system.

We welcome the Reflect Service, which focuses on working with women who have had one or more children removed. However, there needs to be more evidence based prevention and early intervention services provided to at risk groups and closer working between health and social services. We are pleased that Newport Council are delivering the NSPCC's evidence based **Baby Steps** service (<https://learning.nspcc.org.uk/services-children-families/baby-steps/>) to vulnerable parents both before and after birth. The evaluation of Baby Steps showed an improvement in relationships with babies, lower caesarean rates and higher birthweights.<sup>5</sup>

It's important for professionals to support the child's birth family, to address the problems which resulted in the child entering care. In time, children may return home to their family but even if this is

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<sup>5</sup> (See Appendix 1)

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not possible their birth family are still likely to be a central part of their lives. Since 2011, the NSPCC service centre in Glasgow has delivered a cohesive set of services which are all underpinned by an understanding of infant mental health and which seek to support the parent-child relationship. The highest profile of these is the Glasgow Infant and Family Team (GIFT); a specialist infant mental health service for young children in foster care in Glasgow. This is also being trialled in London, under the name of London Infant and Family Team (LIFT).

The IFT model uses an infant mental health approach to improve the quality of permanent placement decisions for young children in foster care as a result of maltreatment. IFT constitutes a multi-disciplinary team, made up of psychiatry, psychology, social work and others, delivering assessment and support on multiple levels for:

- Children, providing therapeutic support to help them recover;
- Birth parents, providing therapeutic support to prevent abuse and neglect;
- Foster parents, delivering support to ensure stable placements;
- Family Court in England / Children's Hearings System in Scotland, providing expert evidence to ensure robust and timely decision-making about safe permanence for children.

The model has been delivered in Glasgow since 2011 (GIFT), with a second site in London established in 2016 (LIFT).

We are currently testing the effectiveness of IFT against mainstream services in Glasgow and London through a Randomised Controlled Trial (RCT) being conducted by the University of Glasgow and funded by the National Institute of Health Research (NIHR). The BeST? Services trial aims to ascertain whether IFT or social work services as usual is most effective at improving the mental health and placement stability of children aged 0-5 who have come into foster care because of abuse or neglect. Recruitment to the trial will end in 2020, with the trial reporting in 2022.

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Considering this evidence, we recommend that:

- **Welsh Government and local authorities increase investment in evidence based prevention and early intervention services, focussing on infant mental health.**

### Returning home from care

We welcome Welsh Government's greater focus on reunification of children with birth parents, including better support for parents following the removal of a child to provide opportunities for family reunification and the additional funding that has been provided to local authorities to facilitate this. For some children, returning home from care is the best possible outcome. But research shows that for many others this can result in further abuse and neglect, with many children ending up back in care (Department for Education, 2013; Farmer, 2011; Wade, 2011). NSPCC's reunification practice framework, was created in partnership with University of Bristol, and supports practitioners and managers to apply structured professional judgement to decisions about whether and how a child should return home from care. It supports families and workers to understand what needs to change, to set goals, access support and services and review progress. We are pleased to be supporting a number of local authorities in Wales to implement this reunification practice framework.

I hope this evidence is useful in contributing to the Public Accounts Committee scrutiny session, and we look forward to hearing the outcomes of this meeting. Should you wish to discuss any elements further please do not hesitate to contact Vivienne Laing on [vivienne.laing@nspcc.org.uk](mailto:vivienne.laing@nspcc.org.uk)

Yours sincerely,

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National Head of Service NSPCC Cymru/ Wales

## Appendix 1: Baby Steps Evaluation Findings

<https://learning.nspcc.org.uk/services-children-families/baby-steps/>

The quantitative evaluation found that parents who had attended Baby Steps:

- showed an improvement in the quality of their relationship with their babies
- showed a decrease in symptoms of anxiety and depression Helping social workers make decisions on returning children home from care
- showed increased levels of self-esteem
- had a lower caesarean rate (see the [World Health Organisation's report \(PDF\)](#) on the importance of this measure)
- had babies with a higher birth weight.

(Coster, Brookes and Sanger, 2015)

The qualitative evaluations of parents' experiences of Baby Steps found:

- parents were very satisfied with the programme and enjoyed it
- parents felt they had acquired new knowledge, which had prepared them for pregnancy and parenthood
- parents felt the programme had a positive effect on their relationship with their partner
- parents felt that the programme had made them feel secure and supported
- groups of parents who had less access to other forms of information and support, including parents in prison and those from minority ethnic groups, particularly benefited from Baby Steps.

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(Brookes and Coster, 2014; Brookes and Coster, 2014; Brookes and Coster, 2015)

## Appendix 2: Listen. Act. Thrive

<https://www.nspcc.org.uk/globalassets/documents/policy/listenactthrive.pdf>

The recommendations in this included:

- An expert panel from the Together for Children and Young People, Early Intervention and Resilience Workstream should work with the Welsh Government to:
  - Review how emotional and mental health of care experienced children and young people is currently being assessed.
  - Develop a comprehensive emotional and mental health assessment framework which will include an evidence based assessment of need.
- Regional Partnership Boards should fund dedicated CAMHS resources for care experienced children and young people.
- Care experienced children and young people must be involved in the planning of improved mental health services.
- Local authorities as corporate parents, health, social services, and education, should work together to provide a joined-up approach to emotional and mental health services and support to care experienced children and young people. Training should be provided to adults working with care experienced children and young people so that they have the skills and confidence to respond to emotional and mental health needs. Care experienced children and young people should also be offered access to emotional wellbeing services like yoga, outdoor activities, mindfulness, and painting.

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