

North East Submission to the Independent Review of Children's Social Care

2021

North East ADCS
Leading Children's Services



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Introduction

The North East is a beautiful and interesting place with many strengths as well as challenges.

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Because of our history and circumstances, we are often first to feel the impact of economic and social change, no more so than with the impact of the Covid pandemic, which is now exacerbating the challenges of day-to-day life for many people in our communities.

Exceptional levels of poverty in the North East are driving dramatic rises in child protection intervention and the number of children in care. The cost of this cannot be afforded. Exacerbated by reductions in government funding, spending on early help has reduced at a time when it has been most needed. This vicious cycle can only be broken by different ways of working, backed up by adequate investment.

This report sets out how we, the 12 directors of children's services in the North East, think the current system needs to be changed to make it work better. We recognise the overall findings of the Case for Change report. But our view is that it is not so much that the system is broken, it is more that the way in which it's being used, and the strain on relationships across the system, nearly break it. The 1989 Children Act remains a sound basis for what we need going forward, but we need to re-capture the spirit of that Act and to reclaim its central tenet, to support children and families in local communities.

Our contribution to this review is driven by our passion and is rooted in our deep experience of making complicated systems work. We have focused on the issues that are most important for us, in the knowledge that this will resonate with many other parts of the country, particularly outside of London and the South East.

Our report does not elaborate where the need for change is already well made, such as in children's mental health; or reiterate views which have already been better articulated by others, such as by those with experience in the sector¹. We have been selective in the issues we address, driven by the things which we feel can make the biggest difference.

We take inspiration from the proud history of the North East in getting the people's voice heard by government and hope to continue that tradition through this contribution.

Our passionate sense of shared purpose and strong collaboration can bring about a radical change in ways of working. We hope our region can be instrumental in further developing these ideas and building a better future for our children.

☺☺ **It is good to stand together and make a change.** ☺☺

North East Regional Children in Care Council member

Because of our history and circumstances, the North East is often first to feel the impact of social change, no more so than with the impact of the Covid pandemic, which is now exacerbating the challenges of day-to-day life for many people in our local communities.

Executive summary

The numbers of children needing intensive support, including those in care, are not sustainable in the North East or nationally. More importantly, the current arrangements do not serve families well and do not lead to the best outcomes for children. There is a clear imperative for change.

Levels of poverty in the North East are driving continuing rises in child protection intervention and the number of children in care. Spending on early help has reduced at a time when it has been most needed. This vicious cycle can only be broken by different ways of working, backed by adequate investment.

National measures to reduce poverty, focused on raising family incomes, are needed to break the cycle of deprivation which is driving concerns about child welfare. Alongside this, local authorities need adequate funding to provide early help for families in communities. These two significant contextual factors should be addressed by the independent review of children's social care.

Post pandemic it is vital that social regeneration and economic regeneration are both placed at the heart of rebuilding communities. The 'levelling up' agenda must focus upon building family resilience and social capital in communities, to enable self-sufficiency and mutual aid.

Directors of children's services want to see a paradigm shift away from an interventionist, binary (in care or out of care, child protection or not child protection) system, towards one with emphasis on community and collaboration with families. A continuum of support to enable professionals to stand alongside parents and help them through difficulties is needed, with child protection, in its widest sense, integral to the offer.

This requires capacity across professional networks to 'hold' risk in families where children's needs are not being met, together with realignment of policy at national level and the targeting of resources from all public agencies towards this end. A long-term cross government strategy for early help for families must be developed with cross-systems incentives for collaboration, including pooled budgets.

It is essential that we develop a more diverse and better skilled children's workforce across the spectrum of social care roles including family support, youth work and residential and family care. New flexible and hybrid specialist roles can bring together knowledge and skills across professional boundaries to support cross-agency working. Oversight of workforce sufficiency and regional support to drive wider workforce development is needed.

Children's social work must be better promoted, and a coherent post qualification framework should be developed with local authorities and teaching partnerships. This would improve practice, retain staff at the front line and improve professional status.

A radical rethink is needed of arrangements to provide safe and loving homes for children who cannot live with their birth family. The dysfunctional 'market' for children's residential care must be dismantled or radically overhauled and profit-making eliminated or capped. Capacity to actively manage regional markets and improve commissioning is a priority. Government must invest in more local provision.

About the North East

The North East is home to over 2.6 million people and 12 local authorities. It is a compact area; you can drive from one end of the region to the other in a little over two hours. But the local authorities vary greatly with small unitary authorities, two large counties, substantial cities and coastal towns.

The North East is not as ethnically diverse as other English regions with 93.6% of the population being White British (2011 census data). The region has the lowest proportion of any English region of children (both primary and secondary age) who have a first language other than English.”²

There are geographical boundaries which create a separation from Cumbria, North Yorkshire and Scotland making the region feel more self-contained and distinct. Known for its industrial history and capacity for invention and innovation, this is an area with a strong sense of regional identity and pride and a shared sense of ‘place’. Family networks are strong and local community is valued.

However, the region continues to face significant challenges stemming from deindustrialisation and deep-rooted socio-economic disparities within the UK. Compared to other English regions the North East has the lowest life expectancy at birth, higher levels of economic inactivity and the lowest gross weekly pay.³ Children and young people in the North East experience poorer health outcomes across a range of indicators, compared to other regions⁴.

With deprivation being the main single driver of demand for services⁵ understanding the socio-economic context in which children’s social care services are delivered in the North East is fundamental. Families in the region are affected by longstanding and significant levels of inequality and disadvantage, with the North East consistently having the highest proportion of school-age pupils eligible for free school meals⁶, the highest proportion of children living in low income and material deprivation⁷ and the highest proportion of children living in families with no or little savings to shield them from economic shocks⁸.

Even before the Covid pandemic, after a decade of austerity, the picture in the region was deteriorating markedly, with the steepest increase in relative child poverty (after housing costs) between 2014/15 and 2019/20 - rising from 26% to 37%. This is compared with a UK-wide increase from 29% to 31% and means that the North East has gone from having a child poverty rate just below the UK average to the second highest of any region or nation in just five years. Of the 20 local authority areas across the UK which saw the sharpest increases in child poverty from 2014/15 to 2019/20, North East councils account for 12 places. Hirsch and Stone suggest the growth in child poverty in the North East is “likely to be influenced in particular by the presence in the region of a large proportion of low-paid workers who had only been just above the poverty line, and were pushed below by the freeze in their in-work benefits.”⁹

🗣️ **Poverty is stark, shameful and obvious. Life chances are blighted. I’ve worked in a number of local authorities all over the country, but I’ve never worked anywhere where poverty is as bad and life chances so poor.** 🗣️

North East Director of Children’s Services

“Poverty is stark, shameful and obvious. Life chances are blighted. I’ve worked for a number of local authorities all over the country, but I’ve never worked anywhere where poverty is as bad and life chances so poor.”

North East local authorities are not unique in feeling the impact of funding cuts and cost pressures over the last decade. In 2018 the National Audit Office (NAO) reported Government funding for local authorities had fallen by an estimated 49.1% in real terms from 2010-11 to 2017-18¹⁰. The Local Government Association estimated that by 2020 local government in England would have lost 75p out of every £1 of the government revenue support grant that it had to spend in 2015¹¹, with councils facing a £3.1 billion funding gap for children’s services by 2025¹².

Funding cuts have had a greater impact in the most deprived areas of the country, including the North East, due to disproportionately higher cuts and the impact on spending power. In 2018, the NAO published figures for the change in real terms spending power from 2010 to 2017/18 for individual councils and regions, which show that, while the average reduction in spending power was -28.6%, the reduction in the North East was disproportionately higher at -33.6% and the reduction in the South East was -22.2%.¹³ This gap has further widened in the last two years.

Some sub regional shared approaches to tackling the impacts of deprivation, through the combined authorities and other arrangements, build upon the strengths of local identity, harnessing community resourcefulness to drive regeneration. The shared sense of “place” is key. But there is much more to be done if social wellbeing as well as economic prosperity are to be restored.

Children's Services in the North East

Directors of children's services are in no doubt that the challenges for the social care system are significant and the North East often finds itself in the spotlight, most recently following the publication of the Nuffield Family Justice Observatory report on new born babies in urgent care proceedings.¹⁴

The gravity of the situation is undeniable. The North East has the highest rate of referrals to children's social care of any region, significantly higher than the national average. The region now consistently has the highest rate per 10,000 population of statutory involvement of the English regions, including the highest rates of Looked After Children (LAC), Child Protection Plans and Children in Need (all open referrals). The rate of Children in Care in the North East increased at a greater rate than in any other region between 2019 and 2020, with every local authority having a rate that is above the national average.¹⁵

A gap between the North East and other regions has emerged in recent years and is seen most starkly in relation to rates of children in care. Since 2009 the North East has seen a 77% increase in its care population. Inner London has seen a 25% reduction over the same period.¹⁶ However, with the exception of London, the North East trends in service demand are replicated across other regions, just not at the same scale or pace. Colleagues in regions such as the North West and West Midlands, which share many of the underlying contextual challenges, are grappling with the same issues.

It is undoubtedly the case that in some authorities in the North East there are more children in care than anyone would want to see. Historically there has been disruption created by a loss of professional confidence surrounding adverse inspections, which has led to risk averse practice in some places. But there are positive signs from more recent inspections which point to good practice in areas already recognised as strong and continuing improvement in those where it is required. Overall, the region has strong capacity to improve and some excellent examples of practice innovation.

👉👉 I'm not doing well 'for being in care', I'm doing well because I'm in care.👉👉

North East Regional Children in Care Council member

It is clear that attributing high numbers of children in care solely to historical practice is too simple and ignores the complex system-wide factors underpinning this data. North East authorities judged outstanding and good all have above average levels of activity across the system. Something more complex is going on in the North East, as well as elsewhere in the country, which is driving this upward trend.

There is strong and growing evidence that deprivation is a significant driver of demand for children's social care services¹⁷ and North East directors of children's services believe this is a critical part of the region's story.

Key themes

The North East is home to over 2.6 million people and 12 local authorities. It is a compact area; you can drive from one end of the region to the other in a little over two hours.

But the local authorities vary greatly with small unitary authorities, two large counties, substantial cities and coastal towns.

The following sections explore the six key themes identified by directors of children's services in the North East as presenting the most challenges and therefore offering the most opportunity to improve support and care for children and families. Recommendations are set out for each of the themes: early help, partnerships and collaboration, children's workforce, care markets, Ofsted regulatory framework and court system and family justice.

Early Help

Summary

If families can be helped earlier, savings can be made and more importantly, unnecessary harm can be avoided. A paradigm shift is needed to replace an interventionist, binary system with a graduated continuum of early help, from universal support to targeted help for children at risk. Child protection in its widest sense must run through the offer. More needs to be done to support youth. A long-term cross government strategy for early help for families, which recognises the impact of poverty and deprivation, is needed together with realignment of policy at national level and targeting of resources through all public agencies towards this end. This should be central to post Covid levelling up.

Key challenges and proposals

In many parts of the North East, pressure on spending for preventive services has left a relatively small core offer, largely funded by the Troubled Families (now Supporting Families) Programme. In some places, there has been protection of early help at the expense of other council services, but overall capacity is poor and often fragmented. As we move out of the pandemic there is an imperative for social regeneration to be at the heart of rebuilding communities. The levelling up agenda must focus upon building family resilience and social capital in communities, to enable self-sufficiency and mutual aid.

Selective short-term grant funding of services by government makes long-term innovation and planning difficult. And some opportunities are only available to selected areas, for example, the Strengthening Families programme, which is showing good impacts in four areas in the North East. Too often this means that authorities that are already doing well and have the capacity to write funding bids, are winning the extra funding and competing with each other in the process. This is creating a pattern of small-scale piecemeal services. A comprehensive approach to implementing and rolling out good practice is needed which is available to all local authorities.

As cited in the recent National Children's Bureau²³ report there is a growing body of evidence from Webb and others indicating that sustained investment in early help and preventative services is effective in reducing rates of children in care and keeping children safe in their families. A cross-government programme of investment through the police, health, schools and councils should identify specific pooled funding to support families and children in local communities.

A model for early help

Directors want to move away from the current interventionist, binary system, towards community and professional partnership in collaboration with families. Earlier help will make savings, but more importantly avoid damaging children's lives by unnecessary intervention. A graduated continuum of help is needed, from universal support though to targeted help for children at risk.

Better universal, non-stigmatising support for all families at a local level needs to be the foundation of this offer. Such support can pick up problems early, for example helping parental mental wellbeing, promoting positive parenting and being a source of the advice most parents need. Access to such help can prevent problems escalating.

Easy access to targeted help for families facing particular challenges is needed, such as those caring for a child with a disability or dealing with challenging child behaviour. With the right help young children can be supported safely with their families and where relationships have broken down, teenagers can be helped to stay living at home, avoiding the need for care. This type of help needs to be available for as long as it is needed. The need for repeated or long-term help should not be regarded as a failure if it gives the best outcomes for children. Sometimes families might require support from generation to generation. The workforce implications of stronger partnership working, which 'hold' risk where children's needs are not being met, are discussed in the workforce section of this report.

👉👉 **The view that good intervention leads to problems 'going away' is pervasive. The reality is that some families have a myriad of complex problems which cannot easily be resolved by social work intervention.**👉👉

North East Director of Children's Services

👉👉 **You're the only professional I've ever felt comfortable to open up to and I think that's why me and the children have made such good progress this time.**👉👉

North East parent with a history of statutory social care involvement to an early help worker

Intense support at times of crisis or on the "edge of care" can help to avoid unnecessary admission to care and promote reunification. A range of flexible models is needed, including shared care and in some cases long-term help. Work using the 'no wrong door' approach in the North East has demonstrated the value of this type of support, which can also reduce the need for care.

But most importantly this range of early help support must be flexible and the notion of child protection in its widest sense must run through the offer. Instances will arise from any part of these arrangements where a child is in danger or at risk, so the need to intervene to protect a child must remain an intimate part of the overall approach.

👉👉 **Family lives have peaks and troughs and the situation can move from early help to safeguarding and back again. It's the nature of what we do. Families bouncing in and out of different systems is the worst possible experience for them.**👉👉

North East Assistant Director of Children's Social Care

Families do not switch from presenting a risk one day and not the next. And providing help to change behaviours and manage risks is not the sole province of specialist child protection interventions, it runs as a thread throughout all work with children.

Shared investment will be needed to stimulate a change in the balance of spending across the system. National funding should be channelled through partner agencies or through pooled arrangements like the Better Care Fund model in adult social care. Making this investment will, over time, release resources currently tied up in various forms of expensive 'late intervention' services. A better-balanced system where fewer children need to be in care is more sustainable.

Schools at the heart of communities

Schools and colleges have a central role to play and schools know, and are trusted by, children and families. As we saw during the pandemic, they can be at the heart of communities delivering multi-agency responses via the school's front door. Engagement in education is a protective factor for children. Early evidence from placing social workers in schools in the North East points to reducing demand in social work teams.

🗨️ **In 24 years of teaching, having a social worker in school is the best thing we've ever done.** 🗨️
North East secondary headteacher

Explicit government direction is needed to make early help a part of core business for all schools, who are important partners in carrying system responsibility for children. There is so much more that schools could potentially do if funding was targeted into them.

The role of health services in early help

Universal early help addresses aspects of health inequalities, especially in the early years. The loss of health visitor and school nursing capacity in many places makes this harder. Public health support through, for example, Family Nurse Partnerships and the 'Best Start in Life' programmes has a valuable part to play, especially following multiple periods of lockdown when babies and young children have lost so much socialisation and play.

Public health approaches also offer a whole systems way of tackling alcohol and domestic abuse. Domestic violence is a very significant factor in child welfare concerns and can be perpetuated through families across generations.

🗨️ **I worry that levels of violence and abuse are so endemic in some of our communities that it is not even recognised as a problem. We are dealing with a lot of violence in families - children to adult violence as well, this is learned acceptable behaviour.** 🗨️
North East Director of Children's Services

Mental health is still the most significant area in which more help is needed both for children and for adults. Parental mental health problems often underlie issues of child neglect and abuse, making this an important priority for health commissioning. Further investment is still needed in both child and parental mental health and should be a priority for the new Integrated Care System.



A better youth offer

A graduated cross-agency youth offer is needed. Crime linked to substance misuse has risen and we are seeing more younger children using drugs, with cases of 13-year-olds heavily immersed in drugs culture and subject to criminal exploitation. At the same time spending on youth support has been reduced by austerity measures.

Too often we are reacting to the behaviour of teenagers and not looking at what lies behind it. Improved understanding of the impact of adverse childhood experiences and trauma and approaches that work to positively impact on behaviour change are needed. This has implications for workforce development, which are explored later in this report.

There are growing concerns about the risks that young people are exposed to outside of the family. New approaches based on 'contextual safeguarding' are welcome but need further development as part of a graduated cross agency youth offer. More can be offered by youth workers and the highly skilled and professional workers in youth offending teams. Youth work can play a crucial role in reducing demand for social care intervention with teenagers and diverting young people from crime.

The police also have an important role to play in working with young people, including diversionary youth work. It would be helpful for the police to invest their funding for additional officers in working collaboratively with youth.

There is also scope to work with the third sector more effectively to improve early help. Families are more likely to trust and respond to people from within their communities and third sector organisations often bring creativity and flexibility.

- 🗨️ **We have collaborated with a charity to set up a school offer including therapeutic support. Because of the charity's independence they were much freer to try new things. It was a different and refreshing attitude. 🗨️**
North East Director of Children's Services

Recommendations

- A paradigm shift is needed, away from an interventionist, binary system to one of partnership with families in local communities. A long-term cross government strategy for early help and prevention is needed, which puts investment in people and social regeneration alongside economic regeneration at the heart of the levelling up agenda. Cross-system investment is needed to back this up.
- Funding for early help must shift from grant-based short-term initiatives to long-term investment. A bolder approach to the roll-out of good practice across the country should be available to all local authorities.
- A graduated cross-agency youth offer is needed which addresses potential criminal exploitation and safeguarding through a 'contextual safeguarding' approach. An enhanced role for youth workers and embedding the remit of youth offending teams within a new broader youth provision would support this approach.

Partnerships and integration

Summary

Children's social care cannot meet the needs of children and families alone. Tackling issues like domestic abuse, mental ill health and substance abuse require collaboration with the police, health, schools and others. National policy needs to drive more integrated working. There should be a statutory duty for local authorities, health, the police and schools to collaborate to meet the early help needs of children in their local area. Children's needs must be given greater priority in the NHS and must not get lost in the Integrated Care System reforms.

Key challenges and proposals

In the North East, children's social care currently operates within a broad and complex array of partnership systems. Some work well, some less so. Too often agencies have different priorities that pull in different directions and, too often, children's social care services are left to resolve a crisis in isolation, without the meaningful engagement of partners.

There is less national emphasis than for adults on developing integrated approaches across partnership systems. Whilst there are good examples of multi-disciplinary working on the ground, for example in early help, schools, MASH and youth justice, it is a mixed picture and there is insufficient integrated planning at strategic level. The lack of a common practice culture also hinders effective partnership working and different priorities cause fragmentation in the system at local, regional and national level.

A duty to collaborate

There should be a statutory duty for local authorities, health, the police and schools to collaborate to meet the early help needs of children in their local area. National policy direction should commit statutory partners to integrated working based upon Health and Wellbeing Boards, in order to ensure focus on the needs of local populations and accountability to local communities. Agencies should be held to account on partnership working by regulators.

The skills that are required to lead partnerships are different from those required to lead individual organisations. Investment in local systems development across agencies is required for successful partnership working. Middle leaders play a particularly important role, joining up shared policy with front line delivery. Creating the opportunity to develop shared understanding and common purpose is essential.

Health priorities

The NHS needs to intervene early to prevent children and young people with complex physical and mental health problems escalating to crisis point. It is too often the case that children's social care services are the only agency with consistent involvement with a family and they are left to step in to provide a service because the NHS has been unable to do so.

🗣️ **Mental health services are struggling. We recently had a meeting with health to talk about tier 4 beds. It's estimated that we need 120 beds for the region and we actually have 70. This means that you can't get beds for children who need them, and young people are remaining in the care system or coming out into it as an alternative. That creates great difficulties.** 🗣️

North East Director of Children's Services

🗣️ **There is not enough capacity in tier 4 beds which is driving some of our placement challenges and some of the unregulated arrangements. Other parts of the system can say they are full or that someone doesn't meet their criteria. The local authority can't say no.** 🗣️

North East Assistant Director of Children's Social Care

NHS commissioning does not prioritise or invest sufficiently in children's provision. Continuing health care for children is difficult to access and the lack of timely and appropriate mental health support for children and young people often means that inappropriate services are left bridging gaps and residential placements are struggling under pressure. For too many young people the transition from child to adult health support does not work well and often creates an avoidable pressure point in their life. Increased recognition of the importance of very early years is not matched by investment. A life course approach to commissioning NHS services is needed which recognises children and young people as equals.

The current NHS White Paper²⁴ is very light indeed regarding the health needs of children, reinforcing the sense that children and young people are not a priority for the Integrated Care System. The implementation of the White Paper would create the North East and North Cumbria Integrated Care System, the largest in the country, covering 13 Health and Wellbeing Board areas. It is vital that children's priorities don't get lost in these large and complex governance arrangements. The NHS re-structure must improve NHS services for children in the North East and across the country.

The role of schools

There are many local examples of successful partnership working with individual schools. However, wider system engagement is problematic because of the fragmented nature of the school system. There is a pressing need for an appropriate mechanism to collectively engage schools in cross-agency support for children and families and at policy level. And it is vital that individual schools can focus on children's overall wellbeing and welfare as well as school improvement.

The critical role of schools in early help is explored earlier in this report. For children in care, the Virtual School Headteacher plays a powerful role. However, the fact that schools are not a statutory partner in local multi-agency safeguarding arrangements, coupled with the complex arrangements for the oversight of schools, can make it hard for individual schools to know how they fit into multi-agency arrangements at a strategic level. The recent review by Sir Alan Wood highlights this problem and suggests:

🗣️ **More can and should be done to ensure head teachers and designated leads in schools can work more effectively with the local arrangements and, where possible, feed in a consensual view from the broad range of schools in any area.**²⁵ 🗣️

Sir Alan Wood

Directors of children's services in the North East would go further. A clear vision for schools focussing on mental wellbeing and inclusion, underpinned by trauma-informed and restorative approaches is needed. Regional Schools Commissioners should assure school's early help, inclusion and safeguarding roles for the schools they oversee and be partners in the Local Safeguarding Partnerships.

● **Mental health services are struggling. We recently had a meeting with health to talk about tier 4 beds. It's estimated that we need 120 beds for the region and we actually have 70. This means that you can't get beds for children who need them, and young people are remaining in the care system or coming out into it as an alternative.** ●

North East Assistant Director of Children's Services

Children's workforce

Summary

Sufficient well-trained and supported staff are needed to grow a wider workforce which can underpin new practice. More fluid roles which build flexible cross-agency and cross-profession working should support a system shift towards earlier help. Some roles, such as youth workers and schools-based staff have been squeezed out during austerity. Current national attention to workforce issues is too narrow and too piecemeal. National oversight and government investment is needed. Regional Improvement and Innovation Alliances should be funded to deliver training and development and oversee sufficiency. More needs to be done to equip social workers for a modern role and to support recruitment and retention.

Key challenges and proposals

There is not much movement of staff in or out of the North East, but a very mobile workforce within the region. As is the case nationally, struggling authorities offer incentives, meaning that social workers move, disrupting relationships for children and generating shortages elsewhere. This is due to an overall insufficient number of staff. Recruitment and retention of experienced social workers is a particular issue.

The current system is over-reliant upon qualified social workers who are not always needed for every role. A teenager involved with drugs and vulnerable to exploitation, a child whose parent has poor mental health or a young parent struggling with a new baby can be helped by a wider range of staff. Youth workers, family workers and others, can work alongside families, potentially for a long time, providing hugely valuable help. A broader range of roles, properly trained and supported, is needed to enable a shift towards early and longer-term help.

Family support at the front line

More innovative and flexible family support roles are needed. National accreditation for frontline practitioners in integrated practice could build on more fluid roles. This has already been tested in the region, with 'family partner' roles in early help teams, and hybrid residential and foster care roles in 'no wrong door' arrangements. Such staff also need to be equipped with relevant specific knowledge and skills, for example, therapeutic training. A graduated professional offer is needed which develops more multi-dimensional roles, to support partnership working at every level, and create flexible career pathways for social care staff. Regional Improvement and Innovation Alliances could provide oversight of workforce sufficiency and drive wider workforce development, if funded to do so.

Care roles

There is a national blind spot in relation to the residential workforce. Yet it is here that the biggest impact on the lives of children in care is felt. Care experienced people tell us how much the quality of these relationships with their carers matters to them.²⁶

🗨️ **We are not investing in recruiting, retaining and developing the residential workforce in a meaningful way, but expect them to manage increasingly complex young people. We are not preparing people to work in those environments in a way that is sustainable.** 🗨️

North East Director of Children's Services



A concerted national approach is needed to develop a comprehensive programme for staff who support children where they live, including residential staff and foster carers.

Wider workforce

There is a surprising lack of knowledge about children in care and their needs across the wider children's workforce, including in schools. Many teachers don't have an understanding of trauma-informed practice and restorative approaches. Initial training across different professions needs to prepare teachers, the police, those in health roles, and others to deliver better informed help for children where there are concerns about welfare. Joint training also develops language and frameworks and enables people to work together better, helping to promote a shared culture for collaborative cross-professional working.

Social work

There continues to be unacceptable variation in the quality of newly qualified social workers, who are not sufficiently equipped to deal with the mixed market of providers or partnership working, including with schools. Higher Education Institutions (HEI) sometimes have an unhelpful focus on generating income and less concern about the quality than is needed. The social work curriculum and induction of newly qualified social workers should be updated, and there needs to be a greater focus on working in partnership with other professionals and communities as part of continuous professional development (CPD). This is likely to need investment.

There is still concern that social work is seen as a second-class profession, exacerbated by public blame and media criticism. A national approach to raising the profile and status of children's social work is needed and could contribute to celebrating our workforce more. Higher standards and better CPD should be developed over time and incorporated into registration requirements by Social Work England.

Career pathways for social workers are not as well described and promoted as they are in teaching, where a range of roles exist forming a career structure with well-developed pathways. National support for management development is welcome, but piecemeal. We all know we stand and fall on the quality of our first line managers but investment at every tier of management in the whole pipeline of talent is needed.

Not every social worker wants to, or should, progress into management. We need to retain good quality, experienced social workers in front line roles. Senior practitioner roles have proved helpful. Developing a range of specialist roles could add additional skills as well as help with retention. There is scope for HEIs to offer much more post-qualification training and development.

Recommendations

- A more diverse and better skilled wider children's social care workforce is essential to underpin new practice. Regional Improvement and Innovation Alliances should be funded to enable training and development and to oversee sufficiency.
- An integrated workforce is needed with new fluid and hybrid roles to deliver early help and enhance cross-system professional working. Accreditation for frontline practitioners should be developed and cross-agency training encouraged.
- The social work training curriculum should be updated and clear career pathways for both management and senior and specialist social worker roles designed. Higher standards for CPD should be set and incorporated by Social Work England.

“We are not investing in recruiting, retaining and developing the residential workforce in a meaningful way, but expect them to manage increasingly complex young people. We are not preparing people to work in those environments in a way that is sustainable.”

North East Director of Children’s Services

The North East picture

North East local authorities spent over £150m with 290 providers in the independent sector in 2020/21, yet current residential care provision is not sufficient or flexible enough to meet needs. The uneven spread of residential provision, in the main based on property prices, creates substantial geographical challenges and it is exceptionally difficult and sometimes impossible to match a young person's needs to available provision. Most of the North East provision is a standard longer-term residential care offer in four or five bed homes, whereas the greatest demand is for more specialist, low-volume provision. Some places in the North East have an oversupply of standard residential care, but still experience shortages for local children.

There are specific gaps in specialist / low volume provision for:

- Emergency and temporary care
- Specialist placements (including respite)
- 52-week residential and specialist education and care
- Preparation for return home/step down from secure/residential to foster care
- Sibling-group placements
- Complex behaviour / learning disability / autism /disabled children and young people
- Provision for 16/17 year olds
- Parent and child placements (including assessment)

More provision is needed overall. A complete rethink of the residential system is required to provide flexible responses to meet the needs of children and young people. For some young people residential settings are the right place to meet their needs, but we increasingly require bespoke provision that doesn't exist. There is also a worrying trend of residential providers 'cherry-picking' the young people they will accept and even worse, the termination of placements with immediate effect, leading to very damaging consequences for children.

Fostering provision

In terms of fostering provision, Independent Fostering Agencies (IFA) compete with local authorities (and indeed local authorities compete with each other) in relation to recruitment of carers, but with a broad set of commercial advantages. Competition drives cost in the system and there is little or no evidence of the tangible benefits of this model. The review should examine whether it would be better for all foster carers to be aligned to the local authority in which they live or consider other options to have a single co-ordinated approach to recruitment and retention. This will remove the costs of competition and profit so they can be redirected to support outcomes for children and young people.

Commissioning

Regional arrangements for commissioning are in place, but are not proving effective enough and there is little or no incentive for providers to participate in commissioning framework agreements. The bulk of spend continues to be off-framework (more so in residential than in fostering placements), with providers not needing to engage in commissioning approaches. Placement-costs and Ofsted matching requirements can make block contracting less feasible. Greater system capacity and capability for market management needs to be developed. There are lessons to be learned from adult services where the duty to ensure sufficient provision, coupled with better developed approaches to quality oversight, enable more dynamic relationships with the independent sector.

Approach to regulation

When there are problems in a home, the first response from Ofsted can be to require a young person to be moved when this should be the last thing that is considered. Recently an experienced registered manager said it was harder to manage the interface with Ofsted than the challenging behaviour of a child he was trying to support to stay in his home. The reaction to risks with individual children feels disproportionate.

- 🗨️ **There was an instance in one of my children's homes where the grading went from inadequate to outstanding, and when I asked the inspector why, it was entirely to do with the fact that a single young person with challenging behaviour was no longer resident.** 🗨️

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Implementing the 'no wrong door' approach in the region has shown that Ofsted can be supportive, in an enabling role, getting alongside services to do the right thing for children. New ways of regulating support have been designed, especially around neglect, providing flexible help which is far more long-term. Ofsted can support new ways of working collaboratively.

No one disputes the need for careful regulation, but the impact on the wider system, including supply of placements, does not seem to be recognised. Ofsted registration is a barrier to entry for residential children's home providers. Ofsted has a positive role to play which is supportive of developing the additional capacity that is needed to better meet the needs of children.

Who and what to regulate

The current approach to regulation is overly focussed on buildings, with a black-and-white approach to compliance, making it particularly hard to place children with complex needs.

Many adolescents entering care have complex, over-lapping health and social care needs requiring a tailored multidisciplinary support response. This is particularly true for the cohort of young people on the edge of hospitalisation (tier 4 mental health services), criminalisation, or who are in need of a welfare secure placement. A change in the regulatory framework to make it more flexible to respond to children's needs is essential.³⁰

It would be better to regulate the quality of providers not buildings, with the focus on meeting the needs of the child. The biggest issue for a new provider is finding a suitable building and then the length of the process to get registered.

- 🗨️ **We created a bespoke placement for a 14-year-old with severe mental health issues. We have the lease on a suitable property and good staffing. It's working really well for him. But it's going to be 12 months before it's registered, so we will be keeping a young person in illegal unregistered accommodation for all that time.** 🗨️

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- 🗨️ **I'm refurbishing the building for respite care. I have the same children, the same staff and am providing the same support. But I'm waiting months for building approval in order to renew registration - it's ridiculously detailed and seems unnecessary.** 🗨️

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Unregulated care

Unregulated care is a complex issue. It is important to be clear about the range of children and circumstances that we are referring to when we use this phrase. There are concerns about:

- Provision for children who may not need or want full time care. The supported accommodation market is not currently regulated, and quality is variable
- Children who need care but for whom no placement can be found. The only option is to develop bespoke arrangements, which are unregulated. Oversight and responsibility rests with the local authority, but not within a formal framework. The local authority is exposed to potential criticism, or even prosecution, whilst trying to do the best thing possible for the child concerned
- Young people over the age of 16 who professionals feel need care, but who won't accept it

🗨️ **Do I think a 16-year-old should live in supported accommodation? No.**
Would I want my child living in unregulated supported accommodation? No.
But some children do benefit from this provision. What we need is a properly nuanced approach to ensuring that regulation is applied to this range of circumstances in a proportionate way. 🗨️
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The test should be whether a set of arrangements is safe and is meeting the child or young person's needs.

Children in care should not be living in unregulated settings but it is not possible to consider the issue of unregulated provision without addressing the deficit in placement sufficiency. Our key challenge is not the existence of semi-independent provision outside of the regulatory framework, it is lack of provision of all types that are able to give a safe, loving and nurturing environment for children and young people. The complex challenges we face need a far more nuanced response.

Recommendations

- Young people's needs must be a clearer driver for regulation. An overhaul of the children's regulatory system is needed in the light of more flexible working with families and to encourage both supply and diversity of care settings for children.
- Ofsted should collaborate with the sector to better understand the impact of regulation on practice and to remove unnecessary barriers to creating services without compromising standards. The provider should be registered rather than the building.
- Regulation of supported living and care settings should reflect the continuum of arrangements needed for young people and should be proportionate whilst not diluting standards. Care should always be in regulated settings.

● The lack of time for thought, because of pressure of time for everyone, is driving a culture which is legal threshold driven and which can lose focus on the needs of families - just because the threshold is met it doesn't mean the legal route is the right one. ●

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Court system and family justice

Summary

We need to rethink how we use our legal system and build better collaboration. Court processes currently force binary decisions, when the reality for many families is more complicated, as risks are not static and vary over time. Coupled with an apparent lack of confidence in the professionalism of social workers, this is driving an overly cautious approach. If we are to shift the balance towards supporting families, this will mean less court intervention. We need to be clear about when the state should be intervening in family life and develop a stronger understanding with the courts about what care is for. We should reclaim the spirit of the 1989 Children Act.

Key challenges and proposals

Directors in the North East feel strongly that reclaiming the spirit of the 1989 Children Act should underpin a refreshed relationship between the state and families where there are potential concerns about child welfare. We must make real the intention of the act to ensure early support to families who need it.

It shall be the general duty of every local authority to safeguard and promote the welfare of children within their area who are in need; and so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.

Section 17 of the Children Act 1989

Demand in the North East has risen steeply and levels of court activity are not sustainable. The steepest rise is in relation to young children and babies which is already a focus for regional work. The sheer volume of activity in the court system is compromising its effectiveness.

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There should be more focus on pre-proceedings and alternatives to court and there need to be better ways of managing risk. Authorities in the North East using the Leeds 'Family Valued' model find it is helping them to think differently.

Better collaboration

Shared evidence and a shared narrative are needed to inform collaborative working amongst all key players at court area level. A strategic overview of the dynamics within the system is needed. The court liaison committees are useful, but these judge-led arrangements are not currently equipped to take a whole-system view.

Monitoring information does not currently reflect outcomes, focusing instead on process, because of historical difficulties with timely progression. This is also reflected in the otherwise helpful Nuffield Family Justice Observatory³¹ analysis, which does not consider outcomes. Analysing data on the outcomes of proceedings at a regional and national level would create the opportunity to understand overall patterns in the court process and highlight professional trends and issues.

It is also important that all in the court system can learn from practice. There can be a stark cumulative impact from individual judgements. So, for example in the North East:

- The focus in one court on reducing repeat proceedings has led to more care orders made where the plan is for the children to live at home
- In another court numbers of repeat proceedings have risen because of the court avoiding proceedings extending beyond the 26-week target
- Rules of thumb applied by court to limit the length of the use of Section 20, are driving the issuing of proceedings earlier, which can hamper the ability to work alongside parents for longer when needed
- There is anecdotal evidence that the reduction in legal aid is pushing cases from private law courts to public law courts, to facilitate legal representation of parents in dispute. It cannot be right that we are using public law to decide that a child moves from living with one parent to living with the other

The role of guardians also has a direct impact on practice. At worst, some guardians see themselves as wholly autonomous and have become ‘critics’ of the system. At best, there is a more collaborative role, which does not compromise independence.

The adversarial nature of the court process can lead to unnecessary antagonism between professionals and families, which can undermine relationships which have been built with parents.

Support for realistic parenting

Attention needs to be given to thresholds and what is viewed as ‘good enough’ parenting, including for connected persons. Placing children within family and community networks can be best for children, even when the quality of care does not meet conventional standards. Tailored help may be needed to support some arrangements. It is important to be realistic about what can be achieved and recognise that imperfect circumstances are sometimes in a child’s best interests. A more flexible and less risk-averse approach is needed.

The wider impact from courts and Cafcass actions across the system, including individual judgments, should be understood and owned collaboratively. This shared purpose can support the best practitioners to work in partnership across the system in the interests of children and families and to avoid an unintended risk-averse approach. Ongoing dialogue about practice should be central to the wider system oversight proposed at court area level.

Recommendations

- Stronger arrangements are needed for collaboration across the courts system, which do not compromise the independence of the courts or guardians but give better oversight of how the system is working to enable greater consistency and cultural change. The Public Law Working Group has made some progress, but a wider, more fundamental, cross-system review is needed.
- A better understanding is needed of how the court system is working in practice against the intentions of the Children Act 1989, with particular attention to providing support to families and intervening only when necessary. There must be a focus on outcomes.
- Attention is needed as to how the law can operate to support realistic parenting in families, who may need help over an extended period, and to enable 'good enough' care in the community. This should include connected persons arrangements. A cross-sector debate, including with Ofsted, should address how risk is managed outside of court proceedings and thresholds for decision-making.

All recommendations

Early help

1. A paradigm paradigm shift is needed, away from an interventionist, binary (in care or out of care, child protection or not child protection) system to one of partnership with families in local communities. A long-term cross government strategy for early help and prevention is needed which puts investment in people and social regeneration alongside economic regeneration at the heart of the 'levelling up' agenda. Cross-system investment is needed to back this up.
2. Funding for early help must shift from grant-based short-term initiatives to long-term investment. A bolder approach to the roll-out of good practice across the country should be available to all local authorities.
3. A graduated cross-agency youth offer is needed which addresses potential criminal exploitation and safeguarding through a 'contextual safeguarding' approach. An enhanced role for youth workers and embedding the remit of youth offending teams within a new broader youth provision would support this approach.

Partnership and integration

4. There should be a statutory duty for the police, health and schools to collaborate to meet the early help needs of children and families in their local area, overseen by regulation which holds organisations to account for the quality of their partnership working. A national cross government policy directive on integrated working needs to underpin better partnership working, with funding channelled through partner agencies or pooled arrangements, like the Better Care Fund model in adult social care.
5. Children's health must be given priority by the NHS and must not get lost in the new Integrated Care Systems. Close attention must be paid to fully implementing better support for children's mental health and to meeting the needs of children in care.
6. Government must make clear schools' role in promoting mental wellbeing, inclusion and welfare. The National Schools Commissioner should ensure the Regional Schools Commissioners work as a system partner in Multi Agency Safeguarding Arrangements to assure early help, inclusion and safeguarding roles for the schools they oversee.
7. The police should play a central role in a graduated cross-agency youth offer. The inspection arrangements for HMIC must be aligned with those for Ofsted.



Children's workforce

8. A more diverse and better skilled wider children's social care workforce is essential to underpin new practice. Regional Improvement and Innovation Alliances should be funded to enable training and development and to oversee sufficiency.
9. An integrated workforce is needed with new fluid and hybrid roles to deliver early help and enhance cross-system professional working. Accreditation for frontline practitioners should be developed and cross-agency training encouraged.
10. The social work training curriculum should be updated and clear career pathways for both management and senior and specialist social worker roles designed. Higher standards for CPD should be set and incorporated by Social Work England.
11. Managers are critical to good practice. National approaches to develop managers at every level are needed.

Care markets

12. The children's care provider market should be dismantled or overhauled. Profit-making from children's residential and foster care must be eliminated or capped. If a mixed economy of provision remains, a national approach is needed to the management of the market, which must address sufficiency and develop a fair price for care with national terms. Capital investment is needed to create new capacity.
13. The review should examine whether it would be better for all foster carers to be aligned to the LA in which they live or consider other options to have a single co-ordinated approach to recruitment and retention.
14. Government should support growth in overall care capacity and a wider range of placements, with a greater focus on public sector and not for profit delivery. Additional capital investment and risk sharing arrangements are needed to support the development of local capacity.

Ofsted regulatory framework

15. Young people's needs must be a clearer driver for regulation. An overhaul of the children's regulatory system is needed in the light of more flexible working with families and to encourage both supply and diversity of care settings for children.
16. Ofsted should collaborate with the sector to better understand the impact of regulation on practice and to remove unnecessary barriers to creating services, without compromising standards. The provider should be registered rather than the building.
17. Regulation of supported living and care settings should reflect the continuum of arrangements needed for young people and should be proportionate whilst not diluting standards. Care should always be in regulated settings.

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Preparation of this report supported by
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North East ADCS
Leading Children's Services