

**APPG for Children inquiry into children's social care:
call for evidence**

The All Party Parliamentary Group for Children would welcome written evidence from a range of stakeholders including:

- Directors of Children's Services
- Children's social services managers and practitioners
- Chairs of Local Safeguarding Children's Boards
- Children's services providers – including the private and voluntary sector
- Children in Care Councils
- Organisations representing the voices and interests of children and young people

Written submissions will inform the setting of oral evidence sessions, which will be held between April and July 2016. The questions below cover a range of issues relating to the delivery of children's social services. Please feel free to answer only those which relate to your area of expertise.

1. Changing demand and funding for children's social care services

How has demand and funding for children's social care services in England changed? What changes are expected in the future?

Demand is growing because of the steady rise in England's population and the implementation of welfare reform which is putting more families under pressure. At the same time, the severe pressure on local authority budgets creates a challenge for children's social care services to meet demand.

The policy environment of welfare reform and the proposed increase in free pre-school childcare is very much focussed on encouraging parents to find work, even if the pay is low. This can impact on parents' ability to be present and available when their children need them. In terms of safeguarding, there are negative trends which also put a strain on children's social care services, such as a rise in online grooming and sharing of indecent materials. More positively, professionals will often be aware of those children that access services regularly and they understand their responsibilities to support these young people. Training in relation to Female Genital Mutilation and forced marriage, for instance, can empower those working with affected children to recognise the signs of abuse and harm, and refer appropriately to children's social care services.

Looking forward, a key concern is that children's social care services receive far less attention from decision makers, local government leaders, and the media compared to adult social care which is recognised as being in crisis. Attention is often focussed on specific cases of neglect or on historic sexual abuse, rather than on the large numbers of families whose plight is the result of the intersection of factors such as low incomes, ill health, the burden of caring, and poor housing.

We welcome the duties placed on local authorities by the 2014 Children & Families Act, but would be concerned that in a period of unprecedented austerity, local authorities will inevitably need to restrict their children's social care budgets to meeting statutory duties as a minimum, even though there can be highly valued and effective services which fall outside the specific statutory duties imposed by the Act.

To give one example, Rainbow Trust Children's Charity is considered to be a lifeline for the many families we work with, but we receive less than three per cent of our income from statutory funding. Our tailored services can prevent families with a seriously ill child from falling into crisis but the bespoke nature of our practical and emotional support for families means we do not fit the narrow criteria that local authorities use for meeting their duties to provide 'short breaks'.

2. The impact of changes on the delivery of children's social care services

What has been, or could be, the impact of any changes to funding and demand on the delivery of children's social care services?

Constrained funding and increased demand for children's social care services are resulting in bigger caseloads for professionals, and professionals are working under more pressure. The impact can be reduced effectiveness in their work with those families that most need support or interventions.

In terms of delivery of children's social care services, some of our staff report that they have seen families assigned to a number of different social workers in a short space of time. This has impacted drastically on the support they have received. Families have been left not knowing who their social worker is, and often no one has turned up to scheduled meetings.

Our staff and families report that the level of demand on social care services has resulted in poor communication between families and social care services, and poor response rates when contacting services. High quality communication is particularly important when families are in stressful situations. In our work with families whose child has a terminally ill or life-threatening condition, we support many families under significant strain.

One staff member reports that there have been a number of cases of single parents we have worked with in London who have felt they were not able to cope with hospital stays when their child was receiving treatment, alongside the ongoing needs of caring for siblings of their ill child. These families have approached social services for support but interpreted the response of social services as being told that if they cannot cope then the children will have to go into foster care. It has not been explained to them what this might mean or how it might help, and as such it results in parents feeling afraid to ask for help. Without a clear process at an early stage, when a family is requesting support from social services, there can be a reluctance to approach social services again and trust can be damaged.

Lastly, the transition from children's services to adult social care is a vital area for attention. A concerted effort to improve this transition is overdue, especially for those that have complex needs. However increased pressure on children's social care services makes it less likely that this will be possible.

3. The impact of changes on outcomes for children and young people

What has been, or could be, the impact of any changes to funding, demand and service delivery on children and young people?

The examples given above (section 2) have a significant impact on outcomes for children and young people, with too many families failing to access the support that they need. We know that cuts to the availability of services mean children and young people are waiting longer to receive vital services and interventions.

In particular, the decline in funding for early intervention will inevitably contribute to a rise in poorer outcomes for children and young people. A positive change would be to have a consistent approach to early intervention, with interventions coordinated across health and social care for maximum impact on a child or young person's wellbeing.

In the worst scenarios it is highly likely that there are children with complex needs and terminal illnesses who are being placed in foster care because support for families to manage their child's needs is not available from children's social care services.

4. The role of the local authority children's social care services

What are local authorities doing to respond to changes in demand and funding? What barriers do they face to meeting these challenges? What distinguishes the best performing children's social care services from those that are not performing so well?

In our experience, services are being merged in order to battle shrinking budgets. This enables closer working between disciplines and could lead to a more seamless service for some families. However, a reduction in staff numbers, and new ways of working, can impact on the quality of the services being provided.

Services are also being moved towards targeted families. This means that universal services are very limited. This can in itself push up demand for targeted services, if families in need of early intervention are not being identified by their engagement with universal services.

5. The policy and legislative framework

Is the current and developing policy and legislative framework sufficient to enable children's social care services to meet children's needs in the current context? How could it be improved?

In the current context our recommendations would be:

- More funding - because it is not sufficient to try to do more with less.
- More training – to ensure effective preventative practice.
- A greater focus on early intervention.

As above (section 1), we welcome the duties placed on local authorities by the 2014 Children & Families Act, but would be concerned that in a period of unprecedented austerity, local authorities will inevitably need to restrict their children's social care budgets to meeting statutory duties as their minimum level of provision - even though there can be highly valued and effective services which fall outside the specific duties imposed by the Act. Ensuring that local authorities have a more holistic approach to family support and intervention would be a good step forward.

6. Learning from the devolved nations

Are national and local authorities in Northern Ireland, Scotland and Wales facing similar challenges? How are they responding to these challenges? What learning and examples of effective responses could be shared across the UK?

We do not work outside England. However staff with experience of services in Scotland report that a consistent policy and practice guidance approach across the country aids communication for families and professionals alike and diminishes the experience of differing practice in different regions. Resources are able to be focussed and used to best effect.

7. Sharing good practice

Finally, we welcome examples of good practice from across the United Kingdom, and in particular examples relating to one of more of the following themes:

- improving local arrangements in the delivery of children's social care services including:
 - services for children in care and adopted children
 - safeguarding and child protection services
 - services for disabled children and children with special educational needs
 - early intervention services including for example family support, housing, and public and mental health services
- collaboration across cities/areas/regions in the delivery of children's social care services
- the use of evidence (e.g. on local need/demand) and best practice in informing the commissioning, configuration and delivery of children's social care services
- securing effective leadership

Health professionals are increasingly referring families to enable them to access extra support services in the voluntary sector, as they recognise their limitations to offering support to the whole family, and professionals can see the value added by working in partnership.

Rainbow Trust Children's Charity has several examples of running services to provide practical and emotional support to families alongside medical professionals, and often based in hospitals. For example, in London Rainbow Trust is working in partnership with St Mary's Hospital Bone Marrow Transplant unit. A Family Support Worker sits in a clinic with the consultant once a fortnight to meet with families. The consultant discusses the medical side of their child's illness and possible transplant and the Rainbow Trust Family Support Worker is able to talk through the practical aspects of what this would mean for the family (long stays in a London hospital, time off school, benefit applications) whilst also offering emotional support. This has been running for over two years and we have met with over 70 families.

Similarly, in a partnership with the Evelina Children's Heart Organisation we have a Family Support Worker present at the Evelina London Children's Hospital once a week. Their role is to talk with families and provide emotional and practical support. This worker has 14 families on her caseload and has met with over 20 families. Two other posts provide family support on the neonatal ward at Chelsea and Westminster Hospital, while in north Bristol we are working in partnership with Southmead Hospital Neonatal unit where a Family Support Worker is attends once a week, and has supported 12 families in the last three months.

Outside of hospitals, we have found that as a voluntary organisation our close working relationship with professionals such as health visitors can be very helpful in ensuring we reach the families who most need our support. In Swindon our relationship with the majority of health visitors has helped our services to target the most vulnerable families in certain communities.

Clear boundaries around responsibilities enabled cohesive working, mutual engagement and good communications, which meant a positive impact on families.

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