

Senedd Cymru | Welsh Parliament

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Gwasanaethau i blant sydd wedi bod mewn gofal: archwilio diwygio radical | Services for care experienced children: exploring radical reform

Ymateb gan Ms Davara Bennett, Dr Gabriella Melis, Yr Athro David Taylor Robinson, ymchwilydd iechyd cyhoeddus | Ms Davara Bennett, Dr Gabriella Melis, Prof David Taylor Robinson, Public health researcher

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## Before care: Safely reducing the number of children in the care system

Please outline a maximum of three top priorities for radical reform of services for safely reducing the number of children in the care system.

### Priority 1

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Priority 1: Increase the generosity and availability of welfare benefits for families with children.

1. We are submitting evidence as public health researchers at the University of Liverpool, and members of the Health Inequalities and Policy Research team. Our recent research has focussed on drivers of out of home care in the UK, through projects funded by NIHR School for Public Health Research and NIHR Public Health Policy Research Unit.
2. Our work has been presented in a submission to the DWP select committee on child poverty (<https://committees.parliament.uk/writtenevidence/23214/default/>), leading to recommendations about a cross-government strategy on child poverty (<https://publications.parliament.uk/pa/cm5802/cmselect/cmworpen/188/report.htm>); and was included in 'The Case for Change' as part of the Independent Review of Children's Social Care in England ([https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/06/IRCSC\\_The\\_Case\\_for\\_Change\\_27.05.22.pdf](https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/06/IRCSC_The_Case_for_Change_27.05.22.pdf)).
3. Our research points to child poverty and deprivation as major, preventable drivers of the drastic increase in children being removed from their family home and taken into care in the UK – among the most drastic State interventions into families' lives.
4. In a 2022 study published in The Lancet Public Health, we demonstrate that, between 2015 and 2020, in England, a mere 1 percentage point increase in child poverty was associated with 5 additional children entering care per 100,000, controlling for employment trends. Over the 5-year study period, 1 in 12 care entries were linked to rising child poverty, equivalent to over 10,000 additional children. The short-run costs to local government alone are an estimated £1.4 billion. This study adds to a substantial and growing international literature on the contributory causal relationship between disadvantaged socioeconomic conditions and care entry.

The paper is available at the following link: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(22\)00065-2/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00065-2/fulltext)

5. In Wales, care rates have risen even faster than in England. Our latest study assesses the impact of deprivation on the risk of children becoming looked after. We undertook a prospective, observational cohort study of children born in Wales between April 2006 and March 2021, drawing on anonymised, individual-level, population-scale, linked data sources available in the Secure Anonymised Information Linkage (SAIL) Databank. A paper based on this study is currently in submission and awaiting peer review, and we have published an abstract with preliminary results on a sub-population of Looked After Children in Wales. Our most recent results show that mothers living in the most deprived quintile of areas were almost three and a half times more likely to have their children taken into care than those living in the least deprived quintile. If children in the most deprived areas of Wales were to experience the same conditions as those in the least deprived, the population-level risk of care entry could be reduced by more than a third.

The abstract is available at the following link: [https://jech.bmj.com/content/76/Suppl\\_1/A11.2](https://jech.bmj.com/content/76/Suppl_1/A11.2)

6. Collectively, the evidence is that poverty is toxic for children and families, and systematically structures their involvement with child welfare systems. Poverty alleviation efforts are key to safely reducing care entry. These might include:

- Setting ambitious, achievable child poverty targets.
- Increasing the generosity and availability of material support for families with children (consistently uprate benefits with inflation; restore the universal credit uplift; roll back the benefit cap, Local Housing Allowance freeze, and two child limit; re-evaluate benefit levels in the context of rising living costs; tackle housing affordability for families affected by the benefit cap).

## Priority 2

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Priority 2: Within the strictures of current welfare benefit arrangements, maximise family income.

7. This second priority is closely linked to the first. Local welfare arrangements cannot paper over the cracks in our national social security system. However, and despite funding cuts, councils across the UK have done much to support low income households. Policies to support local income maximisation efforts should include:

- More generous, predictable and sustainable funding for local welfare efforts.
- Ensure that DWP may securely share data with local government, for effective targeting of income maximisation efforts – for example the identification of families not claiming their full benefits entitlement, or who are in arrears.
- Embed anti-poverty policies in children's services and multiagency partnerships.
- Embed anti-poverty practice in frontline work.

## Priority 3

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Priority 3: Reinvest in preventative children's services to build a healthy ecology of support.

8. Our research, and that of expert colleagues, demonstrates the value of preventative children's services in England. Services in Wales are likely no exception. In a study published in Children and Youth Service Review, we estimate that, on average, between 2011 and 2018, reductions in prevention spend of £10 per child were associated with an additional 2 per 100,000 16–17-year-olds becoming looked after the

following year. Over a thousand additional adolescents entered care than would have been expected had spending been sustained, equivalent to about 1 in 25 care entries in this age group. The short-run care costs are conservatively estimated at £60 million – conservative, because older children often cost the most and fare the worst in care.

The paper is available at the following link:

<https://www.sciencedirect.com/science/article/pii/S0190740921003650?via%3Dihub>

9. Policymakers within local authorities recognise the value of prevention; many are caught in a catch 22 of ever greater spend on children in care, at the expense of effective prevention. The following excerpts from our ongoing qualitative research with policymakers in children’s services capture this vicious circle:

“Whilst overall council budgets have shrunk, we’ve seen less investment where we should be putting more investment, which is early help and prevention and keeping families together, and more spend – not because we’ve chosen to but because of the volume of looked after children and both the number of those children and the cost of providing the right support for them has risen significantly.”

“But you need to [small sigh] invest more resource into your early help services, and it’s how you shift that, it’s how you get that shift. And it’s a lot easier to say it than it is to do it, because you’re having to deal with your here and now children, who are at immediate risk of harm, but you also need to deal with what’s gonna come up, and the only way you can do that is by investing in early help, but sadly for early help, because they’re not a statutory service and they don’t get inspected and they’re not [intake of breath] they’re not [breath out] scrutinised in the same way, then they don’t get prioritised when it comes to spending.”

An abstract of preliminary findings is available at the following link:

[https://jech.bmj.com/content/76/Suppl\\_1/A18.2](https://jech.bmj.com/content/76/Suppl_1/A18.2)

10. Policies to reverse this vicious circle, and initiate a virtuous cycle of reinvestment in prevention, should push for:

- Stable and sustainable reinvestment in preventative children’s services
- An ecosystem of support, including proportionate universalist community-based services, such as youth centres, and children’s centres offering advice, support and respite to families at a scale and intensity proportionate to need
- A strengthened statutory framework for early help.
- Anti-poverty work with child welfare involved families (see priority 2).

## In care: Quality services and support for children in care

Please outline a maximum of three top priorities for radical reform of services for children in care.

Priority 1

Priority 2

Priority 3

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## After care: On-going support when young people leave care

Please outline a maximum of three top priorities for radical reform of the on-going support provided when young people leave care.

Priority 1

Priority 2

Priority 3

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Anything else