

## **Briefing Paper: The rise in the number of looked after children**

---

### **Reason for the report**

This paper has been prepared in response to a request for information from the work-stream lead for the Prevention strand of the Corporate Parenting Advisory Committee's work programme.

#### **The request:**

*"In terms of prevention I would like to understand the groundings to the rise in children coming into care. Understanding the number of cases, the problems with each case leading to children moving into care is very important, it would also help understanding why children in care have a disproportionate number of children from minority communities and children with special educational needs. As by understanding the problem we can then try to address them and keep families together." (25 June 2018)*

#### **Response:**

The following sections of this report provide information to answer each element of the request:

- The number of cases.
- The problems leading to children moving into care.
- Numbers of children from minority communities and children with special educational needs.

Information about service developments in response to the problems are included in each section. Further information about those services can be obtained through future presentations to the Committee, or from the Officers assigned to support Members work streams.

A key source of information quoted throughout this briefing is the Association of the Directors of Social Services (ADSS) response to the Public Accounts Committee's 'Inquiry on Care Experienced Children and Young People'. That report was presented in evidence at the Welsh Assembly on the 29<sup>th</sup> of January 2018. It provides a collective view from the All Wales Heads of Children's Services network. The Assistant Director for Cardiff

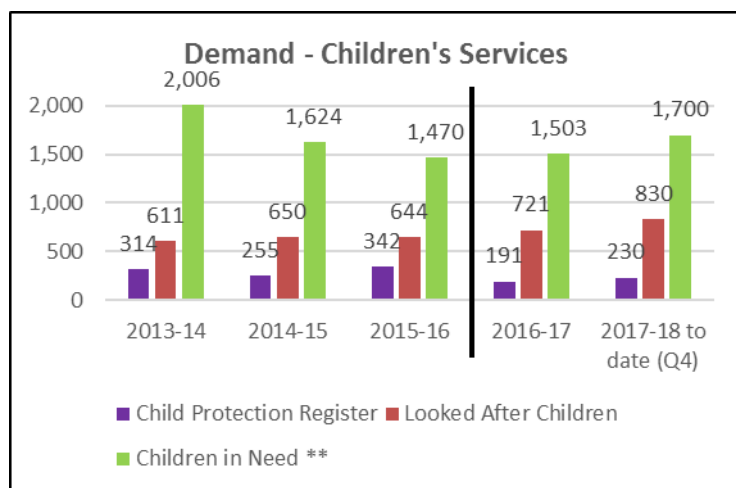
Children's Services was present at the Public Accounts Committee enquiry to provide oral evidence.

### “The number of cases”

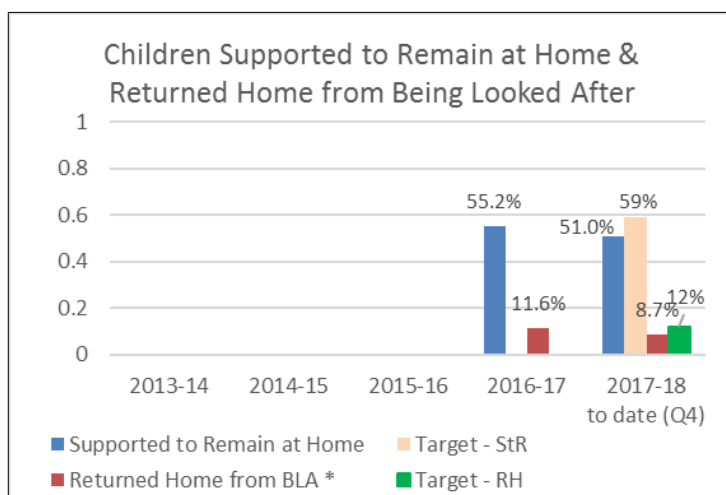
*“Over the last decade the number of children in the care system in Wales has risen, with a 25% increase in children looked after and a 32% increase in children placed on the child protection register compared with 10 years ago” (ADSS Cymru 2018).*

The Quarter 4 Performance figures provided to the 17 July 2018 Corporate Parenting Advisory Committee provide a snapshot of the current situation in Cardiff. The reports include the following information:

- The following chart illustrates the distribution of types of cases managed by Children's Services over time. The increase in the number of looked after children to 830 (from 611 at 31st March 2014) can be seen.



- At 31<sup>st</sup> March 2018, there were **830 looked after children**, 83 of whom started to be looked after during the quarter. The decisions to accommodate these children have been scrutinised and the Committee can be reassured that the **decisions were appropriate**.
- 51% (864) of the 1,694 children with a Care and Support Plan at 31st March 2018, were being **supported to live at home** (were not being looked after). Compared with 55% in 2016/17.



- The reduction in children being supported to live at home in part reflects the impact of early help on the landscape of the Children’s Services caseload. Children who previously would have received services from Children’s Services are now being diverted to Early Help, with the more complex cases receiving Children’s Services interventions. This results in a “thickening of the soup” with Children’s Services managing higher levels of risk.
- During 2017/18, 249 **Care Proceedings** were issued and 218 were concluded compared with 235 and 228 respectively in 2016/17.
- The judiciary have indicated a reluctance to discharge Care Orders, and continue to make new Care Orders as opposed to alternatives such as Supervision Orders.
- **119 children** who were subject to a Care Orders **were in the care of their parents**. These figures reflect a strong emphasis on placing children within the family but within the safeguards a Court Order provides.
- A Placement with Parents team has been established to focus on the management of these cases, and to revoke Care Orders when this is appropriate. In addition to this, a dedicated worker from the Adolescent Resource Centre has been identified to work directly with looked after children who are considered to be ready for rehabilitation home.
- 8.7% (91) of the 1,042 children who were looked after during the year **returned home**.
- **74 children** were placed in care with **connected person / relative carers**.

It should be noted that this situation is not unique to Cardiff. The ADSS Cymru (2018) report states:

*“The total number of children [in Wales] involved in public law proceedings in 2016-17 was 3,012, an increase of 17% on the previous year. Public law applications*

*have increased over the past three years, with a 24% increase since 2014-15. The main driver in public law work is Section 31 (care) applications. Section 31 applications are made to the court by a local authority where it has significant concerns about the safety or welfare of a child, which saw a 25% increase on the previous year. These issues as well as the expectations from the judiciary continue to add to the pressures and burdens being placed on children's services staff, as well as coming with significant costs attached.*

*Of those applications coming before the courts the majority are deemed to be sound applications by both the court and CAFCASS. An enduring criticism of the courts is that the local authority should have sought orders earlier with a perception that the local authorities are failing children by not commencing proceedings”.*

## **“The problems leading to children moving into care”.**

### **1. Loss, abuse and neglect**

The ADSS Cymru report states:

*“The reasons why children become looked after and their needs while in the care system are complex. Children who are looked after will have experienced forms of loss, abuse and neglect prior to entering the care of the local authority. Ensuring they can achieve their full potential and lead happy childhoods followed by enriching adult lives requires compensatory resource and care from all agencies beyond that provided routinely to their peers. Specifically, identification and amelioration of the emotional trauma they have experienced is required as a foundation to their future healthy development. These are complex children, albeit not within the current definition of the SSWB Act” (ADSS Cymru 2018).*

Considerable investment has been made in Cardiff to support teams which work directly with children and young people and their families at intensive and remedial intervention levels. For example in the creation of the Integrated Family Support Team (IFST), Adolescent Resource Centre, Thirteen Plus Team, Pre Birth team, Placement with Parent Team, and the rollout of the ‘Signs of Safety’ approach throughout Children’s Services. Teams work with families to try to prevent children coming into care, work with families to return children home within weeks of becoming looked after as well as work on rehabilitation plans for those children who have been in long term care.

### **2. Increased awareness**

Over time perceptions and awareness of issues have increased. The ADSS report states:

*“Recent high profile scandals have increased our understanding of the likelihood of risk of child sexual exploitation (CSE) and the wider understanding of the imperative to act to protect children and young people at risk of sexual exploitation has increased referrals. We have seen an increase in the number of initiatives that are aimed at early identification and intervention such as the Violence against Women, Domestic Abuse and Sexual Violence (Wales) 2015 Act, the evidence based work in respect of Adverse Childhood Experiences (ACEs), Flying Start and Families First. An unintended impact that we perhaps need to consider is the resulting*

*increase in referrals received by local authorities. Anecdotally, the overwhelming increase in cases coming forward are concerned with neglect with significant increases in domestic violence, issues which are increasingly highlighted as a result of the support that is provided as part of earlier intervention services” (ADSS Cymru 2018)*

In Cardiff investment has been made to proactively tackle the issue of CSE with the creation of a ‘Think Safe’ Team and by dedicating resource to create a team of social workers who specialise in young people aged thirteen plus.

### **3. Understanding root causes**

The ADSS report states:

*“If there is a lack of understanding and a lack of willingness to address the root causes then services will be faced with a never ending and increasing number of these cases for future generations. Simplistically, common root causes if not addressed will exacerbate the situation and if addressed and funded there will still be a ‘backlog’ of those currently affected which also needs funding until the preventative measures have their full effect” (ADSS Cymru 2018).*

In 2015 Public Health Wales in collaboration with Liverpool John Moores University undertook the first Adverse Childhood Experiences (ACE) study for Wales. The study consisted of a national cross-sectional survey of adults resident in Wales. With an overall sample size of 2,028, Welsh adults were asked about their current health behaviours and their exposure to adverse childhood experiences (ACE) using an internationally validated ACE questionnaire.

Extracts from the study state:

*“An increasing body of research identifies the long-term harms that can result from chronic stress on individuals during childhood. Such stress arises from the abuse and neglect of children but also from growing up in households where children are routinely exposed to issues such as domestic violence or individuals with alcohol and other substance use problems.*

*Collectively such childhood stressors are called ACEs (Adverse Childhood Experiences). Exposure to ACEs can alter how children’s brains develop as well as changing the development of their immunological and hormonal systems. Subsequently, those with greater exposure to ACEs are more likely to go on to develop health-harming and anti-social behaviours, often during adolescence, such as binge drinking, smoking and drug use”.*

*Major concerns arise when more than one of these problems is present, as is often the case. It is the ‘multiplicative’ impact of combinations of factors that have been found to increase the risk of harm to children, with family disharmony and domestic violence posing the greatest risk to children’s immediate safety and long-term wellbeing” (Bellisi et al 2015).*

Indeed in recent years awareness of the frequency with which domestic and sexual violence, substance use and mental health problems co-exist, has increasingly become part of Social Worker training. These risk factors are referred to as the ‘toxic trio (Hardy,

2018). They have been identified as common features of families where harm to women and children occurs.

An analysis of 139 serious case reviews between 2009-2011 showed that in over three quarters of incidents (86%) where children were seriously harmed or died, one or more of a “toxic trio” played a significant part (Brandon et al 2012 cited by Wirral Safeguarding Board). They are now viewed as key indicators of increased risk of harm to children and young people. Adequate support can reduce, although not necessarily eradicate the risk of children experiencing long-term negative effects of growing up with such problems. (Hardy, 2018)

The Adverse Childhood Experiences (ACE) study for Wales goes on to explain the cross generational impact of such factors:

*“Experiencing Adverse Childhood Experiences means individuals are more likely to perform poorly in school, more likely to be involved in crime and ultimately less likely to be a productive member of society”.*

*“People who experience ACEs as children often end up trying to raise their own children in households where ACEs are more common. Such a cycle of childhood adversity can lock successive generations of families into poor health and anti-social behaviour for generations. Equally however, preventing ACEs in a single generation or reducing their impacts can benefit not only those children but also future generations in Wales”.*

*“This first Welsh ACE survey identifies that substantial proportions of the Welsh population suffered abuse, neglect and other ACEs during their childhood with 47% reporting having experienced at least one ACE and 14% experiencing four or more ACEs. However, the report also outlines a substantive range of policies and programmes that have now been implemented in Wales to both prevent ACEs and identify and intervene where children are already experiencing such stressors.”*  
(Bellisi et al 2015).

In Cardiff an Early Help Strategy been developed to intervene and attempt to prevent this cycle. This strategy aims to combine the skills, resources and commitment of all professionals in a unified way to deliver two key Outcomes. Those outcomes are:

- Reducing the number of children, young people and families requiring 'remedial' support or intervention.
- 'Narrowing the gap' so that children achieve their potential.

The Implementation Plan for the strategy sets out a wide range of initiatives to support children and families. All are based on national evidence of 'what works'. Many are services that already existed in Cardiff, but which as a result of this strategy enhance their impact because the strategy links their offer and resources with others into a coherent whole. Some are completely new initiatives based on the latest thinking elsewhere in the UK including Leeds, Manchester, Essex, Newcastle and Blackburn and Darwen. The experience of national third sector partners such as Action for Children, Barnardos and the NSPCC have been included. All of the initiatives are designed to help children at the earliest stage of their lives when help can have a profound impact or at the earliest stage when difficulties are emerging - at the first sign of a given problem.

This is a multi-agency approach underpinned by the following principles:

- Wherever possible all children's and families' needs will be met within universal settings (e.g. early years, health visiting, schools, GPs etc).
- As soon as any practitioner is aware that a child has any additional needs he/she will talk to that child and their family and offer advice and support to meet that need.
- Families will be empowered to identify their own problems, needs and solutions. In most cases, outcomes for children will only be improved by supporting and assisting parents/carers to make the changes identified by them with practitioners.

#### **4. Changes in society and emotional wellbeing**

The ADSS report states:

*“As with the rest of the UK the declining emotional well-being and increasing poor mental health of children and young people whilst not fully understood impacts directly on the need for family support as does the increasing number of children being presented with behaviours which families struggle to manage. We can theorise as to the impact of social media, increased bullying, academic expectations and societal fragmentation but the outcome for families is a need for support and an increasingly complex web of difficulties...”*

*...Recent years has seen significant investment in Children and Adolescent Mental Health services (CAMHS) through the Together for Children and Young People Programme (T4CYP), with Welsh Government announcing an additional annual investment of £7.65m in mental health services for children and young people in Wales in 2015. We recognise the fact that CAMHS in Wales are under more pressure than ever before, and in spite of additional investment and staffing, does not have the capacity to meet demand. ....There has been a long standing disconnect between the access threshold applied by CAMHS and the presenting emotional resilience needs of looked after children and care leavers” (ADSS Cymru 2018).*

In recognition of this, Cardiff Children's Services in partnership with Cardiff and Vale University Health Board, have invested in employing a Clinical Psychologist to work with the Looked After Children Service to support social workers to better understand the therapeutic needs of children.

The Corporate Parenting Advisory Committee received a presentation from the lead Psychologist and Principle Social Worker in January 2018. The emotional health and mental wellbeing of looked after children was identified by members of the Corporate Parenting Advisory Committee during 2016/17 as an important area to focus on in the future. As a result, the Committee's work programme for 2018/19 includes a focus to improve and support the emotional health and mental wellbeing of looked after children under the 'Specialist Services' theme.

#### **5. The impact of Austerity**

The Adverse Childhood Experiences (ACE) study for Wales (2015) highlights that:

*“While no communities should be considered free from ACEs, those living in areas of deprivation are at greater risk of experiencing multiple ACEs. In Wales this is being addressed through Tackling Poverty Programmes such as Flying Start; Families First and Communities First. These programmes are targeted at the most deprived communities in Wales” (Bellisi et al 2015).*

The Joseph Rowntree Foundation report ‘Poverty in Wales 2018’ states that Poverty among couples with children has been rising since 2003/06 (Barnard 2018).

Poverty is no longer, and never was exclusive to families living in deprived communities, and those families who are supported by welfare systems are increasingly facing pressures.

Extracts from the ADSS report state:

*““We are seeing unprecedented pressures on families for a range of reasons. Cuts to those services that previously served to sustain family resilience in the face of adversity have meant more families are finding their way through to even more expensive child protection services. Budget reductions in children’s services has seen massive cuts to one off financial support e.g. for gas, electricity, food or bedding and services such as temporary childcare, along with ongoing introduction of welfare reforms and a decade of austerity has amplified the challenges for families and increased their chances of slipping irretrievably into further and more compounded difficulty...”*

*In his Financial Resilience Report, the Auditor General has calculated that between 2010-11 and 2016-17, there was a real-terms reduction of £761 million (17%) in aggregate external finance (core grant) for local government. This has had varying impacts across local public services with some areas experiencing real terms reductions of over 50%, and spending at levels not seen since the 1990s. Pressures are set to continue, with the work undertaken for Wales Public Services (WPS) 2025 on Future Pressures demonstrating that pressures in social services budgets drive around 2.9% growth each year, which is around £47m annually up to 2021-22. This includes increases in LAC as well as the elderly population.*

*The recent draft budget announcement will mean a further reduction in the revenue settlement (Aggregate External Finance) of 0.5% compared with 2017-18. This is in addition to local government’s spending pressures which will total around £212m in 2018-19 which will have to be absorbed by councils...*

*...Many preventative services in local government, such as leisure centres, parks, youth work and community facilities are provided at the discretion of local councils. Unfortunately, in recent years it is these services that have faced the brunt of cuts to local authority budgets as statutory services such as education and social services have been protected.*

*It is imperative that we stem the decline of local preventative services and that we find a way to make some significant investment into new and existing preventative services.” (ADSS Cymru 2018).*

In an article in Community Care dated 3 October 2017, Paul Bywaters emeritus professor of social work at Coventry University, comments that “we continue to see policies that



*increase the numbers of families living in poverty with consequences in terms of access to housing, food and other necessities of life” and asks “Why is there so little attention being paid by government to what is happening and at the very least some research being commissioned into whether there is a relationship between these issues [i.e the number of looked after children]?”*

The professor highlights the lack of data about parent’s income, housing or debt levels “*even though research suggests that these are key social determinants of good enough childhoods*” and that data returns do not show the relationship with neighbourhood deprivation level.

Therefore, whilst it is the professional opinion of Social Services Managers that austerity measures have contributed to the increase in the number of children becoming looked after, and Professor Bywaters indicates that research suggests that there is an association between the factors, he points out that there is currently no data available to confirm this and that it is not yet a matter which is being addressed by government policy.

## **“Number of children from minority communities and children with special educational needs”**

### **1. Children from minority communities**

Children’s Services performance monitoring systems show that 22.5% of Cardiff’s looked after children were non-white on the 31 May 2018.

Welsh government data for the whole (**children and adult**) population indicates that 16.7% of Cardiff’s population were non-white on the 31 March 2018 (based on the Annual Population Survey), but no up-to-date population estimates are published by the Welsh Government for the ethnicity of all children in Cardiff. It is therefore not possible to reliably determine if the number of children who are taken into care are disproportionately from minority communities.

Information provided in previous sections of this report suggest that reasons for children becoming looked after are multi-faceted and suggest that adverse childhood experiences, which might reasonably be linked to deprivation, are a significant contributing reason for children becoming looked after. It therefore makes sense to examine the relationship between poverty and ethnicity. Our ability to do that is however extremely limited.

Welsh Government analysis of datasets provided by the Department of Work and Pensions (Households Below Average Income, Family Resources Survey) indicates that for **Wales** in 2012-13 to 2016-17, 36% of non-white households (by ethnicity of the head of household) were in relative income poverty compared to 22% of white households (Stats Wales 2018). However it should be noted that this data is based on between 100 and 199 responses to the survey and is therefore categorised as being low quality. No data is available at a lower geographical level.

Furthermore, the Joseph Rowntree Foundation report ‘Poverty and ethnicity in Wales (2018)’, found that:

- *“There were marked differences in the levels and experiences of poverty amongst interviewees [in the JRF study] – not caused by ethnicity, but by where people lived and the interaction of their human capital, social capital, entitlements and attitudes, thinking and choices.*
- *It is important to look beyond outcomes, which may be associated with ethnicity (such as higher levels of poverty amongst some ethnic groups) to focus on underlying causes”.* (Holtom et al 2018)

In addition, Professor Bywaters from Coventry University, in the article referred to above, provides the following analysis of DfE statistics on looked-after children in England which explains why interpretation of ethnicity data is far more complex than any overarching headline figure:

*“..no data is produced showing the looked after rates per 10,00 children across the different ethnic categories that are used. The commentary to the statistics says that Black and Mixed heritage children have higher rates than White children, and Asian children ‘slightly’ lower rates. But recent research by Coventry University found that Asian rates are around a third those of White children, hardly a slight difference. And, if you take deprivation into account, White children have higher, not lower, rates than those for Black children in the most deprived areas where the majority of Black children live. And there are big differences between the rates for African and Caribbean children”* (Bywaters 2017).

## **2. Children with special educational needs**

Children’s Services do not routinely collect data on the number of children with special education needs becoming looked after.

Professor Bywaters questions the accuracy of information which lead to a perception that children with special education needs / disabilities are disproportionately entering the looked after system:

*“My main concerns here are about the data on disability. If you analyse the data by local authority, the proportions of children recorded as being disabled varies hugely. And it varies systematically and rather unexpectedly with deprivation levels. Low deprivation local authorities report more disabled children than high deprivation local authorities, which seems unlikely or – at least – requires understanding. Disability is another key source of pressure on families, so we need to get this right in order to make appropriate targeted provision”* (Bywaters 2017).

Managers in the Child Health and Disability Service indicate that there are low levels of children who are known to their teams entering care, and those who do become looked after have very high needs. Children with disabilities or special needs tend to receive very large packages of care to keep them at home, based on their assessed needs.

However, the Adverse Childhood Experiences (ACE) study for Wales (2015) does highlight that:

*“..recent evidence demonstrates that chronic traumatic stress in early life alters how a child’s brain develops and can fundamentally alter nervous, hormonal and immunological systems development. This can result in individuals whose systems are ‘locked’ into a higher state of alertness; permanently prepared for further*

*trauma.... During school years, the same individuals may display a heightened emotional state of anxiety (ready to fight or always prepared to run away) and consequently be distracted from educational pursuits, resulting in poor educational attainments” (Bellisi et al 2015).*

This in part explains why it is more difficult for looked after children to obtain the same educational achievements as children who have not experienced a traumatic childhood.

## **Conclusion**

Final thoughts on the matters discussed above are summarised in the ADSS report:

*“We know that outcomes for Looked After Children (LAC) do not compare favourably with other children. They are less likely to achieve good educational qualifications, have greater health and housing needs, are more likely to become involved in substance misuse and come into contact with the criminal justice system. However, we must recognise looked after children and their families will have accessed a plethora of universal services and interventions prior to reaching the door of Children’s Services and their needs for the future will reflect their history of less access to resources and greater disadvantages prior to entering public care.*

*The reasons why children become looked after and their needs while in the care system are complex” (ADSS Cymru 2018).*

It can be seen that children enter the care system because they have experienced complex and traumatic forms of loss, abuse and neglect. Increases in rates of children becoming looked after are multi-faceted and equally complex. They are in part a consequence of increased practitioner and public awareness of harm as exemplified by the high profile cases of CSE, in part an increased awareness of the root causes of harm and a desire to intervene earlier to prevent trauma, in part a consequence of changes in society and their impact on emotional wellbeing of children and their families, and in part highly likely to be a consequence of government policies relating to austerity. However, it is not possible to determine scientifically the cause of the increase. The complex data required to do so does not exist. There may be other reasons, which we may become aware over time or in hindsight, or there may be causes that never become apparent.

## **References**

Association of the Directors of Social Services (ADSS). Comment of the Public Accounts Committee’s inquiry on care experienced children and young people. Presented to the public accounts committee as evidence at the Welsh Assembly. 29 January 2018.

Barnard Helen, Poverty in Wales 2018: Briefing summary. Joseph Rowntree Foundation. 7 March 2018. Web. 4 July 2018.

Bellisi Mark, Ashtoni Kathryn, Hughesii Karen, Fordii Katharine, Bishopi Julie and Paranjothyi Shantini. Welsh Adverse Childhood Experiences (ACE) Study. Public Health Wales NHS Trust. 2015.

Bywaters Paul. What the looked-after children statistics don't tell us. *Community Care*. 3 October 2017. Web. 3 July 2018.

Cardiff Children's Services. Quarter 4 Performance report. Corporate Parenting Advisory Committee papers. 11 July 2018.

Cardiff Partnership Early Intervention & Prevention Steering Group. Cardiff Early Help Strategy. Cardiff Council.

Duncan Holtom, Ian Bottrill, Jack Watkins. Poverty and ethnicity in Wales. Joseph Rowntree Foundation. 2013.

Hardy Ruth. The toxic trio: what social workers need to know. *Community Care*. 5 March 2018. Web. 4 July 2018.

Welsh Government. Ethnicity by area and ethnic group. Stats Wales. Web. 4 July 2018. <https://statswales.gov.wales/Catalogue/Equality-and-Diversity/Ethnicity/Ethnicity-by-Area-EthnicGroup> (Source of data: Annual Population Survey, Office for National Statistics)

Welsh Government. Working age adults in relative income poverty by ethnicity of the head of household. Stats Wales. Web. 4 July 2018. (Source of data: Households Below Average Income, Family Resources Survey, Department for Work and Pensions) <https://statswales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Poverty/workingageadultsinrelativeincomepoverty-by-ethnicityoftheheadofhousehold>

Wirral Safeguarding Children Board. Toxic Trio. Wirral safeguarding Board. 2018. Web. 4 July 2018 <https://www.wirralsafeguarding.co.uk/toxic-trio/>