



Children in Care in the North of England

A report prepared for the Child of the
North All-Party Parliamentary Group



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FOREWORD



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I grew up in a small town identified in this report as having the highest care population in the country. Like many towns and cities in the North of England, it is full of promise and abundant in natural resources— as are the thousands of children there who rely on the state for their protection – yet a lack of funding for vital services has widened already entrenched inequalities.

Unlike its Southern counterparts, which have access to ever-improving infrastructure and investment, the town has been left behind and left to get on with it. The result, as highlighted in this report, is unimaginable hardship and poverty, which robs families of the peace and security needed to thrive and children of the one childhood they will ever have.

This report serves as a critical exposé of what life is really like for children in care in the North of England, whose experiences are frequently overlooked. The voices of those who have lived through the system are the golden thread running throughout. Mia, a care leaver whose story is spotlighted on page 11, gives the perfect summary of what the system should be. ‘The point of being in care is to be cared for’, she says. On the face of it, this seems like it should be a given. And yet it is not.

As this report illustrates, a whole cohort of children are currently denied the right to care within the care system. Children aged 16 and 17 face abandonment and adultification at levels previously unseen. The introduction of secondary legislation which discriminates against children on their 16th birthday has left nearly 9,000 children in care to fend for themselves in hostels, caravans, and barges .

The consequences are unthinkable; criminal and sexual exploitation, domestic and financial abuse to name but a few. Were a parent to do the same to their own child, there would be accusations of neglect. This report implores leaders to do better, providing tangible, evidence-based recommendations of what can be done to ensure the universal right to care.

In its unflinching account of privatisation, which is at the root of a care system which lacks care, this report will make all who read it question to whom the sector belongs. Given the excessive profits made off the most vulnerable, where the fees of one week in care can equate to a year at university , it is impossible to claim that it belongs to those the system was built to serve and protect.

As this report details, there is a disproportionate concentration of care settings located in the North, largely because private companies buy properties where housing costs are low. This profit-led model forces children from all over the country to be separated from their communities, whilst placing additional strain on struggling local authorities. Can you imagine being forced to travel hundreds of miles away from all you know and love, without any say in where you end up? As is laid bare here, for thousands of children, this is not a hypothetical question but a gruelling reality.

Every care leaver I have ever met has had a desire to leave the system in a better place than they found it. Since I left care in 2011, the small Northern town I grew up in continues to face worse outcomes. We owe it to the next generation to be able to say, with great confidence, that the opposite is true.

1: Article 39. (2024). No corporal punishment ban for nearly 9,000 children in care. Available online: <https://article39.org.uk/2023/12/21/no-corporal-punishment-ban-for-nearly-9000-children-in-care/>
2: Children’s Commissioner. (2020). Unregulated: children in care living in semi-independent accommodation. Available online: <https://assets.childrenscommissioner.gov.uk/wpuploads/2020/09/cco-unregulated-children-in-care-living-in-semi-independent-accommodation.pdf>

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EXECUTIVE SUMMARY

NORTHERN CARE RATES

The North records extreme outliers for high care rates. In Blackpool **one in every 52** children is in care. In North East Lincolnshire, the figure is **one in 57**. In Hartlepool, **one in 63**¹

21 of 31 local authorities with more than one in every 100 children in care were in the North. Of these, 14 have consistently exceeded the 1% thresholds since 2019.¹



The North accounts for **28%** of the child population, but **36%** of the children in care. The rate of children in care per 10,000 of the child population is **93 in the North**, compared to **62 in the rest of England**.¹



The North East has the country's highest overall care rates, followed by the North West. Yorkshire and the Humber has the fourth highest rate after the West Midlands.¹

The 27% increase in the number of children's homes between 2020 and 2023 disproportionately affected the North of England. The North now has



1,176 children's homes, or over 40% of the children's homes in England – there are just

1,704

in the rest of England. This places immense pressure on public services in Northern Regions.²

CHILD POVERTY AND CARE

The rise in child poverty between 2015 and 2020 led to over

10,000

additional children entering care in England. This is equivalent to one in 12 care entries over the period.¹⁰

Policies or events that move children into poverty increase the likelihood that children will experience harm and be taken into care.

The North South divide in overall care rates is partly explained by widening inequalities in children entering care since 2010. These trends reflect changes in children and families' socioeconomic circumstances.

There are deep intersectional inequalities in care. Mixed Heritage populations experience particularly high levels of both socioeconomic and ethnic inequity in care rates.¹¹

CARE EXPERIENCED CHILDREN

Children in care have worse educational, employment, income, housing, mental and physical health, and criminal justice outcomes, than other children.³⁻⁵ Up to four decades after their initial care assessment, care experienced people are more likely to die earlier than their peers, of causes related to self-harm, poor mental health, behaviours and accidents.⁶ Disturbingly, there's a higher mortality risk for more recent care entry.⁶



Over **83,000**

children were in care in 2023 in England, a 30% increase since 2010 and a fifteen-consecutive-year high.¹

In England, of the cohort of children born in 2009/10, around one in five children were referred to Children's Services before the age of five.

In Liverpool, a named outlier, this number is one in two.

Children in care experience educational disadvantage linked to unstable placements, worse-quality schools, support needs and discrimination.

Of the children in residential care attending mainstream state schools,

76%

are enrolled in schools rated as 'Good' or 'Outstanding', compared to the national average of 84%.⁷

Between 2017 and 2020, ministers were asked



72 times

to intervene to insist that academies admit children in care.⁸

Depending on their ethnicity, care experienced children are between two and **16 times more likely to have youth justice involvement** than those with no experience of care.

Around half of all care experienced Gypsy/Roma children, and 46% of all care experienced Irish Traveller children, receive a youth justice caution or conviction. The figure for **White British care experienced children is 34%**.



Care experienced **Black and Mixed ethnicity children are twice as likely as White care experienced children to receive a custodial sentence.**⁹

CARE COSTS

The social cost of adverse outcomes for children who need a social worker is an estimated

£23 billion
annually.¹²

Placement costs incurred solely due to the rise in child poverty between 2015 and 2020 are estimated at



£1.4 billion

It would cost

£0.25 billion

per year to support 250,000 children out of deep poverty by abolishing the benefit cap. It would cost **£1.3 billion per year to lift a further 250,000 children out of poverty by abolishing the two-child limit.**

The lifetime social costs per child in care is **£1.2 million** – around double that of a child who needs a social worker but does not enter care.¹² **Accordingly, if the North had experienced the same care entry rates as the South between 2019 and 2023, it would have saved at least £25 billion.¹**

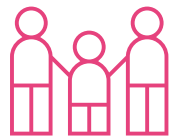


Increasingly local authorities are caught in a cycle of ever-greater spend on children in care, at the expense of investment in effective support for families in need. **Families in the North experience disproportionately high care intervention rates. Services in the North shoulder a greater share of the economic cost.**

Between 2011 and 2019, as spending on children in care increased, total spending on preventative services for children and families fell by about 25% in real terms.

Over that period, cuts to adolescent services totalling

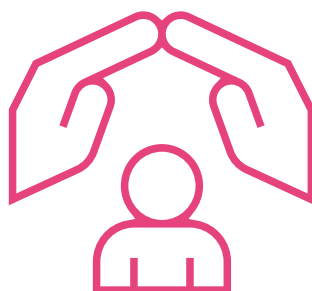
£58 million



led to more 16-17 year olds over entering care – and placement costs exceeding £60 million. Cuts to prevention are a false economy.

Greater provision in the North comes at an economic cost. While the local authority of origin retains responsibility for children placed out of borough, the impact in the placement locality is substantial. As a result of their greater needs, children living in children's homes require high levels of support from health, welfare, education, justice, and children's services.

Secure children's home places remain tightly concentrated in the North of England. As a result, some of the most vulnerable children are placed at considerable distance from their birth families' home environment and their social worker.



Between 2015-16 and 2021-22, local authority spending on residential care more than doubled.⁴² One in 10 local authorities are now at risk of bankruptcy.⁴³ For northern Regions hosting disproportionate numbers of children in care, the economic cost is substantial.

CHILDREN IN CARE IN THE NORTH

For far too long, children in the North have been at greater risk of entering care – this is unfair and needs to change. Statistics reported at a national level obscure regional inequalities – Health Equity North is assembling a far clearer picture of the North-South divide. The North of England persistently records the highest rates of children in care.¹ Decades of under-investment in the North have hollowed out preventative services, increased rates of children in care and undermined foster care provision, leaving local authorities at the mercy of the private residential care providers.

Our 2021 Child of the North Report warned that increasing family adversity and an escalating crisis in local government finance would heap ever greater pressure on children, families, and the services that aim to support them. It spotlighted challenges in the family courts, insufficiency of care placements and a dearth of mental health provision for children in desperate need of support.¹³

In this report, we provide an update. Distressingly but predictably, the picture for children in care in the North of England has only become more worrying over the last several years. Over 83,000 children were in care in 2023 in England – a fifteen-consecutive-year high (Figure 1).² Families in the North continue to experience disproportionately high intervention rates, and services in the North shoulder a greater share of a weighty economic cost.¹ More and more local authorities are caught in a vicious circle of ever-greater spend on children in care, at the expense of investment in effective, compassionate support for families in need. Throughout the report, we weave in the voices of local authority policymakers confronting this catch 22.¹⁴

Our collective responsibility

“You need some strong leadership, some principled ways of going about it. A method. You know... this is how we’re going to operate it. These are the things that are important – this is what we’re going to chase in terms of reducing the numbers of kids in care. These are the types of kids that should be back with their families, and we need to do everything that we possibly can to get them out of care and get them back into their families. Because that’s the best place for them.”¹⁴

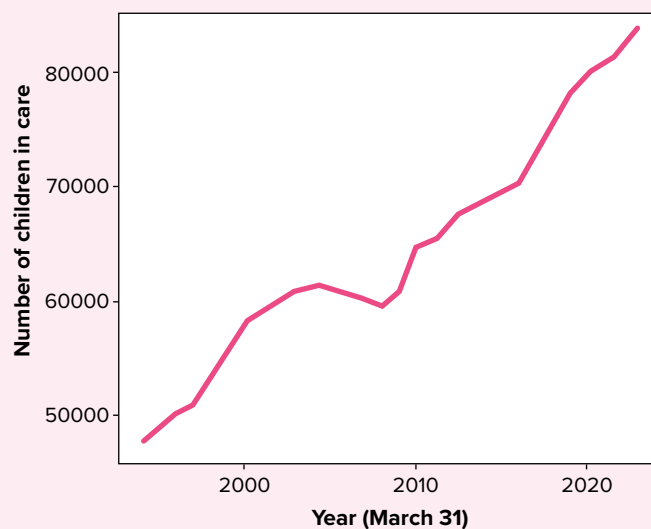
Child maltreatment is vastly underreported. Many children who experience adversity will never come to the attention of Children’s Services.¹⁵ Yet these services have a huge impact on the lives of an increasing number of families. In England, of the cohort of children born in 2009/10, around one in five children were referred to Children’s Services before the age of five. In Liverpool, it’s as high as one in two.¹⁶ Not all families will go on to experience intervention, but some children’s experiences of adversity are deemed severe enough to warrant drastic state intervention, and they’re taken into local authority care.¹⁷

Care is always intended to protect children, but it isn’t good enough. At a minimum, care doesn’t properly mitigate the harm children have already experienced. We see this across so many dimensions of life. Children in care have worse educational, employment, income, housing, mental and physical health, and criminal justice outcomes, than other children.³⁻⁵

Up to four decades after their initial care assessment, care experienced people are more likely to die earlier than their peers, of causes related to



Figure 1. Number of children in care in England at March 31, 1994 to 2023.³



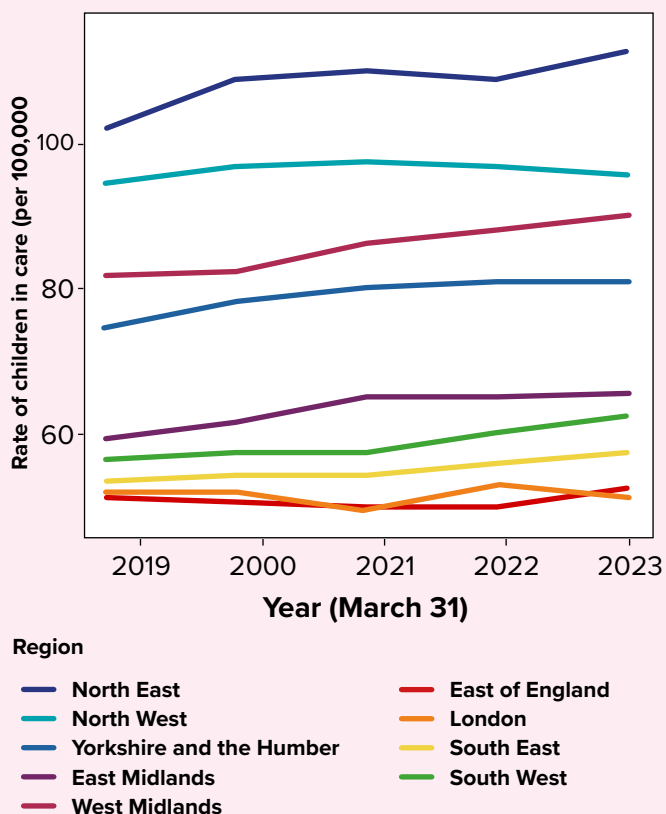
self-harm, poor mental health, behaviours and accidents.⁶ Disturbingly, there’s a higher mortality risk for more recent care entry.⁶ The state bears a statutory and ethical responsibility for these disadvantaged children, in many cases a parental responsibility. We must do better by them.

Headline updates

“What we see is more of everything. And more extreme than usual. Or more intense than usual.”⁴

- The North East continues to record the highest overall care rates, followed by the North West. Yorkshire and the Humber has the fourth highest rate after the West Midlands (Figure 2).¹
- In 2023, two thirds of local authorities with care rates exceeding 1% were in the North.¹
- Of these Northern local authorities, 14 of 21 have consistently exceeded this 1% threshold since 2019, demonstrating the unrelenting nature of the struggle for families, and the pressure on services, at a local level. The dial has not shifted.
- The North continues to record extreme outliers for high care rates. In Blackpool, at the end of March 2023, one in every 52 children was in care. In North East Lincolnshire, the figure was one in 57. In Hartlepool, one in 63.
- The North accounts for 28% of the child population, but 36% of the children in care.¹
- At the end of March 2023, the rate of children in care per 10,000 of the child population was 93 in the North, compared to 62 in the rest of England.¹
- The 27% increase in the number of children’s homes between 2020 and 2023 disproportionately affected the North of England.² There are 1,176 children’s homes in the North of England, and just 1,704 in the rest of England.
- The North West alone now accounts for over a quarter of children’s homes and close to a quarter of children’s home places.²
- In England, in 2015, children in the most deprived 10% of neighbourhoods were over ten times more likely to be in care than children in the least deprived 10%.

Figure 2. Rates of children in care at March 31, by Region, 2019-2023.¹



A PREVENTABLE PROBLEM

There is nothing inevitable about the North South divide in children in care. Fatalistic narratives ('it has always been thus and so it shall remain') are fundamentally misguided. We understand the problem, and we have solutions. When solutions are applied, inequalities narrow. When solutions are withdrawn, they increase. Figure 3 shows that the North South divide in overall care rates is partly explained by massively widening inequalities in children entering care since 2010. These trends reflect changes in children and families' socioeconomic circumstances.

Implement anti-poverty policies

"But our overriding issue was – is – neglect and poverty."¹⁴

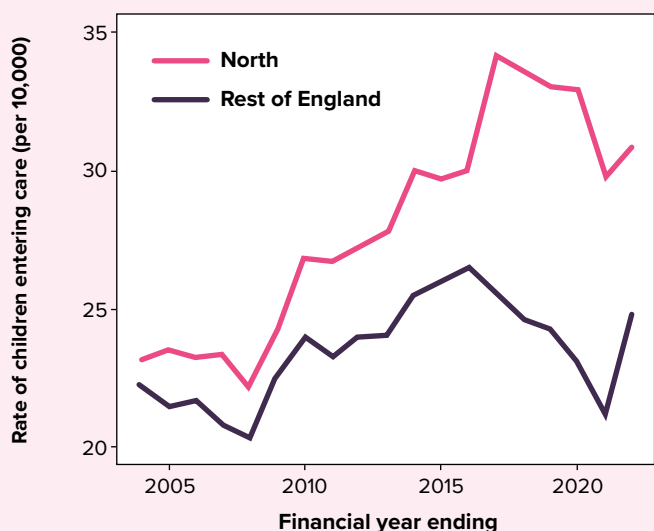
A recent UNICEF report ranked the UK at the bottom of 40 OECD countries for reducing child poverty. France, Iceland, Norway, Switzerland, and the UK saw increases in poverty of at least 10% between 2014 and 2021. For the UK, the increase was 20% (Figure 4).¹⁸

Raising children can bring great and lasting joy. It's also undeniably challenging – even when you have everything you need. Parenting while living in poverty is exponentially harder. The overwhelming majority of parents love their children and do everything in their power to shield them from the corrosive effects of poverty. But we cannot shy away from epidemiological fact. Poverty damages families. Money matters. In England, in 2015, children in the most deprived 10% of neighbourhoods were over ten times more likely to be in care than children in the least deprived 10%,¹⁹ and the gap was rising.²⁰

Addressing poverty is an overriding priority:-

- Poverty is a causal factor in child maltreatment.²¹
- Poverty affects parents' ability to cope, heightening stress, poor mental health, conflict in relationships, and vulnerability to domestic abuse.²²
- Poverty affects parents' ability to invest in their children: in the people

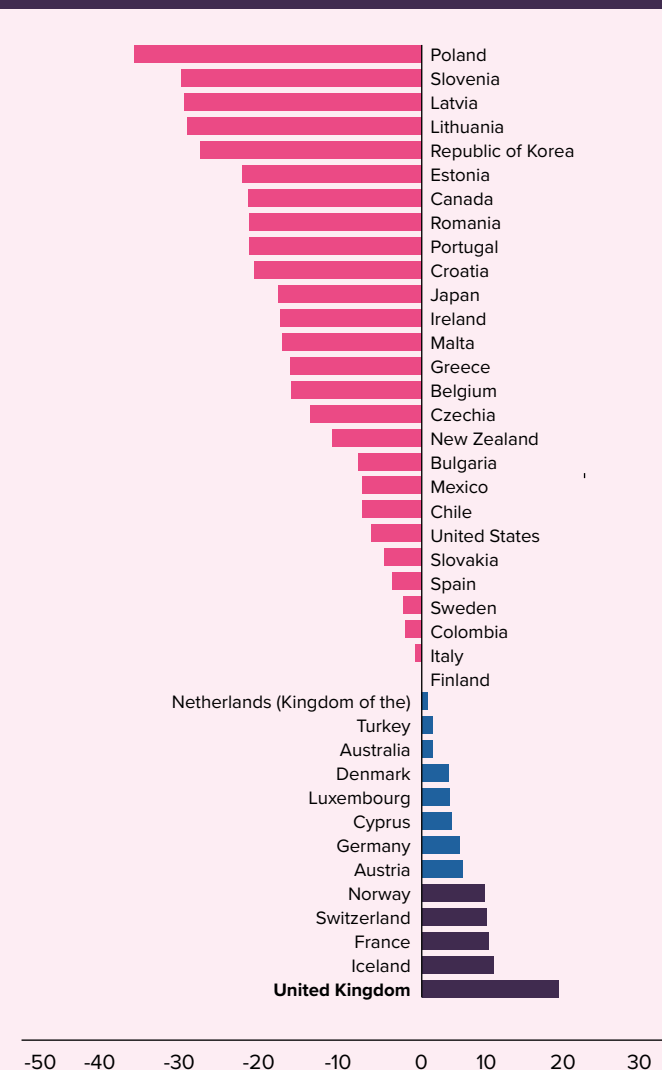
Figure 3. Rates of children entering care during the year, by North versus South, 2004 to 2023.¹



(babysitters, nannies, tutors, quality time with parents), places (safe and healthy homes, nurseries, schools, neighbourhoods) and things (heat, food, clothes, toys, technology, transportation to and from school, extra-curricular activities) that help children thrive.^{23,24}

- In 2023, the minimum cost of bringing up a child in the UK, at a socially acceptable living standard, was an estimated £166,000 for a couple, and £220,000 for a lone parent.²⁵ This is far, far out of reach for many parents.
- Policies or events that move children into poverty increase the likelihood that children will experience harm, and be taken into care.²⁶
- Poverty makes it harder for children to go home, stacking the costs of care.²⁷ Local authorities increasingly recognise this: around 90% of local authorities deliver financial support to enable reunification.²⁷ We need more of this kind of support, and much earlier on.
- Housing support is critical. A study in the North East found that, controlling for other important factors, receipt of housing assistance was predictive of reunification.²⁸

Figure 4. Change in child income poverty rates, 2012-14 to 2019-21.¹²



The rise in child poverty between 2015 and 2020, largely the results of cuts to social security, had a huge impact and disproportionately affected the North of England (Figure 5). It led to over 10,000 additional children entering care in England. This is equivalent to one in 12 care entries over the period.

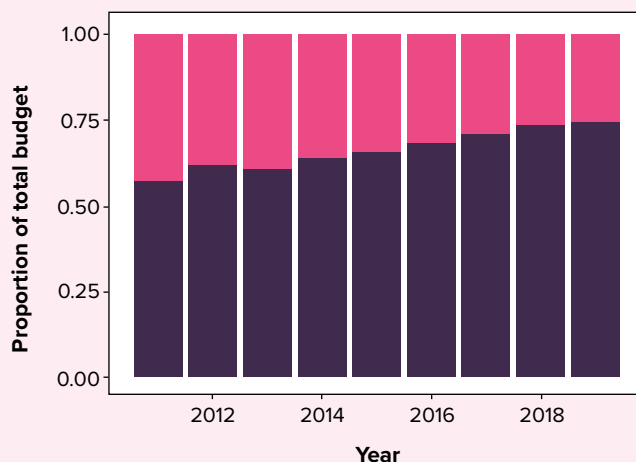
The additional placement costs alone are estimated at £1.4 billion.¹⁰ To put that in context, it would cost just £0.25 billion per year to support 250,000 children out of deep poverty by abolishing the benefit cap. It would cost £1.3 billion per year to lift a further 250,000 children out of poverty by abolishing the two-child limit.²⁹ Universal free school meals, which mitigate the impact of poverty on children, would cost £2 billion per year²⁹ – and every £1 invested would yield an estimated £1.71 in core benefits, through improved education, employment and health outcomes,³⁰ while reducing the harmful stigma associated with eligibility.³¹

Since April 2021, child poverty rates have continued to rise.³² The financial pressures on families in the North are not just more widespread – they are also more intense. In the North West, in particular, there has been an alarming and rapid increase in the proportion of children in deep poverty, from 12% in the three years to 2022 (18% after housing costs)³³ to 16% in the three years to 2023 (22% after housing costs).³⁴ This bodes ill. If we want to tackle rising care entry and the North South divide in care, we need to reverse the policies that have disproportionately harm families in need. We need to decide to care about child poverty once again. In the words of the Directors of Children’s Services in the North East: “The long-term intergenerational impact of poverty and deprivation is not being addressed and will continue to feed rising demand for services. A new national child poverty strategy is needed.”³⁵

Reinvest in prevention

“It’s because we’ve got the right kids in care; the right help going to families so that their kids don’t have to come into care; social workers with the time and ability to do that – because actually, early help services are protecting our front door.”¹⁴

Figure 6. Proportion of Children’s Services budget allocated to prevention and acute services, 2011-19.²⁵



The right help, at the right time, can make all the difference to children and families’ lives. It can mean the difference between a child remaining safely at home or being removed into care. There is overwhelming consensus on the need to reinvest in early help – but it is easier said than done. Fourteen years of austerity and reduced government funding for local authorities have had a lasting effect on Children’s Services. Between 2011 and 2019, total spending on preventative services for children and families fell by about 25% in real terms (Figure 6).¹⁴

As a result, in the words of local authority policymakers, Children’s services were ‘stripped’, ‘restructured’, ‘consolidated’, ‘slash and burned’; investment ‘dwindled’ and there was ‘under-investment’, ‘de-investment’, and investment not ‘sustained’. Funding for early help was ‘lacking’, ‘cut’, ‘redirected’, ‘removed’, ‘reduced’, ‘significantly contracted’, ‘tiny’, ‘lost’, ‘taken out’ and ‘taken away’. Children’s centres were ‘closed’, ‘cut’,

Figure 5. Maps of England showing the change in child poverty, and the change in care entry rates, 2015–20.²²

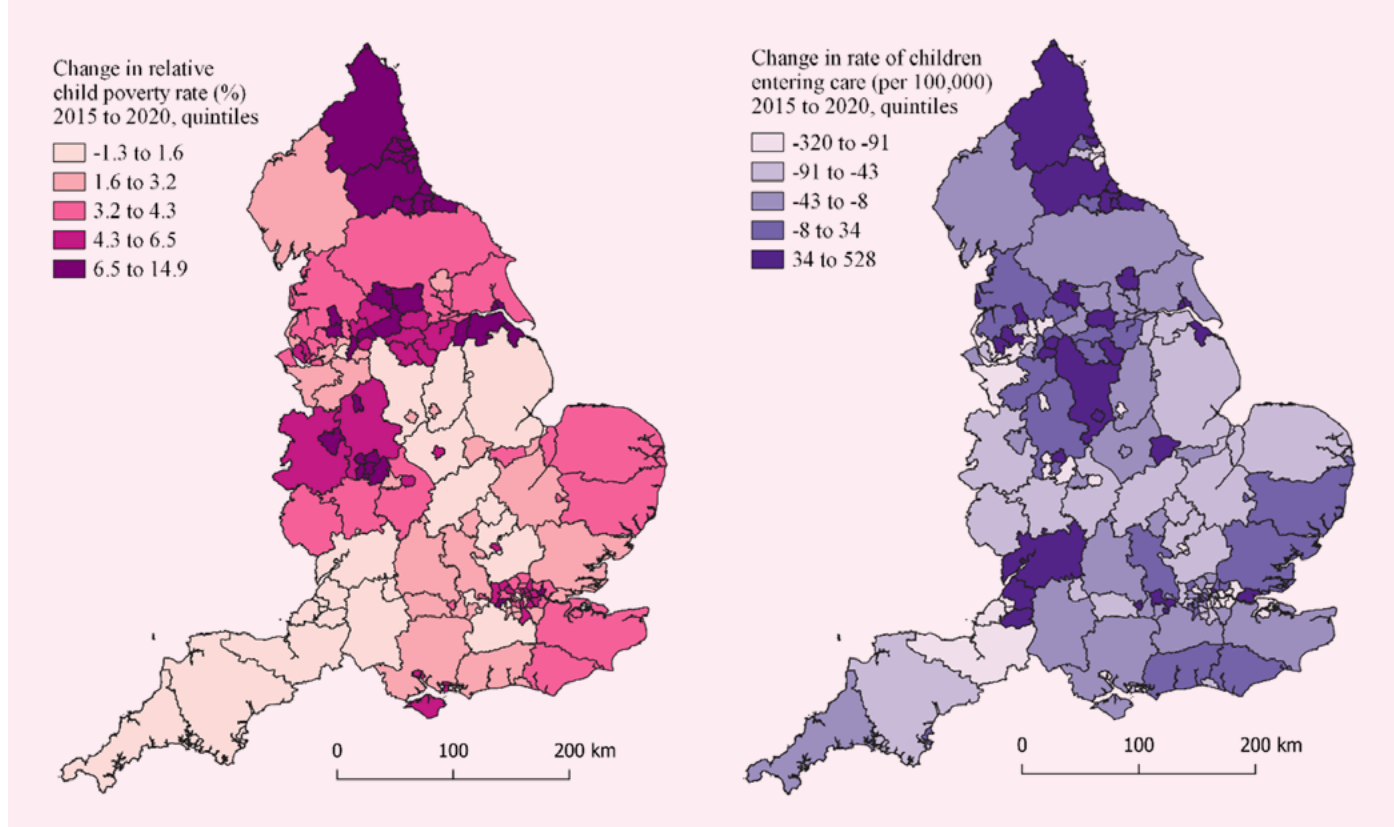


Figure 7. Spend on prevention and acute services, 2011-19, by local authority deprivation quintile, 2011-2019. (IMD=Index of Multiple Deprivation).⁴

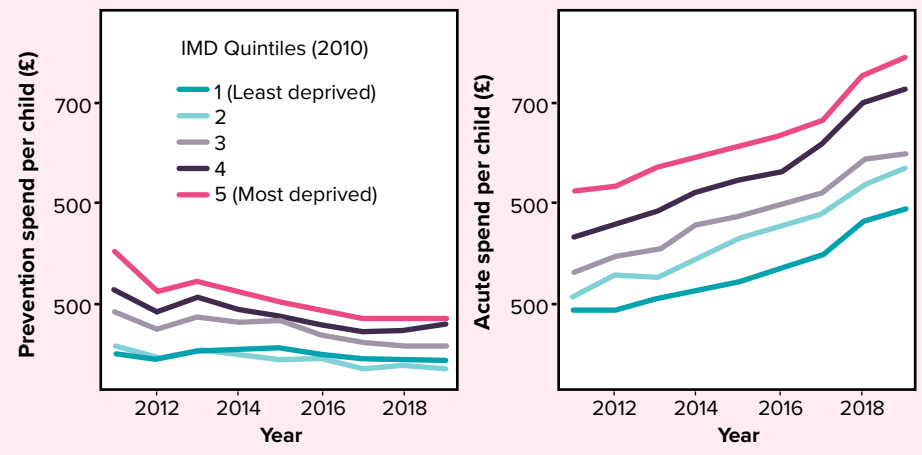
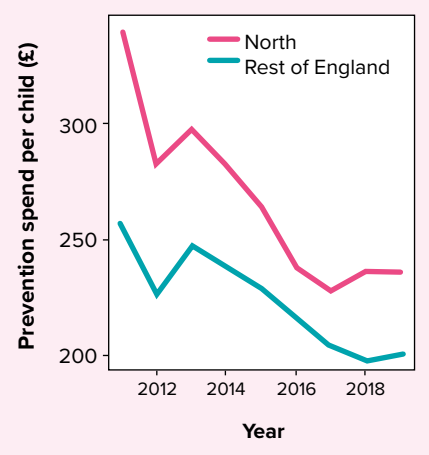


Figure 8. Prevention spend per child, North vs South, 2011-19.¹



'lost', 'condensed', 'let go', 'mothballed', 'restructured', 'hollowed out', 'morphed into something else', their offers 'diluted'. Children's centre staff and managers were 'cut', 'reduced', placed on 'temporary or fixed term contracts'. Family support was 'reigned in', 'whittled down', 'pared back'. Youth services 'cut significantly', 'decimated', staff 'removed'. Drug services were 'annihilated', 'cut', 'withdrawn'. School improvement budgets were 'significantly reduced', school effectiveness officers 'cut'. Third sector investment programmes were 'cut to the bone'. Disability support was 'halved', the scope of health visiting 'reduced'.¹⁴

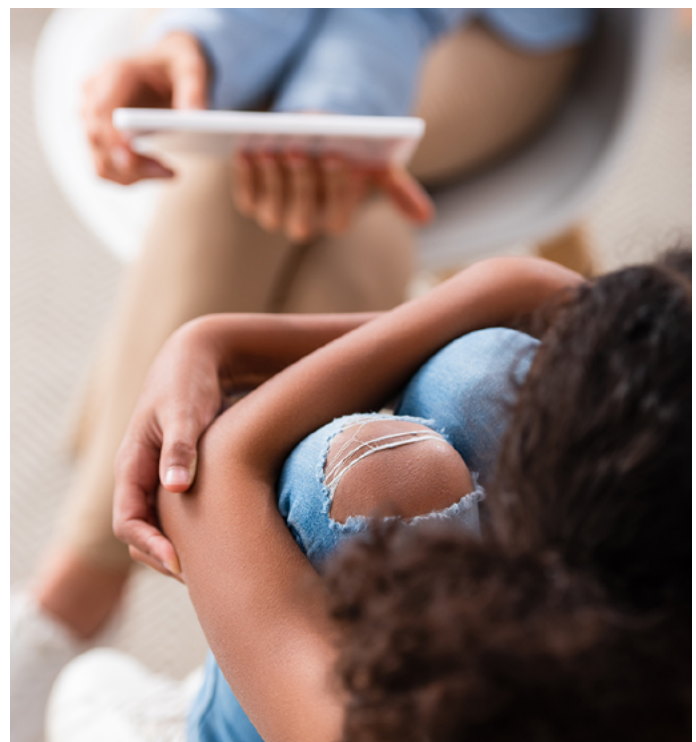
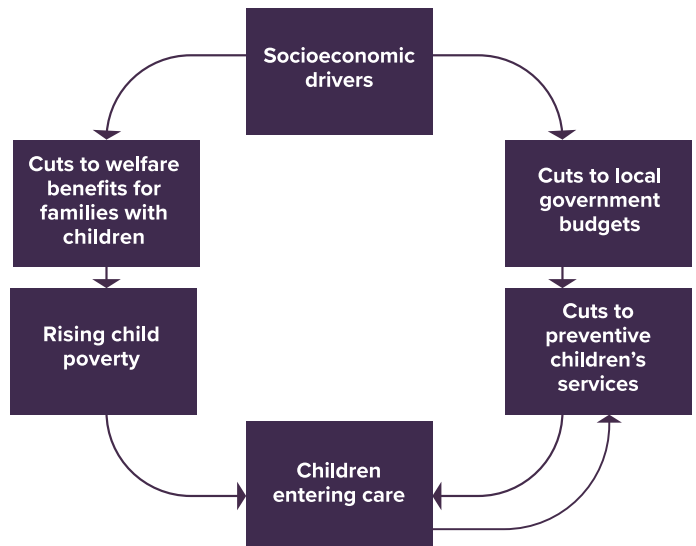
This loss was more profound in more deprived parts of the country – places with the greatest levels of need (Figure 7). They were, in other words, deeper in the North than the South of England (Figure 8). Prevention has become unmoored from need.^{14,37}

We are seeing the fallout:

- Between 2011 and 2015, cuts to prevention led to an additional 13,000 to 16,500 children and young people being put or kept at risk of developmental or health impairments, annually.³⁸
- Between 2011 and 2018, cuts to prevention services for adolescents totalling £58 million led to over a thousand additional young people aged 16-17 entering care. This is equivalent to one in 25 care entries in this age group. The short-run placement costs are conservatively estimated at £60 million – conservative, because these older children often have some of the most complex needs, and require costly specialist support and residential placements.³⁹ The wider social costs, in terms of wellbeing impacts, lost productivity, and use of public services, are estimated at £1.2 million per child looked after – around double that of children who need a social worker but do not enter care.⁴⁰ Cuts to prevention are a false economy.⁴¹
- Cuts compromise quality. Lower spend on prevention and higher deprivation are associated with worse quality Children's Services, as judged by Ofsted.⁴²
- Cuts beyond Children's Services may also affect children via their impact on their families and communities: cuts to housing, public health and other health-promoting local services.³⁶
- Around 69% local authorities cite funding constraints as a barrier to offering the kind of support that can lead to reunification; 79% saw funding constraints as a barrier to offering post-reunification support.²⁷

This fuels the vicious circle of crisis intervention and loss of prevention (Figure 9). The Independent Review of Children's Social Care clearly diagnoses this vicious circle, this false economy. It called on national government to invest £2 billion over 5 years to rebalance spend away from acute intervention, towards family support – and, once that balance is achieved, a dedicated ringfenced grant for family help.⁴³ These ambitions have yet to be realised.⁴⁴

Figure 9. A vicious circle of reduced funding for preventative children's services.⁴



Case study: Mia's story

"My mother was neglected by the structures in place".

"I was in local authority foster care from the age of 14 with social care involvement from a much younger age. I don't feel I can describe the few measures offered to myself and my family as supportive.

Beneficial services providing care in my local area (Sefton) such as 'Sure Start' and homes offering respite care were forced to cease due to underfunding. Waiting lists for mental health services are forever growing but it seemed that the system did not even wish to open this door of support. I have long-standing mental health difficulties that spiralled upon entering foster care, I did not receive CAMHS support until then. I was hospitalised within two months of entering care and one month of access to mental health services with Anorexia Nervosa. Children should not have to reach extreme desperation in order to be protected by structures with parental responsibility: the system itself is a neglectful 'parent'.

My mother was neglected by the structures in place, receiving inadequate assistance in leaving an abusive relationship with my father and caring for her three daughters, my twin sister encountering a delayed diagnosis of autism after my family being told that the prospect of wanting her assessed was abuse.

Subsequent to being stripped from parental responsibility of her children, bedroom tax needed paying but child benefit was no longer received. Placing massive financial difficulty on my mum, making difficulty sustaining the house for potential return of her children and

cutting financial ties with my father near impossible. Upon my own return home, not long before turning 18, expenses were a challenge. This difficulty remains as my younger sister now returns home for visits, sometimes for a few weeks at a time: paying bedroom tax, unable to claim child benefit, next to no financial support, expected to fund healthy meals and days out. In fact, she has been repeatedly requested to look after her whilst the carer goes on holiday, no financial support has been offered: of course my mum would not refuse time with her child. My mum goes without to provide for her children, she worries she may be painted as being unable to parent due to her economic disadvantage if she requests support.

I suffered massively with placement instability, moving through five placements in the space of three years. Sibling separation meant that at 21 years old I have not lived with my twin sister for eight years. At the age of 16 myself and my younger sister (11 at the time) lived in a home in which I felt emotionally disregarded, worsening my mental and physical health. The decision to leave destroyed me, the system informed me my younger sister would not join me if I moved: a child, battling a choice of whether to stay with their sibling but remain sick and uncared for, or to leave that hostile environment alone.

Child protection orders do not seem all that protective. There is no clear narrative of the birth family's (certain members or as a whole) use of long-term resource, a more sustainable resource to benefit the child and their wider network. The point of being in care is to be cared for; underfunding, corrupt systems, and scarce prevention strategies, in my opinion, is not care."



RECOGNISE AND ADDRESS SYSTEMIC PROBLEMS

Implement anti-racist policies

“Yeah, you see it every day innit like racism, like you see it every day, like yeah, but it’s like you learn how to deal, like not deal with it but it’s just it’s normal now you know what I mean.” Dee.⁴⁵

Children in the North are increasingly ethnically diverse,^{46,47} and there are major ethnic inequalities in children’s chances of experiencing care in England.^{11,48,49}

Relative to their White British counterparts, all else being equal, Asian groups have much lower rates of children in care – rates are lowest by far for Indian groups, followed by Pakistani, then Bangladeshi groups.¹¹ In contrast, Black and Mixed Heritage groups have higher care rates compared to White British populations. They are 2.5 times higher for Mixed Other populations, and double for Black Caribbean populations.¹¹ Gypsy, Roma and Irish Traveller ethnic groups are also over-represented in the care system.^{49,50}

These inequalities are poorly understood and deeply disturbing. There is no evidence that they straightforwardly reflect ethnic differences in experiencing abuse or neglect: they do not tally with disproportionalities in self-reported abuse from surveys. In fact, Black people are less likely to report historical child abuse than White British people.¹¹ Something is else is going on. We know that disproportionate numbers of minoritised children live in disadvantaged neighbourhoods – we therefore cannot properly understand ethnic inequity in care without also understanding socioeconomic inequality, and vice versa.^{11,46} We must consider the intersection.

Inequalities in care at the intersection of ethnic group and deprivation are vast – and the patterns are starkly different at extremes of the deprivation spectrum:

- In the most well-off neighbourhoods of England, most ethnic groups have shockingly high rates of children in care compared to White British populations: almost quadruple in the case of Black African and Black Other populations, more than triple for Black Caribbean and Mixed Other groups.¹¹
- In the most deprived neighbourhoods of the country, the pattern is largely reversed. The majority of ethnic population groups have much lower care rates compared to White British populations. The notable exception is for children in the Mixed Other group. The children of Mixed heritage “face the sharp edge” of both socioeconomic and ethnic inequity.¹¹
- This split picture comes together when we consider the social gradient for each ethnic group – that is, the change in care rates for a step increase in deprivation. It is particularly steep for the White British group. If you are a White British child, where you are on the deprivation spectrum makes a huge difference to your risk of care. The gradient is also steep for Pakistani, Mixed White and Asian, and Mixed Other populations. Whereas there is no evidence of a social gradient for Indian, Bangladeshi, Black African and Black Other groups. If you are a child from these groups, the neighbourhood you live in appears to confer no particular benefit or disadvantage when it comes to the risk of care.¹¹

Even after children have been taken into care, their experiences of care, education, and youth justice systems differ systematically according to their recorded ethnic group:

- Black Caribbean children are more likely to be placed far from home.^{50,51}
- Black Caribbean children, and children recorded as White Traveller of Irish heritage, are more likely to experience multiple placements.^{50,51}
- Children from White and Mixed or multiple ethnic groups are more likely to re-enter care following reunification compared to Black and Asian children,^{51,52} and they are less likely to be in education, employment or training after leaving care.^{50,51}
- Depending on their ethnicity, care experienced children are between two and 16 times more likely to have youth justice involvement than those with no experience of care.⁹
- Around half of all care experienced Gypsy/Roma children, and 46% of all care experienced Irish Traveller children, received a youth justice caution or conviction. The figure for White British care experienced children is 34%.⁹
- Care experienced Black and Mixed ethnicity children are twice as likely as White care experienced children to receive a custodial sentence.⁹

This is a complex picture, but some lessons are crystal clear. To tackle deeply rooted child welfare inequalities, we need joint anti-racist, anti-poverty policies. We must combat bias and stereotyping across child welfare, education and youth justice systems,⁵³ including adultification – the tendency to perceive particularly Black and Black mixed heritage children as older than they are and not extend them the same level of care and protection as other children.^{45,54} We must ensure that services are culturally safe.^{55,56} And we must reckon with structural racism more broadly, including its role in perpetuating and entrenching socioeconomic disadvantage.^{57,58}

Foster carers

“Over 10 years the amount we receive per child has not increased with inflation and a small rise in the last two years comes nowhere near what is needed. We aim to give children better care and at the moment we are using our savings and pensions to supplement their needs.” Foster carer.⁵⁹

Foster carers serve as the backbone of the care system, yet between 2021-22 and 2022-23, there was a troubling net loss of 1,000 foster families.⁶⁰ As a result, over the past four years, the number of vacant mainstream places plummeted by 25%, accompanied by an 18% decrease in applications from prospective fostering households.⁶⁰ This scarcity is particularly acute in the North, resulting in suboptimal child-placement matches, unplanned moves, and inappropriate residential placements. These circumstances compound the difficulties in transitioning children back to familial settings amid acute shortages in therapeutic support.⁶¹

The urgency of addressing these issues has been highlighted by the North East Association of Directors of Children’s Services. In their response to the government proposals that followed the Independent Review of Children’s Social Care, they welcomed the emphasis on

Case study: Mental distress and police detention in a North West NHS Trust

“wholly, wholly inappropriate”. – Police officer, describing a child curled up and sleeping on the floor of an Accident and Emergency department.¹³

In our 2021 report, focussing on a single NHS Trust in the North West of England, we noted the steep increase in detentions of children by police under section 136 of the Mental Health Act 1983.¹³ These detentions occur when a child’s mental distress poses an immediate danger to themselves and/or others. In theory, children in these circumstances should be taken to a place of safety and assessed by qualified health professionals. In practice, these ‘places of safety’ are in shockingly short supply.^{13,72}

The findings of this case study bear repeating; we reproduce them here. Figure 11 shows the alarming rise in detentions

between 2018 and 2021, the vast majority due to the risk of harm to self.¹³ Over half of detentions were repeat detentions – some children had been detained more than 10 times.¹³ And children in care were vastly overrepresented in these data: 17% of detentions were children in care, despite their making up just 3% of the general population.¹³

Most detentions took place outside of working hours or on weekends, leading to children waiting in Accident and Emergency or paediatric wards, or waiting for available beds.¹³ These wait times often breached regulation – children should be detained by police officer for no longer than 24 hours.¹³ Figure 12 presents evidence from interviews with police officers involved with detentions.¹³ Officers stressed just how bad things are for children in need of mental health support.

developing better fostering sufficiency.³⁵ The region faces a substantial deficit with over 6,000 children in care but only 1,500 approved foster carers.⁶² They also explain that short-term grant funding has hampered long-term innovation.⁶³

Meanwhile, the cost-of-living crisis has both exacerbated demand for care and led to more foster carers leaving the system.⁶⁴ FosterTalk’s 2022 survey shows that 92% of foster carers feel financially worse off compared to the prior year. Around 18% have been pushed into debt in recent years. Some have resorted to food banks for support. Amidst escalating energy costs, 66% of carers have had to reduce heating usage, while 38% report a negative impact of the rising cost of living on their mental health.⁵⁹

The forthcoming 7% increase in foster carers’ minimum income, scheduled for the start of the next financial year, aims to take financial pressure off foster carers, but practically will have little effect. The minimum income is not subject to independent monitoring. Investigations by The Fostering Network found that around a third of local authorities in England provide foster care allowances below the minimum allowance, leading to significant inequalities in support across the UK.⁶⁴

This discrepancy can result in a yearly difference of over £10,000 per child.⁶⁵ Figure 10 shows regional inequalities across England, and highlights underfunding of foster carers in the North, particularly those caring for younger children. Increases in the minimum income must

match foster families’ needs and redress inequalities.

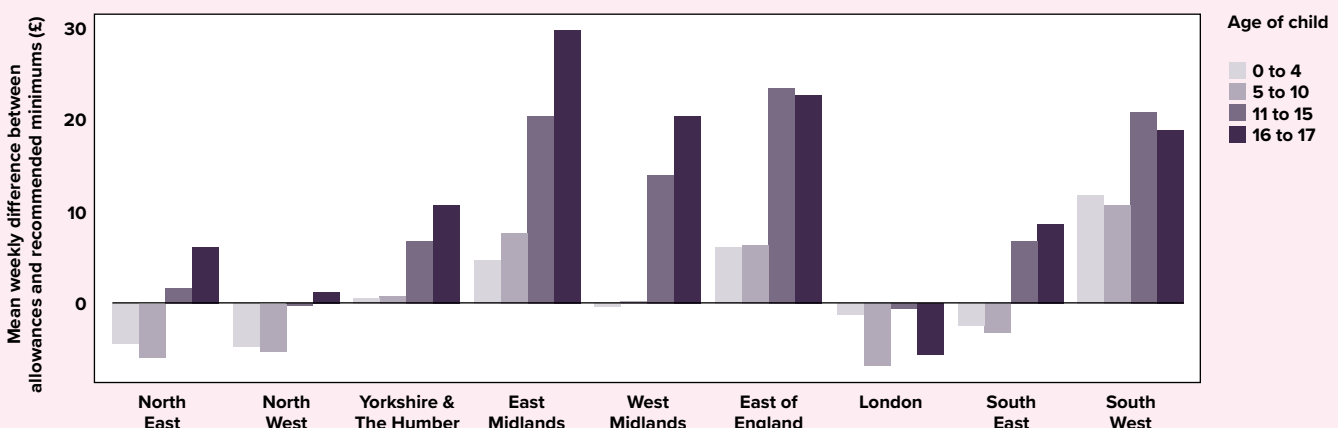
Children’s homes

In 2023, 17% of the 83,840 children in care lived in residential accommodation – either children’s homes, secure units, or semi-independent living accommodation. Around one in ten children in care live in children’s homes.¹³ As outlined in our 2021 Child of the North report, these homes accommodate children with complex needs, who disproportionately experience:

- Multiple moves in care
- Poorer mental health
- Having a statement of Special Educational Needs
- Having more behavioural difficulties
- Living further away from their birth families.^{13,66}

Our 2021 report emphasised the acute shortage of children’s homes across England, and a North South divide in provision, placing immense pressure on public services in Northern Regions.¹³ Since then, the divide has widened still further. At last count, on 31 March 2023, there were 1,176 children’s homes in the North of England, and just 1,704 in the rest of the country.² And so, while the North accounts for only 28% of the child population, but 36% of the children in care, it accounts for fully 41% of all children’s homes in England.² Children are placed in secure children’s homes when they pose a serious risk to themselves or others. There is

Figure 10. Mean weekly difference between foster carer allowances and recommended minimums, by child age and Region, 2023-24. Bars below zero indicates shortfalls. Data supplied by The Fostering Network, based on responses to a Freedom of Information Request from 121 of 147 LAs.



an acute shortage of these homes in England. More than 9 out of 10 local authorities struggle to find places for the children who desperately need them. On any given day, around 25 children are waiting for a placement.⁶⁷

The lack of appropriate secure homes is considered a key factor in the increasing – and shocking – detention of children by the police under the Mental Health Act 1983.⁶ Secure children’s home places remain tightly concentrated in the North of England. As a result, some of the most vulnerable children are placed at considerable distance from their birth families – far from everyone and everything they’ve ever known – including their social worker.¹³

In summary, greater provision in the North comes at a heavy cost. And while the local authority of origin retains responsibility for children placed out of borough, the impact on the residential locality is substantial. As a result of their greater needs, children living in children’s homes require high levels of support from health, welfare, education, justice, and children’s services.

Where a child is in distress or goes missing, local services must respond to this need. Each year Ofsted receives approximately 27,000 - 28,000 ‘incident notifications’ concerning children in children’s homes, which include police being called to the home or children going missing.¹³

Educational disadvantage

“After that moving I just messed up my life innit because uprooted me from school and all these things and that. So, I (...) found a new school, I was in Year 8 right up until Year 9, I got kicked out, I got sent to one of those PRUs...” Kamari.⁴⁵

Schools in the North of England host a disproportionate number of children who have experienced disadvantage and adversity, fuelling North-South educational inequalities. Children in care face significant obstacles to accessing a high-quality education. These obstacles must be removed.

Instability is a recurring theme when it comes to the educational disadvantage of children in care. A change of placement after age 11 is associated with one-third of a grade less at GCSE.⁶⁸ A change of schools in Years 10 or 11 may also be consequential – young people in care who change school score more than five grades less than young people who stay put. Conversely, stable placements appear protective – children in longer-term care fare better than children who require support from Children’s Services but do not meet the threshold for care.⁶⁸

Unsurprisingly, more absences and longer exclusions are associated

with worse outcomes for children in care, and young people in special schools and pupil referral units have lower GCSE grades than those with similar characteristics in mainstream schools.⁶⁸ Given that children living in children’s homes are 18 times more likely to be attending a pupil referral unit than all pupils attending state-funded provision nationally, this is a major concern.⁷ Although alternative provision may be the right environment for a child, in practice many children fall through the cracks: absence rates are around 33% in pupil referral units, compared to 5% for all schools.⁶⁹ We must hold high aspirations for all children in care, and support children to develop and meet their own ambitions.

Some barriers are institutional, some structural. Despite their entitlement to priority enrolment in schools, research by Ofsted revealed that only 76% of children in residential care attending mainstream state schools were enrolled in schools rated as ‘Good’ or ‘Outstanding’, compared to the national average of 84%.⁷ Investigations relating to this gap have found that schools sometimes reject applications from children in care.⁸

While local authorities can mandate that council-run schools accept these children, academy schools have autonomy over their admissions policies. Some schools persistently block enrolment. In response to a Freedom of Information request from The Huffington Post, the Department for Education revealed that between 2017 and 2020, ministers were asked 72 times to intervene and ensure academies admit children in care. Many more refusals likely go unchallenged.⁸

The location of children’s homes compounds challenges in accessing quality education for children in care.⁷⁰ These homes are often built where housing costs are low – and there is a correlation between property prices and school quality. This means children in care are more likely to live in economically deprived areas and attend lower quality schools.⁷¹

Children in care are more likely to experience unregulated schooling, from providers not required to register with any educational body or undergo regulatory inspection.⁷ In a sample of 2,600 children residing in children’s homes, Ofsted reported that 9% attended unregulated provisions.⁷ These provisions are made by children’s care homes when mainstream schooling is not an option for a child, and can include online schooling, one-to-one lessons, and in-house provision. However, they lack the oversight and quality assurance mechanisms enforced by Ofsted, raising significant concerns regarding the adequacy and consistency of the education provided.⁷

These issues of quality and access are exacerbated by the lack of accurate and comprehensive data on the educational status of children in care. The Children’s Commissioner has highlighted the lack of a national monitoring system to track whether these children are receiving

Figure 11. Number of section 136 detentions of children and young people by month in one NHS Trust in the North West of England, 2018-21. Reproduced from our 2021 Child of the North report.²

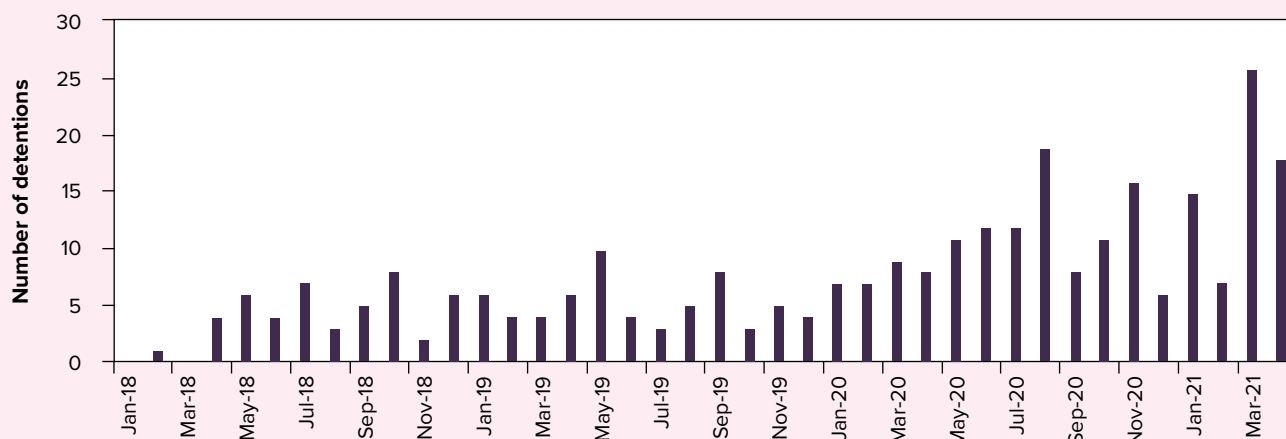


Figure 12. What do police officers tell us? Section 136 detentions in one North West NHS Trust.²

The police officers interviewed were deeply concerned about the increasing number of detentions during the pandemic. They were worried about the lack of suitable places of safety and considered detention of a child in either Accident and Emergency or general paediatric wards to be highly inappropriate and distressing for all.

Police officers were required to remain with the child due to the lack of appropriate provision for these children but felt that they did not have the specialist expertise to care for a child in acute distress. One police officer, describing a child curled up and sleeping on the floor of an Accident and Emergency department:

“wholly, wholly inappropriate”

Regarding detentions in a paediatric ward, a police officer stated:

“More often than not they are ... kicking off. You have poorly children who are then being disturbed and frightened by the behaviour of another child ... Detaining, restraining, head guards, limb restraints, handcuffs. On and off all night. All night. It wasn't good for the other children, and the child you have detained, this is horrific.”

The police officers referred to the frequency with which they detained children from children's homes. They were particularly concerned about children placed in care from out of the area, for whom information was not available quickly to inform police actions. This meant that police were unable to use information to ascertain risk to self and try to avoid detention as far as possible:

“for looked-after children placed away from their home location – there is no local information”

education within registered schools.⁷¹ This knowledge gap impedes authorities' ability to implement targeted interventions and support measures. Reforms are therefore necessary to guarantee that all children in care have access to uninterrupted and quality education within registered schools, safeguarding their fundamental right to education – and ensuring that children in care thrive in education and meet their ambitions.

Costs of care

“The market's totally in control and can dictate costs, and that's really difficult for a service to manage with the pressure from your corporate, from your chief exec, because, you know... You are bankrupting the council.”⁷⁴

In 2023, 21 of 31 local authorities with more than one in every 100 children in care were in the North. Of these, 14 have consistently exceeded that threshold since 2019 – an unrelenting strain. The North continues to record extreme outliers for high care rates.

- England: 71 per 10,000
- Blackpool: 191 per 10,000
- NE Lincolnshire: 173 per 10,000
- Hartlepool: 160 per 10,000.1

Between 2015-16 and 2021-22, local authority spending on residential care more than doubled. In 2022-23, the average weekly spend per child in residential care was £5,980 – but in one Northern local authority it was as high as £17,595 per child.⁷³ One in 10 local authorities are now at risk of bankruptcy.⁷⁴ For Northern Regions hosting disproportionate numbers of children in care, the crisis is acute. In 2022-23, per-capita residential placement costs were highest in the North East (£334 per child), followed by the North West (£271). They were lowest in Outer London (£114), the East of England (£129), then Inner London (£136).⁷⁵

These spiralling and uneven costs have raised awareness of private profiteering in the provision of Children's homes. In 2022-23, private companies provided 81% of children's homes places²; 72% of local authority spending on placements went to private companies.⁷⁵ In 2016-20, profit margins for the largest children's homes providers were around 23%.⁷⁶ In the five years to 2023, the number of homes backed by investment companies more than doubled.⁷⁷

Research shows that local authorities most reliant on private placements have the highest rates of placement disruptions, and placements far from a child's home.⁷⁸ After decades of outsourcing, more and more

local authorities are aspiring to bring more provision back in-house – but rebuilding will take investment and long-term vision.⁷⁹

In 2022, the Competition and Markets Authority (CMA) published their report into the children's social care market. It found a lack of placements of the right kind, in the right places. It confirmed that:

- Profits for large providers were higher than would be expected if the market were operating efficiently;
- Profits were not being reinvested in staff recruitment, training, or support;
- There were concerning levels of debt for many providers, increasing the risk of providers' sudden exit from the market, and major disruption to children's lives.⁷⁶

The CMA issued a range of recommendations to address ineffective commissioning of placements, and to increase the capacity and resilience of the market, all of which have been accepted by the government.^{76,80} But the North East Directors of Children's Services note that the government's plans do not go far enough. They are united in calling for more robust government intervention to fix a broken care market, including capped costs and investment in not-for-profit capacity.³⁵ The very concept of a 'care market' has been a disaster. The Independent Review of Children's Social Care, widely considered a once-in-a-generation opportunity to reform children's social care,⁸¹ additionally recommended placing a windfall tax on the largest private providers. That report asserted that care, like education, should not be warped by profit motives.⁴³

Workforce

“And it's a constant battle every year in terms of that funding – and probably that's the one thing that I got most fed up of when I decided to pack up being a Director of Children's Services, because of that hounding of how much can you give in. Knowing that I'd delivered good services. But knowing that your social workers should have a caseload of eighteen or nineteen, and many of mine had caseloads of thirty, just because of the funding and the money. And it just wasn't right. But there was no more money to give.”^{14,82}

The children's social care workforce plays a crucial role in our society and in the lives of children and families in need. For many, the work is a calling.⁸³ Despite feeling that the public lack respect for their work,⁸³ social workers consistently report deriving a sense of personal accomplishment from it,⁸⁴ and job satisfaction, though falling, is still around 70%.⁸⁵ Yet a slow-burning workforce crisis is mounting in England, intensified by the

pandemic. In September 2022, the number of children’s social workers leaving their roles exceeded the numbers starting (Figure 13). The 2022 Association for Directors of Children’s Services Safeguarding Pressures report cites workforce sufficiency as a key challenge.⁶¹

Why is workforce sufficiency such a problem? Year after year, social work and human health comfortably top the list of industries for work-related ill health. The economic costs exceed £4 billion.⁸⁷ More than half of ill health was due to stress, depression or anxiety – and rates of poor mental health have increased sharply since the COVID-19 pandemic, reflecting worsening working conditions.⁸⁸ Surveys indicate that social workers have disproportionately high levels of emotional exhaustion, a key factor in burnout.⁸⁴ The North of England has higher rates of absence due to sickness than the South (Figure 14).⁸⁶

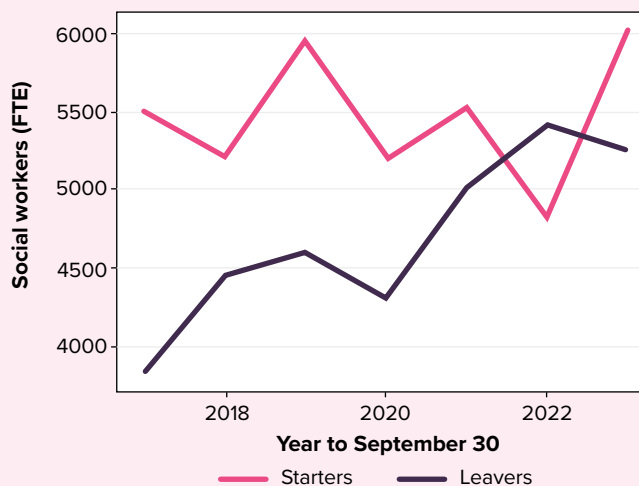
It’s not enough to demand that professionals be resilient. Resilience doesn’t exist in a vacuum.⁸⁹ Social work leaders can foster it by building a supportive workplace environment – by supporting social workers to spend most of their time with children and families and promoting a learning culture at all levels of the organisation.^{90,91} But ultimately, chronic workplace stress among social workers is intimately tied to workload.⁹²

In 2022, around 63% of local authority child and family social workers agreed that their workload was too high, a 12 percentage point increase over the prior five years. 65% felt stressed by their job, a 14 percentage point increase.⁹³ In interviews, social workers cited, among other challenges, austerity-driven cuts increasing workload, caseloads and complexity of cases.⁹² On the surface of it, average caseloads have slightly eased since 2021. However, 82% of social workers reported greater complexity of cases in the aftermath of the pandemic.⁹³ Caseloads remain higher in the North than the South of England (Figure 14). And caseloads cannot fall without more funding.

Because of these work pressures, retention has been dire. More than a decade ago, the average working life of a social worker was under 8 years,⁹⁴ compared with 25 years for a doctor⁹⁵. This is likely an overestimate of social workers’ longevity today: turnover is on the rise.⁸⁶ Latest surveys show that around 19% of child and family social workers leave within five years. Of those who remain, only 63% are directly employed by the local authority, reflecting a massive shift towards agency employment for better pay and working conditions.⁹³ Meanwhile, in 2021, around 40% of UK social workers were planning to leave their local authority within an average of 15 months. Almost 30% intended to leave the profession entirely, in an average of 17 months.⁹²

The result is that in 2023, record levels of agency social workers were used to fill gaps in local authority children’s services teams⁹⁶ – a last-

Figure 13. Numbers of children’s social workers leaving and starting their roles.⁵³

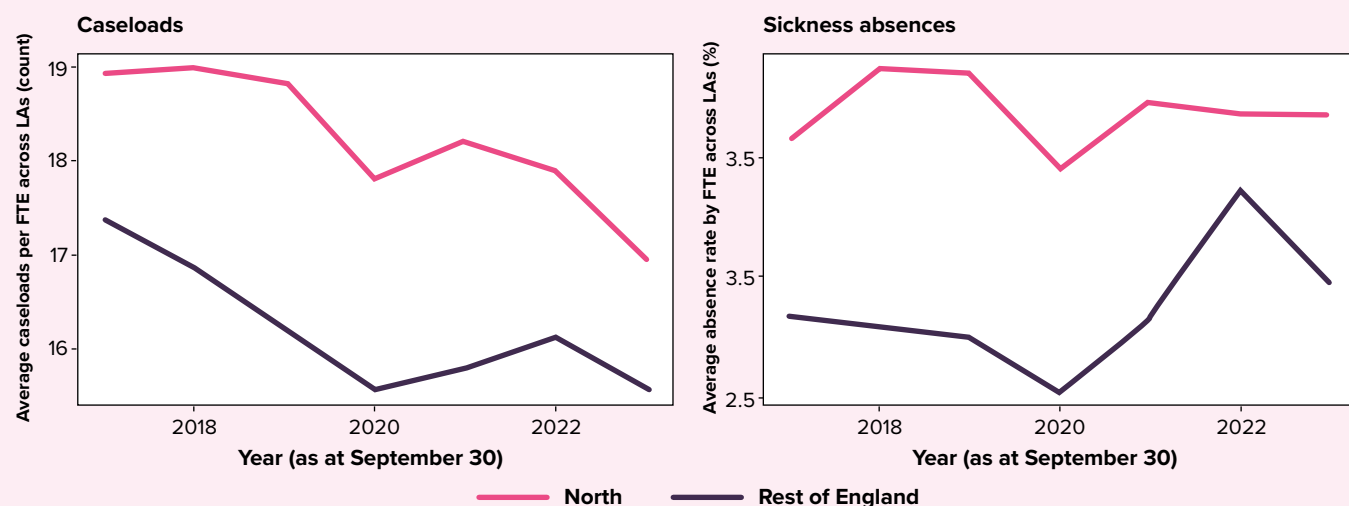


resort, high-cost option for cash-strapped councils.⁹⁷ Over the past five years, the North has seen an astronomical 68% increase in the proportion of agency workers, from 10% to 17%. Though rates in the South remain higher at 20%, the corresponding five-year increase was just 6%. This will only intensify the spiralling spend on social workers and children in care, at the expense of investment in prevention.⁴¹

Children and families pay the price. Workforce churn is a huge barrier to high quality relationship-based practice, as people learn that they can’t trust a social worker to be there for them for the long haul.⁹⁸ One study found that children with more than one social worker were 60% less likely to be found a permanent placement.⁹⁹ There is a need for structural solutions to this systemic workforce crisis.



Figure 14. Average caseloads and sickness absence rates, by North versus South, 2017-2023.⁵³



STRENGTHEN SUPPORT FOR YOUNG PEOPLE

Case study: Katelin's story

"They clearly don't care about me."

"I was first interviewed by HIP-R regarding my experiences in the care system in 2021, when I was 17. In this interview, I had been out of the care system for 4 months without being offered a suitable placement, so I was forced to sleep on friends' sofas. Prior to leaving the care system, I was in a supportive and stable placement with helpful staff. However, as my time there drew to a close, I found myself dealing with a system unprepared to support children in care in their transition to independence.

In my first interview, I spoke about the lack of follow-up support from both my personal advisor (PA) and my social workers. This left me feeling unheard and unsupported. I also explained that in the time since leaving the care system, Property Pool, a company which assists individuals in finding homes, had offered me very

few lettings. Those they had offered me were in deprived and dangerous areas within the Liverpool city region that weren't suitable for a 17-year-old living independently.

It has been over 2 years since my first interview with HIP-R, and I am in the exact same position. My PA has not contacted me at all during this time; I feel utterly unsupported and alone. Property Pool continue to only suggest I move into accommodation in dangerous areas of Liverpool, known for drugs and prostitution. Upon viewing, I refused to even enter the flat. I'm now staying with my partners' family, which is not ideal. It makes me feel homeless and anxious. I'm always in fear of having to couch hop at any given moment. I feel like the team who's supposed to be looking after me need to be re-trained. In the last two years I've heard from them twice, one was when they sent me a £200 Asda voucher in November 2023. They clearly don't care about me."

Cliff edge of care

Katelin's story highlights the challenges faced by children and young people leaving the care system. Young people aged 16 or older leaving residential or foster care are often expected to become independent much earlier than non-care experienced adolescents. Support is phased out or ends between the ages of 16 and 25. Within wider society, it is increasingly common for young adults to remain living at home into the early twenties (as the 2021 Census shows); they continue to receive emotional and practical support from their parents and don't face the same pressures to 'be independent'. This situation of young people leaving care has been described by social work practitioners and policymakers as the "cliff edge of care".^{100,101}

Unregulated and privately run independent living arrangements for young people have come under scrutiny for being overpriced, substandard, and unsupportive of the needs of this still vulnerable group of young people – who are, more often than not, survivors of trauma. In March 2023, 8% of care leavers aged 17 were deemed by their corporate parent (the local authority with continuing duties to support them) to be living in unsuitable accommodation. For another 33% of care leavers this age, the local authority could not provide information about their whereabouts.¹

Research studies have repeatedly evidenced the social, educational, and economic disadvantages care leavers face over their life course.^{102–104} Latest official government data from the Labour Force Survey found that 38% of care leavers aged 19 to 21 were not in education, employment or training, compared to just 13% of the general population of 19 to 21 year olds.¹⁰⁵

A substantial proportion of care leavers in England in recent years were formerly unaccompanied children seeking asylum. In 2023, 30% of care leavers aged 18, and 26% of care leavers aged 19 to 21, were formerly unaccompanied asylum seekers.¹⁰⁵ These children and young people fleeing danger are by no means driving the North South divide in care – the South of England hosts around four times more children seeking

asylum than the North.¹ But wherever they settle in their search for safety, young care leavers with refugee background have specific support needs that need to be addressed. They often deal with major childhood trauma requiring specialist support. We owe them this support.

The Independent Review of Children's Social Care regards the plight of care leavers who experience severe disadvantage "the civil rights issue of our time" and has called for enhanced support for care leavers.¹⁰⁶ We reiterate this call. Underfunded and overstretched local authorities will need considerable additional support from the national government to support these young people.

Children and young people presenting as homeless

***"If a 16-year-old cannot live with their own family, because they have been kicked out or their relationships have broken down, then they are not 'homeless'; they are a child in need of care."* Dame Rachel de Souza.¹⁰⁷**

Local authorities have a significant responsibility under section 20 of the Children Act 1989 to accommodate children under 18 who cannot live with their families, making them 'looked after' children.^{108,109} In 2021, the Department for Education introduced secondary legislation guaranteeing care and regulated accommodation to children in care – but only to the age of 15.¹¹⁰

More recently, as of October 2023, accommodation providers for 16 to 17 year olds in care are obliged to register with Ofsted, and meet quality standards.¹¹¹ Concerns about the adequacy of support persist, as homes will not have a duty to provide day-to-day care.¹¹² Nevertheless, over time, 'looked after' status has increasingly conferred important entitlements.

There is a problem. Accessing 'looked after' status is often contingent on young people approaching social services. If they haven't sought help, or prefer to apply as homeless instead, they're considered to have a 'priority need', which complicates their journey towards stability. A recent report

by the Children’s Commissioner for England highlights the variation in independent advocacy support to navigate these difficult circumstances - almost half weren’t provided advocates.¹⁰⁷ In 2022-23, 6,469 teenagers sought assistance due to homelessness.¹⁰⁷ Of these young people, 41% were not accommodated by local authorities and only 39% were given ‘looked after child’ status. The report also highlights problems with the way information was presented to children, with some feeling manipulated against accepting care under section 20.

As a result, many 16 and 17 year olds are placed in unregulated settings like bedsits, flats, shared houses and hostels. These may be wholly inappropriate – and dangerous. In the decade to 2021, 50 children aged 16 to 17 died while living in unregulated accommodation.¹¹³ Children who have dealt with more than a child ever should, and who are now expected to live semi-independently, may live alongside young adults who are struggling with their own mental health difficulties or addiction, or transitioning back into the community after prison.¹¹⁴ Children who have been sexually or criminally exploited may also be particularly vulnerable to perpetrators when living in unregulated settings.¹¹⁵ The state must do better.

Accommodation is just the starting point. Children and young people who cannot live with their own family should be provided with a loving, homely environment. Most homeless young people require additional support, from financial aid to help regarding health and educational progress, and practical support to navigate their often difficult circumstances.¹⁰⁷ In short, the current system gives rise to numerous unintended consequences and exacerbates disparities in:

- 1) Quality standards - Unregulated providers are not subject to the same scrutiny which can lead to poor levels of care and support;
- 2) Access to services - Regulated providers have access to government funding and support services that are not available to unregulated providers (such as counselling);
- 3) Stigmatisation and marginalisation of homeless youths - Treating regulated and unregulated providers differently may contribute to the stigmatisation and marginalisation of homeless youths who are not in care. This can exacerbate their vulnerabilities and hinder their access to necessary support services;
- 4) Risk of exploitation and abuse – Unregulated providers may operate without oversight or accountability, increasing the risk of exploitation, abuse, or neglect of homeless youths;
- 5) Barriers to transition - Transitioning from homelessness to stable living situations can be challenging for young people, particularly without adequate support and guidance.⁶³

There is a clear need to address the inconsistency in care and support provided to homeless 16- and 17-year-olds: more uniform practices and better advocacy are needed to ensure the safety and well-being of this particularly vulnerable group.

Welsh Income Pilot

The basic income for care leavers in Wales pilot

The Welsh Government is piloting a basic income for all young people leaving care, by providing them with an unconditional basic income of £1,600 every month for a period of two years from their 18th birthday.

This bold and courageous social policy was born out of the government’s interest in trialling a basic income and their recognition of the unique and significant challenges care leavers face in their transition into adulthood.

This is a potentially transformative intervention and a golden opportunity to raise the profile of care leavers’ needs, generate good evidence about how to help them overcome the challenges of early adulthood, and contribute to the international evidence base on how to reduce poverty and disadvantage.

The pilot is being evaluated by a research team led by CASCADE, the Children’s Social Care Research and Development Centre, at Cardiff University. The evaluation will assess the impact of the pilot on the young people who receive the income, looking at their health, well-being, education, employment and more, as well as asking how the basic income is experienced by the young people and the adults supporting them, and whether or not the programme is cost-effective.

The evaluation is ongoing, with care leavers answering surveys and taking part in interviews. Some of the young people’s supporters, such as birth family members and foster carers are also being interviewed. Professionals working with the young people are taking part in focus groups. Findings are expected in 2026 with interim and emerging findings published each year. The first annual report is available at: <https://www.gov.wales/basic-income-care-leavers-wales-pilot-evaluation-annual-report-2023-2024>

Early insights provide myriad examples of care leavers having new opportunities and choices, for example, being able to take driving lessons, buy an instrument for a music course, eat more healthily and, crucially, save money for the future. As one young person, attending college and working a part-time job commented:

“I think eighteen is the perfect age to receive this, because you’re going into adulthood, you gain the responsibility, and it’s good to have that financial support when you turn into an adult, because most care leavers, in their childhood, they never had anything that was completely theirs on their own. That they could control. So, I suppose it helped us with feeling in control, and that.”

<https://cascadewales.org/research/the-welsh-basic-income-evaluation/>



LISTEN TO CHILDREN AND FAMILIES

Removing children from their families and taking them into care is arguably the most aggressive state intervention into the life of a child and their family. The loss of a child causes immeasurable trauma for parents, often leading to further adversity.^{116–118} For children, experience of the care system is related to adverse outcomes later in life.^{119–121}

We know that most care leavers gravitate back towards family – yet we do little to support families once children enter care, little to promote reunification.²⁷ Parent advocacy groups and scholars have long called for reform, some even for abolition of state care systems for children. Policymakers must heed the call to prioritise prevention, provide ongoing support to families, and strengthen reunification practice.^{27/22}

Good prevention means properly understanding and serving the needs of children and their families. Policymakers, practitioners, and those who design prevention and interventions must learn from those with lived experience of the care system. Too often, stakeholder engagement is tokenistic, treated as a tick-box exercise, and perceived as patronising by the recipients of care interventions.¹²³

The voice of the child is often absent from family courts¹²⁴ – scholars are arguing for reform to ensure that the voices of children who are able to express their wishes are heard in family law proceedings.^{125,126} There are solutions to these problems, but policymakers must be prepared to listen, learn, and change the way services are designed and delivered.

Co-design and co-produce help

Best practice cannot be designed top-down. Co-designing prevention with care experienced adults, families and child advocacy groups¹²⁷ promises the integration of much-needed expertise into service design.¹²⁸ Parent activism may also be key to developing community agency, generating a public critical consciousness, challenging power and oppression, and inspiring change.¹²⁹ These approaches are more likely to meet the needs of families, reduce trauma for parents and their children, and galvanise cultural change. They are also an important tool for victimised mothers and families working towards healing trauma.



Family Group Conferences

When done right, Family Group Conferences (FGCs) give voice and agency to parents and wider family networks. This is very important in the context of high and rising rates of forced removals of children from their families in the UK. FGCs originated in New Zealand in the 1990s, in the context of highly racially biased child removal rates affecting the Maori and Pasifika population.¹³⁰

These racial inequities persist, pointing to the critical importance of addressing structural inequity so that services may work as intended.¹³⁰ The aim of these FGCs was to consult and include families where child services intervened, and to prevent children having to be removed into care.^{131,132} The concept has gained traction in the UK and beyond.

In the UK, unlike in New Zealand, FGCs are discretionary – local authorities are not obliged to offer them to families.¹³⁰ Where they have been used, academics and family advocacy groups report that they have helped keep families together.^{131,133} Overall, evidence of an impact on care rates is mixed.^{123,134} However, the introduction of FGCs was found to be associated with increased rates of referral into family foster care. This suggests that FGCs may help avoid state care for children who could not live with their parents – a core goal.¹²³

There is also criticism. Where domestic violence is present – and domestic violence is one of the most frequent cited reasons for child removal – professionals often pragmatically exclude the perpetrator and their networks (often the father and paternal networks) from FGCs. This ‘pragmatic’ approach may be appropriate where mothers choose separation, but not all mothers do, for strong cultural, relational, economic, and personal reasons.¹³⁵ Under these circumstances, mother-centric FGC approaches can inadvertently intensify the state surveillance and regulation of women victimised by domestic violence. Restorative Family Group Conferences, which involve paternal networks, are challenging, but hold promise.¹³⁵

In conclusion, it is vital to not only hear the voices of children, mothers, the wider families, and people with care experience, but embed them in the design and production of research, prevention, and intervention from the very start.

Case study: Mothers' perspectives

“What we see at REFORM is that asking for help is taken as evidence of harm. The analogy we use is that instead of applying a cast to a broken leg, services amputate the leg because ‘we don’t have resource for anything else’”.

Amy Van Zyl

I am writing as Chief Executive Officer at REFORM, a community organisation supporting women who have experienced care proceedings. We know that women in this situation go on to experience poor health outcomes: poor mental health, shame, and stigma. They are more likely to have poor mental health, use substance to help them cope, return to abusive ex partners, and die by suicide. The injustice perpetrated against these women is deeply damaging.

The women we work with are very far from the Daily Mail headlines. For the women we see, Children’s Services concerns are categorised as neglect and emotional harm, concerns that arise because mothers are struggling to meet their children’s needs. But there is no nuance in the system, no distinction between intentional harm inflicted on children and the unintentional harm experienced by children due to the unmet needs of parents. Parents experiencing care proceedings are all treated the same.

The language we use reflects this disregard for parents. We linguistically, conceptually, and emotionally separate children and parents. We speak of ‘children in poverty’. Children in poverty are families in poverty. We speak of ‘children in need’. Children in need have parents in need. But parents’ needs are not sufficiently addressed. Instead of care, compassion, and support, they are led through a judicial process that removes children often at the level of suspicion of harm, not necessarily harm. Parents in this situation face an uphill struggle.

Whether they are aware of it or not, they have two tasks ahead of them. First, they have to recover from the underlying condition which prompted Children’s Services involvement. This is often a monumental task in itself, as the most common issues are domestic abuse, addiction/substance misuse or mental health issues. Second, they have to navigate the process of assessment and surveillance. A very complicated legal process to execute, for which everyone involved, other than them, is university educated. There are often assumptions which are incorrect, such as the social worker is there to help them.

Usually the social worker is there to assess them and help the child: a process which is rarely supportive of the rehabilitation and change of the mother, and so subsequently fails to protect the child from the pain and trauma of child removal. We question the potential harm and abuse children might experience if left with parents, but we never question the trauma experienced by children as a result of removing them from families.

Whilst mothers navigate these two difficult paths, they do it under extreme pressure - managing unbearable stress and capricious obstacles. For example, they may be attending rehab, trying to meet

high expectations of progress, while also ensuring they are available at the last minute for random supervised contact with their children. And they are judged at every turn. This dual challenge significantly increases stress levels and the likelihood of exacerbating parents’ problems rather than alleviating them. Practitioners still use the phrases ‘mam’s lifestyle choices’ without regard for research which clearly indicates there is very little choice involved in mam’s lifestyle. And that the truth is we are still more comfortable defaulting to blaming women than to empowering and supporting them out of difficulty.

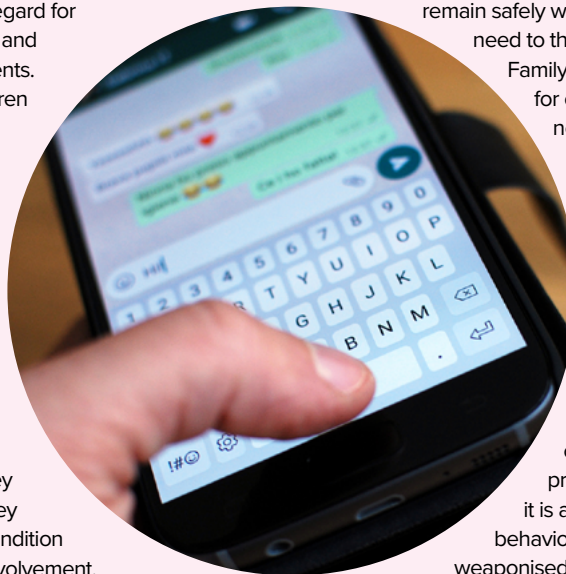
Parents find that they cannot be honest about their support needs because this is a gateway to losing their children. One mother with a history of alcohol issues became distressed and started binge drinking. She did the right thing by her children – she reached out for help from the mental health crisis line. They in turn called social services, and within 24 hours both children were in care. Parents equate reaching out for help with the loss of their children.

This points to a real misconception about what social services is, what it does. What we see at REFORM is that asking for help is taken as evidence of harm. The analogy we use is that instead of applying a cast to a broken leg, services amputate the leg because ‘we don’t have resource for anything else’. If we are to ensure that children can remain safely with their families, we need a reframing. We need to think of Children’s services as Children and Family Services. We need to think of support for children in need as supporting parents in need.

At REFORM, women come in anonymously. They get support from each other. A slip-up is viewed as an opportunity for help and honesty, rather than cause for shame. Women are not at the mercy of others’ perceptions, not paralysed by others’ judgement. This is not what the state does. Judgement, shame, guilt, risk of consequence – this is what the state provides. It is not a safeguarding process, it is an anti-safeguarding process. Women’s behaviour and past experiences of trauma are weaponised against them as reasons they cannot keep their children.

I’d like to share with you excerpts from some WhatsApp messages circulated by women at REFORM. This was in response to a woman who was using drugs, and who faced the risk of the removal of her baby at birth. After experiencing intense judgement and shaming in a clinical setting, she reached out for support from the network at REFORM, which is deeply engaged with local community groups in the area.

They encouraged her to attend a Narcotics Anonymous meeting, stating that “no one will look down on you here”, that others will “look well on you for coming to NA”. The wave of support had a profound effect on this woman, who rightly felt proud of reaching out and taking positive steps for her child’s sake. Building a support network around a parent can mean a new future. Women do recover, get sober, maintain sobriety, regain custody. They do it with the right support. We need a fundamental re-evaluation and reform of the current system, and a supportive, empathetic approach towards families in need.



SUMMARY OF POLICY RECOMMENDATIONS

The following recommendations are distilled from this and other key research reports on childhood adversity.^{9,14,29,43,45,53,58,63,107,136,137}

1. Tackle child poverty as a social determinant:

The government must acknowledge the causal impact of poverty on children and families' wellbeing and subsequent care entry. It must implement policies to reduce child poverty, including:

- A renewed commitment to ending child poverty. An ambitious child poverty strategy is needed, one that ensures adequate social security for families with children, recognising the importance of additional support at this sensitive and challenging life stage;
- Abolishing the policies that harm children. This means removing the 'no recourse to public funds' condition for families with children, ending freezes on uprating, and removing the two-child limit, bedroom tax and benefit cap. It means ending punitive sanctions and high deductions from Universal Credit, and ensuring that local housing allowances keeps pace with local rents;
- Investing in children. Investment strategies might include increasing and expanding child benefit, introducing universal free school meals, helping with childcare costs, strengthening enforcement of child maintenance payments to lone parents, raising the minimum wage, and improving the real value of the National Living Wage such that it rises with inflation.
- Developing an overarching, long-term, equitable plan for children in the North to address place-based inequalities and pre- and post-pandemic exposure to poverty and adversities.

2. Offer material support to families involved with Children's Services:

The government should enhance material assistance for families engaged in child welfare services. Specifically they should:

- Invest in local welfare assistance schemes, with referral mechanisms from Children's Services;
- At a local level, implement robust income maximisation strategies such as routine benefit checks, and connect families with diverse sources of assistance including charities, food banks, and faith organisations;
- Implement anti-poverty practice frameworks, and poverty-proof all local policies;
- Provide delegated budgets to social workers to support families materially;
- Introduce and enforce mandatory financial allowances and paid leave for all carers – including kinship carers – to ensure adequate support and prevent unnecessary placement disruption. This must involve additional support to local authorities from national government,
- Allocate resources to family network plans to strengthen familial support structures.

3. Build sustainable prevention strategies:

To address the increasing number of children entering care, the government must invest in Children's Services – and particularly in prevention strategies. Specifically, they must:

- Update funding formulae to direct resources according to need, adequately accounting for deprivation-based need, and ensuring sensitivity to changing deprivation levels;
- Target additional investment in the North to ensure sufficient provision of preventative services to stem the flow of new children entering care;
- Increase funding for preventative services that offer ordinary help, such as health visiting, children's centres, family hubs and early help services;
- Rebalance spending towards preventative services, and ringfence funds for prevention;
- Listen to children and families. When designing services, partner with care experienced people and parents with experience of navigating Children's Services. For help to be effective, it must be acceptable to families, and meet their stated needs.
- Identify family adversity early and provide appropriate support to parents in need: address long-standing deficits in mental health provision for parents, including outreach services tailored to vulnerable parents. Reinvest in services that address domestic abuse and addiction;
- Address the long-standing deficits in mental health provision for children and adolescents;
- Streamline funding from various sources to reduce administrative burdens and inefficiencies, with a view to making services easier to navigate;
- Incentivise multi-agency working to facilitate the delivery of comprehensive family support services;
- Ensure that practitioner education and training covers child welfare inequalities, raising awareness of the wider social determinants of service use;
- Promote social norms that protect children from violence and adversity, adopting child rights-based approaches. For example, seeking to reduce the acceptability of violence against children, and offer children the same protection as adults from physical assault.

4. Tackle racism as a structural determinant:

To combat intersectional inequalities in care, joint anti-racist, anti-poverty policies are needed at every level of government, and across systems. These should

- Focus on the massive ethnic inequalities in wealth. This will require more equitable housing and labour market policies.
- Establish anti-racist and anti-discriminatory practices and policies across child welfare, education and criminal justice systems.
- Prevent the criminalisation of children in care.
- Consider the specific needs of different groups of children, young people and their families, applying an intersectional lens.

5. Fill gaps in support for older children and those leaving care:

The government must make key changes to policy to support older children, and those leaving care. They should:

- Default to section 20 support for children in need of accommodation, and introduce an opt-out independent advocacy model to ensure that children are fully and continually informed of their rights. Local authorities should track advocacy offers, with recommendations for improving advocacy services;
- Update statutory guidance to classify homeless children as needing support from children's social care, disseminating updated information on rights and entitlements;
- Develop guidance for social workers and advocates on the implications of refusing section 20. Produce child-friendly resources outlining the rights for homeless children aged 16 or 17;
- Review responses by local authorities to 16- and 17-year-olds who present as homeless and provide data to Ofsted on placements ahead of inspections. Align Ofsted inspection frameworks with social care standards and update supported accommodation standards;
- Amend regulations to prevent placing children aged 16 and 17 with adults over 25 and require registration for all providers;
- Update priority need orders to include care leavers as priority until age 25;
- Ensure access to Staying Put arrangements or Staying Close schemes for all care leavers until age 25 – this must extend to children living in residential care, who are currently expected to leave the place they call home when they turn 18. Every child leaving care matters: <https://eclcm.org/>;
- Focus on supporting 16- and 17-year-olds to remain safely within family networks in Families First for Children Pathfinders;
- Enhance support for kinship care arrangements through the Kinship Care strategy. Increase and enforce minimum income standards for kinship and guardianship carers;
Initiate a nationwide recruitment drive for specialist foster carers for older children, including unaccompanied asylum-seeking children, as part of the social care strategy.

6. Strengthen fragile systems

- Implement measures to regulate private profiteering in residential care services, including capped costs and investment in not-for-profit capacity.
- Regional Care Cooperatives will help plan for future needs and commission necessary services.
- Heed the Independent Review of Children's Social Care's recommendation that a windfall tax be levied on the 15 largest private residential children's homes and independent fostering providers;
- Address the uneven geography of children's residential care to reduce the disproportionate burden on the North;
- Recognise and mitigate the disproportionate costs to services in the North associated with supporting children with complex needs in residential care;
- Consider steps to redress socioeconomic inequalities in the location of children's homes, which in turn systematically structure resident children's access to high quality education. This could include the allocation of targeted funding or incentives to encourage the construction of care homes in more well-off areas. Nimbyism should not factor into decision-making – only what is in children's best interests.
- Develop a children's social care workforce strategy that prioritises recruitment and retention, with a particular focus on appropriate caseloads that allow for social work discretion, and relationship-based, child and family-centred practice.
- Ensure that social workers have time to focus on the frontline where forming relationships with children and families is paramount while minimising the burden of rules and paperwork.
- As part of this strategy, initiate a nationwide recruitment drive for specialist foster carers for older children, including unaccompanied asylum-seeking children;
- Mandate that all schools, including academy schools, prioritise enrolment of children in care and enforce compliance through governmental intervention when necessary;
- Improve the oversight and regulation of alternative educational provisions for children in care to ensure both consistency and quality.
- Challenge the continued reliance on remote service delivery;
- Address the backlog of cases in family courts.

7. National framework and data strategies:

To strengthen the foundations of children's social care and optimise data strategies, the government should:

- Continue to bring together children's social care data in the Children's Social Care dashboard and identify and address data gaps, including those relating to children and families' socioeconomic conditions;
- Continue to support the creation of linked, anonymised administrative data at individual level, covering children's interactions with public services. This should cover not just health, social care and education data, but also data on key axes of inequality. This will enable researchers to better understand how intersectional inequalities arise, and key policy entry points for effective intervention;
- Establish a national monitoring system to accurately track the educational status of children in care, enabling the identification of effective interventions and support measures;
- Report data on mortality and health outcomes of care leavers to inform policy decisions.
- Conduct cohort studies to monitor health, housing, education, and employment outcomes of children in care.

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