

Consultation

CoramBAAF submission to the consultation on Children's social care strategy: Stable Homes, Built on Love

11 May 2023

Chapter 1: Our vision & making reform work for everyone

1. Overall, to what extent do you agree these six pillars are the right ones on which to base our reforms for children's social care? Neutral (neither agree or disagree)

If desired, please briefly explain your answer:

2. What more can be done by government, local authorities and service providers to make sure that disabled children and young people can access the right types of help and support? Please comment below:

Advocacy and non-instructed advocacy are vital services to support disabled children. This is often specialist work, for example, advocating for a non-verbal child will clearly present challenges that only very skilled advocates could meet. The recent Doncaster national safeguarding report found that the children in a particular setting experienced significant neglect, abuse and harm and that children with profound communication difficulties received little support to participate in review meetings or report the abuse they had experienced. The report called for all children with disabilities and complex health needs in residential settings to "have access to independently commissioned, non-instructed advocacy from advocates with specialist training to actively safeguard the children and respond to their communication and other needs."

(<https://www.gov.uk/government/publications/safeguarding-children-with-disabilities-in-residential-settings>) We support that call in providing an important safeguard to some of our most vulnerable disabled children. Foster carers also provide a vital role when caring for children with disabilities and they should be consulted on their views as a matter of routine as they will be spending significant time with the children in their care and know the children very well. Research shows that 24% of care leavers reported that they had a disability or long-term health problem that limited their daily activities compared with 14% of those aged 16 to 24 in the general population (ONS, 2020d).

<https://coramvoice.org.uk/wp-content/uploads/2020/11/1883-CV-What-Makes-Life-Good-Report-final.pdf>

For Looked After Children there are challenges about receiving diagnoses if they change placements. There are also challenges and lengthy timescales in assessments in relation to conditions such as FASD or in assessing neurodivergence. It is difficult for carers and social workers to adequately support children if the child's needs have not been properly identified. A further challenge is once a need may



have been identified or a condition diagnosed, there may not be suitable resources such as specific education, mental health etc. available to support the child.

Chapter 2: Family Help

1. To what extent are you supportive of the proposal for a system that brings together targeted early help and child in need, into a single, Family Help Service in local areas?

Neutral

If desired, please briefly explain your answer:

Any approach which brings together targeted early help and child in need, into a single, Family Help Service will need adequate funding. These proposals may further stretch an already stretched s.17 budget. It is noted that a number of pilots will be taking place to consider this model but a key factor will be the length of the evaluation and investment needed to see or consider the longer term impact. The role of the extended family and family network at this stage in children's services should not be missed. Family and the family network should be harnessed at the early help stage and this should not just be left as something to do at a safeguarding level or at Public Law Outline.

Harnessing the family network at an early stage can identify support for the children and parents, as well as enabling early identification of potential carers.

Chapter 4: Unlocking the potential of Family Networks

1. In your view, how can we make a success of embedding a "family first" culture in children's social care? Please comment below:

We support the need for a National Strategy, and welcome the opportunity to be involved in its development. It is crucial that carers themselves are given the opportunity to feedback as the work develops. It is also crucial that the role of social workers with kinship families is considered, and that the Strategy therefore also sets out standards and expectations for good social work practice. The statutory and regulatory framework that governs social work practice with kinship families is a patchwork of guidance and law, much of which was not originally written for use with kinship families. Meaningful reform to create a culture of 'family first' therefore requires a holistic review of all the guidance and law, not just the 2011 Statutory Guidance. Many kinship services provided by local authorities are located within 'fostering' or 'permanence' services, and for some kinship carers their journey will include assessment processes and support being provided from multiple teams. It is our view that meaningful reform needs to include guidance and potentially resourcing from the Department for Education for local authorities to create specialist kinship teams.

<https://corambaaf.org.uk/updates/square-peg-round-hole-part-2-where-does-kinship-social-work-practice-fit>

Early identification Kinship social work practice has traditionally sat within the fostering and adoption paradigm. Changes to this approach will be needed to achieve a 'family first' culture. To truly embed a 'family first' culture, our view is that the government needs to enable local authorities to reform the structures and functioning of the teams that assess and support kinship carers. This is to ensure there are skilled and dedicated social workers who can assess and support kinship families, wherever they are on their journey, regardless of their legal status, and according to their level of need. This will ensure kinship families benefit from relationship based and strengths based social work, which builds trust and confidence in a system that has previously failed many. These features of practice were highlighted as



instrumental by the Department for Education in their evaluation of transformation projects.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/110193/Seven_Features_of_Practice_and_Seven_Outcomes.pdf

It is our view that these features need to also be enabled and prioritised within social work services for kinship families. The Adoption Reform Grant enabled local authorities to provide staff training and development, recruit workers and review structures, to support programs of change for adoption; we believe similar resourcing is needed to support the reform agenda for kinship care. Social workers need training and support to become skilled kinship practitioners, and therefore plans for workforce development need to reflect this. Research by Joan Hunt made a number of recommendations for policy and practice; including the need to develop and share practitioner expertise:

<https://kinship.org.uk/wp-content/uploads/Joan-Hunt-report-merged-final.pdf> “The unique characteristics of kinship care also indicate that the work of assessing and supporting these arrangements, whatever their legal status, should be the province of well trained, and preferably specialist, practitioners, working, wherever feasible, in dedicated teams.” (pp 119)

Workforce development reform needs to include the requirement to have modules on kinship care in social worker training courses both to raise awareness of the culture of valuing families as well as the planning processes connected to kinship care. It is important that any provider of the £9 million contract is required to articulate in detail how they will ensure a meaningful and effective interface with local authorities, to enable effective multi-disciplinary working and robust communication.

Many kinship families experience challenges and complexities that at various times will still require local authority support, regardless of any external training, support and advice provided to them.

For example:

- An application for funding from the ASF currently requires an assessment of support need by a local authority social worker prior to the local authority making an application for funding. The therapy provided needs to be evaluated and reviewed by the local authority over time.
- There is no distinct line between safeguarding and child in need, and many kinship families experience challenges and have vulnerabilities that result in safeguarding concerns. With the right support safeguarding concerns can be managed and reduced by social workers without recourse to formal safeguarding interventions and procedures.
- Some children in kinship families are considered children in need.

In specialist teams, where social workers provide the range of assessment and support, including delivery of training, professional relationships are built that mean all of these needs described above can be met by one team or social worker. We are concerned that the delivery of training, support and advice by external providers could create divisions when providing services.

Therefore, when families do require statutory support, there will not have been opportunities to build trusting and collaborative relationships. It may potentially also reduce the social work task to a safeguarding focus only, when the workforce is already depleted and facing multiple challenges. We agree with the government’s focus on the need for early identification of family networks, both for support and potential care arrangements. Family networks need to be involved in family decision-making as early as possible, even if there is no identified immediate need for alternative care.

Recognising and addressing the emotional complexity involved for families is key. Practitioners need to be enabled by policy and procedure to work alongside families at a time when the family may not be able to conceptualise a need to care for a child but their involvement is nonetheless key. It is important to recognise the diversity of family networks, and the meaning of relationships to children themselves; and to avoid a Eurocentric view of the meaning of family. This is to allow practitioners to consider any



relationship that is significant for a child. We support in principle the move to Family Network Support Packages, but there is a need to ensure that the commitment to improving support for kinship families are matched with genuine resources – financial support, training, peer support, therapeutic parenting support, access to priority housing support, statutory requirement to support children in kinship families in education, emotional and therapeutic support for children in kinship families, support with family time that is responsive to children’s changing needs, respite, understanding life story, raising awareness with health providers.

There is also a need for policy to consider how a child’s experiences will be assessed and reviewed, and consider how a child will be able to express their own views, wishes and feelings. If the intention of the Strategy is to reduce the number of children in local authority care, policy needs to consider whether the level of assessment and support afforded to a child in care, is still needed by a child, regardless of their legal status. If the local authority has been instrumental in achieving safety for a child, either through a child in need plan or child protection plan, which has then resulted in a kinship arrangement, policy needs to recognise the needs of the child being the same level as a child who would otherwise been in unrelated foster care. Therefore government should consider whether all the priorities and enhanced services provided for a child in care, while care planning continues and permanence can be achieved. We recognise that future support for a child’s needs will be according to their assessed level of need and family decision-making and may not require the same level of assessment and support as a child in care for the duration of their minority.

However we do believe that enhanced eligibility such as priority access to CAMHS, Pupil Premium Plus, priority school admissions, access to the ASF and additional EYFS should all be available to children in kinship families regardless of their current or previous child in care status. It is our view that policy needs to address the needs of young people in kinship families when they reach post-18, as currently there is no additional support or priority given to these young people or their carers. For services to be able to meet any demand that this policy would create then it is vital that there is additional funding from central government to meet this demand so that services are not further stretched. Whilst some children’s needs will be met by informal kinship arrangements supported by Family Network Support Packages, some children will still need legal permanence and there is a need to ensure that care planning for children does not drift. Policy changes to enable a culture of ‘family first’ still need to be aware that kinship planning is not linear and families often need support to go on the psychological journey in understanding the needs of the child, their role and the impact on family relationships/systems. Children who require legal permanence will need formal assessment of their potential carers, and further research is needed into assessment models that achieve enduring and stable arrangements.

There is a need for policy to reflect the need for kinship arrangements to be supported while assessment is in progress. Where legal permanence is needed, and courts are involved, there is a need for the judiciary to understand the complexity of kinship care planning. The Public Law Working Group project to reform care proceedings, needs to be explicitly linked into any review of law and guidance, as well as the work to inform the development of a National Strategy.

2. In your view, what would be the most helpful forms of support that could be provided to a family network, to enable them to step in to provide care for a child? Please comment below:

In order to support a family network there are a number of measures that could be helpful. Practical support could include equipment (e.g. furniture and car seats etc.), transport (e.g. taxis, finance for a new larger car, contribution towards petrol costs), help with housing (e.g. better links with housing



departments to enable a quicker house move, finance for an extension, finance for reconfiguration of space, support with clearing a house to create more useable space), and paid time off work. If a family member is caring for a child, they should receive ongoing financial allowance in order for them to meet the child's basic needs. The allowance should be in line with care payments made to unrelated foster carers. This should include a setting up allowance for initial expenditure which might need to cover items such as clothing, school uniform, extra bed/bunk beds etc. It is important that potential kinship carers have information from the outset to help them understand what they are being asked to do. Are they being asked to provide short-term support or are they being assessed to potentially offer permanent care for a child?

Kinship carers frequently talk about not understanding the processes involved in assessment, especially if they have not had previous involvement with children's social services. It is essential that potential kinship carers understand the difference between becoming a kinship foster carer, Special Guardian or having a Child Arrangement Order. Therefore, local authorities need to ensure that social workers who complete Initial Viability Assessments provide this information and that it is repeated as required. Kinship carers who have had a child placed with them in an emergency may not be able to focus on legal options as their priority will be caring for the child and managing the difficult changing dynamics within their family network. Potential kinship carers need to understand what support will be available to the child in their care if they are not deemed to be a Looked After Child. The route that kinship carers go down in terms of being kinship foster carers or Special Guardians can often be dependent on which team carries out the assessment and what information is provided at an early stage. For example, if a fostering service completes the assessment, it is more likely that kinship foster care is the route chosen, or vice versa if it is completed within an SGO team.

Clarity of information about support available now and into the future is key to enable potential kinship carers to make an informed decision. To further support social workers, potential kinship carers should be offered free legal advice to ensure that they understand the different legal options available to them. We know that some kinship carers choose to remain approved as kinship foster carers to access the support that would not be available to them as Special Guardians. Ideally, this legal advice would be provided both at the start of an assessment process and again at the end, if an SGO is being recommended, as this will ensure that the potential Special Guardian fully understands the permanent nature of the order and the support offer from the local authority. Currently, legal consultations should be provided once the assessment has been filed in care proceedings and prospective Special Guardians should have legal advice at that point if the court is being asked to consider an SGO at the conclusion of proceedings. The Government should consider whether all prospective kinship carers should have access to legal advice at the start of an assessment process so they are supported to understand the different routes to becoming a kinship carer – approval as kinship foster carer/SGO/CAO. The change in family dynamics can be very challenging for kinship carers as they begin to understand the child's experiences and the impact on the whole family. Therefore psychological support could be beneficial in helping families process the changes. However, this support needs to be available when the family are in a position to emotionally access the support and should not be offered until they are ready.

It is crucial that early family decision making processes are embedded and that families are supported to understand whether they are being asked to support parents or being asked to care for a child, potentially on a full-time basis. It is important to consider all those who are important to the child within their network and move away from the traditional notion of family. Too often, family friends are considered later and this can lead to further delay in care planning for the child. Within the Implementation Strategy, there is little articulated about the support that could be offered to children. We recognise that support services are oversubscribed with long waiting lists, particularly CAMHS, but



children in kinship arrangements when the local authority has been involved will have the same needs as children living in unrelated foster care. It is important that there is parity in access to services for children, whether they are in care or not, where the local authority had an instrumental role in the kinship arrangement. Equally, there should be access to advocacy for children so that their views are heard. This is crucial in care planning for children and would contribute to a robust assessment where their wishes and feelings can be clearly expressed.

4. To what extent are you supportive of the working definition of kinship care? Somewhat supportive If desired, please briefly explain your answer:

Overall we are largely supportive of the definition, however feel it needs some clarity around the issue of what constitutes a 'significant amount of the time'. We are also uncertain whether all private fostering arrangements should be included in the definition – for example football academies and private language schools are currently considered private fostering, and these should not be considered as kinship care in our opinion.

We are also interested in how children's rights can be protected within this working definition, if a child does not wish for their care arrangement to be described as 'kinship care'. Some children wish to normalise their lived experience and understand it just as 'another way of doing family'. We would suggest consideration is given to adding a caveat regarding use and purpose of the definition, and that a child's wishes regarding how they choose to describe and understand their lived experience is prioritised. We are concerned that it is described as a working definition only – will it become a legal definition, and if not, what will its status be? Most importantly, will it serve as a passport to entitlement, priority access and support? And will other agencies be required or encouraged to adopt it? We are concerned that without any mandate it might be less effective than intended. We acknowledge the definition of 'family member or friend' set out in the glossary. In our view there needs to be explicit reference to cultural sensitivity, and an acknowledgement that family and friend relationships can be experienced and understood differently according to ethnicity, culture, faith and sexuality.

Chapter 5: The Care Experience

1. Overall, to what extent do you agree that the 6 key missions the right ones to address the challenges in the system?

Neither agree or disagree

If desired, please briefly explain your answer:

2. To what extent do you agree or disagree that a care experienced person would want to be able to form a lifelong legal bond with another person?

Don't know

3. What would you see as the advantages or disadvantages of formally recognising a lifelong bond in law? Please comment below:

Government needs to set out what a lifelong legal bond is and what it would entail. This should include what benefits such a bond would bring as well as any entitlements. For example, what will this mean in terms of who has the right to inherit an estate and will this create issues around wills, probate or inheritance. Does a legal lifelong bond entitle someone to a home? Does an adult who has such a bond



have a home they can return to at any time for example if coming home from studying, work or university? Enhancing Staying Put would be a beneficial alternative to this. This could include consideration of support for those in kinship arrangements post-18. There are often challenges in terms of next of kin when someone who is in a kinship arrangement becomes an adult. This may be in spite of the young person wanting a connection to their special guardians. It would also be helpful to consider how a lifelong legal bond would differ to an adoption and what would the implications be in terms of some adoptions such as step parent adoptions.

4. What support is needed to set up and make a success of Regional Care Cooperatives? Please comment below:

Before any implementation of Regional Care Co-operatives it will be important to review and learn lessons from the establishment of Regional Adoption Agencies. The formation of Regional Adoption Agencies has resulted in a gradual reduction of expertise and knowledge with regards to permanence, in the frontline social work teams within local authorities. There is further detail on some of the significant implications of this in an answer further down on the workforce. Further fragmentation of the social care workforce needs careful consideration to avoid unintended consequences. There are serious implications of further separating staff and functions in relation to children. 'Separating out safeguarding, regional care co-operatives and RAAs may create additional complications when these groups will all be working with the same children. For example, how would regional care cooperatives work in the context of early permanence which could potentially involve a local authority, a regional care cooperative and a regional adoption agency with the same child? The plan for each region to agree consistent fees for foster carers within that particular region will bring about a degree of consistency and transparency that will be welcomed by most carers.

Because the proposal is that the regions will pay carers different fees, this will continue to mean that carers make comparisons with other carers across different regions. We already know that this causes tensions and frustrations. If independent fostering agencies (IFAs) are not going to be part of the RCCs this is potentially a missed opportunity. If there was a way to involve IFAs into the RCC partnership arrangements this could create greater support for the workforce, shared expertise and resource opportunities. This would enhance the carers and consequently improve care experiences for children.

5. Do you have any additional suggestions on improving planning, commissioning and boosting the available number of places to live for children in care? Please comment below:

There should be less of a focus on structural reform and more on supporting local authorities to fulfil functions well and support staff and retention.

6. Are there changes you think would be helpful to make to the existing corporate parenting principles? Please comment below:

There is potential in the proposal but issue about practicalities in terms of what it will do. We are aware that in Scotland there is an expanded list of who is a corporate parent and this has meant a greater focus in some agencies on meeting the needs of those who are care experienced.

Chapter 6: Workforce

1. Overall, to what extent do you agree that our proposals on the social worker workforce address the challenges in the system?



Neutral (neither agree or disagree)

2. If you want the proposals to go further, what would be your top priority for longer term reform? Please comment below:

The title of the consultation – Stable Homes Built on Love – sets out an ambition for the government in relation to the most vulnerable children in our society. Having a stable workforce of trusted social workers meeting the needs of children and families is vital to the realisation of this ambition. The approach to agency workers and the measures taken to support the workforce in the implementation strategy are, in our view, unlikely, to address the numbers of social workers leaving the workforce and the challenges for local authorities to recruit and retain children’s social workers.

In 2022, there were 31,600 children and family social workers, down 2.7% from 2021. 5,400 children and family social workers left the profession during 2022, the highest figure since 2017. There are nearly 8,000 vacancies for social workers in 2022 compared to 6,500 in 2021 – a significant increase. These statistics paint a picture of instability within the children’s social care workforce that needs addressing. This instability will impact the children, young people and families whom social workers are there to support as well as increase the challenge for the remaining workforce in keeping children safe and well. The measures proposed in the implementation strategy do not go far enough to address the root causes of the workforce challenges. The development of pathfinders in different regions and different models of practice or practice arrangements such as regional care cooperatives (RCCs), new approaches to Family Help, an Early Career Framework (ECF) as well as a broader range of practitioners to be case-holders for children in need will, at the very least in the short term, create more instability while they are tested. A risk is that we see further depletion of the social care workforce before any benefits from these pathfinders can be identified or made.

The latest data from 2022 (DfE) suggest that there were 6,800 agency children’s social workers – up 13% from 2021 – and the highest data point in the series recorded. This suggests action to address agency workers and the increasing use of them by local authorities is necessary. The recommendations in respect of agency workers logically follow on from existing Memoranda of Understanding between local authorities in eight large regions in relation to agency social workers. These include measures such as an established price caps for agency workers, stipulating the post qualifying experience needed for agency assignment and adherence to procurement routes. Having a clear national policy on agency workers may reduce costs, improve consistency and reduce the chances of newly qualified workers being employed as an agency worker. However, often the reason that agency social workers are employed, is to fill gaps in important statutory functions of a local authority.

The measures suggested, will not, in isolation, address the issues of retention. The children’s social care workforce require a greater focus on being able to meet the needs of children in the community, opportunities to spend time with children and families and greater support from external agencies such as schools or health services to meet the needs of vulnerable children. Social workers on their own are often unable to make the difference to children and families and a multi-agency approach is almost always required to support any child. The path to improvements in the social care workforce is greater investment in the workforce itself through training, reflective supervision and high support/high challenge workplaces. This should sit alongside well-funded and functioning services in the community, such as schools, support for children with SEND and health services to ensure that children have the right support when they need it.

The formation of Regional Adoption Agencies has resulted in a gradual reduction of expertise and knowledge with regards to permanence, in the frontline social work teams within local authorities. Whilst this has relevance across all forms of permanence, it has particular impacts on the need to meet



Adoption Agency regulations. AAR3 and AAR 4 set out who can prepare adoption reports, including CPR and Adoption Placement Report (APR) which includes the requirement to have direct experience of adoption work. The definition of 'direct' is explicit in the Statutory Guidance from 2014. Increasingly, there is a lack of appropriate qualification to meet these regulations within frontline social work teams, which can place an additional burden on Agency Decision Makers and leave court applications open to challenge.