

Written evidence submitted by the Children and Families Research Centre, School for Policy Studies, University of Bristol.

[The Children and Families Research Centre](#) is one of seven research centres based in the [School for Policy Studies](#) at the University of Bristol. Centre members specialise in UK and global research on child and family welfare, health and social care, poverty and inequalities, care and justice systems, parenting, and education. The staff comprises experts from diverse disciplinary backgrounds, including social policy, social work, sociology, and psychology.

This response to the Education Select Committee draws on recent and current research completed across the Centre and on staff expertise in the field as researchers and members of academic and community boards, such as corporate parenting panels, research advisory and steering groups, trustees of related charitable organisations, and school safeguarding governor roles.

There are cross-cutting research themes that overlap the questions posed by the Inquiry. This response covers three main themes: early intervention and the provision of care; the mental health of children in care; and the criminalisation of care-experienced children.

Early intervention and the provision of care

1. Early intervention should be located within local authority teams so there is better communication and understanding between early intervention services and statutory children's social care. The marketisation and break-up of early intervention provision between multiple different private and charitable organisations within local areas lead to a piecemeal and inconsistent response.
2. In our research, families told us about difficulties in the parenting relationship that arose in the child's early years, which were not resolved in time, to prevent the separation. Parental conflict impacts children's wellbeing and outcomes. Therefore, there is a need to support families better when parents separate, including finding ways to manage the separation without going to court, which can be unnecessarily adversarial and harmful to the parents and their children. In our research, parents and children wanted support early, with reliable information and guidance, which was accessible and supported them through the emotional challenges of the separation.
3. Early help services are ideally placed to incorporate this support in community settings which can avoid harmful conflict in families who are separating. Co-locating services to support parents in their relationships are likely to be welcomed by families where there is unresolved conflict.
4. Co-located early intervention services are available in some parts of the country. For example, the Family Hubs model which co-locates services offering support to children and their families in the Early Years is available only in 75 local authorities in England. Although evaluations of other similar programmes have found benefits to children's outcomes, for example, the Education and Training Inspectorate's 2018 evaluation of Sure Start, the Family Hubs model has not been evaluated and should be done so to inform decisions about extending its provision across England.
5. Although there are other examples of positive developments in improving early intervention, these are in relatively early stages of development and are only available in some areas of the

country, for example, the Reducing Parental Conflict programme. This programme, funded by the Department for Work and Pensions, aims to support families where there are frequent and poorly resolved arguments or conflict between parents that harm the wellbeing of children. An evaluation found that parents who completed the interventions reported positive improvements in their relationships. However, the programme is available in only 31 local authorities in England and not at all in Wales, which means many children will not benefit from their parents accessing this support.

6. Consideration should therefore be given to increasing the availability of effective programmes across all local authorities; investing in training practitioners to identify and engage with parents throughout the interventions; supporting local authorities to integrate these programmes into their existing services; and delivering in-person support, as some interventions have been delivered online since the pandemic which has reduced the quality of delivery for practitioners and parents alike.
7. A large proportion of children entering care have experienced parental substance misuse (PSM) and domestic violence and abuse (DVA). Both PSM and DVA are generally better identified and supported when children are young (i.e. younger than 5 years old), but very poorly addressed or supported when it affects older children, particularly teenagers. Adult substance misuse services are not well-equipped to meet the needs of children of the adults they support.
8. There are few well-developed, evidence-based interventions and support for children and families affected by either DVA or PSM (or both). This is particularly the case for PSM. For example, the family drug and alcohol courts have been a fantastic development, but these are only available to children who are at risk of being removed from their parents, and who live in certain geographical locations. Most children who live with PSM are not in these circumstances: they may be referred to children's social care multiple times before receiving an assessment.
9. Given the extent to which these issues feature in children's social care work, a well-funded programme of research and evaluation is required to develop evidence-based interventions and support programmes for children who experience parental substance misuse (PSM) and domestic violence and abuse (DVA).
10. Recent research by Centre members shows that about half of the children who are discharged from the care system are living with kinship carers or other family relationships. A barrier to those children leaving the care system is kinship carers being unable to afford their upkeep. As such, providing a stipend or allowance for kinship carers to continue to care for children and young people is vital in reducing demand (and cost) on the care system.
11. There are significant issues within residential and foster care for older young people (such as multiple placement changes). Therefore, young people may 'vote with their feet', preferring to return to their parents rather than remaining in care, despite potential risks. It seems reasonable that support (including financial) is provided to parents to help them meet the needs of their child.
12. Residential care might be the best-suited placement option for some children - assuming that it is always a bad / worst option is unhelpful. Therefore, rethinking how older children (teenagers) are provided for in the care system remains important. Some young people are being discharged

from the care system, despite being at risk of harm, because local authorities cannot find suitable placements for them that are accepted by the young person.

Mental health of children in care

13. The following recommendations for policy and practice are based on the findings from a four-year research programme on the mental health of children and young people in care at the School for Policy Studies, University of Bristol. This comprised two national surveys (with responses from 1,356 children in care), a survey of local authority managers (from 10 local authorities) and longitudinal tracking of the mental health of 12,050 children in care over 5 years using national administrative data.
14. More than half of the children and young people in care were at risk for mental ill health. Addressing mental ill-health early and during childhood would enable children to reach their full potential whilst reducing the risk of persistent mental-ill health during adulthood which can affect productivity and long-term financial and socio-emotional outcomes.
15. Placement with kin carers and siblings (where possible) is a protective factor for mental health.
16. There should be an increased awareness in social work practice that female children and those who identify their ethnicity as white are at higher risk of mental ill-health.
17. Contrary to the trend observed in the general population, younger adolescents in care are at a higher risk of experiencing mental health issues during and immediately after the transition to secondary school. We, therefore, recommend specialised support for children in care during the transition to secondary school to enable adjustment to the schools.
18. It is a statutory requirement of the local authorities to evaluate the mental health of children in care annually (primarily based on caregiver reports) if the children and young people have been in care for over a year. This data is returned to the Department for Education as part of the annual statistical returns. Our survey of local authority practice showed that not all local authorities utilise this data to provide mental health support for children. The children and young people responding to our survey further highlighted that timely access to necessary mental health support is not available to all children. Given that mental health is dynamic, a child's mental health needs will fluctuate over time. This underlines the need for ongoing mental health assessments and emphasises the importance of involving children in ongoing discussions about their mental health.
19. Stable and high-quality relationships with foster and other carers, friends, and social workers provide a buffer for mental ill health for children and young people in care. It is therefore important to facilitate and maintain positive and supportive relationships across developmental contexts and across time. This can be mainly addressed through the maintenance of high-quality, stable placements and by ensuring a stable social care workforce.
20. The statutory guidance on fostering¹ and National Minimum Standards² emphasise the necessity for foster caregivers to cater to the children's needs at the time of placement. However, there is

a lack of continuous evaluation of the quality and success of these relationships over time. In cases where reunification with the birth family is either not successful or not possible, we recommend that the foster carers' ability to meet the child's needs as well as the relationship quality is assessed (via separate consultations with the children and the carers) before confirming a long-term fostering arrangement. This would necessitate further information sharing with and training of the social workers.

21. Our research also highlights the advantages of promoting positive health behaviours for improved mental health. Children and young people who limit the time spent on screens; avoid risky activities like smoking, drinking, and drug use; and those who have opportunities to pursue interests and hobbies have better mental health.
22. Supportive school settings serve as a safeguard against mental ill health and children in care who have a positive attitude towards school tend to have better mental health. However, experiences of bullying and school exclusion can negatively impact their mental health. Our survey revealed that a substantial proportion of children in foster care, up to one-third, have faced either temporary or permanent exclusion from school. Furthermore, almost a quarter of the respondents reported being bullied in the past six months. Schools must take proactive measures to tackle bullying, and the policy of excluding foster children from school needs to be reassessed.

Criminalisation of children in care

23. There has been increased recognition of the over-representation of care-experienced children in the youth justice system and the criminalisation of the behaviour of children in care. The following points are based on multiple recent research studies within and aligned with the Centre.
24. There is a significant correlation between being placed in care and involvement in the youth and criminal justice systems, both as a child and as an adult, with concomitant negative outcomes, such as becoming homeless or vulnerably housed, or having their own children being taken into care. There needs to be increased recognition of the 'cliff-edge' of care (whether that age is 18, 21 or any other fixed age) and that care-leavers need ongoing support and access to services as and when needed, potentially for their full adult life.
25. The criminalisation of children in care is associated with instability and multiple placements within care, the variable quality of care provision and inconsistencies in support available to children, particularly in private sector care homes and unregulated care placements. This underlines the need for a variety of high-quality care placements to ensure children can live in the most suitable form of care that best suits their individual needs.

¹ 'The Children Act 1989: fostering services. Volume 4: statutory guidance on fostering services for looked-after children', HM Government, 2011; www.gov.uk/government/publications/children-act1989-fostering-services.

² 'Fostering services: national minimum standards', Department for Education, 2011
www.gov.uk/government/publications/fostering-services-national-minimum-standards.

26. Children in care are particularly vulnerable to experiencing mental health difficulties and disrupted educational experiences, as discussed above, which in themselves are associated with an increased likelihood of criminal justice involvement.
27. Children in care are also vulnerable to becoming involved in criminal and/or sexual exploitation, 'county lines' drug offences; this may be particularly problematic for children placed out-of-area and/or in private sector care homes or unregulated placements, reinforcing the need for a variety of high-quality care placements.
28. The support of Youth Offending Team (YOT) staff can be effective in addressing care and well-being needs and is often welcomed by care-experienced children involved in the youth justice system. However, YOT staff believe that they are 'filling in the gaps' in support that should arguably be provided by children's social care staff, but which is not currently being provided due to a lack of resources.
29. The National Protocol on reducing criminalisation of looked after children (2018)³ provides guidance for policy and practice but knowledge and local implementation of the protocol is variable. Support should be provided to local authorities and relevant organisations to improve the implementation of the protocol.

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