

**2021 Day of General Discussion**

**UN Committee on the Rights of the Child**

Abridged Version 1

INNOVATIVE PRACTICE & PRIORITIES

## Children’s Rights and Alternative Care

**Written submission in advance of the**

**Day of General Discussion 16th - 17th September 2021**



**Wales UNCRC Monitoring Group**



**Grŵp Monitro CCUHP Cymru**

**Children in Wales** and the **Wales UNCRC** **Monitoring Group** wish to acknowledge the following organisations for their contributions to our Call for Evidence - Action for Children Cymru/Wales, Children in Wales, MEIC- ProMo Cymru, NSPCC Cymru, NYAS Cymru, TACT Fostering Cymru, The Children’s Society, The Fostering Network in Wales and Voices from Care Cymru

**Disclaimer: Views expressed in this report may not reflect the views of the organisations listed above**

This is an **abridged version** of the points in our full report which relate to ‘innovative practice and priorities’. This version has been produced to meet the strict word/page limit. The full report can be accessed at [www.childreninwales.org.uk](http://www.childreninwales.org.uk). There is also an **abridged version** of the points made by care experienced children and young people available.

Sean O’Neill, Policy Director, Children in Wales June 2021

**CURRENT SITUATION**

Wales has witnessed an increase in the number of children in care over the past 20 years. The gap between the numbers of children in care in Wales in comparison with other UK nations has also widened. There are growing concerns in relation to the poor outcomes for children across a range of indicators, and the ability of the current system, described as in crisis, to adequately support and provide for children whilst in care, and for when they leave.

At 31st March 2020, there were 7,172 children looked after in Wales which is an increase of 5% on the previous year, and 36% over the past 10 years. 70% of children are accommodated in foster care placements, with an increasing proportion placed with relatives or friends. 65% of children who enter care do so because of abuse or neglect. There has also been a sharp increase in the proportion of new-borns who became subject of care proceedings.

**INNOVATIVE PRACTICE**

* **Innovative Practice: Supporting families and preventing breakdown**

**NYAS Cymru’s** Project Unity supports care-experienced pregnant young women and young mothers up to the age of 25 across Wales. This consists of one-to-one emotional and practical support with the aim of **keeping families together, wherever possible.** This European Social Services Award nominated project offers the young women support with budgeting, housing, independent living skills and parenting, allowing mothers to overcome barriers. The aim is to eradicate risks/concerns identified by Children’s Services allowing them to become active citizens within their community. We also offer parental advocacy for parents/carers to bridge the power imbalance between social workers and parents. By **intervening early** we can **prevent the breakdown of the family unit** which would lead to the child entering the care system.

* **Innovative Practice: Responding to COVID-19 (Children’s Homes & Foster Care)**

**Action for Children Wales/Cymru** homes remained open during the pandemic. All staff are tested weekly and have had their vaccines. Our practice has been adapted, inclusive of suspending all visitors to the home, promoting digital meeting to provide regular family and therapy contacts and home schooling of our YP. Our staff rota was adapted with two staff on shift in order to minimise the amount of people in the building and social distancing was introduced where possible for times of staff handovers. Our COVID risk assessment has been continually updated based on the relevant government guidance at the time. We have provided a high-quality of consistent care for all in terms of striving to provide a ‘new normal’ with in house activities, the purchasing of additional garden games and large paddling pool, celebration events recreated in-house and ‘come dine with me’ competitions. Staff transformed our conservatory to accommodate a ‘relaxation room’ promoting mindfulness, yoga, aromatherapy and sensory play. YP have been engaged on the use of PPE in the home; Children’s meetings have continued and they’ve been encouraged to attend reviews via face time. Our Children’s Home accepted new referrals and worked through transitions out safety. This was supported with digital meetings for the planning stages and face-to-face visits were risk-assessed and supported with the correct testing prior to visits, with PPE worn. A transitions worker worked with our YP in enabling them to safely move on - in most cases we’ve supported YP to remain in their current provision during lockdown. We also had a fund to help YP could buy furniture and or pay deposits on rentals. We expected YP to embrace virtual engagement, with their worker however we struggled to get them online and had to use text, voice notes and phone calls to engage them. We sent them cards with words of encouragement, and post cards when on annual leave to ensure they knew we were coming back but to also know they mattered. We sent them a Christmas Eve box with nurturing items and a personal gift. We sent them self-sooth boxes to sooth and distract at times of high anxiety. Some of our YP were eventually able to meet virtually, whilst others are unable to. All YP have remained in contact with family, social workers and friends where possible via digital calling, which staff adapted to ensure we could facilitate. Our contact centre remained open for babies with the service being made Covid secure. Other contacts were supervised remotely with staff monitoring calls. Our Crisis interventions services remained open during lockdown and staff either met YP face-to-face in safe environments or spoke to them via what’s app/face time. Support to parents/carers continued; CAMHS and therapy appointments continued digitally where possible, as has our advocacy service with digital meetings/phone calls. One of our YP struggled with the return back to school once lockdown had lifted, and we worked with the school to provide a gradual integration back.

* **Innovative Practice: Responding to COVID-19 (Foster Care Services)**

**TACT Fostering Cymru -** there were significant challenges we faced at the very beginning. We had to work out how to move from “face to face” hands-on support to working virtually and having little/no physical contact with carers and children. As fostering is relationship and trust based, this was a real threat to our ability to support carers and YP especially those whose behaviour could be challenging. We could no longer be present when crises occurred as we would have been. Many YP have experienced significant trauma and can be fearful of the external world, seeing it as a threat and struggling to trust others. The pandemic - and at times frightening media messaging - re-enforced this fear for some YP, confirming their world view. Some YP with social anxiety found the lockdown comforting and whilst their wellbeing and perception of happiness improved, our fear was that this was just storing up problems when restrictions lifted. We found ways of increasing the level of therapeutic support for YP to ensure that we addressed their fears. There were invaluable guides published early on in the first lockdown on how to talk about the pandemic from a trauma-informed practice that our Social Workers used. We created a central list of trusted therapists that could deliver support and therapy online wherever they lived, and in this respect access to resources improved. We used Psychotherapists to ring carers to assess how they were coping and to provide support. Maintaining relationship and tackling isolation was a priority. We ran monthly online ‘chill-out’ groups with YP so they could meet and engage socially with others, and organised quizzes, competitions and chats & tips on how to cope with lockdown & keep mentally & physically healthy in difficult times. However, as the level of screen time they were experiencing, with home schooling, was quite high, we did see this becoming less successful and screen fatigue kicked in. During lockdown we could only offer workshops virtually but were able to offer them to all YP. Eight Children’s Resource Workers sourced workshops on a range of topics including sexual health/identity, healthy relationships, how to stay positive in difficult times. Support for older YP with employment, education and exams was necessary. As part of our recovery support, we engaged an animal-based therapy service – using companion dogs with trained therapists to help YP get back into “nature”, exercising and talking on long dog walks. The dogs act to break down barriers to engagement that can exist with some of YP.

* **Innovative Practice: Responding to COVID-19 (Helpline support)**

As a digital/online service, **Meic** has continued to be accessible and operational, and experienced no disruption throughout the pandemic, including during lockdown. The number of contacts to the helpline remained largely consistent; a significant proportion were related to Covid. There was an exponential increase in social media and website activity – with reach and engagement far exceeding pre-Covid levels. As Meic does not record demographic/ protected characteristics etc. of all contacts, the numbers of care-experienced YP contacting Meic is unknown. The numbers that are known/recorded are referred to statutory IPA services. Others known are those who identify themselves when discussing what they need/want, which may be advocacy – all types, and/or information, support, advice on other matters. We know from analytics that many more YP were accessing important/helpful information, as well as the parents, carers, and professionals looking after/working with/keeping in touch with them during this time. Some of the challenges for us during lockdown were about finding and ensuring up-to-date information regarding a range of face-to-face advocacy/support services. This was very difficult, with online/website information being incorrect or out-of-date, exacerbated by difficulty in accessing people/information via phone/email, with no or very delayed responses. This clearly had an impact on managing YP’s expectations. This was clearly exacerbated by the reduction/ceasing of face-to-face provision and lack of or slowness to put in place alternative provision. Much of our intervention was focused on alternative provision, including self-care and efficacy tools and resources available online.

**AREAS OF CONCERN - PRIORITIES**

Mental Health Outcomes

Education Outcomes

Quality Care Options - choice, stability and sufficiency

Maintaining Healthy Relationships

* **Innovative practice – keeping in touch**

**The Fostering Network in Wales** has developed a set of principles, in consultation with organisations representing YP, foster carers, fostering services and care sector organisations to shape how transitions from/within the care system are approached. We are currently contributing to the guidance on maintaining relationships between siblings (including those who experience a ‘sibling like’ relationship) in Scotland. The aim of the Principles and our overall Keep Connected campaign is for all YP who are moving on from foster families to be enabled to keep in touch with them – and with other significant people in their lives – through better understanding of the importance of relationships, planning and support. Access [here](https://www.thefosteringnetwork.org.uk/sites/default/files/2021-03/keepconnectedprinciples_0.pdf).

Facilitating reunification

* **Innovative practice - supporting reunification**

The **NSPCC** Reunification Practice Framework is an evidence-informed framework to make safe permanence decisions for children in care. Findings show that up-to a third of children returned to the family re-entered the care system within 5 years, evidence shows these children experienced further abuse and neglect. The framework helps practitioners assess whether reunification is in the child’s best interest. It’s been recommended by the National Institute for Health and Care Excellence (NICE) as a resource to improve placement stability. The core messages underpinning the Practice Framework are: (Access [here](https://learning.nspcc.org.uk/media/1095/reunification-practice-framework-guidance.pdf))

* Robust assessments of risk and protective factors, of parental ability to care and their capacity to change
* Social workers need to exercise great caution when considering reunification with parents with the particular risk factors that are most likely to lead to future harm
* The child’s best interests and voice must be central to decision-making and planning
* Parents should be given reasonable opportunity and support to change
* Support from specialists and the family’s informal network
* Support, monitoring and review should continue for as long as it is needed

Strengthening Advocacy arrangements

Role of public bodies as corporate parents

Transition from Care

* **Innovative Practice – achieving housing stability**

**Children in Wales** & **Voices from Care Cymru’s** Getting Ready Project provides support for children safely **transitioning from care.** The project provides an intensive intervention which seeks to echo the support/guidance that non-looked after YP receive within family settings. The project has created a suite of resources to enhance care experienced YP’s financial capability skills and knowledge/understanding of their rights/entitlements when planning to leave care. These resources have been be used by YP and professionals to provide support for YP to safely transition from care, reducing the risk of homelessness and achieving housing stability.

Access: <https://padlet.com/CinWGettingReady/angleseyresources>

Access: <https://padlet.com/CinWGettingReady/housing>

**WHAT IS HIGH QUALITY CARE?**

The **Fostering Network in Wales** - A successful care system should enable every child who comes into care to thrive.It should support recovery and healing from past trauma by prioritising their stability, emotional wellbeing & long-term support to transition to adulthood. The care system should recognise, support and sustain children’s positive relationships, to ensure children have stability while they are in care and equipping them to build healthy relationships in the future. Care should be offered to YP as long as they need it and should not be withdrawn based on an arbitrary age limit, such as 18 or 25. Support should be provided based on the need of the yp, promoting wellbeing and enabling them to achieve goals.

**TACT Fostering Cymru**

* Carers who are confident and skilled, able to be adaptive to the diverse needs of a range of children and who are resilient enough to cope with uncertainty and change.
* Support services that work with children in a way that is also adaptive and with a workforce that is trained and knowledgeable
* Sufficiency to match diverse need – foster carers and staff who reflect the diversity of where they work and the children they care for
* Child focussed – care that respects/upholds the rights of children, encourages participation and engagement in decision making.
* Stability of care.
* Evidence of supporting children to achieve outcomes including feeling safe and happy where they live.
* Care that is ambitious for children and supports education/employment opportunities that builds confidence, self-belief, and skills for life.

**Action for Children Wales/Cymru**

Listening, Empathising, Not Judging, Respecting & Acceptance/ Consistency/ Explaining reasons why e.g. couldn’t go out/ Love/ Top quality homely environment/ Develop effective relationships with others/ Safe recruitment process/ Thorough induction, supervision and training of a caring, passionate and nurturing staff team, encouraging reflective practice/ Shared goals and values/ Connection and correction- Connecting on a professional level with YP to reward the positives as opposed to sanctions and consequential practice/ Flexible practice to meet specific needs/ YP involved in the planning of their care/ Providing a clean, tidy, homely environment/ Enhancing safety through consistent and predictable practice/ Multi-agency working to promote safeguarding and managing risk/ SMART targets set and regularly reviewed/ Participate in mainstream education/ Community engagement meaningfully

**See also –**

**Abridged Version 2 -** VIEWS FROM CARE EXPERIENCED CHILDREN

**Full Version** – [www.childreninwales.org.uk](http://www.childreninwales.org.uk)