



Building back better

February 2021

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Foreword by the Children’s Commissioner, Anne Longfield

When I became Children’s Commissioner for England six years ago, I set out an ambitious vision for a nation where childhood is understood and celebrated and where the voice of all children is listened to at the heart of Government. I had in mind a particular group of children who, in my experience of working with families over the years, I have seen falling through the gaps in the system that is there to support them. The parents struggling with unemployment, unstable housing, mounting debt, depression and alcohol addiction. The babies and toddlers not meeting their early development goals but where nothing is done so that they start school far behind their peers, and never manage to catch up. The children struggling at school because of chaotic home lives or low level special educational needs who start to act up and end up excluded or simply off the radar being educated at home. The kids hanging around with nothing to do in the park or who go missing from care and end up exploited by criminal gangs, at risk of dying from a knife attack or spending years behind bars. The children in care and care leavers who don’t get the right support, living in poor quality, unregulated hostels. Or the children who spiral into crisis and end up behind closed doors, in prison, or on a mental health ward.



Through my time as Children’s Commissioner, I have made it my mission to stop these children being ‘invisible’ to the system. Through my work on childhood vulnerability, we have identified 1.6 million children in families at risk that are falling under the radar, and now our CHILDRN app means that anyone, anywhere can quickly get data on the groups of children at risk in their local area.

In this, my last report as Children’s Commissioner, I set out how the landscape of children’s policy has changed over the last six years, and outline the progress that has been made in addressing some of these concerns. The report also includes new analysis into the ways in which poverty, special educational needs and childhood vulnerability interact to create multiple disadvantage which means fewer than 1 in 6 children who experience all these difficulties get their Maths and English GCSEs.

The pandemic has meant that these children are at greater risk than ever of slipping under the radar. We have already seen an increase in children moving into home education, and a spike in children’s mental health problems. But it has also been a wake up call for our society so that it is much harder for anyone to pretend that these children, these families, don’t exist, or that there are groups of children ‘that we can’t help’. The Covid crisis has created a burning platform for us to create a framework in which Governments at a national and local level, and partners like schools, the NHS and the police, can work together to Build Back Better for these children.

What is needed now is a ‘Covid Covenant’ from us to all our children. A pledge that we will stop trying to fit children and families into neat little boxes labelled ‘mental health’ ‘behaviour’ and ‘poverty’ and that we will create a long-term strategy to identify the children and families who need extra help from the early years and to deliver impactful long term help so that all our children are able to thrive.

A handwritten signature in black ink that reads "Anne Longfield".

Anne Longfield OBE
Children’s Commissioner for England

Growing up well

Over the years, the fundamentals of a happy childhood have remained unchanged: a happy and stable home environment, friendship and supportive schools and communities still build the resilience which children carry into adulthood. Yet the reality of childhood has changed beyond recognition in recent decades. Children today grow up in a world of 24-hour communication and a never-ending haze of likes, comments and trends. In addition, Covid-19 has turned children's lives upside down and interrupted two consecutive years of education. It has brought new awareness to those fundamental, yet often overlooked building blocks of a good childhood: time to see friends and wider family, opportunities to play, to enjoy activities and to learn.

Over the past 6 years, mental health has remained the biggest issue raised by children with the Children's Commissioner.

"I've been on a counselling waiting list for ages. I know it's hard times for everyone but if there was more counselling I think people would be happier. [I was] referred to CAMHS like 10 months ago by the Doctor." - Tim, 15

Even before the Covid-19 pandemic, we were witnessing a crisis in children's mental health with rising numbers of teenagers becoming anxious or depressed, self-harming or at worst feeling suicidal. Others may not have a 'diagnosed' problem but their mental health and wellbeing is low, leading to escalating behavioural problems, exclusion from school and the risk of exploitation by gangs and being drawn into serious crime.

Childhood mental illness is devastating for the children who experience it. It also has lasting consequences; half of mental illness in adult life¹ starts before age 15, and three quarters by age 18.² Mental ill-health in adulthood is associated with increased risks of unemployment and poverty,³ as well as poorer physical health,⁴ but in many cases mental health problems in adults can be avoided by early intervention and prevention in childhood.

In successive reports the Children's Commissioner's Office has made the case for an ambitious plan to increase funding for, and access to, children's mental health services. Thankfully, national leaders now recognise the scale of the child mental health crisis, with the head of NHS England Simon Stevens calling the problem an "epidemic" in 2018. We welcomed the Government's *Transforming children and young people's mental health provision* green paper⁵ and the ambitions of the NHS Long Term Plan for children's mental health.⁶ Better identification of mental health problems among children and increasing access to treatment was a priority in the NHS Long Term Plan, and there have been some real improvements in recent years.

Yet progress has not kept pace with the growth of mental health problems among young people.⁷ In 2017, 1 in 9 children aged 5-19 had a probable mental health disorder. By last July, this had risen to 1 in 6,⁸ fuelled in part by the Covid-19 pandemic, which has placed such considerable burdens on children.

¹ Excluding dementia

² <https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/>

³ <https://www.oecd.org/employment/mental-health-and-work.htm>

⁴ <https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-mental-physical-health>

⁵ <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

⁶ <https://www.longtermplan.nhs.uk/areas-of-work/mental-health/children-and-young-peoples-mental-health/>

⁷ <https://www.childrenscommissioner.gov.uk/report/mental-health-services-2020-21/>

⁸ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

This year has seen children stuck at home, trying to complete schoolwork, worried about the pandemic, and isolated from friends and family members. For some it has meant living with challenges such as poverty, domestic abuse or cramped housing – without being able to escape to school. Our survey in the summer found that nearly a quarter of children were persistently stressed, every day or most days. Almost a third of children whose parents were unemployed at the time of the survey reported feeling persistently stressed.⁹

Unfortunately, when Covid-19 struck, there was already a vast gap between what children’s mental health services were providing and what was actually required. In 2019-20, nearly 539,000 children were referred for help – an increase of 35% on 2018-19 and 60% on 2017-18.¹⁰ But while the number of children accessing treatment has also grown, it has done so at a much slower rate. As revealed in the Children’s Commissioner’s Office fourth annual mental health briefing, in 2019-20 just 392,000 children received treatment – a modest 4% increase on the previous year.¹¹ This means services were nowhere near meeting the level of need, even before the pandemic.

When children do not get the help they need, in the right place at the right time, they are more likely to end up getting worse, or even falling into crisis. At the most extreme end, this can result in a stay on a mental health ward: in 2020 there were 544 children detained in hospital wards under the Mental Health Act, a further 296 admitted informally and 104 cases where the reason for detention was not recorded (see *Behind Closed Doors*).¹² NHS England have acknowledged that many of these children, had they had the right community support, would not have needed a hospital stay. There needs to be a rocket boost in funding for, and the development of, community mental health services, to meet children’s needs in the coming months and years and prevent unnecessary hospital admission. This must include greater funding for low level, pre-specialist services to prevent problems from escalating – as demonstrated by Children’s Commissioner’s Office research, currently this kind of support is a postcode lottery, with some areas having seen real terms reductions in funding for this between over the last few years.¹³

Children have consistently told us that they want to be able to access help from people they know and trust, without shame or stigma. The development of school-based mental health services has been one of the Commissioner’s main calls in recent years.¹⁴ As detailed in the Government’s Green Paper on children’s mental health, the commitment to provide Mental Health Support Teams (MHSTs) ‘in or near schools’ is a positive one. MHSTs are already beginning to provide direct help to children with mental health issues in school, and to act as a link between schools and NHS services. But this needs to be delivered faster and more widely to match the level of need. The target is currently only set to reach up to a quarter of schools by 2023-24.¹⁵ In the wake of the pandemic, it should now be a priority for there to be an NHS-funded counsellor available in every school, accessed in person or through online support.

As the place where children usually spend most of their time, schools play a key role in supporting the wellbeing of all pupils. Yet some children repeatedly tell the Children’s Commissioner about feeling stressed, unhappy and overwhelmed by school. Many children have told the office about feeling under pressure in a system that some children say feels like it’s one size fits all, which has been over-focused on exams and certain academic subjects, rather than supporting them to pursue their individual talents

⁹ <https://www.childrenscommissioner.gov.uk/report/stress-among-children-in-england-during-the-coronavirus-lockdown/>

¹⁰ <https://www.childrenscommissioner.gov.uk/report/mental-health-services-2020-21/>

¹¹ <https://www.childrenscommissioner.gov.uk/report/mental-health-services-2020-21/>

¹² <https://www.childrenscommissioner.gov.uk/report/who-are-they-where-are-they-2020/>

¹³ <https://www.childrenscommissioner.gov.uk/report/early-access-to-mental-health-support/>

¹⁴ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/09/cco-a-manifesto-for-children.pdf>

¹⁵ <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

and interests.

“Last week, there was too much homework to do and there’s no time to do anything.” – Tom, 12

Other children have spoken about how they fell through the gaps in mainstream education, ending up excluded or home educated, even when that wasn’t their choice.

The UK performs poorly compared to other large economies in terms of young people’s wellbeing. The 2018 PISA results show that children in the UK perform academically at a roughly comparable standard to pupils in Sweden, the US and Australia, among others; but that children in the UK are unhappier and more stressed than those of the same age in most other, comparable developed countries.¹⁶

Measured by academic achievements and performance table places, schools have not been incentivised to prioritise pupil wellbeing and to focus on inclusion. Although Ofsted’s new education inspection framework (introduced in 2019) aims to tackle this, for example by reducing the focus on exam performance data, it still makes little reference to pupil wellbeing and mental health, focusing instead on the language of personal development and behaviour.¹⁷ Schools should also be assessed on their inclusivity and the wellbeing of pupils, as well as their academic performance – as those working in schools know, it is vital to focus on both of these elements, which are not in competition. The pandemic has given many schools much more of a focus on wellbeing and pastoral care – a focus which will continue to be important in the wake of the crisis and in the future.

One of the most dramatic changes in childhood over recent years has been the increasing time children spend in the online world. The internet can be an exciting, extraordinary place, which continues to open up more and more opportunities to children as technology develops. But the digital space has developed fast and without the best interests of young users at its heart. Much more needs to be done to create a supportive digital environment for children and young people.

Online platforms can be a positive boost to children’s wellbeing, allowing them to connect with friends and family, learn new skills and have fun. Our research on social media use among 8-12-year-olds found that younger users engage online in a fun, creative and playful way. Children aged 8-10 in particular described logging on to social media to make them laugh and boost their mood.¹⁸

“If you’re in a bad mood at home you go on social media and you laugh and then you feel better” - Kam, 10

It is therefore unsurprising that the amount of time spent online by children increased to over 2 hours per day in 2018. It is likely to have grown further still since then – particularly since the start of the pandemic, when online tools have become so central to children’s education and wider lives.

Although the digital world offers so many benefits to children, there are also risks – and just as technology develops, the risks grow. For a long time, parents, schools and policymakers only thought of a narrow range of risks such as online stranger danger. There is now far greater awareness of other risks. These include misuse of children’s data,¹⁹ feeling social pressure to look or act a certain way,²⁰ impulsive in-app spending, and exposure to inappropriate content,²¹ as highlighted by successive

¹⁶ Only 18% of pupils in the UK were deemed to have positive wellbeing according to PISA’s index, which accounts for life satisfaction, feelings of isolation at school and propensity to doubt plans when failing – the second lowest in the OECD and 63rd of 69 countries globally.

¹⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/801429/Education_inspection_framework.pdf

¹⁸ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/01/Childrens-Commissioner-for-England-Life-in-Likes-3.pdf>

¹⁹ <https://www.childrenscommissioner.gov.uk/digital/who-knows-what-about-me/>

²⁰ <https://www.childrenscommissioner.gov.uk/report/life-in-likes/>

²¹ <https://www.childrenscommissioner.gov.uk/report/gaming-the-system/>

reports from the CCO.

“For me, I deleted my social media because I realise I’m not happy, and I used to compare myself to a lot of girls on Instagram as well, but now I’ve deleted it, I feel much happier with myself” - Jennifer, teenage girl

Parents are doing more to support children to manage these risks. Nearly all parents of children who go online mediate their child’s online use in some way, and the proportion who are talking about online safety with their child is growing – from 81% in 2018 to 85% in 2019, driven by an increase among parents of 8-11-year-olds.²² Schools are also getting children to think more reflectively and critically about their time online – a trend which will be further supported by the new relationships and sex education curriculum.

But in spite of these advances, too many children are still experiencing harm in their digital lives. At the root of the problem is the fact that the online platforms which play such a central role in their lives have been left to regulate themselves, and have failed to do so. In 2017, 14-year-old Molly Russell killed herself after viewing graphic material about self-harm and suicide on Instagram. Only when the case became public in 2019 did Instagram take action by banning graphic images of self-harm, restricting those with suicidal themes and later pledging to remove all related images, drawings and cartoons. Online companies have refused to take responsibility until after harm is done, and even then have failed to address the most fundamental problems on their platforms.

This could be set to change. The introduction of the Age Appropriate Design Code and forthcoming Online Safety Bill are ground-breaking developments, signalling that government is willing to step in and end the era of self-regulation. The Age Appropriate Design Code sets new standards for online companies to meet when handling children’s data. Even though companies are not required to comply until September 2021, its impact is already becoming clear, with popular platform TikTok introducing a sweeping range of changes last month, including automatically setting under 16’s accounts to private.²³ It will be critical for the Information Commissioner’s Office (ICO), the regulator, to make the Code as effective as possible by fining companies which do not follow suit and interpreting its provisions robustly, particularly around age verification.

The Online Safety Bill, set to be introduced in Parliament this year, is a once in a lifetime opportunity to address wider harms faced by children online. The introduction of a statutory duty of care would make platforms significantly more responsible for the wellbeing of their users, particularly children. It is proposed that Ofcom, the regulator, would be able to take strong enforcement action against platforms in breach of their duty, including ISP blocking in the most egregious cases. It is vital that in the coming year, Parliamentarians pay close attention to the passage of this legislation, ensuring that it puts the rights of children first, rather than the interests of the platforms which have dominated their lives for so long.²⁴

The pandemic has shown that there are not only risks in children being online, but there are risks of children *not* being able to get online too. Before the pandemic, Ofcom estimated that up to 1.78 million children did not have access to a desktop, laptop or tablet at home.²⁵ This digital divide has meant that many children have struggled to continue with their schoolwork while schools have been closed, presenting real risks to their educational development. It is welcome that the Department of Education

²² https://www.ofcom.org.uk/_data/assets/pdf_file/0023/190616/children-media-use-attitudes-2019-report.pdf

²³ <https://newsroom.tiktok.com/en-us/strengthening-privacy-and-safety-for-youth>

²⁴ The CCO has produced a briefing highlighting key areas for Parliamentarians to scrutinise as the bill makes its way through the legislative process: <https://www.childrenscommissioner.gov.uk/report/briefing-on-the-full-government-response-to-the-online-harms-white-paper/>

²⁵ <https://www.childrenscommissioner.gov.uk/2020/08/18/children-without-internet-access-during-lockdown/>

have so far pledged 1.3 million laptops to go to children in need, but following the crisis, much more will need to be done to ensure that all children have the devices and data they require to participate in the modern online world.

Invisible children

There are millions of vulnerable children in England, living in families at risk, struggling to keep up in school or at risk of being taken into care or getting caught up in the criminal justice system. However, only a fraction of these children are identified by Government, either nationally or at the local level. Even fewer receive the support they need to go on to lead happy and successful lives, and very little data is gathered about what happens to them.

This problem stems from, first, the splitting of responsibility for children between multiple departments and ministers, and second, from an attitude in some quarters that solving this problem, or helping certain children, is a hopeless 'lost cause'. No-one in government has been able to identify a single, silver bullet solution to turn around the lives of children in crisis. So, Government departments have largely focused on issues which are immediate, or addressed the problem in their own compartments.

Over the past five years, the Children's Commissioner's Office has set out to fill the key gaps in the Government's knowledge by gathering data on the nature and scale of childhood vulnerability in England.²⁶ This work has in particular shone a light on these invisible children – those who are vulnerable or at risk and yet are unknown to public services.

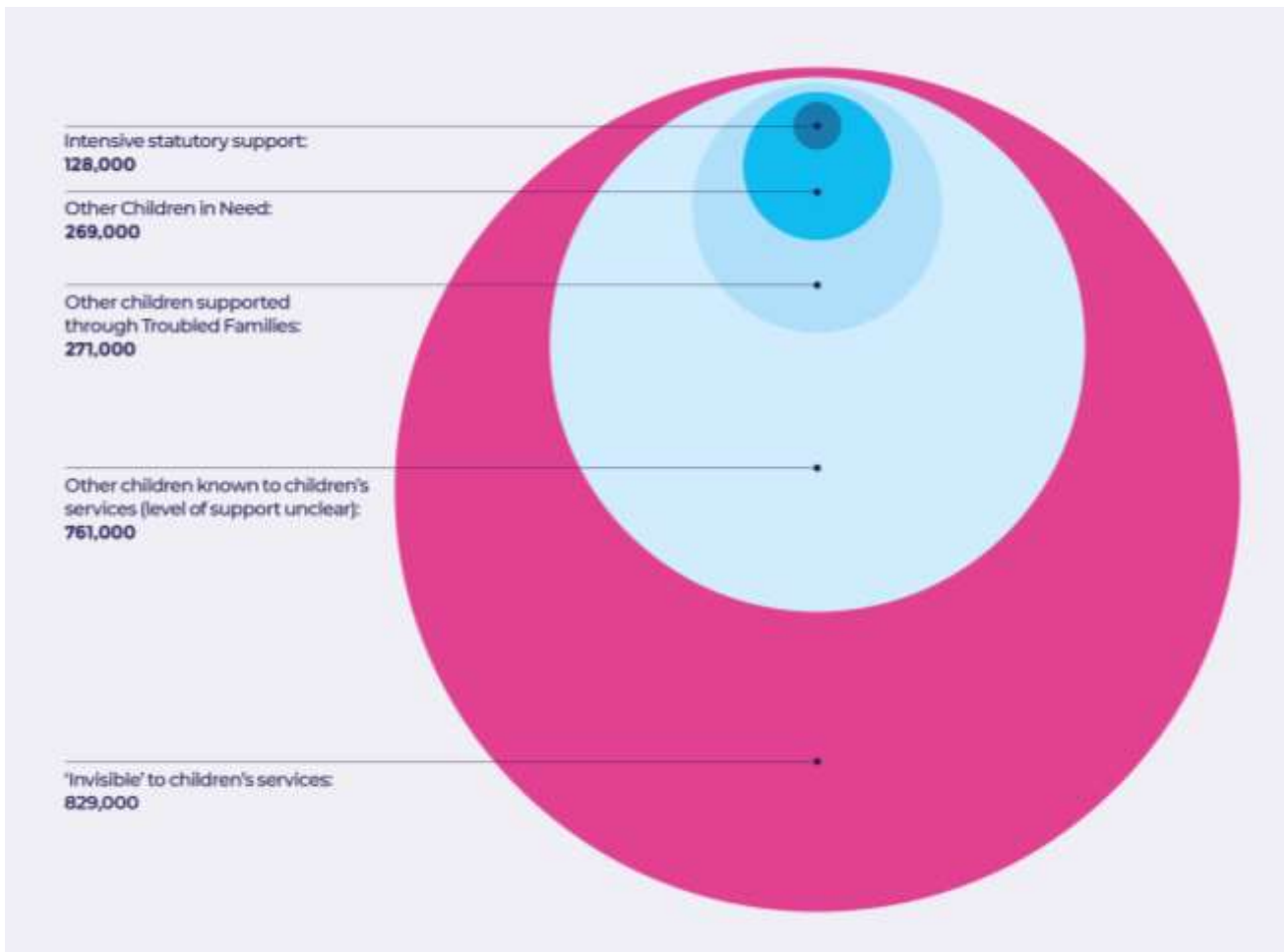
The findings are stark. There are 2.3 million children living in vulnerable family circumstances – this might mean parents abusing drugs or alcohol, suffering from mental ill health or homes where domestic abuse is a problem. More than a third of these children (829,000) are 'invisible' to the state and not receiving any support. A further 761,000 – around a third – are known to children's services, but it is unclear what level of help they are receiving.²⁷ Therefore, in total there are 1.6 million children living in risky family situations who are receiving patchy support at best, or are completely under the radar.

Just 3 in 10 vulnerable children (669,000) are currently being helped through a formal, national programme of support. This includes 271,000 children receiving help through the Troubled Families programme, along with 128,000 receiving the most intensive forms of statutory support, such as being in care or on a child protection plan.²⁸

²⁶ See the CCO's Childhood Vulnerability framework and CHLDN app: <https://www.childrenscommissioner.gov.uk/report/childhood-vulnerability-in-england-2019/>; <https://www.childrenscommissioner.gov.uk/chldrn/>

²⁷ <https://www.childrenscommissioner.gov.uk/report/childhood-vulnerability-in-england-2019/>

²⁸ <https://www.childrenscommissioner.gov.uk/report/childhood-vulnerability-in-england-2019/>



Perhaps the biggest challenge for Government in this area is in meeting the needs of children with multiple vulnerabilities. CCO research²⁹ has looked at children taking GCSEs in 2019. Of this group, of the children who have needed a social worker in the past six years, 4 in 5 also had another disadvantage (FSM or SEN) in the past six years. Some children – around 1 in 25 of the Year 11 cohort – had all three of these characteristics. As these disadvantages compound, so too does the additional support that may be needed. There were over 243,000 children who currently have (or in the past six years have had) Child in Need status, Free School Meals eligibility or SEN Support status³⁰ at school. Less than half (43%) of these children go on to achieve level 4 or higher in English and Maths at Key Stage 4 and just 1 in 4 (23%) achieve level 5 or higher. These outcomes are poor, but for children who have all three of these vulnerabilities, the outcomes are even worse: of the 20,000 children in this group (in a given GCSE cohort), just 15% achieve level 4 or higher and 6% achieve level 5 or higher in English and Maths.³¹ These means fewer than 1 in 6 children living in poverty, with a social worker and special educational needs are likely to pass their Maths and English GCSEs. These children are off the radar of Government, which normally only looks at outcomes according to single risk factors or vulnerabilities at a time – for example, a child on free school meals, **or** a child on SEN Support, **or** a child with with a social worker, rather than a child with all three. It fails to see that often these are not children with three distinct problems, but an underlying vulnerability which is being labelled in different ways, preventing a joined up approach to supporting the whole child and their family.

²⁹ <https://childrenscommissioner.github.io/buildingbackbetter/>

³⁰ SEN Support is non-statutory support provided by schools to children with SEND. It is a lower form of support than an Education, Health and Care Plan (EHCP), which is statutory.

³¹ <https://childrenscommissioner.github.io/buildingbackbetter/>

There are also some children, many of whom share the vulnerabilities described above, who are falling through the gaps in the education system altogether. For example, in 2017-18 the official data shows that nearly 8,000 children were permanently excluded from school, and there were a further 438,000 fixed term exclusions.³² These figures do not capture the many more children who are missing from mainstream education – those who have experienced informal exclusion, children who are persistently absent, or have been withdrawn into home education. Some parents describe being asked to take their child out of school, into home education or through a supposed ‘managed move’, under the threat of a permanent exclusion.³³ Data gathered by the Children’s Commissioner’s Office using its powers shows that nearly 25,000 children were withdrawn into home education in 2017-18 alone,³⁴ yet this information is not currently recorded by the Department for Education. Evidence from Ofsted³⁵ and the ADCS³⁶ suggests that elective home education has grown further still during the Covid-19 crisis. Children who are excluded or fall out of mainstream education in other ways may end up in a Pupil Referral Unit, where the average cost is over £21,000 per year – three times the average secondary school place and four times the average primary school place – despite going on to secure poor outcomes.³⁷

Another trend of significant concern is the increase in children involved in gangs and serious violence – and falling out of mainstream education is a significant risk factor for involvement in gangs and criminal activity. The number of juvenile offenders convicted or cautioned for possession or threats using a knife (or similar weapon) increased by almost half (48%) between 2014-15 and 2018-19.³⁸ Here again, the official data only tells a partial story. CCO research has found that there are 34,000 children in England who belong to a gang (or know someone who does), and have experienced violent crime in the past 12 months. Yet just 6,560 gang members or associates are known to children’s services or youth offending teams, leaving 27,000 invisible to the system.³⁹

Gangs often exploit children who are already vulnerable. These children tell the CCO that they feel like they have no other choice or no better options.⁴⁰ Early intervention to support children with underlying problems, such as school exclusion, family breakdown, domestic abuse or mental health problems, can prevent children from becoming vulnerable to criminal exploitation. But according to our vulnerability work, even before the Covid-19 pandemic struck, there were 123,000 teens aged 13-17 who have additional needs, who were falling through the gaps and disengaged from the school and social care systems which should be supporting them.⁴¹ This is resulting in missed opportunities to identify and help children most at risk of becoming involved in gangs and serious violence. The Covid-19 pandemic has presented even greater challenges – away from the watchful eyes of teachers, bored and lonely children are increasingly at risk of being preyed upon by gangs, which constantly adapt to changing circumstances.⁴²

- > Despite these continued challenges, there has been progress in recent years, starting with a shift in the way that Government and services identify vulnerable children. Until recently, children involved in gangs were too often seen purely as offenders, rather than themselves victims of criminal exploitation. This has begun to change. The Government has allocated large

³² <https://explore-education-statistics.service.gov.uk/find-statistics/permanent-and-fixed-period-exclusions-in-england>

³³ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/02/cco-skipping-school-invisible-children-feb-2019.pdf>

³⁴ Data submitted to the Education Committee’s inquiry into home education: <https://committees.parliament.uk/work/620/home-education/>

³⁵ <https://www.theguardian.com/education/2020/sep/30/rise-in-home-schooling-is-partly-down-to-misinformation-says-ofsted-chief>

³⁶ https://adcs.org.uk/assets/documentation/ADCS_EHE_Survey_2020_FINALweb.pdf

³⁷ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/05/five-things-exclusions.pdf>

³⁸ <https://www.theguardian.com/uk-news/2019/jun/13/knife-and-offensive-weapon-offences-england-wales-reach-highest-level-for-decade>

³⁹ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/02/CCO-Gangs.pdf>

⁴⁰ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/02/CCO-Gangs.pdf>

⁴¹ <https://www.childrenscommissioner.gov.uk/report/teenagers-falling-through-the-gaps/>

⁴² <https://www.childrenscommissioner.gov.uk/2021/02/06/children-will-keep-dying-on-our-streets-until-there-is-a-joined-up-public-health-response-to-gangs/>

sums of money to combat serious violence – £35 million for violence reduction units (VRUs), £200 million to the Youth Endowment Fund over 10 years, and £500 million over 5 years to the Youth Investment Fund, and has committed to using a public health approach to gang violence. VRUs in particular are doing important work to deal with serious violence in the 18 areas they have been established.⁴³ Nevertheless, there has not been the wider response from other agencies in the system, such as public health agencies, required to make a bigger impact on the problem.⁴⁴ According to Children’s Commissioner’s Office research, only 1 in 4 local authorities were tracking some risks more closely associated with exploitation – such as school exclusion or going missing. Only half reported having a public health drug policy for children and young people.

Only about a quarter of areas are using their public health mechanisms well to deal with youth violence.

The Covid-19 pandemic has accelerated this shift in society’s perspective of what makes children vulnerable. At the start of the crisis the Cabinet Office set up a mechanism to consider the impact of the pandemic on children at risk. Furthermore, vulnerable children were eligible to continue attending school during lockdown. At the start of the first lockdown, the children identified as vulnerable (and therefore able to attend school) were largely those with social workers and/or Education, Health and Care Plan (EHCPs). By the third lockdown, this list had been expanded to recognise that other children might be defined as vulnerable and needing to attend school, including young carers, children in temporary accommodation and children at risk of becoming NEET. The pandemic has also, however, increased some of the risk factors for childhood vulnerability, such as domestic abuse, and at the same time children have potentially dropped off the radar, as safeguarding referrals have dropped. Referrals to children’s social care services dropped by almost a fifth between May and June 2020. The latest data shows that in November 2020, referrals were 12% lower than usual, despite schools being open at that time and so better able to identify children at risk.⁴⁵

As the CCO’s work shows, despite this increase in recognition of vulnerable children, there are hundreds of thousands of children who are still not being identified and supported. As part of government plans to Build Back Better, it is critical that they recognise the full scale and nature of childhood vulnerability.

And that is only the start. It is one thing to know which children are vulnerable, it is another to ensure they receive adequate support. In the short term this will require a boost in funding - a package which is commensurate with the harm the pandemic has done to children’s lives and prospects. The £1.5 billion already announced is a welcome start but not enough. It needs to support academic catch up and wellbeing support. And funding must be accompanied by a cross government recovery strategy which focuses on the long term – not just on getting children through the next year.

If the system is to produce the best possible outcomes for children, and be financially sustainable, then early intervention must become the norm. Too often children do not get long term support or intensive help until they begin to reach crisis point. In 2018, the Children’s Commissioner worked with the IFS to explore trends in public spending on children from the year 2000 onwards. It found that during this time, spending on costly acute services for children at crisis point had been maintained, but at the expense of preventative services, such as Sure Start and youth services, which had been substantially reduced.⁴⁶

⁴³ <https://www.childrenscommissioner.gov.uk/2021/02/06/children-will-keep-dying-on-our-streets-until-there-is-a-joined-up-public-health-response-to-gangs/>

⁴⁴ <https://www.childrenscommissioner.gov.uk/report/still-not-safe/>

⁴⁵ <https://www.childrenscommissioner.gov.uk/report/too-many-at-risk-children-are-still-invisible-to-social-care/>

⁴⁶ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/06/Public-Spending-on-Children-in-England-CCO-JUNE-2018.pdf>

This is in spite of the fact that the later support comes in a child's journey, the more costly it is likely to be. This is clear from further CCO research exploring local authority expenditure on children's services budgets.⁴⁷ In 2019 the Office worked closely with nine local authorities to map out their spending on support services for vulnerable children, in order to better understand the pressures they face. The research found that the average annual spend on a child in care is £52,000. For those with the most complex needs, placed in highly specialist residential children's homes, the figure rises to over £190,000. The result is that councils are having to divert significant proportions of their children's services budgets to just a handful of children: 25% of the amount councils spend on children now goes on the 1.1% of children who need acute and specialist services.⁴⁸ That leaves inadequate funding to provide the necessary support to other children and families (including those who are currently invisible), which would prevent them from reaching crisis point in the first place.

The case for investing in prevention and early intervention is undeniable. Yet the Government evaluates return on public spending in such a way that it does not realise its benefits. The return on investment in services such as family hubs, children's centres and child benefit are often not seen in just months or a few years, but well into children's adult lives. Furthermore, investments in one area, such as health (e.g. health visitors), might lead to improved outcomes in other areas, such as a child's educational attainment. The problem is that Government is not set up to measure returns in these ways, so it fails to see the benefits of providing the funding. This needs to change.

Critical to that change will be the creation of an outcomes framework for children. Spending on children cannot be properly targeted without understanding how children are progressing. And yet very little is known about what happens to vulnerable children – especially those with multiple risk factors. There is some data about school attendance and attainment, but very little about the other aspects of their lives which we need to be concerned about, such as their health, links with the criminal justice system and destinations. A comprehensive outcomes framework, measuring all of these things and more, would enable Government to track at a national and local level progress in identifying and reducing childhood vulnerability.

⁴⁷ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/07/cco-vulnerability-2019-spend-report.pdf>

⁴⁸ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/07/cco-vulnerability-2019-spend-report.pdf>

Children in care and care leavers

The Children's Commissioner has particular statutory responsibilities for children accommodated by the state, to make sure their views are heard and their rights are upheld. Through extensive visits the Commissioner and her team talk to children about their views and experiences, and her Help at Hand service is there to intervene when they are not getting what they need or where their rights are being breached.

In recent years, the profile of looked after children has been changing rapidly. Since 2015 the population of children in care has risen by 10,000, to over 80,000 in 2020.⁴⁹ This growth has led to an extra 41 children needing to be found a home each week⁵⁰. The population of children in care is also getting older – there has been a 22% rise in the number of teenagers in care in the past 5 years⁵¹. This has created challenges for the system in providing enough suitable packages of care for increased numbers of children and the right type of support for teenagers. Furthermore, more children are leaving care and depend on the state to ease this tough transition to adulthood. These challenges, coupled with a tight fiscal climate, means that children are frequently not getting the care they need.

Many children have found the stability, love and the support they need in care. Children have told the Commissioner about rewarding childhoods, helped along the way by dedicated, caring professionals, who went above and beyond what the job asked. Siblings were kept together, foster families went on holidays together, and care leavers saw their past carers weekly, years after being in care. In the words of one child, her foster carers are *"parents in all but blood"*.⁵² At the same time, these children often say they feel "lucky". They are acutely aware of the faults in the system which have made the experience far tougher for other children, and simultaneously obstructed adults trying to help. For some children, the care system can feel uncaring and painfully disempowering; it can end up treating children like bystanders in their own lives, subject to decisions done 'to them' not 'with them'.

Instability continues to define many children's experiences of the care system. Children regularly tell our Help at Hand service⁵³ about moving too often, and home moves being handled insensitively, without notice or respect for their views. This sometimes causes massive disruption to children's lives as they are forced to move home, change school and leave behind friends and trusted professionals. One girl told us:

'My social worker just dumped me here and drove off.'

In 2017 the Children's Commissioner designed a new measurement⁵⁴ to track rates of instability in children's lives, including changes of home, school and social worker. This annual Stability Index has revealed that rates of stability are largely unchanged since 2016 - over 1 in 10 children in care (8,000 children) experienced multiple placement moves in 2018-19.⁵⁵ This demonstrates why improving stability must be the bedrock of the current review into children's social care.

Too often children's services fail to intervene early or robustly enough to prevent families from reaching crisis point. Opportunities are frequently missed to strengthen families before difficulties arise and

⁴⁹ <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions#releaseHeadlines-tables>

⁵⁰ <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019>

⁵¹ Between 2014/15 and 2019/20. CCO calculations based on CLA Census 2020 data, based on numbers in care at the 31st March 2020.

⁵² <https://www.childrenscommissioner.gov.uk/2020/12/07/if-children-led-the-care-review-what-would-they-change/>

⁵³ Help at Hand is the Children's Commissioner's advice line, offering free support, advice and information to children in care, leaving care, living away from home or working with children's services. <https://childrenscommissioner.gov.uk/help-at-hand/>

⁵⁴ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/11/cco-stability-index-2020.pdf>

⁵⁵ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/11/cco-stability-index-2020.pdf>

develop, which could divert them away from ever needing more intensive forms of support. The price is paid later on through costly care interventions – at worst, time spent in a secure setting (see **Behind Closed Doors**). As set out in our report ‘The children who no-one knows what to do with’, even when children do enter care, a suitable home is unfortunately not guaranteed for them.⁵⁶ The mismatch between children’s diverse needs and available national provision means that children can be moved to unfamiliar places far away from where they grew up and the people they know. Our ‘Pass the Parcel’ report found that 2 in 5 children in care have been placed out of their usual area, including over 2,000 living over a hundred miles away from where they would call home.⁵⁷

The issue of unregulated homes (such as hostels or flats) for teenagers shows how the system can go against children’s interests. In September, the Children’s Commissioner’s Office revealed that use of unregulated accommodation has spiralled out of control, with vulnerable teens regularly ending up in this accommodation before they are ready – sometimes in poor living conditions, with minimal support and serious repercussions for their mental health and safety.⁵⁸ The Government’s subsequent commitment to banning under 16s in unregulated settings and possibly introducing new standards is a step forward, yet still sends the dangerous message that most vulnerable teens aged 16 and over in care do not need care. It also does nothing to address the capacity crisis leading to local authorities’ dependence on unregulated provision.

There must be a major push to rapidly boost numbers of foster families and residential homes, mapped against need, so teens are looked after in places which bolster their potential and prospects. The question of who will deliver these homes must be carefully considered in light of the dominance of the private sector⁵⁹ and potential risks around competition, transparency and cost.⁶⁰

Children in care

- > Just over 1 in 10 children in care (8,000 children) experienced multiple home moves in 2018/19.⁶¹
- > 41% of all children in care (over 30,000 children) live ‘out of area’ – this has risen by 13% since 2014. Over 2,000 live further than a hundred miles away.⁶²
- > 1 in every 8 children in care during 2018/19 spent some time in an unregulated placement during the year – a total of 12,800 children. This is up by 69% on 2012/13.⁶³

⁵⁶ <https://www.childrenscommissioner.gov.uk/report/the-children-who-no-one-knows-what-to-do-with/>

⁵⁷ [Pass the parcel: children posted around the care system | Children’s Commissioner for England](#)

⁵⁸ <https://www.childrenscommissioner.gov.uk/report/unregulated/>

⁵⁹ At 31 March 2020 private companies ran over three quarters of children’s homes (1,815), providing 6,960 places.

⁶⁰ <https://www.childrenscommissioner.gov.uk/report/private-provision-in-childrens-social-care/>

⁶¹ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/11/cco-stability-index-2020.pdf>

⁶² <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/12/cco-pass-the-parcel-children-posted-around-the-care-system.pdf>

⁶³ <https://www.childrenscommissioner.gov.uk/report/unregulated/>

Leaving care remains a daunting prospect for some young people. In 2020 over a third of care leavers aged 19-21 (39%) were NEET (not in education, employment, or training) compared to around 13% of all young people aged 19-21.⁶⁴ Their increased risks of experiencing mental ill health, homelessness, and financial difficulties are well documented. Despite councils' legal duties towards care leavers until they turn 25, there are stark differences between what most parents provide for their adult children and that given by 'corporate parents'. Patchy support can leave care leavers feeling overwhelmingly alone and anxious, unsure of their entitlements and how to get them.

Recent Staying Close pilots, which allow residential care leavers to maintain relationships with their previous homes, bring promise of a longer tail of support once the rollout is expanded. There has also been progress in securing council tax exemptions and improving university accommodation offers for care leavers in many local authorities. The Commissioner's IMO digital platform⁶⁵ has elevated issues such as these, directly from young people through their own words. Unfortunately, however, the pace of change has often been sluggish, and the post-18 precipice is still steep.

The independent review of children's social care which launched last month promises a way forward in radically re-shaping what 'care' is. This cannot be done without a very wide lens, starting from a proactive approach to identifying and supporting vulnerable children and their families through to care for those in the most specialist care settings, all of which needs reform.

For care leavers, the review should start by eradicating local inconsistencies – care leaver entitlements (such as council tax exemptions and Staying Put) must be available to all, rather than a postcode lottery. The system also needs to provide an effective support network for care leavers. This means establishing greater opportunities for care leavers to progress with certainty and financial security. Lastly, the impact of the Covid-19 pandemic on this group – who have experienced much hardship and trauma in their lives already – must be recognised in recovery plans through specialist and priority access to mental health services.

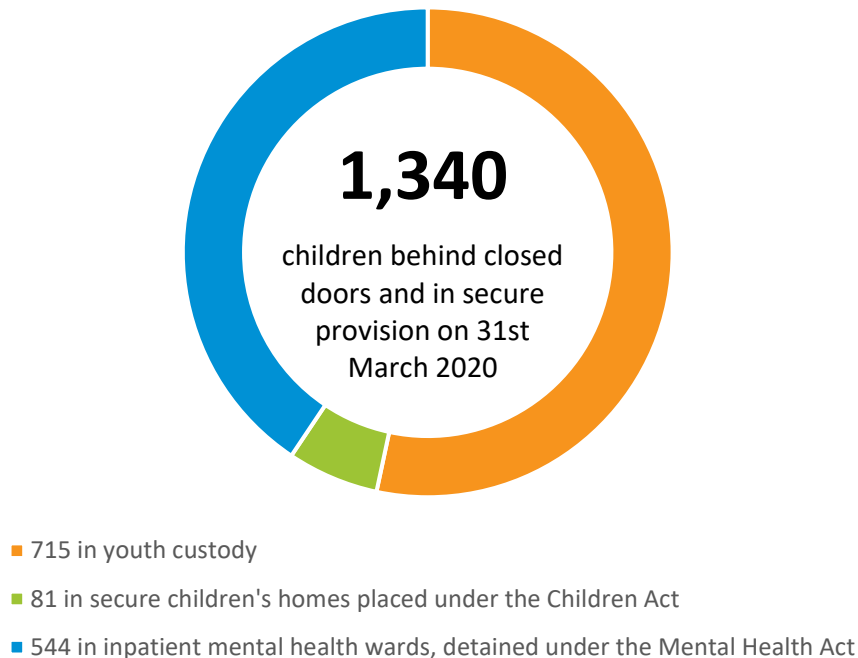
An ambitious care review and action plan is vital. It must aim to set children up for life and work back from this goal, rather than focus on processes and adjustments. The true measure of success has to be tangible improvements to children's lives as seen through their childhood experiences, achievements, and in adulthood.

⁶⁴ [Children looked after in England including adoptions, Reporting Year 2020 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://www.gov.uk/explore-education-statistics)

⁶⁵ IMO is a platform where teenagers in care and care leavers can share stories, experiences and achievements, and receive and give advice. It was created by the CCO with an advisory network of teens with care experience. <https://imohub.org.uk/>

Behind closed doors

Locking a child up is an extreme intervention which should be an absolute last resort, and only used in circumstances where it is essential to keep themselves, or others safe, and for the shortest amount of time possible. Far too often, children are locked up because of a failure to provide them the right support before they reached crisis point. Children can be deprived of their liberty in a range of ways; if they have a mental disorder they can be detained under the Mental Health Act in inpatient mental health wards. If they have been accused or convicted of committing a crime, they can be remanded or sentenced to Young Offender Institutions, Secure Training Centres or Secure Children's Homes. Finally, if they are themselves at risk of coming to harm, or harming another child, the Children Act can be used to place them in a Secure Children's Home. Our data shows that on 31st March 2020 there were 1,340 children behind closed doors and in secure provision on 31st March 2020.⁶⁶ That includes 715 children in youth custody, 81 in secure children's homes placed under the Children Act, and 544 children in inpatient mental health wards who were detained under the Mental Health Act.⁶⁷



These incredibly vulnerable children can be out of sight of Government, as has been seen during Covid-19. Children in mental health wards were sometimes going months without being allowed to see their parents or family,⁶⁸ and those in custody were locked in their cells almost all day, with some children only allowed out for forty minutes a day.⁶⁹

Our work has shown over the years that although these children may be locked away in different types of institutions, often their needs are not so easily compartmentalised. At first glance, children in prison have committed crimes, those in mental health wards have mental health needs and children in care have grown up in difficult family circumstances. But in reality, the child who ends up in a secure children's home may have been drawn into crime; the child in a prison may well have had mental health problems; and the child in a mental health ward may have previously been taken into care or have

⁶⁶ <https://www.childrenscommissioner.gov.uk/report/who-are-they-where-are-they-2020/>

⁶⁷ <https://www.childrenscommissioner.gov.uk/report/who-are-they-where-are-they-2020/>

⁶⁸ <https://www.childrenscommissioner.gov.uk/report/who-are-they-where-are-they-2020/>

⁶⁹ <https://www.childrenscommissioner.gov.uk/report/inpatient-mental-health-wards-during-covid-19/>

committed an offence.

There are also hundreds of children who are being stripped of their basic right to liberty, without any official data being recorded or published about these restrictions, or about who they are or where they are living. These are often children who local authorities haven't been able to find a place for in an official secure facility like a secure children's home or a mental health ward. Sometimes individual reports show they end up in makeshift, unregulated places such as hotel rooms, flats or even caravans.⁷⁰ There is no law or guidance that sets out what should happen for these children, which is why the Children's Commissioner intervened in a Supreme Court case in 2020 concerning one such child, in order to make sure they have sufficient safeguards in place. The most basic safeguard of all is that their whereabouts is known by all those bodies, including the Children's Commissioner's Office, which has a role in ensuring the safety of children locked away by the state. And yet far too often, these children are hidden from official scrutiny. We have warned in our research that these children could be the 'tip of the iceberg', with many more children potentially illegally deprived of liberty, due to lack of sufficient guidance and oversight. A recent government impact assessment of changes to the Mental Capacity Act supports this view, as it states that over 6,000 children could currently be illegally deprived of liberty.⁷¹

The day-to-day experience of living in a secure setting – surrounded by alarms, locked doors, living alongside other very distressed children in stark environments and often subject to restraint or separation, is inherently traumatic for children, and something that must be avoided wherever possible. And yet not enough is being done to prevent them needing to be admitted to these places.

Over the past decade there have been some significant moves in the right direction, particularly when it comes to youth custody. There are now only a third of the number of children in custody as in 2010.⁷² In addition there has been an increased understanding of the need for the right kind of mental health support for children in these settings, with the introduction of the 'Secure Stairs' model which acknowledges that children in all types of secure setting need staff who are trained in understanding mental health.⁷³ There is also the long-awaited Secure School, which aims to provide a more education focused provision for some children in custody – although the plans so far would only accommodate sixty children.

However, as set out in our report 'Injustice or In Justice', children's experiences in youth custody can be extremely poor. Levels of violence are high, and over a third (35%) of children have felt unsafe in Young Offender Institutions and Secure Training Centres. In the words of one 17 year old boy:

'You survive by yourself. That's why it's so sad for people in there who are vulnerable, who are weak and that, you get me? It's just not a nice place for them, innit?'

Violence can lead to incidences of restraint, sometimes inflicting pain on children, and a situation where children are spending hours at a time shut alone in their cells, rather than accessing the education or support they need to turn their lives around. There is essential work to be done to reduce the use of restraint (particularly pain inducing restraint) and separation of children. The creation of a Separation Taskforce is a positive first step. Environments must also be made safer, with children associating in

⁷⁰ For example, one child we spoke to was placed in a holiday home but had to move out for the weekend as it had already been let to holiday makers. Other examples are included in this report <https://www.childrenscommissioner.gov.uk/report/who-are-they-where-are-they-2020/>

⁷¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/956863/Impact-assessment-of-the-MCAA-final.pdf

⁷² There were 2,180 children in youth custody in March 2010, compared to 737 in March 2020 <https://www.gov.uk/government/statistics/youth-custody-data>

⁷³ <https://www.england.nhs.uk/commissioning/health-just/children-and-young-people/>

smaller groups and being able to develop close relationships with well-trained staff.

In addition, Black and mixed race children have benefitted less from this reduction in numbers of children in custody. These children are significantly over-represented in custody, reflecting discrimination they face at each step in the criminal justice system. They are less likely to be offered out of court disposals, more likely to get remanded to custody and to get harsher sentences for similar offences.⁷⁴ Addressing this must be an urgent priority.

When it comes to mental health settings, there have been a series of damning reports about the care that young people in mental health wards, particularly those with learning disabilities and autism receive. But these have still not resulted in sustained improvement in care for children.⁷⁵ Too often they are living far away from loved ones and family, and staying in hospital for months or years rather than back in the community with support in place⁷⁶. In 2019, the NHS established a taskforce to drive improvements in inpatient care, with a clear aim of reducing the number of children who end up in secure inpatient care. The Children's Commissioner chairs an independent oversight board for this taskforce, to keep track of its work and propose improvements. The long-awaited Mental Health Act White Paper has been published and sets out an ambition to reduce the number of detentions, which we will be carefully scrutinising to ensure it delivers for children.

When it comes to children deprived of liberty under the Children Act, in the long-term we should still aim for fewer children to be in need of secure settings. But more immediately, the most pressing need is for the many children who are turned away from secure settings – around 40% of all those referred – who end up in unsafe or inappropriate accommodation⁷⁷. The Department for Education has secured £24million for Secure Children's Homes in the last spending review, but this must be part of a much broader ambition to deliver the right kind of flexible, supportive accommodation to all who need it. This will require a much better understanding of where all those children who do not make it into secure homes end up.

To see significant reductions in the detention of children across the board, there is a need for investment in high quality services for children in the community. Children in all secure settings are have very high levels of mental health needs, and history of involvement with children's social care. There must be much better early identification of mental health needs and intensive support within the community; as one child told us:

'If CAMHS had been there then, none of us would be here now'

There must also be much more comprehensive diversion schemes, to keep children away from the criminal justice system. Branding a child as 'criminal' does not help them to move away from offending behaviour. 7 in 10 children released from custody reoffend within a year.⁷⁸ Moreover, high quality residential and foster placements, which can care for children with the highest level of need, are essential for keeping children out of secure welfare or youth custody settings.

But greater early intervention across the board is also required. A large proportion of children in custody have speech and language needs,⁷⁹ so consistent services in place to identify and address this

⁷⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952483/Ethnic_disproportionality_in_remand_and_sentencing_in_the_youth_justice_system.pdf

⁷⁵ <https://www.childrenscommissioner.gov.uk/report/far-less-than-they-deserve/>

⁷⁶ <https://www.childrenscommissioner.gov.uk/report/who-are-they-where-are-they-2020/>

⁷⁷ <https://whatworks-csc.org.uk/blog/new-research-suggests-the-secure-childrens-home-system-fails-the-most-vulnerable-children/>

<https://www.childrenscommissioner.gov.uk/report/who-are-they-where-are-they-2020/>

⁷⁸ <https://www.childrenscommissioner.gov.uk/report/injustice-or-in-justice/>

⁷⁹ <https://www.childrenscommissioner.gov.uk/report/we-need-to-talk/>

could also impact children's chances of being drawn into criminal behaviour. More intensive family support, from family hubs in the early years through to properly funded early help services and intensive support from troubled family teams, can help to address the early challenges children face and prevent problems emerging which years later can result in children being judged to need secure accommodation.

In the short term, urgent action is needed to improve the quality and safety of secure institutions, with increased resourcing for highly trained staff, who can provide therapeutic care to children, and better monitoring of the use of restraint and segregation across the sector. There must also be an urgent increase in the number of specialist settings that can care for children who currently fall through the gaps between secure settings, and end up in makeshift alternative arrangements.

In the longer term, we need to move towards a goal of seeing no child being locked up. In order to do this, a new model of smaller, genuinely caring and therapeutic settings is needed that can look after children with the highest level of needs, and do so in an integrated way. This must mean that no child is required to 'fit' the system, but that instead all their needs, whether they are mental health, social or due to offending behaviour, can be flexibly met in the same home.

Conclusion

In 2015 the Commissioner set out an ambitious plan for children. Her vision was of a nation in which childhood is understood and celebrated, where children in care can thrive, and the number of children suffering harm or inequalities is reduced - supported by a machinery of Government with children's interests at its heart.

This report shows that, six years on, progress has been made with improved recognition of childhood vulnerability. Our vulnerability framework and app has demonstrated the nature and scale of vulnerability and our research and reports have systematically identified where children are falling through the gaps and the impact on their lives. The emphasis now must be on meeting those needs and reducing vulnerabilities.

The Government has set out its intention to 'build back better' from the pandemic. Our work demonstrates why children should be at the heart of this recovery planning. Through additional investment in schools to help children catch up in lessons, but also in opening up our institutions on evenings and weekends to help them catch up in confidence by providing them with the opportunities they have missed over the past year, like trips, sports and simply playing with friends.

We need a covid covenant for our children with a promise from Government to tackle childhood vulnerability and help every child to thrive. Now is the moment to seize the opportunity to change vulnerable children's lives for good.



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