Consultation Response
Children's social care strategy: Stable Homes, Built on Love
Date of submission: 11 May 2023

Written evidence submitted by Georgina Mayes, Policy and Quality Lead for the Institute of Health Visiting (iHV).
With special thanks to our iHV Safeguarding Expert Advisers for their expert advice and guidance when writing this evidence submission:

- Dr Michael Fanner – Strategic Advisor – Global Safeguarding, Specialist Research, Education and Training and Safeguarding in Health
- Trish Stewart - Associate Director of Safeguarding for Central London Community Healthcare NHS Trust

The Institute of Health Visiting (iHV) is an independent charity, professional body and centre of excellence, established to strengthen the quality and consistency of health visiting for the benefit of all children, families and communities. We provide evidence to the consultation for Children's social care strategy: Stable Homes, Built on Love in response to the questions that relate to health visiting and its key contributions across multiple clinical pathways, including child and adult health, social and safeguarding, child development and mental health.

Chapter 1: Our Vision and making reform work for everyone

1.1 Overall, to what extent do you agree these six pillars are the right ones on which to base our reforms for children's social care?

The six pillars of reform are:

1. Family Help provides the right support at the right time so that children can thrive with their families
2. A decisive multi-agency child protection system
3. Unlocking the potential of family networks
4. Putting love, relationships and a stable home at the heart of being a child in care
5. A valued, supported and highly skilled social worker for every child who needs one
6. A system that continuously learns and improves, and makes better use of evidence and data

Strongly agree
Agree
X Neutral (neither agree or disagree) X
Disagree
Strongly disagree
Don't know

Please explain your answer:

At the Institute of Health Visiting, we agree in principle with the 6 pillars of reform. To provide clarity, it will be important to set out the scope of the remit of 'early help' within children's social care as there will be inevitable overlaps with 'health' and 'education' – we recognise that this forms part of a separate consultation on the national framework and dashboard. Drawing from implementation science, having a clear and shared understanding of 'role differentiation' between different parts of the integrated system of support for families is important and has been shown to enhance integration and the embedding of change in practice, rather than detract from it.

Whilst there is reference to the importance of 'close integration with the wider support system', we would urge the review team to give more weight to the 'upstream' functions of prevention, early identification of need and early intervention, as part of a 'whole system' of support for babies, children and families – these represent a significant gap throughout the whole vision. This consultation provides an ideal opportunity for much greater collaboration and a joined-up cross-departmental approach to child safeguarding and early help between the Department for Education and the Department of Health and Social Care – we would urge the review team to take advantage of this opportunity to develop a whole system response from the heart of government to frontline practice, including a dedicated budget for prevention and early intervention to support more seamless and integrated support for families and at the scale needed to respond to the growing need.

Much of the vision outlines the social and economic realities of children and families who are about to enter, or are in receipt of, children's social care but no mention of what happens before the 'front door' of children's social care.

The strategy could be strengthened by including a focus on:

- **Prevention:** This is particularly relevant for health-related harms that take root during pregnancy and early childhood (for example, Foetal Alcohol Spectrum Disorders, infant and child mental health problems due to adverse childhood experiences, parental substance misuse and complex childhood health conditions and disabilities) that require the support of 'health' practitioners, alongside social workers. Intensive home visiting programmes like the Family Nurse Partnership Programme have achieved good outcomes with young parents who are at high risk of poor outcomes (targeted-selective programmes) – this work is being expanded by the unit in the Office for Health Improvement and Disparities at the moment, to include a wider remit of families that could benefit from these programmes, and needs to be incorporated as part of a 'whole government' approach to prevention. In addition, the work of health visitors, focused on preconception and pregnancy care and support for families with high risk factors, can break the cycle of disadvantage and change the beginning of the story for a child.
- **Identification of need/ vulnerability:** Family help is predicated on the early identification of need/ vulnerability within families – indeed, it cannot happen without it. Yet, the systematic means to identify babies and young children living with changing risk and vulnerability over time, through the universal Healthy Child Programme provided by health visitors, is currently being eroded in England. This has been described as a 'vital safety-net' for all families by UNICEF-UK and we would urge the review team to carefully consider the consequences if this service is lost, as it will impact on almost every aspect of the pillars of this reform.
- **Support below the threshold for children's social care:** The strategy would benefit from strengthening to include the work that Specialist Community Public Health Nurses/ health visitors provide in supporting many families that do not reach the threshold for social care intervention. This is particularly important for babies and young children who are not known to services. The health visitor provides a key role in gathering the 'pieces of the jigsaw' for babies living with vulnerability and who are in distress – that key role was recognised as important in the Care Review and Inquiries into the murders of Star Hobson and Arthur Labinjo-Hughes. Strengthening the role of health visitors will reduce the burden on children's social care by providing rapid and responsive support when parents need it most – preventing, identifying and treating problems before they reach crisis point. The Independent Review of Children's Social Care highlighted that, "Children's social care picks up the needs of families which universal and other services cannot address. Therefore, getting the right support for families through universal services and, wherever possible, addressing issues before they escalate is critical". The review also highlighted that "the issue of capacity in health

visiting services is a national concern and merits further attention". If we are to integrate health and social care more truly, this would be an obvious place to state it.

The vision also does not include how we enable and empower families to utilise/reimagine/maximise their own personal resource in their nurturing abilities and attributes. Health visitors are a fundamental workforce to do this work.

There is indisputable evidence that:

- The first years of life provide a foundation for future health and wellbeing[1].
- Babies are our most vulnerable citizens – disadvantage starts early, the effects are cumulative and impact health, educational attainment, and success across the life course[2].
- Inequalities are not inevitable – much of the health-related adversity in the UK is preventable with actions to keep harm, illness, and disability from happening in the first place[3].
- Cuts to the health visiting service in England have had knock-on consequences across the system. Inequalities are widening, and the late identification of clinical and safeguarding vulnerabilities in babies and young children is a national concern[4].
- Investment in prevention and intervention in the earliest years of life is the most cost-effective means to improve health and reduce inequalities, yielding high return on investment compared to the long-term costs of not intervening[5]. When families are supported, babies thrive and the whole of society benefits[6].

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

The strategy would benefit from being strengthened in the following areas:

- Give greater attention to the first 1001 days which represent a crucial period of development and lay the foundation for lifelong health and success. Too little attention is currently given to this period, wasting an important opportunity to improve outcomes.
- Maximise opportunities to prevent special educational needs and disabilities (SEND), e.g., by preventing the avoidable harms caused by alcohol and smoking in pregnancy.
- Improve the identification of babies and young children with SEND at the earliest opportunity. It is impossible to provide effective early treatment without this.
- Support for babies/ young children with SEND and their families should be in place as soon as the early signs are detected. The period before diagnosis is often highly stressful for families and should not be overlooked.
- Improve access to early intervention which can significantly improve outcomes. The consequences of delayed treatment are costly and can be life-limiting and life-changing.
- The health visiting service has a key role to play in all of the above areas through its universal reach to all families. Action is needed to address the estimated workforce shortage of 5000 health visitors.
- Policy join-up is needed across all child health policies including the SEND Review, 'Start for Life', the Healthy Child Programme, and 'Supporting Families'.

[1] Department of Health and Social Care (2021) The best start for life: a vision for the 1,001 critical days. https://bit.ly/3l6urF4
[2] Institute of Health Visiting (2022) State of Health Visiting in the UK https://ihv.org.uk/wp-content/uploads/2023/01/State-of-Health-Visiting-Report-2022-FINAL-VERSION-13.01.23.pdf
[3] Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J, (2020) Health equity in England: The Marmot Review 10 years on. Institute of Health Equity. https://bit.ly/3ZexjlI
[4] Institute of Health Visiting (2022) State of Health Visiting in the UK https://ihv.org.uk/wp-content/uploads/2023/01/State-of-Health-Visiting-Report-2022-FINAL-VERSION-13.01.23.pdf
[5] Institute of Health Visiting (2021) iHV representation to the multi-year Spending Review 2021 https://ihv.org.uk/wp-content/uploads/2021/09/iHV-Evidence-for-the-2021-Multi-year-Spending-Review-0.5-1.pdf
[6] Institute of Health Visiting (2022) Shining a spotlight on the vital role of health visitor https://ihv.org.uk/news-and-views/news/shining-a-spotlight-on-the-vital-role-of-the-health-visitor-new-ihv-short-film/

- A national 'statutory offer' for SEND pathways is needed across health and education whilst also maximising the opportunities of responsive integrated place-based approaches within Integrated Care Systems.
- National standards should be co-produced with people with lived experience and practitioners to raise the bar from the current legislative standards.

Chapter 2: Family Help

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

X Fully supportive X
Somewhat supportive
Neutral
Somewhat oppose
Strongly oppose
Don't know

Please explain your answer:
The iHV is fully supportive of the proposal for a system that brings together early help and 'child in need' into a single, Family Help Service. However, this needs to extend beyond the remit of children's social care – it takes a village to raise a child – or a 'whole system' approach with families at the centre, working with communities and voluntary organisations.

It is also essential that we have robust statutory multi-disciplinary teams in local areas that include midwives, paediatricians, health visitors, school nurses, therapists etc… who also work with these families. The Integrated Care Systems provide an opportunity to deliver much greater collaboration at a local level and this needs to be matched by a move towards greater collaboration across national government departments.

The national government sets the context in which these local services work, including ensuring that they have sufficient funding to meet the level of need. All parts of the 'system' need to be strengthened to deliver this strategy, this is too important to be left to chance or solely to local decision making. In particular, it is important to recognise the vital role that health visitors and school nurses have in the leadership and delivery of targeted early help for families (Health visiting is only mentioned four times in the whole strategy and school nurses are not mentioned at all).

It is important that Family Help Services include what works in 'pre social care involvement' and health visitors are key to this because they know their communities and deliver care to all families through the universal delivery of the Healthy Child Programme:

- Health visitors have a high level of acceptability with families as they are part of the 'health workforce' which reduces the stigma of asking for help, compared to children's social care. Through continuity of carer, they build relationships with families and provide a vital safety net for babies, young children and families who can easily fall through the gaps between services when they disengage in interventions, or when a time-limited intervention ends.
- Health visitors utilise their clinical judgement and public health expertise to identify health needs early, determining potential risk, and providing early intervention to prevent issues escalating. There

is strong evidence that health visiting plays a crucial role in eliciting need and vulnerability in families that was previously not known by other services[7],[8].

- Health visitors support engagement in early help – this requires 'buy-in' from the family as it falls below the statutory threshold of child protection. There is strong evidence that the families who need the most support are the least likely to ask for help or engage in support and have the highest rate of attrition – it is therefore vital that we have services built around this evidence to ensure that vulnerable babies and young children are identified and do not fall in the gaps between services. The health visiting service is the only **systematic** means to reach all babies and young children who are not afforded the same visibility and protection as older children are in school.
- Health visitors undertake a 'navigating role' to support families through the complex health and care system and plethora of voluntary sector support available in local communities. They utilise the right skill set to ensure that families are connected with the right support, at the right time, with effective signposting, assessment of risks and the management of referrals to specialist support and information as needed.
- Health visitors use a needs assessment to determine targeted interventions which can be met within the service or may require the need for more specialist interventions that need referrals or clear signposting. Whilst receiving specialist support, health visitors and school nurses still provide the universal offer and work in partnership with other agencies.

Looking at the features of early help listed below, in your opinion or experience, what are the top 3 features that make it a supportive service for families?
Select the top 3 features from the list below, where 1 is your top choice.

- The service is designed together with the input of children and families - **1**
- It is based in local communities, and sits alongside other services such as education, libraries, citizen's advice services and housing services
- Information and support are available and can be accessed online
- Information and support are available and can be accessed in person
- Early help is delivered by voluntary and community sector as well as the local authority and their partners (police and health)
- Strong relationship with one key worker/lead individual for every family - **2**
- Having people with the right knowledge and skills available to help when needed - **3**
- Having people with the right experience available to help when needed
- Being able to access the right type of support
- Other (please specify)

Chapter 4: Unlocking the potential of Family Networks

4.1 In your view, how can we make a success of embedding a "family first" culture in children's social care?

The success of embedding a family first culture is dependent on several areas:

- **Collaboration and Communication** are essential in creating a "family first" culture where babies, children and families feel 'listened to and heard' – and most importantly this is acted upon. Social workers, families, and other professionals such as health visitors should work together to create a supportive environment for babies, children, and families. Families need to be involved in decision-

[7]The Centre for Parent and Child Support (2023) Family Partnership Published Evidence
https://www.cpcs.org.uk/fpm/fpm-published-evidence/
[8] Scottish Government (2021) Universal Health Visiting Pathway evaluation – phase 1: main report – primary research with health visitors and parents and case note review https://bit.ly/3CWHTEH

making processes, and their voices should be heard (in particular, the voice of the baby, child or young person). Care should be personalised and responsive whilst enabling choice[9]. If families don't have the agency to advocate on their baby's or young child's behalf, health visitors are vital for ensuring the lived experience of the baby or child is heard, whilst also being able to recognise when they are in distress[10].

- **Strengths-based:** Families need to be given the tools and resources they need to build on their assets and support them to care for their children. It's also important to recognise that families who have complex and co-existing needs often don't know where to start with their problems, they can feel stigma and shame and they can struggle to reach out for help. This is where they need somebody with the right skills, like health visitors to get alongside them, with the time to build relationships because relationships are key to improving outcomes[11]. Often those who need help the most are the ones who disengage, and there are high rates of attrition for these families. This is where health visitors provide a vital safety net and have the skills to work through the barriers of engagement with families[12]. Approaches like the Family Partnership Model[13] provide a good evidence-based approach for this vital work and support the development of the practitioner skills needed to work with families through the complex process of helping families to embed positive change and improve child and family outcomes. This is complex work – the evidence is clear that simplistic advice giving and a 'tick box' approach do not work, and the development of practitioner skills should not be overlooked by the strategy team.

- **Care coordination:** Numerous reviews of parents' preferences have highlighted that families value continuity of carer. There are also commitments in the NHS Long Term Plan[14] to ensure continuity of care. The Independent Review[15] acknowledged the challenges that can arise when services are delivered in a fragmented way, or when stigma is associated with asking for help. It concluded that this had resulted in a system skewed towards crisis intervention, resulting in unacceptably poor outcomes for children.

- **Workforce: The Best Start in Life Vision[16]** has a focus on 'seamless support' by building trusting and supportive relationships through continuity of care. This requires a workforce in sufficient numbers, and with the skills needed to turn this into reality. As part of this vision for the first 1001 days, the Government categorised health visiting as one of six priority services. However, this commitment is at risk without investment and a plan to rebuild the health visitor workforce – since the Vision was published in March 2021, we have lost 1,038 more health visitors in England, representing a total loss of 40% of the workforce since 2015. This is an example of different government policies operating in silos rather than collectively as part of a joined-up policy for child health, education and safeguarding. This will be imperative to ensure that this vision is realised and services can work together to provide 'seamless' support for families.

- **Training and Education** to understand the importance of the "family first" culture and the use of kinship orders is crucial for social workers and other multiagency partners, including health visitors

[9] NHS England (2019) Empowering people in their care https://www.england.nhs.uk/blog/empowering-people-in-their-care/
[10] Institute of Health Visiting (2022) State of Health Visiting in the UK https://ihv.org.uk/wp-content/uploads/2023/01/State-of-Health-Visiting-Report-2022-FINAL-VERSION-13.01.23.pdf
[11] Toby Lowe (2021) How health visiting creates positive outcomes) https://ihv.org.uk/news-and-views/voices/how-health-visiting-creates-positive-outcomes/
[12] Institute of Health Visiting (2019) Health Visiting in England: A Vision for the Future https://ihv.org.uk/wp-content/uploads/2019/11/7.11.19-Health-Visiting-in-England-Vision-FINAL-VERSION.pdf
[13] The Centre for Parent and Child Support (2023) Family Partnership Published Evidence https://www.cpcs.org.uk/fpm/fpm-published-evidence/
[14] NHS Long Term Plan (2019) www.longtermplan.nhs.uk
[15] MacAlister J (2022) The Independent Review of Children's Social Care: Final report. https://bit.ly/3ippA3L
[16] Department of Health and Social Care (2021) The best start for life: a vision for the 1,001 critical days. https://bit.ly/3l6urF

who are vital members of the Family Help Service. The use of kinship orders is less familiar to professionals, and training to understand the process and their role in supporting the arrangement /assessing the child's wellbeing /health needs and their wishes and feelings would be essential. Kinship arrangements would also need to rely on robust vetting processes that assure the baby, child or young person is safe and not at risk of harm or exploitation.

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

Strong and trusting relationships across professionals and families is one of the most helpful forms of support that could be provided to a family network. Strong and trusting relationships are one of the core values of health visiting.

Trusting relationships enable families to overcome the initial reluctance and resistance that are frequently encountered when parents are afraid to reach out and 'ask for help'. Supporting the emotional and social wellbeing, as well as the physical health, of the whole family is a priority for all UK health visitors.

Health visitors are ideally placed to identify early risks and protective factors, and understand the multifactorial context of relationships, families, and communities. It is therefore crucially important that health visitors have sufficient time and capacity to enable them to identify and support the holistic needs of the whole family, and work in a preventative way to reduce health inequalities and improve health outcomes[17] .

Other areas which may support a family network are:

- In light of the current cost-of-living crisis, providing financial support to the family network can help ease the financial burden of caring for a baby/child such as direct payments for expenses related to the child's care and support with food and clothing.
- The health visitor has a crucial role in providing access to information about the baby/child's needs, medical history, and any special requirements which may be able to help the family network provide appropriate care for the baby or child.
- Providing training and education to the family network can help them develop the skills and knowledge necessary to provide high-quality care for the baby/child. This can include training on topics such as child development, behaviour and where to seek appropriate healthcare.
- Providing respite care to the family network can help them take breaks from their caregiving responsibilities and prevent burnout.
- Health visitors are highly skilled in providing emotional support to the family network and they can help them cope with the challenges of caring for a baby/child.

To create a greater awareness of kinship care we need a common understanding of kinship. We want your views on our proposed working definition of kinship care.

Fully supportive
X Somewhat supportive X
Neutral
Somewhat oppose

[17] Institute of Health Visiting (2022) State of Health Visiting in the UK https://ihv.org.uk/wp-content/uploads/2023/01/State-of-Health-Visiting-Report-2022-FINAL-VERSION-13.01.23.pdf

Strongly oppose
Don't know

Chapter 5: The Care Experience

In Chapter 5 of the Implementation Strategy, we ask for your views on:

- our six missions for improving the experience of being a child in care and a care leaver (question 1)
- introducing a form of legal recognition of a lifelong bond (questions 2-3)
- regional care cooperatives (questions 4-5)
- corporate parenting (questions 6-7)
- any further feedback you may have on the proposals in this chapter (question 8)

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

Strongly agree
Agree
X Neither agree or disagree X
Disagree
Strongly disagree
Don't know

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

Formalising a legal bond between care-experienced individuals and someone they care about, such as a former foster carer or family friend, can have many benefits such as:

- Providing care-experienced people with a sense of security and stability. It can ensure that they have a support system in place in case of any future challenges or difficulties.
- Providing emotional support to care-experienced people, helping them feel connected and loved.
- Providing care-experienced people with access to resources and opportunities that they may not have had otherwise, such as financial support, healthcare, and education.

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

While these principles are a positive step forward in promoting the welfare of babies and children in care and care leavers, there are some areas which could be improved, such as:

- Local authorities ensuring that the principles are implemented effectively in practice and not just in theory.
- Ensuring robust systems are in place for monitoring and evaluating how the principles are being applied in practice, and whether they are having a positive impact on the lives of babies and children in care and care leavers.
- Ensuring clear accountability for the implementation of the principles, with clear lines of responsibility and consequences for failing to meet the standards set.
- The principles being more inclusive of different types of care, such as kinship care or residential care, to ensure that all babies and children in care and care leavers are supported equally.

- Local Authorities having the necessary resources and funding to deliver on the principles effectively.

5.7 Which bodies, organisations or sectors do you think should be in scope for the extension of the corporate parenting principles – and why?

Some examples of organisations or sectors that should be in scope for the extension of parenting principles include:

- The healthcare sector is essential in promoting the physical and mental health and wellbeing of care-experienced babies, children, and young people. Health visiting services are a vital service to be included, as their main priority is to ensure every baby has the best start in life. Health visitors significantly contribute to a number of clinical and care pathways, including child and adult physical health, mental health, child development, safeguarding and social needs.
- The Education sector including nurseries, schools, colleges, and universities should be included as they all have a significant impact on the educational outcomes of care-experienced babies, children and young people.
- Housing is a critical issue for care-experienced young people, particularly as they transition into independent living. The housing sector should be included in the extension of the corporate parenting principles to ensure that care-experienced young people have access to safe, secure, and affordable housing.
- The employment sector is crucial in helping care-experienced young people achieve independent living and financial stability. This sector should be included in the extension of the corporate parenting principles to ensure that care-experienced young people have access to job training, career advice, and employment opportunities.

Chapter 6: Workforce

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

Strongly agree
Agree
Neutral (neither agree or disagree)
Disagree
X Strongly disagree X
Don't know

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

The iHV agrees with your proposals for addressing the social care workforce challenges, however there is a significant gap in wider system thinking. A whole systems approach is needed to improve the outcomes of babies, children and families and investing in only one part of the system misses an important opportunity to achieve longer term and effective reform.

A greater focus needs to be placed on what happens before babies and children meet the threshold of children's social care, with a recognition that investing in prevention is the smartest of all investments. We need to stop mopping the floor and turn off the taps of need by investing in health promotion and

prevention in the earliest years of life. Investing in giving children the best start in life not only improves their life chances but also reduces the demands on social care[18].

The proposals also need to include reforms on information sharing that takes account of the following three discrete and important elements:

- **Mechanisms to elicit and gather good quality information:** Collecting all of the pieces of the jigsaw to provide a sense of what life is actually like for a baby or child. The national review into the murders of Arthur Labinjo-Hughes and Star Hobson highlighted how practitioners need to be given the space and time to do quality work with the child and to critically reflect on the child's experiences, including putting together the jigsaw of information they hold about them and the network around them. Otherwise, there is a risk that the child will become invisible. This is particularly important for strategy meetings – we have received feedback from practitioners across primary care, community care, education and social care who have raised concerns about the lack of accurate information on babies and young children at these meetings following the scaling back of health visiting services. This hampers decision making and heightens risk, or the chance of poor decision making, when no agency really knows the family.

- **Mechanisms for information sharing:** Case reviews in each of the UK nations emphasise the importance of information sharing and collaboration between agencies so that professionals can fully understand any risks a child may be exposed to and take appropriate action to keep them safe[19]. In the majority of child protection cases which have ended in tragedy, ineffective or lack of information sharing is a key factor [20] - this highlights the importance of children services having I.T. systems which are fit for purpose, which have the intra-operability features to work with other systems or products. The use of a single consistent unique identifier across those services which interact with children would be a 'golden thread', not just between records held by one agency, but between records held by multiple agencies[21].

- **Interpretation of data:** At the moment, there is no artificial intelligence (AI) to interpret data – and it is unlikely that there ever will be as this is not a 'linear' process and there is no validated tool to support the stratification of risk and resilience factors or the establishment of reliable cut offs that could be used to inform AI modelling. Risk assessment in the complex and messy real world requires a person with the right skills to sift through data and information from multiple sources and interpret it in its context[22]. More data could make the haystack bigger, making it harder to spot the children whose needs have changed over time. To support this, it is imperative that data visualisation tools are developed to support analysis of risk and resilience factors. The Institute of Health Visiting has been involved in a project with the Health Foundation and Southern Health NHS Foundation Trust that is showing promise in this area – the pilot project identified and considered many of the challenges to produce a data visualisation dashboard for frontline practitioners as well as commissioners. The project findings provide considerable transferable learning for the wider system[23] .

The benefits of an effective health visiting service accrue to numerous government departments and across a person's lifetime. Therefore, complex systems principles need to be applied across all aspects of health and care delivery, including workforce planning, funding and the development of measures that capture input

[18] F1001D (2021) #TurnOffTheTaps Invest in Health Visiting https://parentinfantfoundation.org.uk/turnoffthetaps-invest-in-health-visiting/
[19] NSPCC (2019) Multiagency working https://learning.nspcc.org.uk/child-protection-system/multi-agency-working-child-protection
[20] Wandsworth Safeguarding Children Partnership (2019) Information Sharing https://wscp.org.uk/find-help/professionals-and-volunteers/information-sharing/
[21] Children's Commissioner (2022) Utilising data to improve children's outcomes https://assets.childrenscommissioner.gov.uk/wpuploads/2022/12/cc-family-review-utilising-data-annex.pdf
[22] Early Intervention Foundation (2021) Building consensus on what should happen next https://www.eif.org.uk/report/aces-building-consensus-on-what-should-happen-next
[23] iHV & Southern Health NHS Foundation Trust (2021) Moving beyond bean counting https://ihv.org.uk/wp-content/uploads/2021/11/AIMS-insight-report-FINAL-VERSION-18.1.21-1.pdf

and impact across the system. Investing in health visiting will enable local authorities to create strong and innovative health visiting services which provide a vital infrastructure of support to improve child health outcomes, reducing the burden on the NHS and children's social care.

Prevention is only cited once in the whole strategy, and we know that prevention is better than cure[24]. Policy decisions to cut prevention and early intervention in the earliest years of life cost more in the long run, with the cost of late intervention to society currently soaring at an estimated £23 billion a year[25]. Health visiting services have felt the brunt of these cuts, with an estimated shortage of 5,000 health visitors in England[26].

The health visiting profession in England will cease to exist in 15 years if the current rate of workforce loss is not addressed[27]. This cannot be ignored any longer as the inevitable knock-on impacts are already being felt across the health and care system[28], and the recent Inquiry into the murders of Arthur Labinjo-Hughes and Star Hobson recognised: "The issue of capacity in health visiting services is a national concern and merits further attention"[29]. WHO UNICEF-UK[30] has described health visiting as the 'backbone of the early years… a safety-net for all families' – and a large coalition of more than 200 organisations working with children has called for urgent reinvestment in health visiting[31].

Chapter 7: System Enablers

7.1 Beyond the proposals set out in this chapter, what would help ensure we have a children's social care system that continues to share and apply best practice, so that it learns from and improves itself?

There are a number of other areas which would help ensure we have a children's social care system that continues to share and apply best practice:

- **Data collection and analysis**: To embed a continuous cycle of quality improvement at a local and national level, with data collection and analysis to support learning from mistakes (serious incidents and child deaths) as well as best practice. To support a more 'upstream' approach, the remit needs to be extended to include data before the 'front door'' of children's social care and also needs to include access, identification of need (targeted indicated, as well as targeted selective[32], experience of support, outcomes, and the reduction of inequalities. This includes monitoring outcomes and analysing data to identify trends and patterns and comparisons between areas. It is important that data is shared across the multi-agency partnership which would support triangulation, especially around re-referrals and overlaying this with health data (such as the number of initial health assessments undertaken with 20 days of a child coming into care; health visitor assessments /school nurse /LAC nurse assessments; health workforce and capacity). Having meaningful health data could be a starting point to get consistent national information.
- **Foster a culture of continuous learning** by providing opportunities for staff to engage in professional development and training. This can include attending learning events but also conferences, workshops, and seminars, as well as providing access to online resources and training materials.
- **Encourage collaboration and communication** between different agencies and organisations involved in children's social care. This can include regular meetings and joint working groups, as well as sharing of information and best practices.

[24] Department of Health and Social Care (2018) Prevention is better than cure: our vision to help you live well for longer. https://bit.ly/3Xi0NgU
[25] MacAlister J (2022) The Independent Review of Children's Social Care: Final report. https://bit.ly/3ippA3L
[26] Conti G & Dow A (2021) Rebuilding the health visiting workforce: costing policy. https://bit.ly/3XdvWlw
[27] Institute of Health Visiting (2022) State of Health Visiting in the UK https://ihv.org.uk/wp-content/uploads/2023/01/State-of-Health-Visiting-Report-2022-FINAL-VERSION-13.01.23.pdf
[28] Hogg, S. & Mayes. G. (2022) Casting Long Shadows: The ongoing impact of the COVID-19 pandemic on babies, their families and the services that support them. First 1001 Days Movement and Institute of Health Visiting. https://bit.ly/3QrHFdV
[29] Child Safeguarding Practice Review Panel (2022) Child protection in England: national review into the murders of Arthur Labinjo-Hughes and Star Hobson. https://bit.ly/3X7V0KK
[30] UNICEF-UK (2022) Early moments matter: Guaranteeing the best start in life for every baby and toddler in England. https://bit.ly/3IznRU4
[31] First 1001 Days Movement (2022) Why health visitors matter. https://bit.ly/3CBM4FI
[32] Early Intervention Foundation (2018) What works to enhance the effectiveness of the Healthy Child Programme: An evidence update https://www.eif.org.uk/report/what-works-to-enhance-the-effectiveness-of-the-healthy-child-programme-an-evidence-update#:~:text=What%20is%20the%20Healthy%20Child,between%20conception%20and%20age%205

- **Involve children and families in decision-making processes** to ensure that their perspectives and experiences are at the heart of all care provided. This can include providing opportunities for feedback and consultation, as well as involving them in the design and implementation of programmes and services.
- **Support research and innovation** in the field of children's health and social care to develop new approaches and interventions, and to build the evidence base for effective integrated practice.

Chapter 8: Delivery

8.1 In your opinion, how can we ensure the delivery of reform is successful?
Please comment below:

To ensure the reforms are successful, these plans must be backed by a commitment for ambitious, long-term investment. The Independent Review of Children's Social Care stated that without investment and reform, the number of children in care in England will rise from 80,000 to 100,000 in 10 years' time, and the annual costs from £10 billion to £15 billion. Failing to invest now will mean more children going into care and rising costs in the future.

To ensure the investment is as effective as possible, the government must continue to recognise and respond to the pressure on wider children's services and local authority budgets right now. The Local Government Association (LGA) highlighted that the funding falls short of addressing the £1.6 billion shortfall, estimated prior to inflation, required each year simply to maintain current service levels[33]. The Care Review recommended an additional investment of at least £2.6 billion over four years, prior to the impact of inflation, to improve the system to better meet children's needs. Despite increasing their budgets by £708 million in 2020/21, councils still overspent their budgets by £800 million that year, indicating the scale of pressure on the system[34]. Without immediate stabilisation, an already broken system will become even harder to fix, and more babies and children's lives will be harmed as a result.

It's crucial that all political parties commit to delivering the scale of reform required and that the voices and experiences of babies, children and young people meaningfully guide the reforms. Despite calls to develop a cross-department strategy, this strategy is published solely by the Department for Education with all the associated limitations. If we are serious about improving child safeguarding, we need to strengthen the whole system of support around families – if one part of the system is weak, the whole system suffers and ultimately babies, children and families face the brunt of this.

The need for a whole system response to safeguard all children was brought to the forefront in the Child Safeguarding Practice Review Panel which highlighted the importance of information sharing between agencies:

> *'Practitioners need to be given the space and time to do quality work with the child [baby] and to critically reflect on the child's [baby's] experiences, including putting together the jigsaw of information they hold about them and the network around them'.*

Whilst both the Care Review and the Inquiry into the murders of Star Hobson and Arthur Labinjo-Hughes recognised the valuable contribution of health visitors, it is disappointing to see that 'health visitors' are only mentioned 4 times in the strategy which also fails to address the current workforce crisis that these reports flagged:

[33] LGA (2023) https://www.local.gov.uk/about/news/childrens-social-care-implementation-strategy-lga-response
[34] LGA (2023) https://www.local.gov.uk/about/news/childrens-social-care-implementation-strategy-lga-response

“Children’s social care picks up the needs of families which universal and other services cannot address. Therefore, getting the right support for families through universal services and, wherever possible, addressing issues before they escalate is critical”.

“The issue of capacity in health visiting services is a national concern and merits further attention”.