

## Stable Homes, Built on Love: Implementation Strategy and Consultation. Children's Social Care reform – VoiceAbility Consultation response

The following introductory questions will help us understand more about you.

**1. We want to hear from children and young people with lived experience of care, as well as others. Are you responding as: a child or young person under 18, an adult or an organisation?**

An organisation – VoiceAbility

**2. To help us analyse responses, please tell us more about you. In what capacity are you responding? As a... Charity**

We are VoiceAbility, an independent charity and one of the UK's largest providers of advocacy and involvement services. In 2021-2022 we helped over 26,000 people get their voices heard through advocacy and/or peer support. We currently provide children and young people's advocacy services in Bolton, Hampshire and Lincolnshire. These services include advocacy for children with Special Educational Needs and Disabilities (SEND), Looked After Children (LAC), Child Protection Advocacy, Care Leavers and statutory children's advocacy under the Care Act. We cannot overstate the importance of advocacy for children and young people. In the words of one of our advocates "we are often the only constant at points of change and help ensure children's voices are heard when it matters most."

**3. If you are responding on behalf of an organisation, what is your role within that organisation?**

[Select one from: Front-line practitioner; Manager; Senior leader; Corporate/administrative]

I am Rupen Gahir Kalsi, Senior Policy and Influencing Officer at VoiceAbility

**4. Would you like us to keep your response confidential? Yes/No. If yes, please explain why.**

**5. In sharing findings from this consultation, may we quote from your response publicly? [Select one from: Yes, anonymously; Yes, attributable to my organisation; No]**

**6. This question is only for adults over the age of 18, or organisations. May we contact you if we have any follow-up questions? [Yes/No] If yes, please provide your email address.**

[Rupen.Gahir-Kalsi@voiceability.org](mailto:Rupen.Gahir-Kalsi@voiceability.org)

**7. 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? [Select one from: Strongly agree; Agree; Neither agree or disagree; **Disagree**; Strongly disagree; Don’t know]. If desired, please explain your response.**

**6 pillars for reference:**

1. Family Help provides the right support at the right time so that children thrive within 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, improves and makes better use of evidence and data

These pillars go some way in addressing the enormous task of reforming children’s social care, however they won’t go all the way in tackling failings in children’s social care. The underfunding of children’s social care is an important driver behind some – but not all – of these failings.<sup>1</sup> It’s deeply disappointing this strategy commits only £200 million over 2 years to children’s social care when £200 million is not enough to deliver such an ambitious programme of reform. Proper funding is essential to realise the ‘missions’ of the strategy, and to achieve the change children and young people in care need. All in all, this is not the “once in a generation reform”<sup>2</sup> we expected. Our consultation response focuses primarily on advocacy and SEND provision, while we make broader comments on the children’s social care system, funding and human rights.

We believe your aims for Pillar 4 “putting love, relationships and a stable home at the heart of being a child in care”<sup>3</sup> could and should go further by expanding advocacy provision and ensuring high quality advocacy. Advocacy is an essential service for *all* children and young people. Existing legislation and entitlements are diffuse, subject to interpretation and would not be easy to enforce.<sup>4</sup> This patchwork of legislation creates barriers to eligible groups of children and young people accessing advocacy because their entitlements are not clear.<sup>5</sup> We need a single, clear, expanded and more inclusive legal entitlement for advocacy for children and young people and for provision to match this. We also need to ensure children and young people receive consistently high-quality advocacy so their voices keep being heard when it matters most. Much advocacy provision is excellent, but this is not always so. We’ve been considering how to best ensure consistent high-quality advocacy for all children and young people who require it. This may be through regulation which could come through a regulatory body. We welcome the opportunity to discuss our thoughts on delivering high-quality advocacy and raising advocacy standards in more depth.

We support your inclusion<sup>6</sup> of an opt-out model of independent advocacy for children and young people in care from the Independent Review of Children’s Social Care. It’s crucial

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<sup>1</sup> [BASW Statement on UK Government Strategy for Children’s Social Care | www.basw.co.uk](http://www.basw.co.uk)

<sup>2</sup> [Children’s social care stable homes built on love consultation \(publishing.service.gov.uk\)](http://publishing.service.gov.uk) p12

<sup>3</sup> [Children’s social care stable homes built on love consultation \(publishing.service.gov.uk\)](http://publishing.service.gov.uk) p19

<sup>4</sup> [Right to advocacy – Article 39](#)

<sup>5</sup> [CCO-Advocacy-for-children-June-2019.pdf \(childrenscommissioner.gov.uk\)](#) p27

<sup>6</sup> [Children’s social care stable homes built on love consultation \(publishing.service.gov.uk\)](http://publishing.service.gov.uk) p96

this advocacy provision is independent rather than coming from local authorities or children's services. Independent advocacy means children and young people perceive advocates as free from any conflict of interest or biases that may affect advocates employed directly by the system they are challenging.<sup>7</sup> It's also crucial the offer of independent advocacy is proactive rather than 'one off'. We explore what a proactive advocacy offer looks like and the importance of independent advocacy in our response to question 18. We also highlight that proper funding for advocacy, which is not mentioned in the section on advocacy, is critical in delivering increased advocacy provision.

We believe your goal to build strong relationships for children and young people could and should go further by extending the right to opt-out advocacy to more groups like those undergoing child protection processes. The Care Act 2014 brought with it the legal right for advocacy support in relation to safeguarding enquiries for adults. A key aim was to help ensure that the person's experience is central to actions taken. Involving the person supports learning and prevention. It's our view the same rationale for inclusion applies in children's safeguarding and that all children should have the option of support so that their views and experiences are adequately represented. We explore the legal justification and evidence base for opt-out advocacy for children and young people undergoing child protection processes more thoroughly in our response to question 18.

On SEND provision, we welcome the Law Commission review of relevant legislation. We continue to champion advocacy for SEND children and young people, and emphasise the importance of clear accessible information and co-design when developing and designing services. Yet changes for SEND children in care must come in tandem with broader reform of SEND provision, which should include enhanced funding as a minimum while addressing bigger issues like the state of Education Health and Care Plans (EHCPs) and delayed diagnoses.

On children's social care, the number of children and young people with learning disabilities and autism detained in mental health hospitals is not decreasing in line with repeated government targets. As of March 2023 people under 18 made up 11% of inpatients compared to 6% in March 2015.<sup>8</sup> There's a parallel problem of children being moved far from home for residential education and care due to the lack of local provision. We welcome your focus on providing local support for children and young people so they don't need to be moved out of area. However, we need more investment in community-based support and education, enhanced assistance for families, and early intervention – all supported by joined up strategic and individual planning and effective joint commissioning. These things are critical in enhancing children and young people's lives and reducing expenditure on poor quality provision.

On funding, we're deeply disappointed government have committed only £200 million over the next 2 years for proposed reform; merely 20%<sup>9</sup> of the £2.6 billion over 4 years suggested in the Independent Review of Children's Social Care. What's more, promising funding for the next 2 years – rather than for a longer timeframe - may put delivery partners in a difficult situation to financially plan for the long-term. Though we appreciate the need to trial new approaches, the effect is a piecemeal set of changes which will not tackle urgent problems in children's social care now. The distinct lack of urgency for change is echoed in the tone of the report. To this end, we agree with National Youth Advocacy Service's

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<sup>7</sup> [CCO-Advocacy-for-children-June-2019.pdf \(childrenscommissioner.gov.uk\)](#) p24

<sup>8</sup> [LD\\_AT\\_DataTables\\_Mar2023.xlsx \(live.com\)](#)

<sup>9</sup> ['You can't reform a children's social care system based on quicksand' - Community Care](#)

(NYAS) comments<sup>10</sup> that proposed reviews of legislation in this area must be prioritised rather than delayed until “parliamentary time allows.”<sup>11</sup>

On human rights, we're disappointed you did not implement the Independent Review of Children's Social Care's suggestion to make 'care experience' a protected characteristic. Making 'care experience' a protected characteristic would validate and directly address broader societal barriers, discrimination and poorer outcomes<sup>12</sup> care-experienced children and young people face. It would also mean care-experienced children and young people have a clear legal basis to challenge discrimination. A survey by NYAS suggests making 'care experience' a protected characteristic would be supported by 60% of young people.<sup>13</sup> We urge you to reconsider this choice. Finally, we suggest you apply an intersectional approach to policy-making that addresses the impact of multiple protected characteristics on children in care. We explore intersectionality in our response to question 27.

### **8. 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?**

We passionately believe advocacy is a vital resource for SEND children and young people to express their needs, be heard and have their needs met. The following case study demonstrates how advocacy is vital for care-experienced SEND young people. The case study is about W, an 18-year old care-experienced young man with autism, mental health challenges and other complex needs. The following paragraphs summarise how advocacy positively affected W's life by rebuilding trust between W and his local authority services resulting in a positive outcome W chose.

“W was a looked after child and known to Social Services for most of his childhood. Despite challenges at home and child protection concerns, he maintained a good relationship with mum and siblings and, with support, tried to move back home several times. He is a very intelligent young man and very good with computer technology, which .. resulted in him hacking into school systems and placements breaking down. He ended up in an out of county residential school placement. W is very suspicious of authority figures and refused to participate in any local authority processes, especially related to assessment and reviews. W wanted to return home and when he was 18 moved back in with mum and her partner. This situation very quickly broke down and there were safeguarding concerns resulting in him moving to emergency supported living.”<sup>14</sup>

Our advocate spent time with W to establish an advocacy partnership. Through this partnership our advocate understood W's reluctance to engage with services. W was worried his personal information would be shared and was suspicious that what he said he wanted would be ignored. W felt anxious that local authority services, placement and planning would be something done to him rather than in partnership with him. Our advocate and W were able to work through this by putting together a Person-Centered Plan. This plan asked what W wanted, how it could be achieved and when it could be achieved by. Although W still felt cautious, he was prepared to work with our advocate. In time, W became more confident as he understood professionals were listening to him and considering his hopes and wishes for placement options. W became increasingly involved in the placement planning and support package by attending meetings and talking to

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<sup>10</sup> [Campaign Success as Government Keeps Children's Home Protections \(nyas.net\)](https://nyas.net/campaign-success-as-government-keeps-childrens-home-protections)

<sup>11</sup> [Children's social care stable homes built on love consultation \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/611111/childrens-social-care-stable-homes-built-on-love-consultation) p101

<sup>12</sup> [Looked-after Children: The Silent Crisis \(smf.co.uk\)](https://www.smf.co.uk/looked-after-children-the-silent-crisis) p5

<sup>13</sup> [Three in five young people in favour of making care experience a protected characteristic | Social Work Today](https://www.socialworktoday.com/news/3-in-5-young-people-in-favour-of-making-care-experience-a-protected-characteristic)

<sup>14</sup> This paragraph is a quote from one of our advocates.

professionals. In the end, W moved to a short term supported placement and later moved into his own flat, with support, in an area he chose to live in.

We welcome suggested interventions to support SEND children, particularly the Law Commission review of relevant legislation. However, there needs to be a stronger and more tailored focus on SEND in new systems – particularly in ‘pathfinder’ schemes - which acknowledges the sheer scope of complex needs captured under the SEND umbrella. We agree with the Disabled Children’s Partnership that the new ‘Family Help’ system must include a focus on SEND children and their families.<sup>15</sup> Disappointingly, there’s no mention of *new* funding specifically for SEND children<sup>16</sup> in care in this plan. This would have gone some way in addressing the unique challenges for SEND children in care.

Members of our Speak Out Council<sup>17</sup> in Cambridgeshire, whose feedback I explore below, emphasise the need for a person-centred approach to service delivery. This won’t be possible unless policy underneath is similarly tailored, flexible and built according to the needs of SEND young people. This is where policy and service co-production is important; something our Speak Out members highlight.

The broader policy picture for SEND children and young people remains bleak, which has a knock-on effect for those in care. Unless existing issues within SEND provision - like 65% of parents reporting having to fight to get an Education Health and Care Plan (EHCP)<sup>18</sup> for their child coupled with rising demands for EHCPs<sup>19</sup> - are addressed the situation will remain bleak. Analysis by the Disabled Children’s Partnership reveals<sup>20</sup> children’s SEND provision is underfunded by £500 million; something which the £200 million in this review – which is for all children in care, rather than SEND children alone - will do little to solve.

Our advocates highlight barriers to SEND children getting essential support like proper diagnoses and tailored education are also barriers to accessing advocacy. This is because children and young people must be diagnosed as ‘SEND’ before accessing SEND advocacy.<sup>21</sup> Research shows 46% of disabled people remained undiagnosed at school<sup>22</sup> preventing access to essential services and support. If you truly want to move away from “high-cost crisis intervention and care towards earlier help”<sup>23</sup> you must do more to help SEND children and young people get the right diagnoses and corresponding support – of which advocacy is a key part - without a struggle.<sup>24</sup> Ultimately these issues boil down to a severe lack of funding in health and social care coupled with rising costs of living which disproportionately affect SEND children and young people and their families.<sup>25</sup> It’s disappointing you did not address the amplified effect of the cost of living crisis on SEND children and their families in your strategy.

I will leave final remarks to members of our Speak Out Council in Cambridgeshire, which helps people aged 14 and above with learning disabilities and autism be heard. They said

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<sup>15</sup> [Failed-and-Forgotten-DCP-Summary.pdf \(disabledchildrenspartnership.org.uk\)](#) p6

<sup>16</sup> The £30 million to test novel approaches to integrate short breaks to integrate the delivery of short breaks and support services for children and young people with SEND was already announced in the SEND review.

<sup>17</sup> Find more information about our Speak Out Council here - [VoiceAbility | Speak Out Cambridgeshire](#)

<sup>18</sup> [New research highlights barriers to SEND support | Disability Rights UK](#)

<sup>19</sup> [The Guardian view on Send provision: letting children down | Editorial | The Guardian](#)

<sup>20</sup> [Social-Care-Implementation-Strategy-statement.pdf \(disabledchildrenspartnership.org.uk\)](#)

<sup>21</sup> Exceptions apply if a child or a young person is receiving advocacy as part of general advocacy provision.

<sup>22</sup> [State of the Nation in SEND Education — THE DISABILITY POLICY CENTRE](#)

<sup>23</sup> [Children's social care stable homes built on love consultation \(publishing.service.gov.uk\) p152](#)

<sup>24</sup> We do not believe these issues were adequately addressed in the SEND and Alternative Provisions Green Paper published in March 2023.

<sup>25</sup> [Cost of living: the impact for disabled people | Disability charity Scope UK](#)

they need more accessible information and more training and awareness for staff so they can signpost young people and their families to the right support. Systems must also meaningfully involve SEND children and young people in decision-making and designing services. Their full comments are bullet-pointed below.

- we need more **accessible information** for families. This should be easy to access and in multiple formats. This means no jargon, no acronyms and no complicated names of services. Information must be written using plain English
- we need more **training and awareness** for staff in health, education and social care. This training will mean staff can do the following better
  - provide **information, advice and guidance** to signpost young people and their families to the right support
  - practice **person-centred working** so young people are empowered to be at the centre of decisions about their lives, from the earliest age
  - carry out **co-production** well so young people are a meaningful part of designing and developing services. Young people are the experts in knowing what they need, but they need to be well supported so their voices are heard. Statutory services need to find ways to do this effectively

**18. Overall, to what extent do you agree that the 6 key missions are the right ones to address the challenges in the system? [Select one from: Strongly agree; somewhat agree; Neutral (Neither agree nor disagree); Disagree; Strongly disagree; Don't know] If desired, please explain your response.**

### **6 key missions for reference**

- **Mission 1** -By 2027, every care-experienced child and young person will feel they have strong, loving relationships in place.
- **Mission 2** - By 2027, we will see an increase in high-quality, stable and loving homes available for every child in care local to where they are from.
- **Mission 3** -By 2027, we will strengthen and extend corporate parenting responsibilities towards children in care and care leavers across the public sector.
- **Mission 4** - By 2027, we will see an improvement in the education, employment and training outcomes of children in care and care leavers.
- **Mission 5** - By 2027, we will see an increase in the number of care leavers in safe, suitable accommodation and reduce care leaver homelessness.
- **Mission 6** -We will work closely with health partners to reduce the disparities in the long-term mental and physical outcomes of care-experienced people.

We welcome the introduction of opt-out independent advocacy for children and young people in care included under Mission 1, however your efforts to ensure every care-experienced child and young person has strong, loving relationships in place could go further. On advocacy provision, we'd like to repeat the need for a single, clear, expanded and more inclusive legal entitlement for advocacy for children and young people and for provision to match this. We must also address how we provide consistently high- quality, effective advocacy for children and young people through regulation, regulatory bodies or otherwise. We welcome further discussions with government on how we raise advocacy standards for children and young people.

On proposals in this strategy, we'd like to restate the importance of independent advocacy for all children and young people. We'd like to see opt-out advocacy provision extended to more groups; particularly those undergoing child protection processes. We'd like to see opt-out advocacy for children and young people in care translate to a proactive offer rather than a 'one-off' option. Finally, we welcome funding commitments in line with increased advocacy provision to support service delivery.

### **Independent advocacy for all children and young people**

Independent advocacy, over 'in-house' services provided by local authorities, is critically important in inspiring "confidence in children and young people" in challenging systems they use.<sup>26</sup> We recognise building trust between advocates and children and young people is more complex than just demonstrating independence from local authorities, however independence will go some way in establishing effective advocacy partnerships and building strong relationships children and young people need to thrive. Furthermore, studies of excellent advocacy<sup>27</sup> highlight the importance of demonstrable independence of advocates from the institutions they work in.

### **Extending opt-out advocacy to children and young people undergoing child protection processes**

We strongly suggest you extend opt-out advocacy to children and young people undergoing child protection processes. Research suggests child protection advocacy enhances child protection processes by ensuring more decisions are made in line with children's wishes.<sup>28</sup> Furthermore, a child's right to child protection advocacy is already supported by legislation. Part V of the Children Act 1989 F17, 5A<sup>29</sup> conveys responsibility on local authorities to "ascertain a child's wishes and feelings"<sup>30</sup> and give them "due consideration"<sup>31</sup> when undertaking an S47 (child protection enquiry). This obligation is supported by Section 22 (4), which states local authorities must ascertain a child's wishes and feelings before making any decision that concerns them.<sup>32</sup> Section 22 (5) states local authorities, again, must give these feelings "due consideration."<sup>33</sup> Section 26A of the same law – which refers explicitly to advocacy - states local authorities should give children and young people support to receive representation. We view advocacy as a key way to fulfil the duties in the Children Act. Opt-out advocacy – combined with a proactive advocacy offer - would ensure children's wishes are given the consideration they are entitled to by law.

These obligations are underpinned by international law. Article 12 of the United Nations Convention on the Rights of the Child gives children and young people the "right to express.. views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. ..2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and

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<sup>26</sup> [CCO-Advocacy-for-children-June-2019.pdf \(childrenscommissioner.gov.uk\)](#) p24

<sup>27</sup> [CCO-Advocacy-for-children-June-2019.pdf \(childrenscommissioner.gov.uk\)](#) p26

<sup>28</sup> [Independent-Advocacy-in-Child-Protection.pdf \(article39.org.uk\)](#) p11

<sup>29</sup> [Children Act 1989 \(legislation.gov.uk\)](#)

<sup>30</sup> [Children Act 1989 \(legislation.gov.uk\)](#)

<sup>31</sup> [Children Act 1989 \(legislation.gov.uk\)](#)

<sup>32</sup> [Children Act 1989 \(legislation.gov.uk\)](#)

<sup>33</sup> [Children Act 1989 \(legislation.gov.uk\)](#)

administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.”<sup>34</sup>

Enabling children in child protection processes a legal, opt-out right to advocacy is a logical and effective way to ensure they are active participants in decisions that deeply affect their lives. This should produce more strong relationships between advocates and children, and between children and future caregivers. Increased advocacy provision in a safeguarding context may also help you create “a system that continuously learns and improves, and makes better use of evidence and data”(Pillar 6).<sup>35</sup> This is because enabling children and young people to be independently supported to have a voice and raise their concerns supports learning and improvement. Listening and learning from the lived experience of children and young people can help to both highlight and prevent abuse.

### **Creating a ‘proactive’ advocacy offer for children and young people in care**

We welcome the introduction of opt-out independent advocacy for children and young people in care, and look forward to shaping how this works through the Department for Education’s Advocacy Expert Group. Opt-out will go some way in ‘mainstreaming’ advocacy in children’s services by ensuring children and young people have a proactive offer of advocacy. However, we agree with colleagues at NYAS that advocacy for children in care must not be a ‘one-off’ option, but proactively offered at a key number of checkpoints (below) in their care journey.<sup>36</sup> Our advocates emphasise the importance of an advocacy offer at times of transition. Advocacy “ensures children are central to these processes and have their views, wishes and feelings represented.”<sup>37</sup>

- when a child is first considered a Child in Need
- when a child first enters care and is considered a Looked After Child
- when a child first engages with any tier of mental health services
- when a child changes placement more than once a year
- when a child has more than 3 changes of social worker within 12 months
- when a child is moved ‘out of area’
- when a child begins pathway planning as they are leaving care
- when a child begins transition from children’s services to adult services

We know advocacy is key in building stable relationships for children in care, however these relationships need the continuity and consistency of an advocate to be established. The current commissioned advocacy service is issue-based. This means advocates support a child or young person for a Looked After Review (a single meeting) then the case is closed. This approach means any relationship is lost because the advocate is no longer there. Our advocates suggest any new offer of advocacy for children in care moves away from an issue-based system toward a longer offer of advocacy – which could include support for the checkpoints listed above – to create the continuity of support children and young people in care need.

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<sup>34</sup> [Convention on the Rights of the Child text | UNICEF](#)

<sup>35</sup> [Children's social care stable homes built on love consultation \(publishing.service.gov.uk\) p21](#)

<sup>36</sup> This list was compiled in collaboration with colleagues at NYAS.

<sup>37</sup> This is a quote from one of our advocates.



## Funding

There are other ways your suggestion to make the right to opt-out independent advocacy for children in care could do more. You do not make any explicit funding commitments to support increased advocacy provision. This is concerning, given the debt local authorities accrue against their delivery plans already makes headlines.<sup>38</sup> If you are committed to providing advocacy as a valuable service that builds strong relationships and produces better outcomes for children in care, you must ensure it is properly funded. We must also ensure any expansion of advocacy provision addresses barriers to access simultaneously to ensure uptake is maximised.

### **25. Do you have any further feedback on the proposals made in the 6 missions of this chapter?**

Mission 6 – “we will work closely with health partners to reduce the disparities in the long-term mental and physical outcomes of care-experienced people”<sup>39</sup> - will not be completed without addressing poor access to Children and Adolescent Mental Health Services (CAMHS) which children and young people in care use. The Children’s Ombudsman reports 6 out of 10 children had trouble accessing CAMHS<sup>40</sup> and 42% said CAMHS didn’t help when they did access services.<sup>41</sup> Recent findings show children and young people engaging with CAMHS wait an average of 16 weeks to get a first appointment<sup>42</sup> with some waiting up to 4 years.<sup>43</sup> Children and young people who are care-experienced and in care are more likely to suffer from mental-ill health<sup>44</sup> meaning they are disproportionately affected by backlogs in CAMHS. Any intervention to reduce health disparities for care-experienced children and children in care must address long-waiting times for CAMHS and issues with quality and effectiveness of care.

### **27. If you want the proposals to go further, what would be your top priority for longer-term reform?**

We absolutely agree with your aims to improve support mechanisms, training, retention and progression for social workers. However, we’d like to see advocates included in lists of support workers involved in children’s services. We notice advocates were not explicitly named in the list in the ‘workforce’ chapter;<sup>45</sup> something we would like to change. Changes like this recognise advocates as a critical part of the workforce.

Our advocates experience a lack of knowledge about their role in professional settings where colleagues - like social workers - don’t know what advocacy is and what advocates do. This has a knock-on effect in decreasing referrals or making referrals inaccurate. We suggest training on advocacy provision and the role of children and young people’s advocates is included in mandatory social worker training – like the Early Career Framework - to address this knowledge gap.

### **30. Do you have any overall comments about the potential impact, whether positive or negative, of our proposed changes on those who share protected characteristics under the Equality Act 2010 that we have not identified? Where you identify any negative impacts, we would also welcome suggestions of how you think these might**

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<sup>38</sup> [English councils battling financial ruin - BBC News](#)

<sup>39</sup> [Children's social care stable homes built on love consultation \(publishing.service.gov.uk\) p93](#)

<sup>40</sup> [Children's Ombudsman calls CAMHS report 'very worrying' \(rte.ie\)](#)

<sup>41</sup> [A-Piece-of-My-Mind-Report.pdf \(oco.ie\) p22](#)

<sup>42</sup> [Health select committee chair: CAMHS failings break my heart \(politicshome.com\)](#)

<sup>43</sup> [Young people's mental health services are in crisis – here's how we fix them | The Independent](#)

<sup>44</sup> [Statistics briefing: looked after children \(nspcc.org.uk\) p9-10](#)

<sup>45</sup> [Children's social care stable homes built on love consultation \(publishing.service.gov.uk\) p159](#)

## **be mitigated.**

It's certain children and young people with protected characteristics are negatively affected by failings in the current children's social care system, and will be continue to be unless reform is well-funded and holistic. Unfortunately this is not the reform we and children urgently need and expect. Protected characteristics are broad categories, however they must be addressed in an intersectional manner to ensure what you create does not replicate existing axes of disadvantage that exist in society at large. Intersectional theory argues we are all "simultaneously positioned within multiple social categories"<sup>46</sup> which affect each other when they intersect creating different meanings and experiences for each individual.<sup>47</sup> Any system designed for care-experienced children and young people must understand the intersectional nature of their identity and experience, rather than considering how one protected characteristic affects them at a time. This is essential in creating the 'person-centred' approach members of our Speak Out council in Cambridge call for in our response to question 8.

Statistics from the National Society for the Prevention of Cruelty to Children (NSPCC) show SEND children are overrepresented in care.<sup>48</sup> The same research demonstrates 45% of looked after children in Great Britain had some form of mental disorder compared to 10% of the population.<sup>49</sup> Data from 2021 shows black children make up 8% of children in care versus being 5% of the population,<sup>50</sup> they are also less likely to be adopted than their white counterparts. There needs to be institutional recognition that factors of disadvantage coincide and sometimes cause each other. Research by the Disabled Children's Partnership shows half of parents with SEND children experience poverty while 3 in 4 parents have given up jobs or careers to provide care.<sup>51</sup> This demonstrates how one protected characteristic produces another factor of disadvantage – poverty. Intersectional policy-making also involves reflexivity from policy-makers to remove their biases while learning about how systematic disadvantage affects different groups. This should be done by weaving protected characteristics through policy work, rather than tackling them in assigned sections,<sup>52</sup> and educating a sufficiently diverse policy workforce about intersectional principles.

There need to be mechanisms in the children's social care system that recognise children and young people in care experience multiple factors of disadvantage and ensure they receive help to mitigate them. This could be through creating either local or national roles with responsibility for improving outcomes for certain groups. This may be done in a similar way to reforms to the Mental Health Act. Mental Health Trusts must now have board members responsible for improving racial equality and providers must draw up Patient and Carer Race Equality Frameworks detailing how they plan to improve access, experience and outcomes for ethnic minorities.<sup>53</sup> This would become an intersectional intervention if boards had members each responsible for different protected characteristics and they worked together on improvement plans, factoring crossovers and interdependence between other characteristics into their plans.

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<sup>46</sup> [What is intersectionality? | The British Academy](#)

<sup>47</sup> [What is intersectionality? | The British Academy](#)

<sup>48</sup> [Statistics briefing: looked after children \(nspcc.org.uk\)](#) p11

<sup>49</sup> [Statistics briefing: looked after children \(nspcc.org.uk\)](#) p9-10

<sup>50</sup> [Black children more likely to end up in care and less likely to be adopted - Voice Online \(voice-online.co.uk\)](#)

<sup>51</sup> [Failed-and-Forgotten-DCP-report-2023.pdf \(disabledchildrenspartnership.org.uk\)](#) p2

<sup>52</sup> I was disappointed this paper only contained two mentions of the term 'race' with no mentions of LGBTQ+ or class.

<sup>53</sup> [Mental Health Trusts plan for racial equality \(futurecarecapital.org.uk\)](#)